



Executive Office of Elder Affairs
RESPECT INDEPENDENCE INCLUSION



Home Care Program Alignment June 2023



Current Situation

- HC programs
 - Grown over years/decades in response to constituent needs
 - Allows more applicants/consumers to be served
 - Acute conditions
 - Community tenure
 - Caregiver needs
 - Higher applicant incomes
 - Creates a patchwork of home care programs --- level of complexity is unsustainable
- Needs modernization
 - Synthesize so more coherent and easier to understand
 - Simplification will strengthen EOEA/HC position as trusted source for services & support
 - Consolidate programs where natural alignment & similarities exist
 - Streamline enrollment into the HC Program and between programs

Unintended Consequences & Pain Points

Eligibility

- Implies income is a condition of Home Care Eligibility (removed in 2017)
- Implies incorrectly a person is “over income” for care & therefore not eligible
- Unclear program, service or care plan availability (Public – applicants, consumers, family, friends, professionals)

Operations

- Requires reporting differences because of program structure, consumers have same profile, same types of services, same reimbursement (level of care similarities/funding differences)
- Unnecessary separation of programs
- Creates additional data entry requirements for ASAPs & EOEA for transferring in between HC programs when acuity or consumer conditions change
- Creates additional administrative structure in A & D and resource time to manage (EOEA/EHS)
- Payment Voucher Reimbursement Tool (PV)

Accessibility

- Lack of clarity/ confusion - Respite Over Income (ROI) & Home Care Over Income (HCOI) for ASAP/EOEA staff
- New ASAP staff have difficulty explaining the program to applicants & consumers; longer timeframe for gaining competence
- Requires in-depth explanations for new EHS staff, within EOEA & ASAPs (difficult to elevator pitch)

2 programs into 1 program

- Respite Over Income (ROI) & Home Care Over Income (HCOI) into 1 program
 - Eligibility, Reimbursement, Services = same
 - Difference between ROI & HCOI is whether there is a Caregiver
 - CDS has question regarding Caregivers
 - Caregivers exist in all 6 programs
 - ROI hold over from ~2017
 - Easily assigned in A & D to single program
 - HC & EOEA staff can manage consolidation
 - 1 uniform simple name *HC Basic (% Based)*
 - Aligns with transition work started last year with Cost Sharing which removed “over income” language in PI & Schedule
- Proposal- initiate July 2023 (tentative)
 - Est. 3-6 month timeframe to complete
- Need to develop:
 - Project plan
 - Stakeholder engagement
 - Workgroup Participation
 - Network Communications

Current State

HC OI

Respite OI

Future State

HC Basic
(% Based)

What can ASAPs expect?

- OI Transition Workgroup
 - Workgroup charter
 - define transition impact areas
 - planning process for transition
 - Volunteers from network
 - varied roles Fiscal, HC, IT, Quality, I & R
 - Identify areas and assist to address for smooth transition
 - Consumer facing documents
 - ASAP documents - Job Aides, Business Rules, Program Instruction
 - A & D changes
 - Consumer Invoices
 - Reporting
 - Scripting & Testing
- Workgroup convene July 2023 – begin planning on OI Transition
- 3-6 month OI Transition timeframe dependent on workgroup recommendations
- One % based home care program as outcome replaces OI programs

What will ASAPs need to do?

- Update documents and procedures
- Training
- A & D changes
- Preparation – data entry hygiene
- Testing
- Post transition confirmation
- Customized ASAPs Report changes
- Public facing materials & marketing – websites, brochures, etc