Paperwork Reduction Project: Executive Summary
Michigan-Department of Community Health
Long-term Care Division
Home and Community Based Waiver Program—MI Choice

The goal of this “Paperwork Reduction Project” was to reduce paperwork while still meeting policy requirements and remaining useful to clients in the Home and Community Based Waiver (HCBW) program. Our objectives were to 1) identify areas where improvements could be made; 2) prioritize improvements and to reach consensus on how to combine forms/tools/processes; 3) identify best practices forms; 4) flag issues on state forms and recommend changes; 5) identify initial assessment information to be provided to client and what client needs to sign; 6) identify ways to combine other programs into waiver forms (e.g., MFP or Self-determination); and 7) discuss how electronic forms interact with other forms and suggest modifications.

The following is the timeline of work completed on this project.

September to October 2011 we conducted a survey of 256 SCs in the waiver program and again identified paperwork burden as the number one problem. Several issues arose regarding paperwork burden, which seemed to inhibit CMs ability to care for clients and/or burden clients. For example, some forms did not efficiently guide care planning. Multiple forms collect the same information, and some forms do not use person centered terminology. Findings of this activity are reported in the SC Survey final report.

November 2011 we provided a report of focus groups and SCs survey to Department of Community Health long-term care staff and Waiver Directors. A plan was designed to tackle the paperwork burden and it was titled: the “Paperwork Reduction Project.”

December 2011 we made follow-up calls to the Waiver Directors to elicit further information on the practice model in their respective waiver agent, specifically, how staff is assigned to cases and if SCs, registered nurses (RNs) and social workers (SWs) conduct visits simultaneously or separately. No consistent pattern or model of care was identified across the waiver agents.

January 16, 2012 we presented to the Department of Community Health (DCH) staff a Performance Improvement Process for SCs by reducing paperwork burden in the HCBW program. The following elements were discussed.

February 2012 we received permission from DCH to send a memo to collect paperwork from the 20 waiver agents, after they were informed at their waiver director’s monthly meeting.

March to June 2012 we collected paperwork from 19 of 20 waiver agents. This required several contacts. Table 1 lists waiver agents who participated and the number of forms that were submitted.

July 2012 each document was coded by the Waiver Agent so we knew where each form was from. In total, 1,353 documents were reviewed and coded.

August 2012 each of the 1,353 forms were examined and categorized into 272 unique groups by similar type or use. We further categorized these 272 unique forms by agency, state form, or information provided when there was no patient name or signature line on the form. We then reviewed each form and sorted them into the 9 CQAR review categories (intake, assessment, progress notes, plan of care, services, consents, rights & responsibilities, DHS correspondence, or miscellaneous) by agency form, information, or a State form (see Table 2). This process was conducted 4 times to assure that each form was placed in the correct CQAR category. Each form was then provided a sub-category “code” and entered into an Access database by “code”, sub-category “code,” and if an agency, state form, or information provided.

August 13, 2012 we met with the CQAR Review Team in a day-long meeting, conducting inter-rater reliability by reviewing each form for category placement within the context of policies. August 14, 2012 we met with four staff members from Western AAA to review the information from the CQAR team to gain input from a provider perspective and to inform them on the next steps in the process. August 15, 2012 we requested and received the Mi Choice CQAR tool so that the elements could be directly matched to modifications in the paperwork project.

September 2012 we worked with an MSU student to formulate “best practice” example forms from those submitted for the project.

November 2012 a planning meeting on how to move forward with the project. The purpose, goals, and methodology were reviewed and agreed upon from the previous meetings; source documents were confirmed (as above), we decided to break the workgroups in three content areas: Plan of Care (POC), Intake/Enrollment, and Notices (plus any other topics identified). Workgroup membership was selected based on the 2010 quality performance ratings using the top five waiver agents, two directors, two supervisors, and four SCs were selected for each workgroup. The first workgroup meeting was held at MSU College of Nursing.

December 14, 2012 we developed and circulated to workgroup member’s language/definitions for POC “Hovers” for categories to include the following: DESCRIPTION OF THE PROBLEMS, CONDITIONS, and NEEDS OR ISSUES: Anything important to “to” or “for” the participant that arises during person-centered planning that requires an intervention. INTERVENTIONS: The services and supports put in place to address problems, conditions, needs or issues brought up during person-centered planning, regardless of payer source. GOAL: The participant’s desired purpose for the interventions included in the plan of care. OUTCOME: An evaluation of the effectiveness of the interventions in meeting the participant’s goals (occurring as needs change or at a minimum every 90 days).

March 21, 2013 second workgroup meeting was held at MSU College of Nursing. We reviewed each document and step in the charting process.

April 22, 2013 report to DCH by MSU faculty on completion of the “Paperwork Reduction Project”. The minimum data items required for each phase of care for participants in the MI Choice HCBW program were identified taking into account the goals of this project: reducing paperwork burden and meeting policy requirements. It is recommended that those forms HCBW participants will be using, such as the ER plan, should be reviewed by members of the community.

RECOMMENDATIONS FOR NEXT STEPS TO REDUCE PAPERWORK BURDEN:
1. Provide the FINAL report on the minimum data elements to all Waiver Directors and obtain their input and buy-in for the need for modification of electronic health records to minimize the paperwork burden.
2. Obtain participant input on forms they use, e.g., ER plan and signature for person-centered-planning and review of the POC.
3. Develop an educational training plan for all providers.
4. Modify the CQAR review requirements to match minimum data element items.
5. Develop a timeline for implementation.

DCH agreed to continue having paperwork reduction on the Quality Management Plan.