Assistive Technology

State AT Programs and Collaborations with State Medicaid Agencies

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Assistive Technology Devices & Services

❑ Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of someone with disabilities.

❑ Any service that directly assists someone with a disability in the selection, acquisition, and use of an assistive technology device.

State AT Programs

- Key Activities in all states
  - Device demonstration
  - Device Loan
  - Device Reutilization
  - Alternative Financing
- Additional Activities
  - Technical assistance
  - Training
  - Public Awareness & Information and Referral
  - Transition

Structures and Partnerships

State AT programs exist in a variety of structures – state agencies, non-profits, universities.

Partnerships with state Medicaid agencies – varied from informal to MoUs to contractual.

Association of Assistive Technology Act Programs (ATAP) **www.ataporg.org**

HCBS Taxonomy

To create an orderly classification of services so CMS and researchers can aggregate data.   State flexibility in service definitions and coverage makes it difficult to know what is happening with HCBS at a national level.

Assistive Technology not a classification
"Equipment, technology and modifications" – includes **PERS, home and/or vehicle access modifications, equipment and technology, supplies**.

❑ All 28 states had claims
❑ 3rd highest number of users behind Case Management & Home-
        based services
❑Percentage of Expenditures – Less than 1%

NASUAD 2012 Survey of Assistive Technology and State Agencies

- Types of assistive technology funded by 20 surveyed state agencies on aging and disabilities:
  - Seventeen states fund some type of personal emergency response system (PERS).
  - Six states fund technology to support home and/or vehicle modifications.
  - Three states (Colorado, Iowa, and Minnesota) use telehealth/telemedicine.
  - Three states (Colorado, Maine, and Minnesota) use telemonitoring or wander locating.
  - Two states (Minnesota and Texas) use remote medication management / automated medication dispensing.

ASSISTIVE TECHNOLOGY in HCBS WAIVERS

CMS Technical Assistance Guide 3.5

- Home Accessibility Adaptations
  - Environmental Accessibility Adaptations
- Vehicle Modifications
- Specialized Medical Equipment & Supplies
- Personal Emergency Response Systems
- Assistive Technology

Remote Monitoring Solutions

Electronic Monitoring/Communication/ Video

❑ Rest Assured - Indiana
http://www.restassuredsystem.com/Contact.cfm

❑ Night Owl Support Systems - Wisconsin
http://nossllc.com/

❑ Home for Life Solutions - Missouri
http://www.homeforlifesolutions.com/constact-us.html

❑ Simply Home – North Carolina
http://www.simply-home.com/

ncATp
North Carolina
Assistive Technology Program

Partnership with Medicaid & Vocational Rehabilitation IL services for CAP waiver participants.

NCATP contracts to provide AT services:

- Assessment to find the types of AT needed
- Follow-up once the individual is in their home
- 11 device demonstration centers
- Working to get some Simply Home devices into demo centers

http://www.ncatp.org/index.htm

- MFP Stakeholder Group

- Training
  - MFP Contact Agencies
  - DD Case Managers
  - Nursing Homes

- 5 Developmental Disability Waivers
  - AT Service Guideline Development
  - AT Service Provider

- All 4 State Level Activities

Demonstration Center Coverage
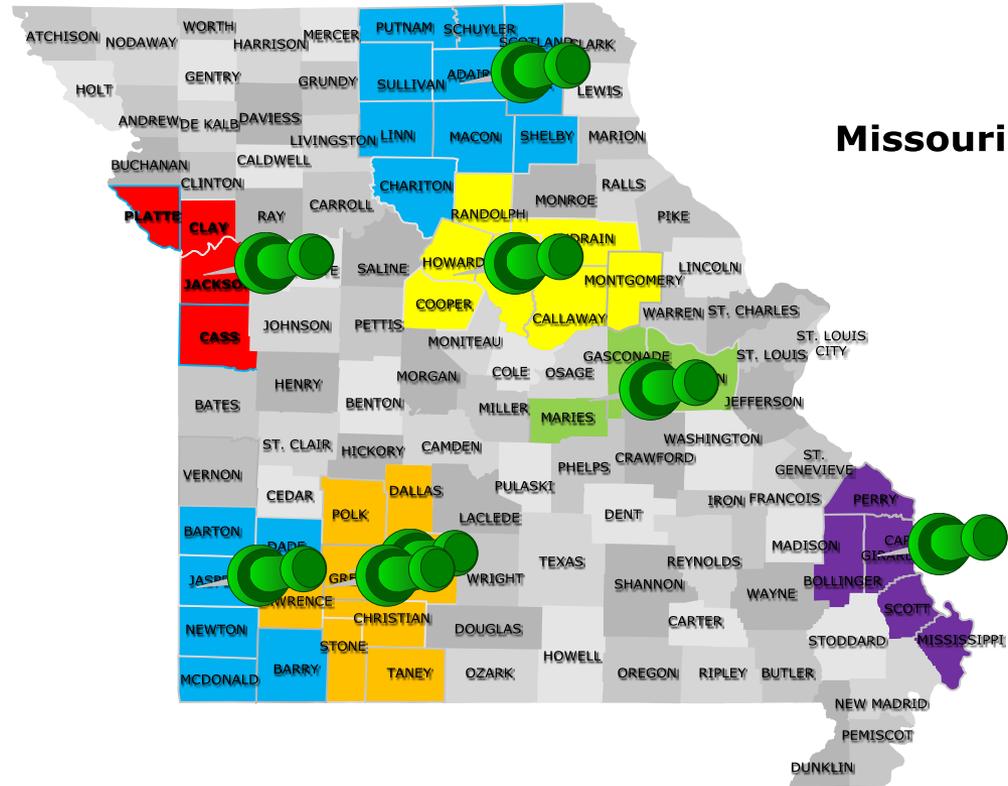
Missouri

Kansas City
Joplin
Springfield
Springfield
Kirksville
Columbia
Owensville
Cape Girardeau
St. Louis

NEW YORK TRAID

- 12 Regional Sites - MoU to provide AT services for MFP recipients.

- Set goals to provide device loan, demonstration, & reutilization

- Included various ADL, seating, positioning and mobility devices.

- Case management services.

Nebraska ATP

- Aged & Disabled Waiver
- Collaborated to develop referral process, guidelines, regulations, forms, etc.
- Case manage funding for home modifications and AT -
- Provides assessments for home modifications and AT
- $5,000 cap on service, so provides funding coordination

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OKDMERP – OKLAHOMA DURABLE MEDICAL EQUIPMENT REUSE PROGRAM

Roadmap of Today's Presentation

Describe the Oklahoma DME Reuse Program

Overview of OK Reuse Program (OKDMERP)

- Retrieve, refurbish, repair, reassignment program
- Full range of durable medical equipment (DME)/AT
- Statewide – DME Vendor and Non-Profit Partners

Overview of AT/DME Reuse Program (cont.)

- Give away
- All persons with disabilities and chronic health conditions, Medicaid beneficiaries & eligible's are prioritized

How did OKDMERP get Started

- Legislators were concerned about escalating Medicaid DME/AT equipment costs

- OK Medicaid policy indicated Medicaid was 'owner' of DME/AT provided to beneficiaries

- State budget was being reviewed during a tightening economy

- Medicaid agency legislatively mandated to establish a DME/AT retrieval program

- Medicaid created a RFP; OK ABLE Tech's proposal selected and contract awarded - OKDMERP established

How did OKDMERP get Started (cont. 2)

- Ongoing relationship between Oklahoma Health Care Authority and State AT Act Program (ABLE Tech)

- Oklahoma Health Care Authority (OK Medicaid) and ABLE Tech discussions occurred over several years about need to retrieve gently used equipment (per policy) for reuse

- Received $275,000 to develop a statewide cost-neutral DME reutilization program in December 2011; program fully operational by April 2012

How was OKDMERP Designed?

- Numerous discussions between customers, DME providers, ABLE Tech Advisory Council and staff from Oklahoma Health Care Authority and ABLE Tech
  - Developed agreed upon quality indicators

Oklahoma Version of Quality Indicators

- Redistribute quality equipment
  - Sanitized, refurbished, and repaired if needed
  - Qualified AT/DME Medicaid-approved vendors who back their work are paid to repair
- All customers should have equal access to DME regardless of geography, income, disability and health conditions, and type of DME needed
  - Work with various partners to achieve statewideness

Oklahoma Version of Quality Indicators (cont. 2)

- Access to AT/DME is essential to quality of life and influences customers' perceptions regarding safety, home and family relationships, and community involvement
  - Timely access but not an urgent care program
  - Inventory turn around within 60 days to Medicaid beneficiary
  - Day 61 – AT/DME is available to any eligible OK resident with approved application

Oklahoma Version of Quality Indicators (cont. 3)

- Commitment to establishing a program that can be sustained over time
  - Must prove that the program is cost effective, or at the least, cost neutral
  - AT/DME of sufficient value to warrant tracking, refurbishment and repair
    - Items such as wheelchairs (manual and power), scooters, hospital beds, rollators, lifts, commodes, bath benches, etc.)

Oklahoma Version of Quality Indicators (cont. 4)

- Reduce transportation barriers that limit customers' access to DME
    - Use staff and volunteers from disability and non-disability non-profit organizations to pick-up and deliver equipment
    - Paid AT/ DME providers to deliver equipment

Oklahoma Version of Quality Indicators (cont. 5)

- Increase the probability that AT/DME is used by the original customer or another customer
  - High national rates of abandonment not acceptable
  - Employ specific strategies to decrease possibility of abandonment
    - Link customer to the AT/DME provider for maintenance, repair, or reassessment
    - Link customer to the AT Act Program staff for additional demonstration and training
  - If equipment is not being used, pick it up for reassignment to another individual

How does OKDMERP Obtain Inventory?

- Market program to Medicaid beneficiaries through OHCA newsletters, SoonerRide program and bring AT/DME back into the program when it is no longer in use

- Conduct public awareness campaign to obtain donated equipment – network with other disability and non-disability partners, radio PSAs, press releases, billboards, tear off posters in agencies, funeral homes, home health centers, etc.

How do Customers Donate or Request AT/DME?

- Call the OKDMERP/ABLE Tech office using the toll-free number
- OKDMERP staff enter customer and equipment records into database
- Staff arrange for pick-up of donated items
- Staff look for equipment to match customers' needs and arrange for delivery

What Happens to DME?

- <u>Pick up Equipment</u>
- Sanitize/refurbish
- Routine maintenance
- <u>Deliver Equipment</u>
- Customer
- Vendor for repair
- <u>DME Vendors</u>
- Obtain prior authorization for repair from OKDMERP Manager
- Deliver to customer or return to network

What Resources are Needed to Operate OKDMERP?

- Staff responsibilities
  - Build equipment inventory for Medicaid beneficiaries and public-at-large
    - Work with vendors for repair and DME assessments
    - Work with volunteers to coordinate delivery of AT/DME in remote locations
    - Match available equipment to customers' needs
    - Coordinate pick-up and delivery of equipment

- Coordinate public awareness activities

What Resources are Needed to Operate OKDMERP? (cont.)

- Review all program data including customer satisfaction to identify trends
  - Quality assurance
  - Timeliness
  - Cost efficacy
- Compile and submit reports to OHCA, ABLE Tech Advisory Council, OK Legislature, US Department of Education

What Resources are Needed to Operate OKDMERP? (cont. 2)

- Routinely address liability concerns
  - Maintain an adequate refurbishment/repair budget
  - Use certified vendors to repair
  - Train staff and volunteers (sanitization, maintenance, pick-up and delivery practices)
  - Match skills to task and employ safety practices
  - Use local AT/DME vendors to match certain categories of equipment (gait trainers, standers, CPAPs)
  - Disclaimer on the website and on the delivery form

Program Outcomes

- Customer Requests
  - 1,507 AT/DME items received into inventory since April, 2012
  - Medicaid replacement cost of $832,321
  - 1,284 AT/DME items reassigned to date
  - Savings to date of $819,931

Success Stories

Professional receives a scooter so she can continue working.

Tornado survivor receives a wheelchair providing increased access to the community.

Questions?

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Vermont Assistive Technology Program

Collaborative Projects with Medicaid
and Money Follows the Person in VT

Medicaid Equipment Retrieval

- Vermont – Amber Fulcher

 - 2007 Medicaid equipment retrieval project began in conjunction with the Office of Vermont Health Access (OVHA)

- Simplified bid was developed in '09 by OVHA in conjunction with VATP's Reuse Project for DME Vendors to bid on refurbishment, sanitization, education, fitting, and delivery services to recipients of retrieved equipment

Moving Forward

- It was determined by risk management that liability was a concern for OVHA & assumption of ownership became a barrier to DME vendors

- It was decided that VT would go forward with other components of Medicaid Equipment Retrieval using a distributed storage model

- OVHA: Revamped form; DME vendors placed labels with return instructions on 8 categories of high-end equipment (AAC Devices, Manual & Power chairs, Power operated vehicles, standers, electric beds, shower commode chairs, lifts); toll free number was provided by Dept of Aging & Independent Living

Partnerships Necessary

- Relationships were established with area non-profits so equipment could be transferred to their ownership following retrieval

- Area non-profits transfer equipment to recipients with priority given to individuals who are low income (no formal means testing is used)

- Total dollar amount of Equipment Retrieved for four year snapshot is $300,834

OAA Pilot and Lessons Learned

- Recognized need for continued improvement of retrieval and redistribution process and began sourcing leveraged funding to address core areas regarding storage, retrieval, delivery, sanitization, and storage

- Developed a pilot project with VT Department of Aging and Independent Living

- Pilot involved utilizing Statewide DME Vendor Network on a service agreement vs. contract basis to transport, sanitize, and install/set-up equipment

Need for Legislation

- Pilot work was very informative and highlighted a need for a state directed transfer of ownership policy and support for the practice of safe reutilization
- We have gone back to the drawing board with DVHA and now have a shared goal of pursuing legislative change regarding Medicaid Equipment Reutilization

Medicaid Funding of iPads as SGD's

- 3 years ago – DVHA began collaborating with area SLP's for input and consideration
- Consulted with policy oversight, reimbursement, & provider services within Medicaid
- Approved by medical director and senior management
- Identified vendor & began approving non-locked iPads in 2012

VATP Collaboration with Medicaid and Stakeholders

- VATP established an iPad Rental Project to support SLP's running trials of iOS devices for approval

    http://atp.vermont.gov/services

- Active participant in the Vermont Communication Task Force

- Connected with schools, rehabilitation facilities, and others utilizing the service

MFP and VATP Collaboration
AT and Access Evaluations

- Money Follows the Person Project and VATP identified an ongoing need for AT related supports to assist with successful transitions

- Choices for Care waiver funding is also available to MFP participants and a need exists to identify effective uses for these funds

Formulating Model

- VATP completed an initial AT Evaluation for an MFP consumer

- MFP and VATP used information from this experience to determine the necessary elements for a billable service

- Began exploring models for a service to be provided under a waiver funded demonstration code

Multi-Part Approach

- Determined that a multi-part approach is necessary, which includes:

1) A person-centered comprehensive evaluation addressing Assistive Technology and Access

2) Provision of equipment installation, consultation and training on AT to MFP participants and their supports

3) Follow-up to assess implementation

Identifying Codes

- VATP consulted with the NC Tech Act Program regarding their provision of AT related services under waiver funding

- Developed service descriptions, in collaboration with MFP

- Worked with our State Medicaid administrator to identify billable codes to be used as part of a demonstration service for MFP participants

Partnership with Service Provider

- Partnered with a local vendor, Healthy Homes of New England, to provide AT and Access Evaluations

- Worked with Healthy Homes to finalize an evaluation tool and procedures

- Evaluation tool is meant to comprehensively assess an individuals needs and goals, include equipment and services recommendations, clearly identify vendor information and pricing, and prioritize solutions

Funding Changes

- Planned to offer as a demonstration service
- Funds were not available under the Choices for Care waiver to cover the demonstration service for FY15
- Determined to try the service as a pilot
- MFP Participants allot a portion of their MFP dollars to cover costs of the service (capped at $600)

Current Pilot

- Pilot is being conducted with participants across the state
- Outreach is taking place with case managers at Home Health Agencies, who authorize the service
- Collaboration with VATP Reuse Project has assisted with equipment procurement
- Model of continuous improvement
- Data collection on outcomes related to Communication, Mobility, Safety (including falls), ADL, and self-report of increased independence
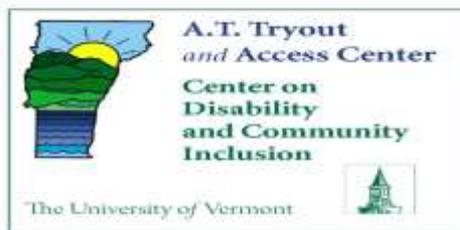
Lessons We Are Learning

- Challenge to coordinate communications among multiple entities (stakeholders include individual participants and supports, Home Health providers, MFP staff, VATP staff, and Medicaid)
- Communication challenges effect flow of information, scheduling, and payment
- Challenge to incorporate consideration of AT solutions (ongoing technical assistance in this specialty area is required)
- The need for the service is very evident across participants

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