

NH Balancing Incentive Program Work Plan - Updated May 2103

Category	Major Objective / Interim Tasks	Due Date	Lead	Status	Deliverables	Experienced or Anticipated Challenges	Plan to Address Challenges
General NWD/SEP Structure	All individuals receive standardized information and experience the same eligibility determination and enrollment processes.						
	1.1 Develop standardized informational materials that NWD/SEPs provide to individuals	Submitted 10/31/2012	W Aultman	Completed	Informational materials Note: We have current informational materials which we wil provide, but we will be writing an RFP to contract for development of new and improved materials to be made available for distribution (target date of 7/1/2013). Managed care step 2 (long-term care implementation scheduled for 2013) will also impact these materials.	<ol style="list-style-type: none"> 1. Lack of resource availability within DHHS to develop "Handbook to LTC Services - one comprehensive source if information for the public. 2. Level of effort to identify and consolidate current LTC processes into one consistent design format 3. Achieve user friendliness across populations 4. With a multi-dimensional project, the ability to gather information and create something to meet the needs of all populations will be challenging. 5. Sustainability of the handbook, including the ability to keep materials up to date 6. Lack of time for stakeholder participation 	<ol style="list-style-type: none"> 1. Leverage BIP funds to contract with resource to create electronic and hard copy versions 2. Leverage BIP funds to contract with resource to assist with the development. 3. Include population specific tracks/orientation within the general handbook. 4. Ensure stakeholder involvement from broad range of stakeholders 5. Plan to periodically revise and review handbook and other materials. 6. Give stakeholders incentives to participate, i.e., schedule meetings during flexible hours, offer gas \$, etc.
	1.2 Train all participating agencies/staff on eligibility determination and enrollment processes	4/1/2015	W Aultman	Not Started	Training agenda and schedule	<ol style="list-style-type: none"> 1. Resource availability 2. Sustainability of training 3. Ensure the effectiveness of the training 	<ol style="list-style-type: none"> 1. Establish realistic expectations, timelines and assistance in prioritizing tasks 2. Produce computer based training and train SME (technical support team) within DHHS as backup. 3. Evaluate the quality of the training and make modifications. Plan for ongoing support of training.
	A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. (The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time.)						
	2.1 Design system (initial overview)	Submitted 6/29/2012	Diane Langley W Aultman	Completed	Description of the system See Attachment A	<ol style="list-style-type: none"> 1. Development of a common vision 2. Partner Resources 	<ol style="list-style-type: none"> 1. Develop Strategic Plan 2. Work closely with key partners
	2.2 Design system (final detailed design)	4/1/2014	W Aultman	In Process	Detailed technical specifications of system	<ol style="list-style-type: none"> 1. In order to identify systems that will best meet the needs of the functions for the process (NH EASY, New HEIGHTS, REFER7, other client tracking systems), make information technology changes or updates based on competing priorities. 2. In order to design and implement system enhancements, need ability to accommodate the system changes within BIP timelines. 	<ol style="list-style-type: none"> 1. Will coordinate with information technology projects and recommend revised timelines to CMS as necessary. 2. Establish incentives adn work closely with the different Project Teams to achieve realistic and agreed upon timelines.
	2.3 Select vendor (if automated)	7/1/2014	W Aultman	Not Started	Vendor name and qualifications	Availability and timing of NH DOIT resources may force us to use another vendor - not yet decided.	Assess DOIT status and timeframes. Issue RFP & award contract if necessary.

	2.4 Implement and test system	4/1/2015	W Aultman	Not Started	Description of pilot roll-out	Developing a testing environment that accurately captures the users' real life experience.	Will identify consumer testers that represent all target populations in order to assure the best outcomes. Will notify CMS when system is fully operational through quarterly reporting system.	
	2.5 System goes live	7/1/2015	W Aultman	Not Started	Memo indicating system is fully operational	1. New Hampshire's complex Legislative Fiscal Committee and Governor and Executive Council acceptance process to accept, appropriate and contract. 2. New Hampshire's requirement to include Dept. of Information Technology (DoIT) approval of all IT projects.	1. Stakeholder participation and support. 2. Project management planning and scheduling. 3. Regular legislative updates.	
	2.6 System updates	Semiannual beginning on 7/1/2015	W Aultman	Not Started	Description of successes and challenges	1. DoIT delays due to resource management. 2. Management and integration with multiple IT initiatives.	1. Project Management to coordinate, communicate, update, inform DHHS decision makers. 2. Strict adherence to NH project timelines including a regular review schedule for deliverables with face-to-face group meetings for review.	
NWD/SEP	State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.							
	3.1 Identify the Operating Agency	Submitted 6/29/2012	D Hunter	Completed	Name of Operating Agency NH DHHS, Division for Community Based Care Services	Perception (Medicaid expansion, healthcare reform, managed care, other changes)	Set expectations that this process is fluid and open. Will need to adapt in real time.	
	3.2 Identify the NWD/SEPs	Submitted 6/29/2012	W Aultman	Completed	List of NWD/SEP entities and locations See Attachment B	1. Setting expectations for NWD roles and identifying appropriate and willing partners. 2. Network partner training that is comprehensive and effective. 3. Current staffing positions do not exist at all NWD agencies under consideration.	1. Communication with internal and external stakeholders and partners to develop and understand NWD system design. 2. Ensure that training is ongoing, flexible and periodically evaluated. 3. Will need to hire and employ staff as a startup component of BIP. These funds to be set aside outside of infrastructure budget.	
	3.3 Develop and implement a Memorandum of Understanding (MOU) across agencies	7/1/2014	W Aultman	Not Started	Signed MOU	Staff resources to develop MOUs and identify impacts on current rules and contracts, along with any funding impacts related to these changes.	Identify and designate staff to meet these deliverables.	
	NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.							
	4.1 Identify service shed coverage of all NWD/SEPs	7/1/2014	W Aultman	Not Started	Percentage of State population covered by NWD/SEPs	100% statewide coverage	Review geographic coverage areas of all NWD partners	
4.2 Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	7/1/2014	W Aultman	Not Started	Description of NWD/SEP features that promote accessibility	Accessibility	Assess NWD partners compliance with all accessibility requirements and standards and obtain consumer input.		

Website	The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.						
	5.1 Identify or develop URL	Submitted 10/31/2012	K Coons	Completed	URL	1. URL that will act as a portal to: system access, full service access sheds, searchable database, eligibility screening and application, handbook, and tools. 2. Ongoing Support for an external web page - Who would oversee and how would it be funded? 3. If site external to DHHS web pages - Can it be done? How to sustain it?	1. Review internal capacity and external providers to determine best approach. 2. Address when developing web development plan, either internally of through RFP. 3. Coordinate with DHHS IT and NH DOIT.
	5.2 Develop and incorporate content	1/1/2013	K Coons	In Process	Working URL with content completed, screen shots of main pages	Identifying, incorporating and updating content.	Work closely with BIP and DHHS program areas to identify new or updated information and materials. Work with web team (internal or external) to keep web site current.
5.3 Incorporate the Level I screen (recommended, not required)	1/1/2014	K Coons	Not Started	Screen shots of Level I screen and instructions for completion	Updating the New HEIGHTS timeline and specifications for Level 1 screen in NH EASY, based on the BIP project scope	Work collaboratively with New HEIGHTS on timeline, provide input into development, and implementation	
1-800 Number	Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.						
	6.1 Contract 1-800 number service	1/1/2013	W Aultman	In Process	Phone number	All aspects of phone system - number, location, maintenance, hours, live vs. recorded interfaces, etc.	Analyze pros and cons of different options. Solicit stakeholder input on how 1-800 should operate.
6.2 Train staff on answering phones, providing information, and conducting the Level I screen	4/1/2013	W Aultman	Not Started	Training materials	Training needs and materials, based on desired protocols and technical criteria.	Identify training team, develop materials, set up training schedule, coordinate logistics and conduct training sessions.	
Advertising	State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS						
	7.1 Develop advertising plan	Submitted 10/31/2012	D Hunter	Completed	Advertising plan	Effective and informative materials to generate and maintain awareness and use of NWD system.	Issue RFP and award contract to develop multi-media campaign to reach wide demographic range.
7.2 Implement advertising plan	1/1/2013	D Hunter	Not Started	Materials associated with advertising plan	Developing measures to assure we are correctly capturing the needs of all target audiences. Examples - awareness is increasing; assuring that staff is implementing plan on target and on message; discovering an effective amount of time for implementation.	1. Create a survey that measures effectiveness and awareness of advertising and marketing. 2. Measure and observe implementation tasks carried out by staff and report on them. 3. Plot out realistic and integrated strategy for implementation timeline. 4. Submit plans and materials to CMS.	

CSA/CDS	A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).						
	8.1 Develop questions for the Level I screen	1/1/2013	M Ertas	In Process	Level I screening questions	<ol style="list-style-type: none"> 1. Stakeholder agreement on what questions to ask and how long it should be. 2. Assuring people know about it and utilize it as a tool. 3. Deciding if it is a requirement to fill it out or is it a choice. 4. Updating the New Heights timeline and specifications based on the BIP Project scope. 	<ol style="list-style-type: none"> 1. Identify stakeholders to review and provide feedback. 2. Leverage best practices from other states. 3. Showcase the benefits to using the tool in many different venues, leveraging the advertising plan. 4. Core team of staff at operating agency (DCBCS) overseeing project and pushing it forward. 5. Work collaboratively with New Heights on timeline, provide input into development and implementation.
	8.2 Fill out CDS crosswalk (see Appendix H) to determine if your State's current assessments include required domains and topics	Submitted 6/29/2012	D Hunter	Completed	Completed crosswalks See Attachment C	See Attachment C	See Attachment C
	8.3 Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended)	7/1/2013	D Hunter	Not Started	Final Level II assessment(s); notes from meetings involving stakeholder input	<ol style="list-style-type: none"> 1. Lack of consensus on the use of a single CSA. 2. IT issues at provider level. 3. Conflict with provider electronic medical records. 	<ol style="list-style-type: none"> 1. Identify stakeholder team to review and develop changes to and/or new tools to cover CDS requirements. 2. Finalize tools and implement modifications and/or new tools.
	8.4 Train staff members at NWD/SEPs to coordinate the CSA	1/1/2014	D Hunter	Not Started	Training materials	<ol style="list-style-type: none"> 1. Identifying staff to be trained. 2. Completion of training documents, tools and protocols. 3. Availability of staff to participate. 	Identify training team, develop materials, set up training schedule, coordinate logistics and conduct training sessions.
	8.5 Identify qualified personnel to conduct the CSA	7/1/2013	D Hunter	Not Started	List of entities contracted to conduct the various components of the CSA	Variable opinions on requisite qualifications.	Vet with stakeholders and professional staff to determine staff qualifications and identify qualified staff in each program area.
8.6 Continual updates	Semiannual beginning on 7/1/2013	D Hunter	Not Started	Description of success and challenges	Staff will need training regarding running and interpreting applicable reports.	Standardized reports should be developed / programmed to monitor the (1) implementation of the CSA, (2) development of the CDS, (3) evaluation of the CDS and identification of trends of interest and concern.	

Conflict-Free Case Management	States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.						
	9.1 Describe current case management system, including conflict-free policies and areas of potential conflict	Submitted 6/29/2012	D Langley	Completed	Description of pros and cons of case management system See Attachment D	Case Management in DHHS has evolved over many years and may be provided differently across populations depending on functional needs	1. Comprehensively examine the case management delivery system 2. Study of national case management models 3. Review the current payment and rate setting methodology 4. Explore other payment methodology options 5. Include cross-program participation
	9.2 Establish protocol for removing conflict of interest	4/1/2013	D Langley	In Process	Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies	1. Difficulty altering established business models/resistance from current providers 2. With specialty populations provider groups may provide case management along with other services	1a. Engage providers in early discussions 1b. Thoroughly document review process and rationale behind any changes to delivery system 1c. Provide clear guidance and repeated trainings to providers 1d. Monitor service delivery after the model is implemented 2. Clear regulatory guidelines and trainings for separation of case management and other services
Data Collection and Reporting	States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.						
	10.1 Identify data collection protocol for service data	Submitted 6/29/2012	K Coons	Completed	Measures, data collection instruments, and data collection protocol See Attachment E	NH Medicaid will be transitioning to a managed care program in the next year which will affect reporting.	The state will continue to receive service data at an individual level through encounter data. The reports will be evaluated and updated based on this data.
	10.2 Identify data collection protocol for quality data	Submitted 6/29/2012	K Coons	Completed	Measures, data collection instruments, and data collection protocol See Attachment E	Funding to produce Appendix I.	Include in the NH Medicaid Care Management phase II contract requirements, a new requirement to report on the subset of the Adult Health Quality Measures as identified in Appendix I. The contract already includes a requirement for the entire Adult Health Quality Measures.
	10.3 Identify data collection protocol for outcome measures	Submitted 6/29/2012	K Coons	Completed	Measures, data collection instruments, and data collection protocol See Attachment E	1. Funding of the surveys. 2. Participant experience surveys. 3. NH Medicaid will be transitioning to a managed care program in the next year which will affect reporting.	1. Alternative funding sources are being explored. 2. Existing LTC participant experience surveys will be used at the onset and summarized in a final report by LTC business area. Funding will need to be obtained to complete the BEAS PES survey. The other surveys have the necessary funding. 3. After transition to Phase II of the NH Medicaid Care Management program, a modified CAHPS Home Health survey for all the populations will be required every two years and summarized in a final report. This will replace the existing participant experience surveys.

	10.4 Report updates to data collection protocol and instances of service data collection	Semiannual Beginning on 1/1/2013	K Coons	In Process	Document describing when data was collected during previous 6-month period and updates to protocol	1. Staff resources. 2. Integration with other federal & state initiatives.	1. Designate primary staff lead to monitor, collect & report any updates. 2. Will submit semiannual reports to CMS through quarterly reporting system
	10.5 Report updates to data collection protocol and instances of quality data collection	Semiannual Beginning on 1/1/2013	K Coons	In Process	Document describing when data was collected during previous 6-month period and updates to protocol	1. Staff resources. 2. Integration with other federal & state initiatives.	1. Designate primary staff lead to monitor, collect & report any updates. 2. Will submit semiannual reports to CMS through quarterly reporting system
	10.6 Report updates to data collection protocol and instances of outcomes measures collection	Semiannual Beginning on 1/1/2013	K Coons	In Process	Document describing when data was collected during previous 6-month period and updates to protocol	1. Staff resources. 2. Integration with other federal & state initiatives.	1. Designate primary staff lead to monitor, collect & report any updates. 2. Will submit semiannual reports to CMS
Sustainability	States should identify funding sources that will allow them to build and maintain the required structural changes.						
	11.1 Identify funding sources to implement the structural changes	Submitted 6/29/2012	S Rockburn	Completed	Description of funding sources See Attachment F	Flexibility and availability of funds from other grants and programs that can be leveraged to contribute to BIP goals.	Continue to pursue funding opportunities and identify DHHS budget opportunities to re-task funds for the SFY 14-15 cycle.
	11.2 Develop sustainability plan	10/1/2013	S Rockburn	In Process	Estimated annual budget to maintain the structural changes and funding sources	Flexibility and availability of funds from other grants and programs that can be leveraged to contribute to BIP goals.	Continue to identify and pursue sustainable funding from all appropriate sources.
	11.3 Describe the planned usage for the enhanced funding	Submitted 10/23/2012	D Hunter	Completed	Planned usage for the enhanced funding See Attachment G	Ability to realize and identify related savings to institutional costs during the grant period such that an effective argument can be made to legislative and executive branch officials to reinvest in infrastructure maintenance costs that support less expensive community based services.	Develop, monitor and report beneficiary outcomes.
Exchange IT Coordination	States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.						
	12.1 Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	4/1/2014	Kerri Coons	Not Started	Description of plan of coordination	1. Coordination of IT staff assignments. 2. Status of HIT implementation as it relates to capturing information and coordinating exchange of information.	1. Review draft work plan NWD components with DHHS IT staff in order to develop this coordination plan. 2. HIT staff will participate on infrastructure workgroup.
	12.2 Provide updates on coordination, including the technological infrastructure	Semiannual Beginning on 7/1/2014	Kerri Coons	Not Started	Description of coordination efforts	1. Availability of HIT staff to attend all all infrastructure meetings. 2. Availability of HIT staff to meaningfully participate in completion of deliverables.	1. Will invite HIT staff to participate in all BIP infrastructure activities. 2. Will ask HIT staff to designate a back-up.