<u>Advanced Planning Document (APD)</u>

I. The need to effectively manage Medicaid funded services:
    1. CMS has been increasing its expectation with respect to state oversight of the quality and accountability of providers of Medicaid-funded home and community-based (HCB) services.
    2. As the size and diversity of community DD service systems have grown, it has become more and more difficult for states to manage such systems effectively without employing advanced IT applications.
    3. As states transition from their traditional role as direct providers of DD services to managers of increasingly large and complex service delivery systems, the need for complete, accurate and timely data upon which to base management decisions becomes more and more acute.

II. Reimbursement of FFP for APD approved plans:
    FFP at 90 percent is available for costs directly attributable to the Medicaid program for the design, development, installation, and enhancement of mechanized claims processing and information retrieval systems.

    FFP at 75 percent is available for direct costs directly attributable to the Medicaid program for ongoing automated processing of claims, payments, and reports.

    FFP at 50 percent is for other administrative activities.

III. Oversight and management of systems that provide services to consumers:
    1. Will help monitor performance and ensure compliance with statutory and regulatory issues.
            -Will provide a higher level of confidence in the quality and reliability of the services provided by DDS.
            -Will create a higher level of accountability and confidence in DDS' claim for reimbursement for services.
            -Will provide a means to validate and assure services and support outcomes.
    2. The data management system will support:
            -The collection and maintenance of demographic data.
            -The development of individual profiles and budget spending targets for all waiver participants.
            -Aggregation of individual budget data to support fund allocation and financial reporting processes.
            -The storage of all operation and provider performance information that will be readily available to stakeholders.
            -Integration of monitoring and evaluation data as part of a quality management framework.

IV. DDS will develop the PAPD and then the IAPD by the end of FY 11. Stakeholder groups will be involved to assist with the identification of what is needed and what existing systems will need enhancement or modification. Input of providers will be solicited through leadership forums, the Provider Council and the Rate Study Group IT subcommittee.