From siloed paper processes to Medicaid-integrated and MMIS-interfacing person-centered solution supporting all Kentucky HCBS Waiver Programs

August 29, 2018
Your Speakers Today

**Lori Gresham, RN**
Clinical Program Manager Senior for Kentucky’s Department for Medicaid Services. She works on Kentucky’s implementation of federal initiatives and is the project lead for the state’s current redesign of the 1915(c) waivers.

**Jessica Lehfeldt**
Manager at Deloitte with 6 years of experience with Integrated Eligibility Systems and Long Term Services and Supports.

**Cassie Sanford**
Manager at Deloitte with over 8 years of experience supporting states through major system implementations focusing on Change Management through engaging training, communications and outreach activities.
## Agenda

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<td>• Q&amp;A</td>
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</table>
Medicaid Waiver Background
In 1987, the Commonwealth of Kentucky introduced the Home and Community Based Service Waiver Programs (1915c). The goal of the program is to provide community and home-based care services to individuals as alternatives to nursing facility care.

Today, Kentucky’s Cabinet for Health and Family Services (CHFS) offers six Medicaid waiver programs to over 24,000 Kentucky residents.

<table>
<thead>
<tr>
<th>Service Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired Brain Injury - Acute (ABI)</td>
<td>Individuals who are 18 and over with an acquired brain injury who meet nursing facility level of care and require intensive rehab services</td>
</tr>
<tr>
<td>Acquired Brain Injury – LTC (ABI-LTC)</td>
<td>Individuals who are 18 and over with an acquired brain injury who meet nursing facility level of care and need long-term supports</td>
</tr>
<tr>
<td>Home and Community Based (HCB)</td>
<td>Individuals who are elderly or disabled who meet nursing facility level of care</td>
</tr>
<tr>
<td>Michelle P. (MPW)</td>
<td>Individuals with intellectual or developmental disabilities who meet nursing facility or Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IDD) level of care</td>
</tr>
<tr>
<td>Model II (MIIW)</td>
<td>Individuals who are ventilator-dependent and meet nursing facility level of care</td>
</tr>
<tr>
<td>Supports for Community Living (SCL)</td>
<td>Individuals with intellectual or developmental disabilities who meet Intermediate Care Facility (ICF) level of care</td>
</tr>
</tbody>
</table>

Source: Kentucky Department for Medicaid Services, Division of Community Alternatives
The Call for Transformation

As the scope and size of Kentucky’s Medicaid Waiver program expanded, so did the challenges of coordinating care and delivering quality services.

**Program Silos and Inconsistency**
Lack of standardized processes, policies, and procedures across the different Waiver programs.

**Limited Visibility into Programs**
Lack of a capability that can assist in directing individuals and families to available CHFS services that may be most useful to them based on their unique situation.

**Primarily Paper/Fax Based Operation**
Lack of an IT system that automates the various waiver processes and integrates with other existing enterprise systems.

Example: Inefficient Application Processing
Kentucky’s MWMA Implementation
Kentucky Medicaid Waiver Management Implementation Planning

Multiple As-Is and To-Be sessions held to determine the best approach for the system implementation, aiming to resolve as many existing challenges with the processes as possible.

Guiding Principles

- Standardize processes across all Waiver programs
- Streamline application intake processes (e.g., No Wrong Door)
- Enable real-time access to data across Waivers
- Promote a single view of the Waiver Individual
- Promote equitable distribution of services based on Individual needs
- Streamline processes to enable faster access to services
- Improve access to information for Individuals and their families/representatives
- Optimize information sharing amongst providers (securely)
Kentucky Medicaid Waiver Management Application

Included Modules

Core Functionality

**Intake**
- Pre-Screening
- Intake & Registration

**Eligibility Determination & Waiver Management**
- Capacity / Allocation Management
- Assessments
- Scheduling
- Eligibility & Enrollment

**Post Enrollment Services & Case Management**
- Individual Service Plan
- Service Offerings
- Service Authorization
- Electronic Timesheets
- Case Management
- Incident Management
- Death Reporting

**Other Management Tools**
- Program Administration
- Reports

**Health Record**
- Health Care Record
- Personal Health Record

Key Integration Points

- Medicaid / MMIS
- Provider Management
- Integrated Eligibility
- Health Information Exchange
- eLTSS Message Exchange

Application Infrastructure

- Workflow, Tasks, Correspondences, and Notifications
- Master Data Management – Master Client Index (MCI)
- Integration Services via State Data Hub
- Security & Access Controls (Kentucky Online Gateway)
- Document Management System

In Production

In Production, but not deployed
Medicaid Waiver Management Application

MWMA supports end-to-end system processes for Home and Community Based Waiver Programs (1915c) in Kentucky, streamlining business processes by replacing the use of disparate and paper processes, email, spreadsheets, and a variety of databases.
Medicaid Waiver Management Application (MWMA)

MWMA functionality and enhancements implemented in 4 major iterations.

### MWMA Implementation Timeline

<table>
<thead>
<tr>
<th>Release 4a</th>
<th>Release 5</th>
<th>MWMA Enhancements</th>
<th>TEFT Enhancements</th>
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<tr>
<td><strong>Phase I: Intake, Eligibility, Plans, &amp; Case Management</strong> April, 2015</td>
<td><strong>Phase II: benefind Integration, Capacity Mgmt, &amp; Incident Mgmt</strong> February, 2016</td>
<td><strong>Changes for HCBS Final Rule &amp; Improved Usability</strong> Q1 – Q3, 2017</td>
<td><strong>Additional Design Enhancements</strong> Q4 2017 – Q4 2018</td>
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<tr>
<td>• Application Intake &amp; Review</td>
<td>• Consumer Self-Service</td>
<td>• MWMA-MMIS LOC Interfaces</td>
<td>• MWMA-MMIS POC Interfaces</td>
</tr>
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<td>• Manual Capacity Review</td>
<td>• Medicaid &amp; Waiver Application Integration</td>
<td>• Enhancements for alignment with HCBS Final Rule</td>
<td>• Primary Provider Determination</td>
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<tr>
<td>• LOC Assessment, Determination, &amp; Reassessment</td>
<td>• Capacity Management (Capacity Allocation &amp; Capacity Administration)</td>
<td>• Enhancements for alignment with other Commonwealth regulations changes</td>
<td>• Automatic Program Closure for Loss of Medicaid</td>
</tr>
<tr>
<td>• Manual Waiver Enrollment</td>
<td>• Medicaid Eligibility Integration &amp; Enrollment</td>
<td>• Enhancements for usability improvement</td>
<td>• Enhancements for process improvement</td>
</tr>
<tr>
<td>• Plan of Care Creation &amp; Review/Prior Authorization</td>
<td>• Conflict-Free Case Management</td>
<td>• Enhancements for Program Closure process</td>
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<td>• Case Management</td>
<td>• Incident Management</td>
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<tr>
<td>• Program Closure &amp; Disenrollment</td>
<td>• Medicaid Eligibility Integration</td>
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<td>• Operational Reports</td>
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<td>• Integration with Kentucky Online Gateway (KOG), Master Client Index (MCI), and Document Management System (DMS)</td>
<td>• Conflict-Free Case Management</td>
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Medicaid Waiver Management Application

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**MWMA Implementation Timeline**

- **Waiver Screening Review & Waiver Program Selection**
- **Capacity Review**
- **Level of Care Assessment & Determination**
- **Waiver Enrollment**
- **Initial Case Assignment**
- **Person-Centered Planning & Service Authorization**
- **Ongoing Waiver Case Management**
- **Annual Re-Assessment & Renewal**

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Medicaid Waiver Management Application

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#### Pre-screening
- Medicaid/Waiver Integrated Screening Application
- Medicaid Eligibility Determination (Financial Eligibility for Waiver)

#### Waiver Screening Review & Waiver Program Selection
- Capacity Review

#### Level of Care Assessment & Determination
- Medicaid Eligibility Established

#### Waiver Enrollment
- Initial Case Assignment

#### Person-Centered Planning & Service Authorization
- Ongoing Waiver Case Management

#### Provider Portal (Medicaid Provider Enrollment & Certification)

#### Annual Re-Assessment & Renewal

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Medicaid Waiver Management Application

**MWMA Implementation Timeline**

**Release 4a**
- Phase I: Intake, Eligibility, Plans, & Case Management
  - April, 2015
- Medicaid/ Waiver Integrated Screening Application
- Pre-screening

**Release 5**
- Phase II: benefind Integration, Capacity Mgmt, & Incident Mgmt
  - February, 2016
- Medicaid Eligibility Determination (Financial Eligibility for Waiver)
- Waiver Screening Review & Waiver Program Selection
- Capacity Review
- MaxMC (Level of Care Processing & Case Creation)

**MWMA Enhancements**
- Changes for HCBS Final Rule & Improved Usability
  - Q1 – Q3, 2017
- Medicaid Eligibility Established
- Level of Care Assessment & Determination
- Waiver Enrollment
- Initial Case Assignment
- Person-Centered Planning & Service Authorization
- Ongoing Waiver Case Management
- Provider Portal (Medicaid Provider Enrollment & Certification)
- Annual Re-Assessment & Renewal

**TEFT Enhancements**
- Additional Design Enhancements
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Medicaid Waiver Management Application

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**Pre-screening**
- Medicaid/ Waiver Integrated Screening Application

**Medicaid Eligibility Determination (Financial Eligibility for Waiver)**
- Waiver Screening Review & Waiver Program Selection
- Capacity Review

**Level of Care Assessment & Determination**
- Medicaid Eligibility Established

**Waiver Enrollment**
- Initial Case Assignment

**MaxMC** (Level of Care Processing & Case Creation)

**MMIS** (Member Management, Service Authorizations, Claims & Billing)

**Person-Centered Planning & Service Authorization**
- Provider Portal (Medicaid Provider Enrollment & Certification)

**Ongoing Waiver Case Management**
- Annual Re-Assessment & Renewal

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Managing Regulations

The Medicaid Waiver Management Application (MWMA) allows the Commonwealth to meet all the requirements of the HCBS Final Rule.

**Conflict-Free Case Management**
Requires that any case management provider not provide another HCBS direct service, unless that provider is the only one in the participant’s geographical area.

**Person-Centered Planning**
All planning, including updates to plan, have a process establish so individuals may make changes to service providers and/or services.

**Non-Institutional Settings**
HCBS services cannot be provided in an institutional setting, and the system disallows this by have only approved providers available for selection.

**Freedom of Choice**
All individuals have the freedom to choose which service providers they want to use for their direct care services.

**Person-Centered Service Plan**
The individual’s strengths, preferences, goals and wanted outcomes are definitively listed under each service. This must be updates at least yearly.

Source: 79 FR 2947
An Approach for Using Federal Grants and Other Funding

For implementation of a solution to support all Kentucky HCBS Waivers, a funding source was needed. The Commonwealth used TEFT (Testing Experience & Functional Tools) as well as the 90/10 Match.

**Mechanized Claims Processing & Information Retrieval Systems (90/10) Final Rule**

- Provided an enhanced federal matching rate for design, development, installation or enhancement of E&E systems
- Increased level of federal support from 50% to 90%
- Supported retirement of legacy systems

**TEFT Grant**

- Grant spans four years through March 2018
- Awarded to 9 states to test quality measurement tools in Medicaid community based, long-term services
- First time CMS is promoting the use of health information technology

This system has the capability to for future growth and support new regulations as they are implemented, such as the 21\textsuperscript{st} Century CURES Act.
Benefits of MWMA

Integrated System
- Users complete an integrated application that includes both Medicaid and HCBS Waiver screening, as applicable
- Information in benefind flows through to MWMA

Time Management
- Inclusion of automatically-generated tasks, correspondences, and notifications that assist the timely completion of necessary case actions

Consistency
- All users follow the same processes based on their role in the system
- Minimizes the use of paper by promoting the use of and access to electronic documentation

Collaborative Process
- Users are assigned specific roles and functions in MWMA and are responsible for a subset of actions within the system to move the case or application to the next step
- Past and present information about an Individual’s case or application is stored in one place
- Facilitates case transfers

MWMA
An integrated system that aligns expectations and actions amongst a variety of user groups to manage tasks through the end-to-end enrollment and ongoing case management processes

One of the major benefits of MWMA is the ability to use one application to review for all HCBS waiver programs.
Understanding Adoption Roadblocks

Successful adoption of MWMA lay in a strategy centered on informing, engaging and educating waiver stakeholders, including case managers, from early implementation phases and post go-live operations.

Specific factors driving adoption challenges included:

- Timing of KY Waiver Renewals, initial training and system go-live
- The new HCBS federal final rules confusion
- Local In-house/privately purchased systems and processes that were established
- Security/Privacy concerns
- Familiarity with paper/fax processes

A new adoption approach was taken to combat these challenges through the deployment of a wide range of communications, outreach, and educational tools and resources.
Identifying and Educating Stakeholders

Training and Support Resources

To support the diverse and wide-spread end-user population, the Commonwealth employed a blended learning and engagement approach comprised of the following components:

**Classroom Training**
- Focused on building understanding of MWMA functionality and new business processes
- Provided hands on practices via simulated classroom activities

**Communications**
- Engaged end users with easy to read and fun communications via email with analytics performed on open rates
- Included detailed system documentation, job aids, and computer based courses providing learners with simulated practice exercises

**Outreach Events and Webinar Sessions**
- Participated in statewide community events to publicize the advantage of using MWMA
- Provided virtual webinars with guidance on onboarding and key processes necessary for getting started in MWMA
Classroom Training
Training and Support Resources

Key features and benefits

• Occurred across a variety of forums
• Incorporated live system demonstrations, Q&A sessions, and take-away materials
• Demonstrated leadership presence and commitment to the transformation
• Allowed users to walk through the entire process, start to finish for a holistic view of the system and role of each user

MWMA Onboarding Tip Sheet

Step 1 An Organization Administrator from your agency needs to be setup

If you do not have an email invitation with subject “Invitation to become an Organization Admin”, please send an email to Medicaidtran@portal.in.gov with subject “Do not receive Organization Administrator Onboarding invite Email”. Provide your org admin’s First Name, Last Name, Email, Agency Name, Agency Medicaid Provider Number(s), and Contact telephone number.

MWMA Case Management Agency Participant Manual

Place a star next to the HCBS Waivers you are certified to support.

Introduction to MWMA

MWMA is a system that supports all phases of an Individual’s Medicaid HCBS Waiver enrollment, modifications to an Individual’s HCBS Waiver case, reassessments, and ongoing case management activities. MWMA, which is integrated with benefit, allows authorized users to access and track actions related to an Individual’s HCBS Waiver program. The ten basic steps of the MWMA process are shown below.

Please Note: benefit is a system that allows Individuals to apply for and maintain applications for Medicaid, SNAP (Supplemental Nutritional Assistance Program), and KTAP (Kentucky Transitional Assistance Program). You should think of the Medicaid and HCBS Waiver application as one integrated process and MWMA and benefit as one, integrated system.
Delivering Engaging Communications
The Medicaid Waiver Management Information Bulletin

Key features and benefits

• Provided ongoing project updates and announcements
• Included monthly “spotlights” featuring system functionality and related impacts and benefits for providers and waiver participants
• Used to communicate major release updates, tips and tricks, and best practices, post system launch
• Incorporated opportunity for users to explore MWMA with system accessibility on-site during conferences

You’re Invited: LIVE WEBINAR!

Medicaid Waiver Management Application (MWMA)

EVENT DETAILS
What: Live Webinar on MWMA system functionality
When: Wednesday, June 14, 2017 (10:00am – 12:00pm)
Where: http://chfs.adobeconnect.com/w14peq4bf5 (See log-in information below)

What to Expect
Participating in Outreach Events

Outreach Events

**Key Conference Attendance**

- **ARC of KY Annual Conference**
  - Largest volunteer organization in the state, focused on advocating for those with intellectual and developmental disabilities

- **11th Annual NKY TBI (Traumatic Brain Injury) Conference**
  - Conference held for brain injury survivors, their family and caregivers, as well as healthcare providers, educators and the general public to provide education, resources and networking opportunities

- **KHCA (Kentucky Home Care Association) Conference**
  - Conference to address topics impacting the home health industry as well as opportunities for education and networking
## MWMA Adoption Impact*

<table>
<thead>
<tr>
<th><strong>Overall Impact</strong></th>
<th><strong>Adoption Enablement</strong></th>
<th><strong>Training Development</strong></th>
<th><strong>Training Feedback</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>![User Icon] 425</td>
<td>![Communication Icon] Communications 8</td>
<td>![Document Icon] 42 QRGs/Job Aids</td>
<td>![Feedback Icons] 94% Somewhat Agreeed or Strongly Agreeed</td>
</tr>
<tr>
<td>Newly enrolled end-users in MWMA since <strong>January 2017</strong></td>
<td>Communications distributed 5</td>
<td>![Document Icon] 6 Web-Based Trainings (WBTs)</td>
<td>“I will be able to apply what I learned during this session on the job”</td>
</tr>
<tr>
<td>![Helpful Icon] 87%</td>
<td>Monthly bulletins 3</td>
<td>![Document Icon] 3 Participant Manuals (over 350 pages each)</td>
<td>![Feedback Icons] 94% Somewhat Agreeed or Strongly Agreeed</td>
</tr>
<tr>
<td>Found site-support “Helpful” and “Agreed” they learned something new or had their questions answered</td>
<td>Ad-Hoc Communications 1,797</td>
<td>![Document Icon] 2 FAQs</td>
<td>“I clearly understood the content presented”</td>
</tr>
<tr>
<td>![Ticket Icon] 13.2%</td>
<td>Communication recipients</td>
<td>![Document Icon] ![Document Icon] Training Delivery 33</td>
<td></td>
</tr>
<tr>
<td>Decrease in the tickets reported from the Contact Center</td>
<td>![Case Management Icon] 27 Case Management 714 Users received On-Site Support</td>
<td>Instructor-led classes 334</td>
<td></td>
</tr>
<tr>
<td>![Applications Icon] 39.1% increase in Assessments 29.3% increase in Plans 34.5% increase in Applications 33% decrease in Faxes sent</td>
<td>![Case Management Icon] 714 Users received On-Site Support</td>
<td>Case Managers trained 334</td>
<td></td>
</tr>
</tbody>
</table>

*As of the end of the MWMA Adoption project, June 2017*
Lessons Learned
Lessons Learned

Implementation Lessons

- Concurrent Implementation of Regulations and Policies
- Mandate usage to avoid conflicts
- Use leading practices

Kentucky Medicaid Waiver Management Application

Engagement Lessons

- Early engagement of Provider organizations
- High-touch support to Minimize user error
- Maintain executive sponsorship across all departments
Questions?

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