

Living Choices Assisted Living and the Arkansas Independent Assessment (ARIA)

Senate Committee on Children and Youth

House Committee on Aging, Children and Youth, Legislative and Military Affairs

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Mark White, Deputy Director | Division of Aging, Adult, and Behavioral Health Services (DAABHS)

Overview – Living Choices Assisted Living

- Living Choices is a 1915(c) Home & Community-Based Services Medicaid Waiver. It provides access to assisted living facilities for:
 - Individuals aged 65 and older; and
 - Individuals aged 21 through 64 who have physical disabilities
- Living Choices currently serves 1,008 clients in 59 assisted living facilities
- Clients must meet financial, medical, and functional eligibility requirements
- Clients must meet the requirements for nursing facility admission at the Intermediate level of care

Overview – Living Choices Assisted Living Eligibility

Nursing Facility Intermediate Level of Care

- To meet this functional eligibility requirement, a client must satisfy at least one of the following:
 - The client requires limited hands-on assistance with at least 2 of the activities of daily living (ADL) of transferring/locomotion, eating, or toileting
 - The client requires extensive or total hands-on assistance with at least 1 of the ADLs of transferring/locomotion, eating, or toileting
 - The client has a diagnosis of Alzheimer’s Disease or related dementia, and is cognitively impaired so as to require substantial supervision because he or she engages in behaviors that pose a serious threat to their health or safety
 - The client has a diagnosed medical condition requiring daily monitoring by a licensed medical professional that would be life-threatening if untreated

Overview – Independent Assessment

- Federal law requires the state to use an Independent Assessment to determine whether clients meet the requirements for nursing facility admission at the Intermediate level of care
- Effective January 1, 2019, the state began using the Arkansas Independent Assessment (ARIA) to assess eligibility for Living Choices
- OptumHealth Care Solutions, Inc. (Optum) is the Vendor selected by DHS to implement and administer ARIA
- Optum was selected by competitive procurement in 2017, and began administering ARIA in 2018 for other DHS populations

Overview – Level of Care Tiers

- ARIA uses Tier Levels (0, 1, 2, and 3) to describe Level of Care, so as to aid care planning and service authorizations
- Tiers differentiate populations by need while still using the same DHS Level of Care criteria that are currently used to determine functional eligibility for LTSS programs and nursing facility (NF) care

0 = Does not qualify for personal care, waivers, or NF care	1 = Needs only qualify for personal care (if already Medicaid eligible)	2 = Functional needs qualify for ARChoices, Living Choices, PACE, or NF care	3 = Needs skilled care available thru NF. Therefore, qualified for NF care or PACE but not waivers
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Overview – Policy Changes

- In December 2018, the Arkansas Legislative Council gave final approval to reforms of the Living Choices and ARChoices Medicaid Waiver programs
- The reforms included adoption of ARIA as the Independent Assessment tool used to assess eligibility, and revision of the eligibility criteria to reflect the new assessment tool
- The underlying criteria for the requirements for nursing facility admission at the Intermediate level of care did not change

Independent Assessment Implementation

- After January 1, 2019, Optum began using ARIA to administer Independent Assessment for Living Choices and ARChoices applicants and clients
- The ARIA results alone do not determine eligibility, as every assessment is reviewed by at least one DHS nurse for a final eligibility determination
- Over the following months, DHS noted an increase in the number of existing clients being found ineligible for the waivers

Independent Assessment Implementation

- Since January, DHS and Optum have acted to improve the assessment process and ensure that ARIA results in accurate, consistent assessments:
 - DHS and Optum have worked together to improve the training of the Optum nurses who administer the assessment
 - Optum has worked to continually improve the quality of its assessors' work, including making staff changes when appropriate
 - DHS staff have worked within DHS to improve the communication and coordination between the different groups of DHS nurses who each play a role in the reviewing and acting on the assessment results

Independent Assessment Implementation

- Since January, DHS and Optum have acted to improve the assessment process and ensure that ARIA results in accurate, consistent assessments:
 - DHS and Optum have reviewed and re-reviewed the assessment tool itself and the Tier logic used to generate the assessment results
 - Based on these reviews, DHS and Optum have worked to refine the Tier logic to ensure consistent, accurate results
 - DHS and Optum have ensured that changes to the Tier logic are applied retroactively when necessary for any client whose Tier level could change as a result of the new Tier logic

Independent Assessment Quality Review

- Last month, DHS began a Quality Review process to review every Living Choices and ARChoices case in which an active beneficiary was denied eligibility as a result of an assessment
- Every denial of an active beneficiary since January 1 will be reviewed by a DHS nurse
- Living Choices beneficiaries will be prioritized for review
- A total of 776 assessments from January until June will be reviewed

Independent Assessment Quality Review

- DHS nurses will review the assessments along with other information that may be in the beneficiary's case file
- If the DHS nurse finds a clear error in the Tier level, the nurse will go ahead and correct the records and have the beneficiary's eligibility reinstated
- If the DHS nurse finds a discrepancy between the assessment and other information in the case file, the nurse will call the beneficiary and/or make an in-person visit to the beneficiary to clarify the situation
- If necessary, the DHS nurse will send the case back to Optum for another assessment

Independent Assessment Quality Review

- If the beneficiary has a pending appeal and the DHS nurse recommends a new assessment, the beneficiary will have the choice of whether or not to undergo the new assessment.
- From June until at least September 6, DHS will continue this Quality Review process with all assessments that result in a denial of eligibility for an existing client.
- DHS will closely monitor what is found during the Quality Reviews and work with Optum to make any appropriate adjustments for Optum's training and assessment process and the DHS review process

Questions