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DELAWARE DSHP PLUS IMPLEMENTATION SCHEDULE - INTEGRATING NEW POPULATIONS AND LONG-TERM CARE SERVICES

Rev. 6/7/2011 (subject to revisions)

(revisions are noted with blue highlights)

TASK	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Program Design																
LOC decisions																
Enrollment Process Designed																
Determine Covered & Excluded Services																
Behavioral Health																
Case Management Model																
Overlay LTC Design / Policy on Poverty Plan																
State Organization																
HBM/Enrollment Broker Decisions																
Communications																
Develop Communications Plan																
MCO Discussions (See contract language)																
Internal Roll-out																
Provider Roll-out																

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Advocacy/Stakeholders Roll-out																
Other Roll-out																
Administrative Procedures Act (APA)																
Proposed DSHP Plus rule published in DELAWARE REGISTER							7/1									
DSHP Plus rule 30-day public comment period																
DSHP Plus rule final order published in the DELAWARE REGISTER									9/1							
DSHP Plus rule final order effective									9/10							
DSHP Plus LTC policies published in the DELAWARE REGISTER											11/1					
DSHP Plus LTC policies 30-day public comment period																
DSHP Plus LTC policies final order published in the DELAWARE REGISTER													1/1			
DSHP Plus LTC policies final order effective													1/10			

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MCO Rates and Budget (also see Program Design)																
Obtain Encounter and FFS data																
FFS lag analysis																
Mercer / DE develop appropriate methodology																
PACE Draft Rates to DE (PACE UPL)																
PLUS Draft Rates to DE (program changes and risk adjustment)																
Budget Neutrality Development																
Budget Neutrality Analysis																
Finalize Rates (aligned w/ program policies & allow capitation adjustment for misaligned risk)																
Develop CMS 64 financial reporting for new populations																
System Changes (eligibility, DCIS & TAP) (Also see Program Design)																
Determine system changes																

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Program changes																
Testing																
Finalize system changes																
Freeze MMIS System (through 6/30/12)																
Waiver Application Development and Approval																
Public input process and tribal consultation (if applicable)																
Concept paper development and submission to CMS																
Budget neutrality model																
Waiver amendment to CMS																
Program design to governor for approval																
APA notice																
CMS negotiations and approval of waiver																

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Submit MCO contracts/rates to CMS (will need to consider sending earlier so any comments can be incorporated in MCO discussions)																
CMS readiness assessment and approval																
CMS approval of contracts																
Contract Language & MCO Readiness																
MCO discussions (See communications)																
MCOs submit high level staffing and implementation / operations plan (including network)																
Develop contract language																
Contract language to MCOs																
Identify and revise associated policy																
MCO contract negotiations																
MCOs recruit staff																
MCOs establish provider																

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network																
MCO submissions to DMMA for review/approval																
MCO readiness review																
Network certification																
CMS approval of contracts																
Client Informing and Enrollment																
State staff & HP Enterprises training																
Informational letter to all members/representatives											11/1					
DE and MCO staff meet w/ members /representatives in community																
DE staff informs HCBS members of Patient Pay amounts owed to MCO																
Members notified to select MCO													1/1			
Accepting member MCO choice													1/1	2/15		
Transition packets and identification of priority cases														2/1	3/15	

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Auto-assign members if no choice														2/15		
DE runs historical claims data report and begins historical data with MCOs for members who have made a choice														2/1		
MCOs receive final rosters and historical claims data for implementation														2/22		
HCBS Waiver Transition and Close-out activities begin (timing to be confirmed)																
Program Implementation (04/01/2012)																4/1
Program Monitoring Begins																