

# Idaho's End-Stage Renal Disease Program

Follow-up Report  
March 2012

Office of Performance Evaluations  
Idaho Legislature



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### **Acknowledgements**

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# Idaho's End-Stage Renal Disease Program

## *Follow-up Report*

### **Executive Summary**

The Division of Vocational Rehabilitation has strengthened the end-stage renal disease program since the release of our initial report in November 2011. In our initial report, we offered three options for moving forward. The second option identified seven action items for the division to address that are essential for strengthening the program. We found that the division has sufficiently addressed all seven items.

In February 2012, Senate Bill 1326 was introduced to terminate the program. If the bill passes, the program will cease to exist after June 30, 2013. At the time of this report printing, the bill had been passed by the Senate and by the House Health and Welfare Committee.

### **Overview of Initial Report**

In November 2011, we found that Idaho's end-stage renal disease program lacked clearly articulated procedures to enforce its eligibility requirements, resulting in inconsistencies among staff and regions.

Individuals receiving full-coverage Medicaid are not eligible for the program. However, we found that ten percent of program participants from fiscal year 2011 received a paid Medicaid claim since 2008.<sup>1</sup> We also found that the Medicaid restrictions were not clearly articulated in the program's field manual or application documents. Additionally, staff were limited in their ability to verify or enforce the program's Medicaid restrictions.

Given legislative concerns about duplicative services and questions about the appropriate placement of the program, as well as our own evaluation findings, we identified three options for the Legislature to consider when deciding the future of the program.

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<sup>1</sup> After revisions to the 2008 field manual, individuals receiving full-coverage Medicaid were no longer eligible for the end-stage renal disease program.

1. **Phase out the program over the course of several years.** This option would allow participants to indentify other sources of financial assistance and make necessary adjustments rather than abruptly lose services.

If the Legislature chose to continue the program, it may decide between one of two options.

2. **Keep the program intact.** This option would require the Division of Vocational Rehabilitation to clarify the eligibility requirements and determination process in the field manual and possibly in Idaho Code.
3. **Move the program to the Department of Health and Welfare.** This option would parallel the structure of most counterpart programs in other states. If the Legislature moved the program, the Department of Health and Welfare would need to clarify the eligibility requirements and determination process.

## The Division Has Strengthened Its Program

As part of option two, we recommended the division clarify the eligibility requirements and determination process in its field manual. We identified seven actions items that were essential to strengthening the program regardless of its outcome. The division has completed all seven items listed below, which strengthens the program by clarifying policies and allowing staff to better enforce policies.

1. Clearly define in its official documents that full-coverage Medicaid participants are ineligible
2. Work with the Department of Health and Welfare to confirm the Medicaid status of all program applicants
3. Define the order of events in the eligibility determination process and provide staff training
4. Seek input from staff about other program areas that need to be reexamined and better defined such as duration of coverage for transplant related services
5. Identify the specific types of documents needed at intake to determine eligibility
6. Consider creating documents and forms specific to the program
7. Consider implementing a quality assurance process at the beginning of each new case that would also ensure staff decisions are not made without some form of oversight

## ***Application Signature Sheet***

The division updated its application signature sheet, which is signed by applicants at the beginning of the eligibility determination process. With their signature, applicants agree that they understand the program eligibility requirements. The updated signature sheet includes two new items:

- The applicant has been determined eligible for Medicare
- The applicant applied for and was denied full-coverage Medicaid

The updated signature sheet clarifies to applicants that individuals receiving full-coverage Medicaid are not eligible for the program; this requirement was not made clear in the program's documents when we conducted our initial review. The updated sheet also makes it easier for staff to communicate with applicants about both the Medicare eligibility requirement and full-coverage Medicaid restriction.

## ***Release of Medicaid Information***

After our initial report release, the division developed a document for the end-stage renal disease program that permits staff to verify the Medicaid status of each current participant and new applicants through the Department of Health and Welfare. As of March 2012, with the help of the department, the division has determined the Medicaid status of nearly 80 percent of current participants.

According to the division administrator, there has been some delay in the process but the division continues to work with the department to determine the Medicaid status of each current participant. Additionally, not all participants have signed the release document or applied for Medicaid. We confirmed with the division administrator that those participants have had their services suspended.

According to the division administrator, the division intends to follow-up with the department every six months to verify that participants have not started receiving full-coverage Medicaid since their enrollment in the end-stage renal disease program. The division's work with the department will help ensure accuracy when determining the Medicaid status of each applicant and the status of current participants.

## ***Quality Assurance Checklist***

Our initial report found that program staff were not given specific guidelines or a specific process to follow when making eligibility determinations, which created regional inconsistencies in the process. To address this finding, the division has developed a quality assurance checklist that sets forth the order of events in the eligibility determination process.

The division administrator said the checklist will be used to review current cases and any new cases. The steps in the checklist will be reviewed and signed by either a regional manager or other supervisory staff ensuring oversight of all case plans. The review process will be particularly beneficial because we initially found that most program staff had worked independently and had made eligibility determinations without input from other staff or supervisors.

The quality assurance checklist describes the documents needed at intake and before an eligibility determination is made. The checklist also includes a section specific to the documentation that must be maintained in each participant's case file. The inclusion of the documents needed at intake addresses the variation in documentation we found among case files and regions at the time of our initial evaluation.

### ***Staff Training and Input***

The division conducted trainings for all end-stage renal disease staff and regional managers through video conferences in December 2011 and February 2012, specifically discussing the findings and recommendations from our initial report. During the December training, staff and managers reviewed the eligibility process and the order for completing each step of the process. They discussed the implementation of the new quality assurance checklist and the steps the division is taking to ensure the program is compliant with its policies and procedures.

At the end of the training, staff and managers were given the opportunity to discuss other program areas that needed to be reexamined and better defined. According to the division administrator, staff agreed the program needed to provide consistent services to post-transplant participants. As a result, the program will provide post-transplant services for three years after a successful transplant, and the division added a section to the quality assurance checklist specifically for post-transplant services.

### **The Future of the Program**

In February 2012, Senate Bill 1326 was introduced. At the time of our report printing, the bill had passed the Senate, and it had passed the House Health and Welfare Committee with a do pass recommendation. The bill amends and repeals Idaho Code § 33-2307 and § 33-2308. Specifically, the bill clarifies that individuals receiving full-coverage Medicaid may not participate in the end-stage renal disease program and removes language that permits the program to accept participants without references to maximum and minimum income levels.

The bill also provides a termination date for the program and prohibits the program from accepting new participants while the program is being phased out.

If the bill passes, the program will cease to exist after June 30, 2013. If the bill fails, the division will continue to administer the program with better defined eligibility requirements and a determination process.

Terminating any state program will likely affect some citizens. Since the release of our initial report, our office has received copies of three letters addressed to the Governor opposing his support of option one and his proposal to terminate the program by June 30, 2013. Instead, two of the letters support relocating the program within the Department of Health and Welfare.





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## Office of Performance Evaluations Reports, 2009–Present

Publication numbers ending with “F” are follow-up reports of previous evaluations. Publication numbers ending with three letters are federal mandate reviews—the letters indicate the legislative committee that requested the report.

<b>Pub. #</b>	<b>Report Title</b>	<b>Date Released</b>
09-01	Public Education Funding in Idaho	January 2009
09-02F	Higher Education Residency Requirements	January 2009
09-03	Idaho Transportation Department Performance Audit	January 2009
09-04	Feasibility of School District Services Consolidation	February 2009
09-05F	School District Administration and Oversight	February 2009
09-06F	Use of Average Daily Attendance in Public Education Funding	February 2009
09-07F	Child Welfare Caseload Management	February 2009
09-08F	Public Education Technology Initiatives	February 2009
09-09F	Management in the Department of Health and Welfare	March 2009
09-10F	Governance of Information Technology and Public Safety Communications	April 2009
10-01	Operational Efficiencies in Idaho’s Prison System	January 2010
10-02	Increasing Efficiencies in Idaho's Parole Process	February 2010
10-03F	Use of Average Daily Attendance in Public Education	March 2010
10-04	Governance of EMS Agencies in Idaho	November 2010
10-05F	Governance of Information Technology and Public Safety Communications	November 2010
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11-02	Coordination and Delivery of Senior Services in Idaho	February 2011
11-03F	Increasing Efficiencies in Idaho’s Parole Process	February 2011
11-04F	Idaho Transportation Department Performance Audit	March 2011
11-05	Delays in Medicaid Claims Processing	March 2011
11-06	Higher Education Funding Equity	November 2011
11-07	End-Stage Renal Disease Program	November 2011
11-08F	Distribution and Sale of Liquor in Idaho	November 2011
12-01	Reducing Barriers to Postsecondary Education	January 2012
12-02F	Delays in Medicaid Claims Processing	January 2012
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12-04	Establishing an Efficiency Commission	February 2012
12-05F	Coordination and Delivery of Senior Services in Idaho	February 2012
12-06F	Operational Efficiencies in Idaho’s Prison System	February 2012
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