

Nurse Consultant Activity - A Justification of Productivity For
Community Choice Enrollment

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Department of Health and Human Services – Division of Long
Term Care

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Background:

The Department of Health and Human Services Division of Long Term Care (Community Long Term Care, (CLTC) offers a variety of programs for individuals that are Medicaid eligible, require assistance with their care and choose either home-based or nursing home care. The most cost-effective programs include the Community Choices Program, HIV/AIDS Program, and the Mechanical Ventilator Dependent Program. Each program requires an initial nurse consultant assessment and medical level of care determination for the applicant to receive home-based services, or nursing home care under Medicaid sponsorship when other pay sources have been exhausted.

Nurse Consultants are the gateway to all programs sponsored by Community Long Term Care. Nurse Consultants are responsible for assessment for level of care determination for all Community Long Term Care programs. Customer service is directly impacted by nurse consultant activity. External customers for the programs include home-based applicants, hospital and community-based referrals for nursing home placement, skilled nursing facilities seeking pay source conversions to Medicaid. Nurse consultants are responsible for assessment/level of care determination for other programs including TEFRA (Tax Equity and Financial Responsibility Act), HASCI (Head and Spinal Cord Injury), and CPCA (Children's Personal Care Aide Medicaid program). Internal customers include providers of services received under the Community Choice and HIV/AIDS waiver.

All referrals for nursing home placement, TEFRA, HASCI, CPCA, and cases which exempt the waiting list are assigned to a nurse consultant at Intake and must be completed within a specific time period. The movement of these cases from Intake to closure is not negotiable. Referrals for

the community-based programs are evaluated at Intake by an Intake Nurse Consultant specialist, and then the case is placed on the Community Choice waiting list based on the assigned level of care and Medicaid eligibility. With Community Choice programs being the most cost effective, these cases should take priority; however, the influx of referrals requiring immediate assignment to nurse consultants outweigh the number of cases pulled from the waiting list for applicants for community-based services by the very nature of the number of nursing home placement referral.

Nurse consultant productivity is not about the voice of the nurse consultant, rather it is about the voice of the customer, more specifically, the applicant for home-based waived services.

The Community Long Term Care Agency goal is to provide long term care services to community residents that need extensive assistance with their care and wish to remain at home instead of a nursing home.

Problem Statement:

The gap is between advancing enrollment on to the Community Choice/HIV AIDS waiver and the impact of other programs requiring nurse consultant activity. The programs do not have equal complexity or number of referrals, and the most cost effective program is the one with a waiting list. Does this accurately reflect nurse consultant activity, and if not, where do we begin to make changes?

Data collection began with establishing focus groups by identifying two area office Lead Team Nurse Consultants willing to engage their staff and participate in the study. Communication was established through phone and e-mail contacts. In sharing information concerning the complexity of each program, a survey was devised and forwarded to each nurse consultant in the participating area offices.

Each program was broken down to identify the most and least complex processes by rating each question on a scale of 0.5 to 3.0. Nine programs were rated with the number of questions ranging from five questions to only one question. The more complex programs contained the most questions.

Once surveys were received, the responses from each survey question were added, averaged and rounded. Each program survey results were combined to assign each program a level of complexity. The number of cases assigned to Area 03 nurse consultants for the time period of May 2012 through December 2012 was captured from a hand written log kept in the office.

Three area offices were asked to participate in the survey. The total number of nurse consultants including Lead Team was fourteen, thirteen nurses responded, resulting in a response rate of 93%.

By contrast, the number of cases for each of the nine programs was tallied from a manually written log for the Area 03 office. The information available for review for Area 03 was limited to the time period of May 2012 through December 2012. Record reviews of the two other Area offices that participated in the survey were not possible. Access to statewide information in the CLTC software program Phoenix is available to Central Office and is not available for viewing by area offices. Based on ten percent of the number of cases for each program assigned to a nurse consultant, records were reviewed and assigned an overall complexity rating by the reviewer. During the stated review period, there were no new ventilator cases assigned to a nurse consultant and only one IIASCI case.

Project Findings:

For the Community Choice program, nurse consultants reported that cases requiring Central Office Level of Care determination as the most complex task (m = 2.21), followed by medically ineligible cases (m = 1.91). The least complex task reported by nurse consultants was Community Choice assessment that meet Level of Care (m =1.08). The overall complexity for the Community Choice assessment was 2.6.

For the Area 03 Community Choice program, there were 169 cases assigned to a nurse consultant from the time period of May 2012 through December 2012. Based on assigning the number 7 as the common denominator to identify the record, 17 cases were reviewed. Although the cases were reviewed based on assignment to a nurse consultant, the cases were not pulled based on completion of the assessment. Of note, three of the seventeen cases did not move forward because of the following reasons: 1) the applicant declining an assessment, 2) information after intake of the referral no longer accurate, 3) inappropriate after case assignment and follow-up by nurse consultant. Monthly reports produced by Central Office to measure productivity capture only those assignments completed as an assessment; albeit, the cases that are closed as declined to participate or as inappropriate after intake were considered in the review and affected the overall rating for complexity of the Community Choice assignment.

After review of 17 Community Choice records, an overall complexity rating of 1.15 was assigned by the reviewer. This finding, in comparison to the 2.6 overall rating from the nurse consultant survey, was much lower. The most complex process identified in the survey for the Community Choice program was the requirement for Level of Care determination through Central Office. Of the 17 records reviewed, none required the involvement of Central Office.

Results for the HIV program showed that nurse consultants found Central Office Level of Care determinations the most complex (m = 2.21) , followed by cases requiring re-evaluations (m = 1.95). Nurse consultants identified completing a routine HIV case (m = 1.58) and scheduling the visit (m = 1.50) as the least complex task. The overall complexity rating for the HIV program = 1.81.

The cumulative number of HIV cases assigned to Area 03 nurse consultants was seven for the time period of May 2012 through December 2012. One record was pulled at random for review and rated a 2 for complexity. Again, the most complex assignment involved Central Office for final Level of Care determination, and the record reviewed did require such involvement.

For nursing home conversions, nurse consultants reported a low complexity rating for all variables. Completion of retroactive conversions for a time period of greater than 30 days rated as the most complex task (m = 1.50), followed by retroactive conversion of less than 30 days (m = 1.12), and routine nursing home conversion reported as the least complex task (m = 0.83). The overall complexity rating for completion of nursing home conversion = 1.15.

At a total of 318 cases, nursing home conversions encompassed the most cases assigned to Area 03 nurses for the time period of May 2012 through December 2012. Thirty cases were identified by reviewing every tenth conversion form the log. Of the thirty cases, eight were scored a 2 for complexity due to the case requiring retroactive review or potentially a medically ineligible case. Again, some of the assigned case were closed as inappropriate after intake or declined to participate. These cases were scored at a complexity level of 0.5. Nursing home conversion scored a complexity rating of 1.32 by the reviewer.

For Community pre-admission screenings for nursing home placement, nurse consultants reported dual MR/MI (Level II PASSAR) was the most complex (m = 2.92), followed by Level II MI (m = 2.46), Level II MR (m = 2.42), medically ineligible (m = 2.21). The least complex task for pre-admission screening was reported as routine Level I PASARR (m = 1.04). The overall rating for pre-admission screening for community-based assessments = 2.26.

A total of 60 community pre-admission screenings were conducted by Area 03 nurse consultants from May 2012 through December 2012. Six records were reviewed based on the common denominator number 8. Of the six cases reviewed, two were closed due to financially ineligible and terminated to Medicare; therefore, the cases did not require an assessment. The remaining cases reviewed scored low complexity. The overall complexity rating by the reviewer was 0.83 in comparison to 2.26 score from nurse consultant survey. The most complex screenings (Level II) were not captured in the cases reviewed.

For hospital pre-admission screenings, nurse consultants reported that dual MR/MI (Level II PASARR) was the most complex (m = 2.96), followed by Level II MI (m = 2.54) and Level II MR (m = 2.46). The least complex tasks were medically ineligible (m = 2.21) and routine screening (m = 1.3). The cumulative complexity rating for completion of hospital pre-admission screening = 2.29.

Area 03 nurse consultants conducted a total of 43 hospital pre-admission screenings for nursing home placement. Cases reviewed were identified by the number 5. Of the four cases reviewed, one case was a Level II; one case had positive indicators for Level II. All of the cases required additional phone calls and follow-up for final closure. The reviewer assigned an overall complexity rating of 2.38.

The most complex task reported by the nurse consultants for TEFRA (Tax Equity and Financial Responsibility Act) was medically ineligible (m = 2.15) followed by scheduling the visit for school-aged child (m = 1.5). The least complex tasks reported were case that meets level of care (m = 1.04) and initial phone contact with parent to schedule the visit (m = 1). The overall complexity rating for TEFRA assessment = 2.28.

Thirty-one TEFRA cases were assigned to Area 03 nurse consultants from May 2012 to December 2012. Three cases were reviewed from the Area 03 log, one case every other month. The overall complexity rating assigned by the reviewer was 1.67. Of the records reviewed, a medically ineligible case was not captured.

For the CPCA (Children's Personal Care Program), nurse consultants reported the process of completing the assessment and enrolling the participant as the most complex (m=2.36). Nurse consultants rated ongoing case management as the least complex (m = 1.54). Overall complexity rating = 2.5.

There were five CPCA cases assigned to area 03 nurses during the review period of May 2012 through December 2012. Each nurse consultant case manages three to four cases. One record was reviewed; overall complexity rating of 2 assigned by the reviewer. Unlike the other programs, nurse consultants are required to conduct quarterly phone contact to monitor service and participant's condition.

Nurse Consultants rated Ventilator Waiver assessment and service plan as the most complex (m=3), followed by case management (m = 2.44) with the cumulative complexity rating = 2.72. There were no new Ventilator cases assigned during the review period. These cases are rated the

most complex and typically are completed and case managed by Lead Team Nurse Consultant. The reviewer rated the complexity of Ventilator waiver 3.

The HASCI Waiver (Head and Spinal Cord Injury) was reported by the Nurse Consultants as the least complex (m = 1.64) rounded 1.64.

One HASCI case assessment was completed by Area 03 nurse during the review period. A complexity rating of 1 was assigned by reviewer.

Overall program complexity comparisons between survey results of nurse consultants and reviewer's perception based on actual record review for each program:

Table 1:

Program	Nurse Consultant Overall Rating	Reviewer Rating
Community Choice	2.6	1.15
HIV/AIDS	1.81	2
Nursing Home Conversion	1.15	1.32
Community pre-admission screening for nursing home placement	2.26	0.83
Hospital pre-admission screening	2.29	2.38
TEFRA	2.28	1.67
CPCA program	2.5	2.0
Ventilator waiver	2.73	3.0
HASCI	1.64	1.0

The nurse consultants reported that the Community Choice cases that required Central Office level of care determination were the most complex. Central Office involvement is required for Level of Care determination for applicants that have skilled medical needs but no functional deficit. Cases requiring special review are not the norm, as evidenced by the fact that there were none captured with the record review of Community Choice cases. The gap between the nurse consultant overall rating and that of the reviewer is the result of the number of cases available for review.

The frequency of the most complex cases captured in the record reviews indicated 2 occurrences of retroactive NIIC, 1 Level II hospital pre-admission screening.

The number of referrals for the Area 03 office for Community Choice cases for the time period of May 2012 to December 2012 was 169. This total is for referrals, not actual enrollments. The number of referrals for nursing home conversions in the Area 03 office was 318. The total number of pre-admission screenings for Medicaid sponsored nursing home placement (community and hospital-based participants) was 103. All total, Area 03 nurse consultants conducted 421 referrals for Medicaid nursing home placement. The most complex cases captured in record reviews included evaluations for nursing home placement.

Community pre-admission screenings that require a Level II State Authority determination are complex. This is evident in the rating assigned by nurse consultants in the survey. There were not any Level II cases captured in the review. Although complex, these cases are infrequent, which accounts for the gap.

Nurse consultants for all of the survey areas identified the most complex cases as those involving nursing home placements. Nursing home placement cases account for the majority of the nurse

consultant's case load, however, movement on the community choice waiting list is monitored closely in comparison to the number of participants awaiting nursing home placement. The waiting list consists of those customers choosing to remain at home instead of entering a nursing home, whereas those seeking nursing home placements do not have to wait for an assessment but are monitored monthly for awaiting placement. Each of these referrals required activity from the nurse consultant. The type of referral dictates where the nurse consultant activity occurs, which directly affects the availability of the nurse consultant to conduct assessments for the Community Choice Program. The home-based customer is the most cost-effective for the Medicaid long term care program. Competing customer interests exists.

Process Improvement:

We need to manage the process, not the people – how can that happen?

Centralized Intake of referrals for Community Long Term Care began January 07, 2013. Referrals are received by facsimile, phone, or electronically through Central Office in Columbia, South Carolina. When a referral is received for the Community Choice waiver, a phone assessment is completed by the nurse consultant to determine if the applicant has the required functional deficits to meet intake criteria for placement on the community choice waiting list. Prior to January 7, 2013, each area office was responsible for coverage of Intake by a nurse consultant. Some offices assigned Intake to the nurse consultants on a rotating basis, while other offices had one nurse assigned as the Intake nurse. By channeling all referrals through a central location, area office nurse consultants are no longer involved with the Intake process at the point of entry. Centralized Intake should eliminate one part of the process requiring nurse consultant participation to increase Community Choice enrollment.

Accountability for input and output of referrals and enrollment for Community home-based waived services involves coordination between Medicaid Eligibility and Community Long Term Care. Coordination has improved with the current Community Choice waiting list which prioritizes cases based on medical and financial eligibility. Currently the Intake Nurse generates a Client Status Document for the County Medicaid Eligibility worker to validate the applicant's Medicaid status. The form must be generated in the Phoenix system, printed and mailed to Medicaid Eligibility. Once the form is received by Medicaid Eligibility, the Medicaid worker returns the form once the determination has been made. Exchange of this information electronically between intake staff and Eligibility workers would eliminate the need for mail-outs, which are time consuming and costly.

With Medicaid eligibility being a requirement to participate in the home-based waived service programs, forwarding the Client Status Document on cases that are determined medically ineligible by the Intake Nurse Specialist phone assessment would allow closure of those cases that are not Medicaid eligible. This process will reduce time spent by nurse consultants making home visits on potentially medically ineligible cases and further tracking of the case for approval of Medicaid eligibility. This reduces travel cost and reduces activity by nurse consultant that is non-productive.

Based on the number of referrals received in the Greenwood Area 03 office, referrals for nursing home placement far exceed Community Choice referrals. For initial referrals for community-based participants seeking placement in a Medicaid-sponsored nursing home with no bed available, changing the referral process to include these referrals as Community Choice referrals pending placement would allow participants to receive services while awaiting an available bed. This process would expedite filling available slots, while eliminating the need to monitor

community cases awaiting nursing home placement. Nurse consultant activity would be more productive in the area that is most cost-effective.

Current monthly reports are forwarded to each Area Office Administrator for review. The reports include the number of assessments completed by each nurse consultant for each CLTC program, the number of cases enrolled in the Community Choice waiver and the number of nursing home applications. Development of a check sheet to capture data from the monthly report as to the number of Community Choice cases enrolled and the number of nursing home placement cases closed as certified and closed with Medicaid bed not available would provide data to indicate whether combining the two applications would increase the number of Community Choice enrollments and decrease the number of awaiting placement applicants. The data should show narrowing of the gap of nurse consultant productivity specific to the Community Choice waiver.

In evaluating the complexity of the Community Long Term Care programs, nurse consultants provided valuable information for consideration when setting productivity expectations. This information provides insight as to why there is a gap in the number of visits a nurse consultant can complete verses the loosely set standard of two assessments per day. Identifying the complex nature of each program requiring nurse consultant activity gives weight to measure productivity and presents a realistic viewpoint of where time is spent. Data collected supports the variables in nurse consultant assignments based on complexity. The number of cases reviewed in scoring the complexity of each program provided insight to the competition for nurse consultant activity between Community Choice assessments and nursing home placement screenings. This does account for the gap of the nurse consultants completing two Community Choice assessments per day.

The Division of Community Long Term Care's mission statement is "to provide a cost effective alternative to institutional placement for eligible clients with long term care needs, allowing them to remain in a community environment if they choose".

Progress in the future will be measured by monitoring the number of Community Choice slots filled and the number of applicants that have been determined to meet level of care requirements for nursing home and are awaiting placement in a Medicaid-sponsored nursing home bed. Nurse consultants should be seeing more participants for the waiver in comparison to those awaiting placement. A reasonable narrowing of the gap would be reflected by Community Choice cases assigned to nurse consultant at Intake and a decrease in the number of participants awaiting nursing home placement.

With nurse consultants at the gateway for all Community Long Term Care programs, narrowing the gap between enrollment on the Community Choice/HIV waiver and other programs requiring nurse consultant activity is instrumental in increasing Community Choice enrollment. Recognizing the complexity of the other programs and the volume of referrals for nursing home placement or nursing home conversions puts a competitive edge for nurse consultant activity between referrals for nursing home placement and home-based services.