



Assessing The Necessity

Survey and Decision Tree

Activities Conducted

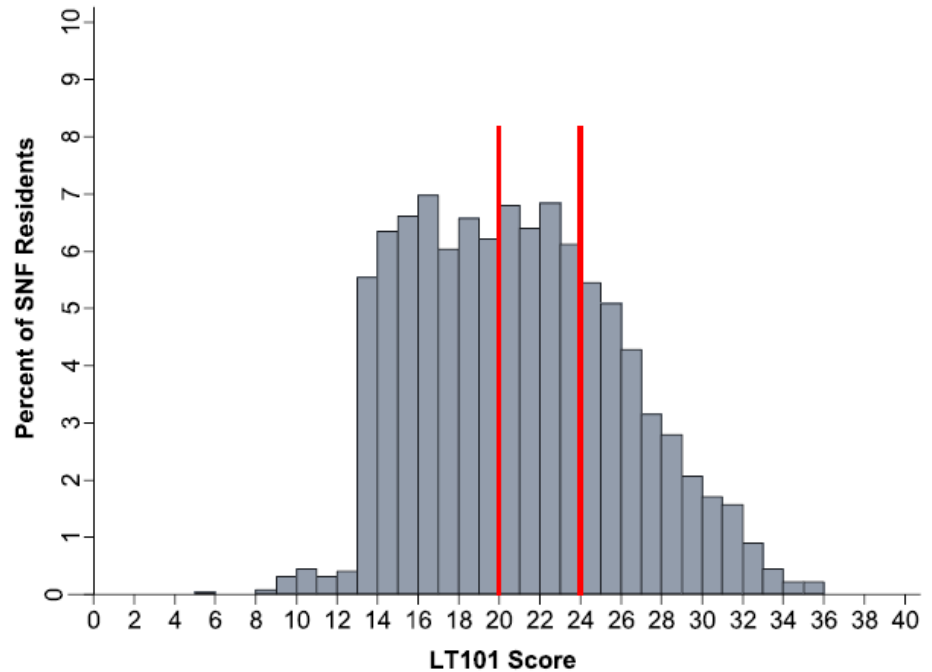
- Decision tree created December 2013.
- Survey closed March 5, 2014.
- 132 survey responses. 72 public health and 60 non-public health (NF, ALF, HCBS, other).
- Workgroup continued to work through decision tree and make decisions through consensus.

LT-101 Average Acuity by Program and PMPM - Nursing Home/SNF- SFY 2013

Average LT-101 Score for
SNF= 20.4

Member Months=20,232
or 1,686 years

PMPM=\$3,867

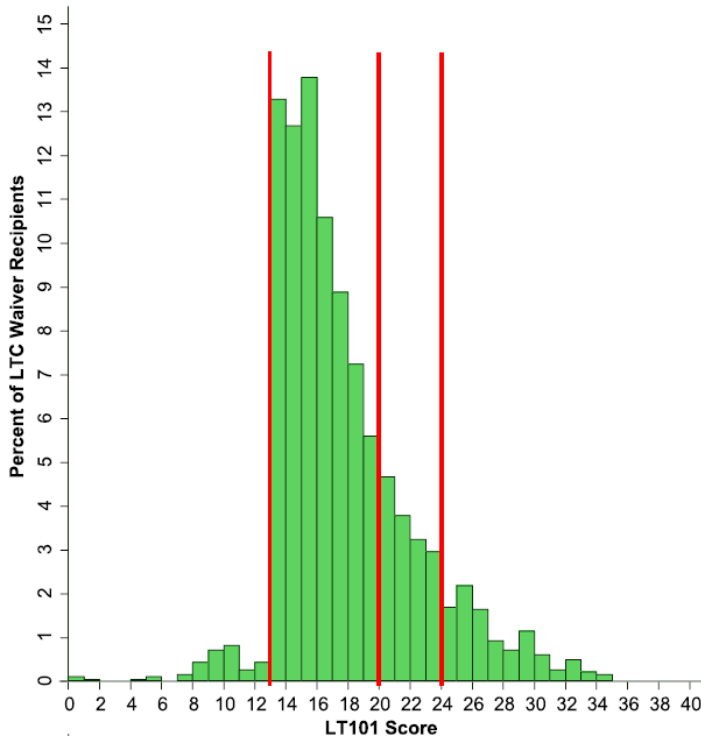


LT-101 Average Acuity by Program and PMPM - LTC Waiver

Average LT-101 for
LTC Waiver =17.3

Member Months=16,
487 or 1,373.9 years

PMPM=\$1,677

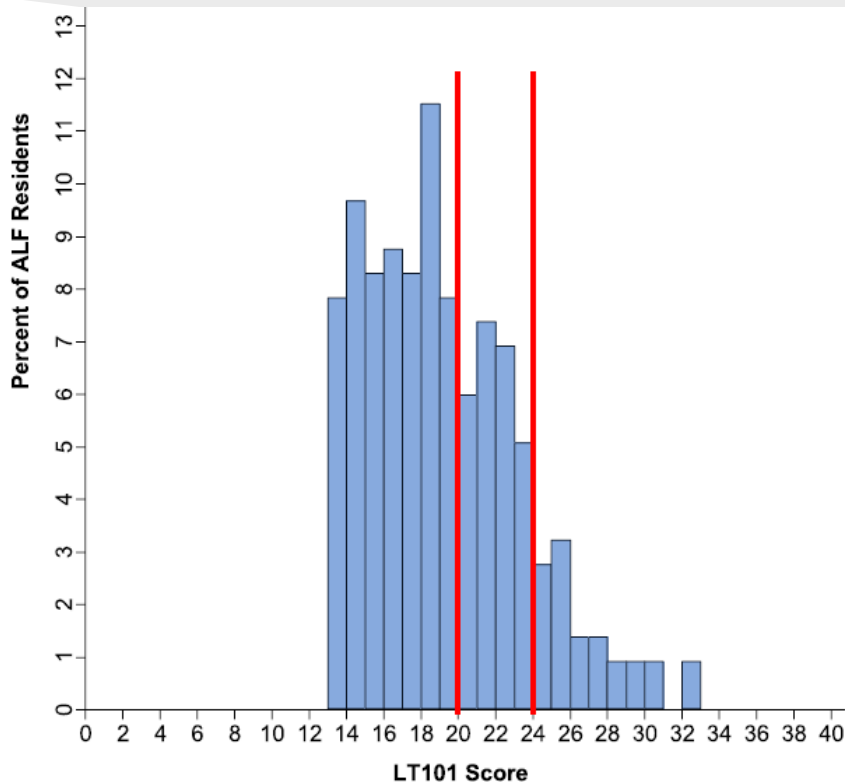


LT-101 Average Acuity by Program and PMPM - ALF Waiver

Average LT-101 for ALF
Waiver = 18.7

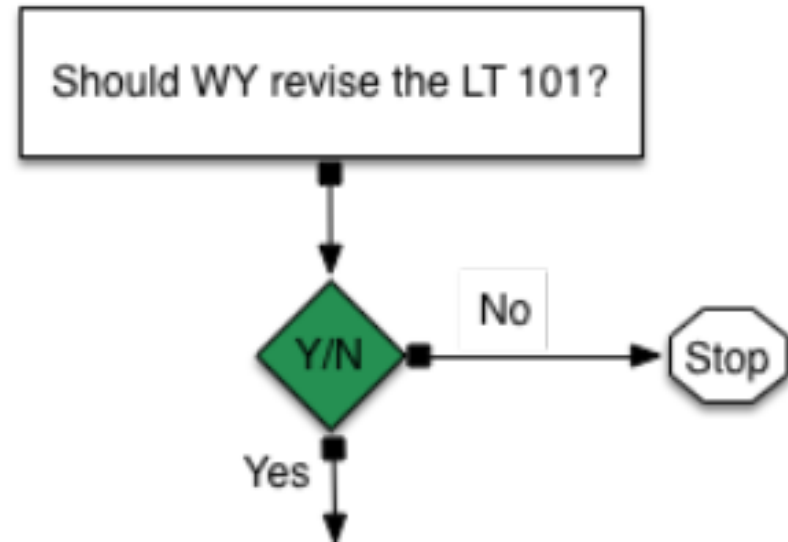
Member Months=1,743 or
145.25 years

PMPM=\$1,711

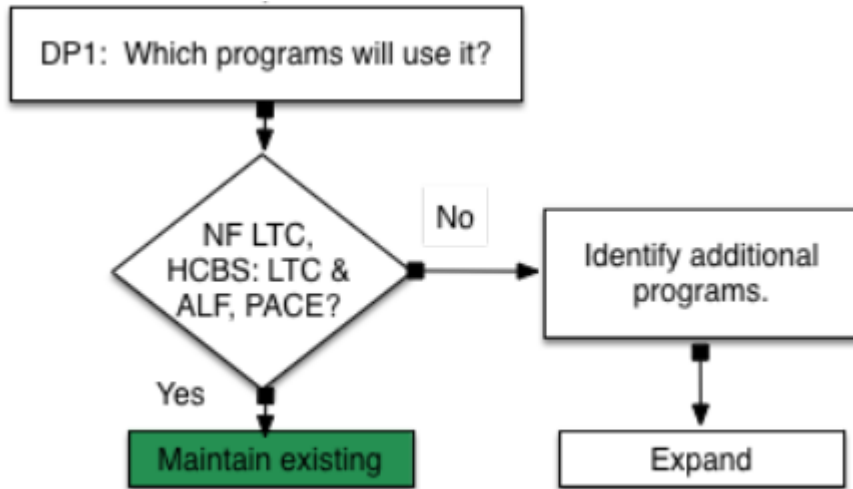


Begin Decision Tree

Yes. SEA 82 (2013) specifically says “the department shall, to the extent practical, implement:
A) Development of an assessment tool to replace the “Assessment of Medical Necessity for Long Term Care” required by W.S. 42-6-102.



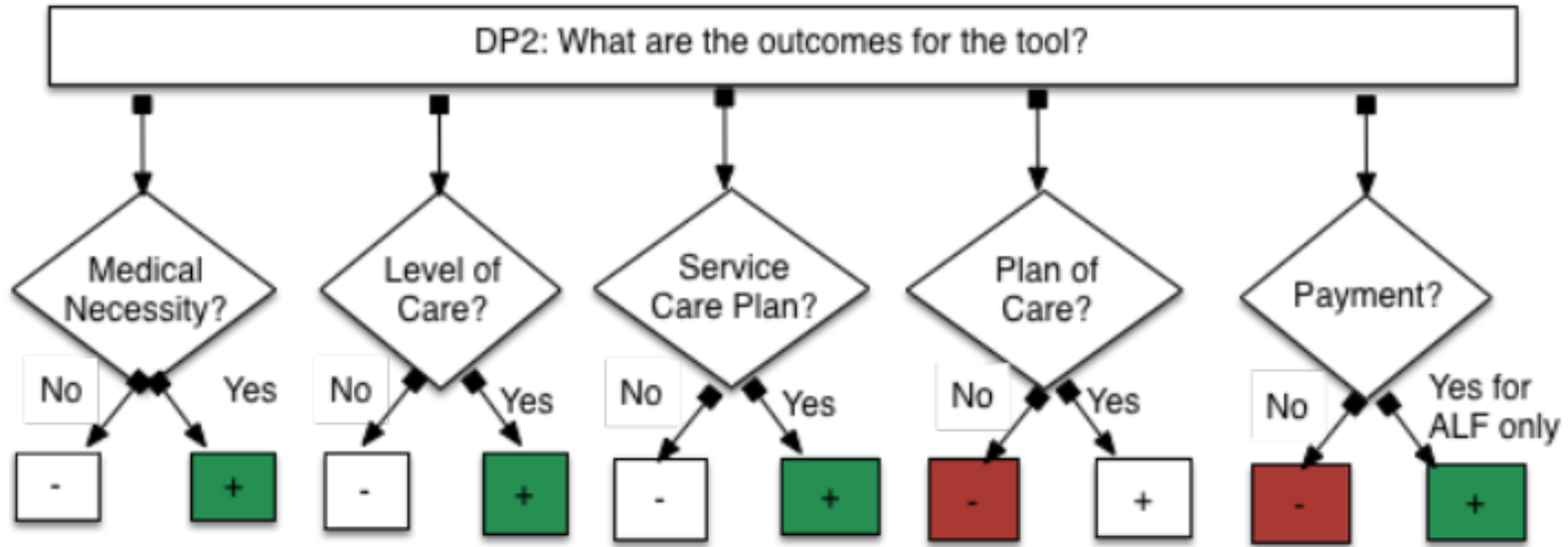
Decision Point 1



Q5 from survey

Expanding the LT-101 to be used for other programs (Aging Division) only received 34% support and there was not great interest in the workgroup in using the assessment for other programs or populations at this time.

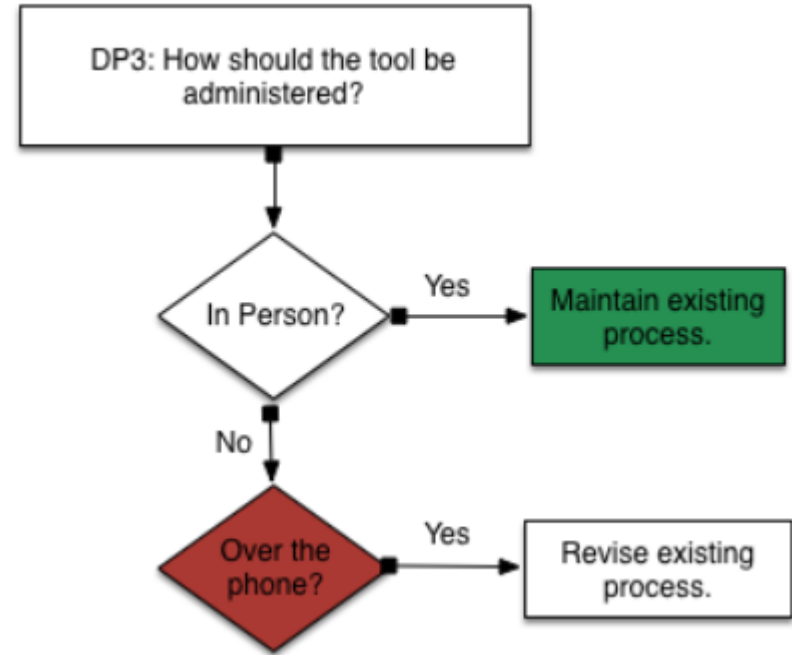
Decision Point 2



Question 5- Eligibility determination 83%, Appropriate level or location of care 71.5%, ID of support needs 82%, *Informing support planning 46% (current process)*, *Suggesting a plan of care 58.5%*, Payment level for service 34%, Aging Division programs 34%

Decision Point 3

This was decided in early work group meetings and a workgroup pre-survey. 75% of workgroup responded that in-person was preferred.



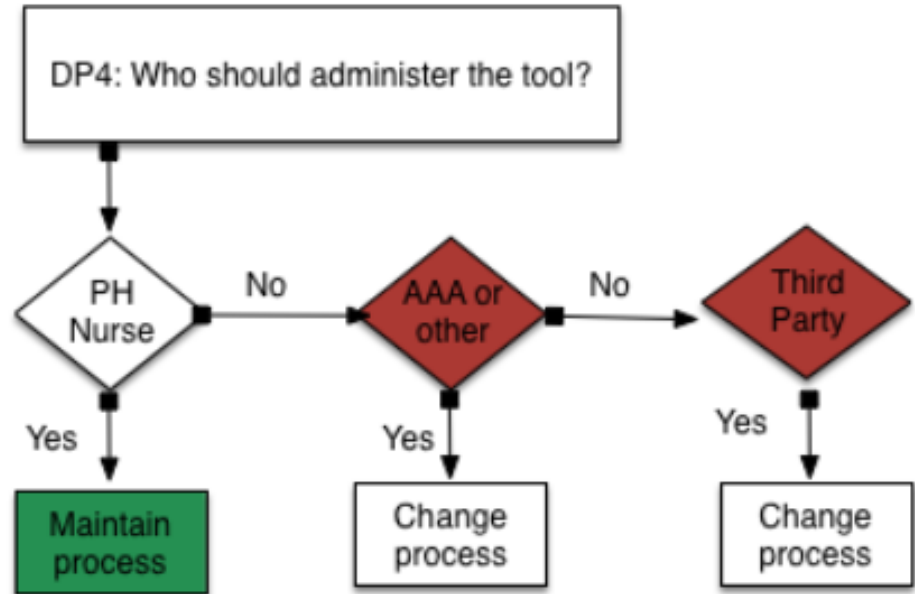
Decision Point 4

Q3 Responses from survey

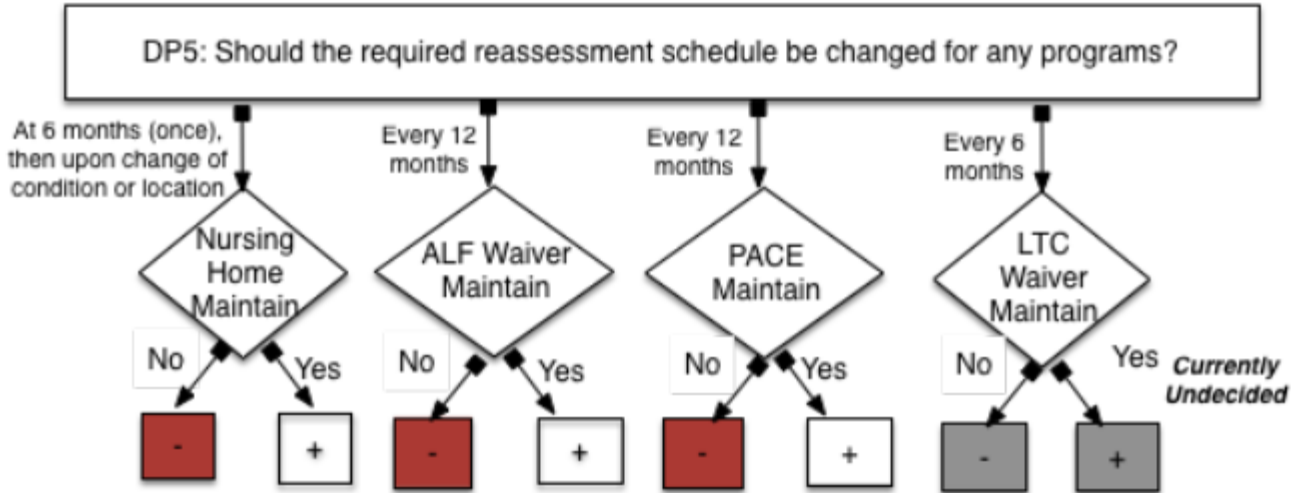
- 74.8% Public Health Nurses
- 8.4% State Contractor through RFP
- 3.8% Wyoming Medicaid
- 3.8% Facility Staff
- 5.3% Case Managers
- 3.8% Other (mix)

Q4- Public Health Nurses were perceived to have lowest conflict of interest (8% of responses). Some counties with direct services were noted as exceptions.

Q10- 94.6% thought the assessor should be conflict free and unrelated (financially and otherwise) to the outcome of the assessment



Decision Point 5



Q15- Nursing Home. Q17-ALF. Q18-PACE. Responses generally consistent with current schedule.

Q16-LTC. 57.7% of non-public health preferred once a year or longer,
68% of public health preferred six months.

Q19- Should the assessment schedule be the same? Yes 39.1%, No 46.1%, Don't Know 14.8%

Beyond the Tree

Additional Questions from the Survey

Decision Point 6

From Q6 Survey.

Should the assessor be able to see the scoring?

Overall- Yes 61%

Among Public Health Nurses-Yes 69.5%

All Others-Yes 50%

Decision Point 7

From Q7 Survey

Who should be responsible for the final determination of whether a person meets the minimum medical necessity level for services?

- Assessor -- 38.4%
- State/Wyoming Medicaid staff-- 32%
- 3rd Party Contractor- 8.8%
- Electronic calculation or algorithm-- 20.8%

Decision Point 8

From Q9 Survey

Which approach should Wyoming Medicaid take in replacing or altering the LT-101: (out of 5 choices)

- Modernize the LT-101- #1 choice of 69.5%
- Utilize Core Standardized Assessment Instrument promoted by CMS-#1 choice of 16.4%

Decision Point 9

Q13 I believe the assessment should be based on:

- ADLs - 99.24%
- General Safety- 91.7%
- Medications-83.3%
- Memory- 83.3%
- General Health Status- 81.8%
- Mental Health- 78%
- Nutrition-78%
- Health Conditions- 77.3%

Decision Point 9- Continued

- Communication Impairment- 73.5%
- Caregiver ability and availability-68.9%
- Required Therapies- 65.9%
- Sensory Function- 64.4%
- Social Resources- 56%
- Residential Living Environment- 51.5%
- Substance Abuse- 45.5%

Some of these are not on the LT-101 currently. How should they be addressed (add-ons, supplementary questions, non-point questions)?