

**Arkansas Total Care PCSP Retrospective Review Recap**

**Overview**

The Provider-led Arkansas Shared Savings Entity (PASSE) program began on March 1, 2019. The purpose of this program was to integrate services across the medical, physical health, behavioral health, and specialized developmental disability service industries. The system enabled continuity of all medically necessary services for vulnerable Arkansans who met eligibility criteria.

In accordance with the Centers for Medicare and Medicaid Services (CMS) 1915(i) waiver, the PASSE is required to employ Care Coordinators who are *responsible for providing care coordination to all clients receiving State plan Home and Community Based Services, including development of the Person-Centered Service Plan (PCSP)*. This care coordinator service is offered through the 1915(b) Waiver. The PCSP must be driven by the individual, as referenced in 42 Code of Federal Regulation (CFR) §441.540. PCSP requirements are located in the Arkansas PASSE Medicaid Policy Manual, the PASSE Agreement, in 42 CFR §441.540, and in CMS waiver 1915(b) and 1915(i).

Per section 5.3.10 of the PASSE Agreement, *DHS or its agent will conduct a retrospective review of provided PCSP’s based on critical elements for quality review inclusive of programmatic, financial, and administrative review.  DHS or its agent will review plans to ensure they have been developed in accordance with applicable policies, that plans ensure the health and welfare of the beneficiary and implemented in accordance with plan.  DHS or its agents will communicate findings to the PASSE including identification of areas requiring remediation or systemic changes.  Patterns of non-compliance for a PASSE may result in sanctions under the PASSE Provider Manual or Provider agreement.  Service plans must be maintained for a period of three (3) years as required by 45 CFR 92.42. A minimum of ten percent (10%) of beneficiaries from each PASSE will be randomly selected as part of focused monitoring.  This focused monitoring will include any combination of face to face interviews, attendance/observation of PCSP development process, health and welfare visit, and/or observation of PCSP implementation/activities.*

**Methodology**

For the 2019 review year, PCSPs were only reviewed if members were enrolled for a minimum of three (3) consecutive months during 2019. The report year ran from March 2019 to December 2019. Since the implementation of the program, PASSEs have made reasonable efforts to improve the PCSP process. With this being a new program to Arkansas and it not being a full report year, DHS acknowledges that the PASSEs have already made various changes to their PCSP templates in order to effectively capture all of the necessary components of the plan.

The PCSP retrospective review for 2019 involved two separate review processes. The first review was conducted by the Division of Developmental Disabilities (DDS) in June 2020. DDS completed an 8% review of the ID/DD populations PCSPs. The second review was conducted by DDS, the Division of Medical Services, and the Division of Aging, Adult, and Behavioral Health Services from August through October 2020. These divisions reviewed a total of 10% of the over PASSE population, excluding those previously reviewed by DDS.

This ‘Retrospective Review Recap’ is intended to provide the PASSE with DHS’ review findings, which were discussed with the PASSE on October 29, 2020.

**Success Rate**

ARTC had a net success rate of 59%.

The success rate was determined by reviewing only those who had a PCSP. The target was to have no more than a 10% failure rate. This rate is broken down in the ***Summary 1* tab**. The number of metrics failed by more than 10% was 16 out of 39 metrics. All metric percentages above 10% are highlighted in red.

The total sample size requested was 1,017. Of those, 472 did not have a PCSP. DHS included these in the overall metric scores. All 472 were considered failed metrics. When analyzing this data, DHS increased the target failure rate to ≤30%. When including the No PCSP to the net success metric, ARTC failed all of the metrics which is identified in the ***Summary 2* tab**. The average overall success rate including those without a PCSP is 44%.

**Overall Observations:**

* Overall, you have done an excellent job of ensuring the member is making decisions for their treatment plan and that they are informed regarding treatment options.
* ARTC has done an excellent job of ensuring that necessary information is captured in the PCSP for history and providers of services.
* Need to ensure all risk factors are identified for the member.
* PCSPs must be completed timely.

**Summary 1 tab:**

ARTC failed 16 out of 39 metrics:

1. Offers informed choices to the individual regarding services.
2. Records the alternative home and community-based settings considered by the individual.
3. Reflect clinical and support needs as identified through an assessment of functional need.
4. Include individually identified goals and desired outcomes.
5. Reflect risk factors and put measures in place to minimize them, including individualized back up plans and strategies when needed.
6. The written plan finalizes and agrees, with the informed consent of the individual in writing, and is signed by all individuals including the providers responsible for its implementation.
7. Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
8. Include established time limits for periodic reviews to determine if modification is necessary or can be terminated.
9. Include informed consent of the individual.
10. Include an assurance that interventions and supports will cause no harm to the individual.
11. Immediately following enrollment in a PASSE, the PASSE care coordinator must develop the interim service plan (ISP). Was ISP effective within 60 days?
12. Enrollments of new members must have the ISP for member in effect within 60 calendar days.
13. PCSP must be developed within 60 Calendar days of enrollment into the PASSE.
14. Indication of whether or not an advance directive or living will has been created for or by the enrolled member.
15. All services necessary for the enrolled member, including amount and duration of service.
16. A crisis plan for the enrolled member.

**Examples of issues found in PCSPs are provided in the *Sheet 1* tab.**

Example 1: Member was diagnosed with anger management issues and mother was in treatment facility for drug use. **The PCSP did not have any risk factors identified.**

Example 2: Member with rage behaviors and difficulty regulating emotions. **The PCSP did not have any risk factors identified. This was also not included in the Crisis Plan.**

Example 3: The treatment plan that was provided during the review process had several behavioral health diagnoses. **These diagnoses were not included in the PCSP.**

Example 4: During transition to ARTC, this member went without oxygen and some crucial services. The lack of services may have caused complications to members health throughout the year. The summary of events during the previous year explains some of the issues the member had. **The PCSP did not anticipate any events that would impact the member within the next year.** The member was identified as smoking status. **The PCSP did not have safety precautions listed in the Crisis Plan (did not include member on oxygen while smoking).** The member also lived at Valley residential. **The PCSP did not include Valley on the list of Providers.**