

Using the Resource Allocation Decision Method

What is the Resource Allocation Decision Method?

The Resource Allocation Decision (RAD) method is used in Family Care, Family Care Partnership and PACE to determine the most effective services and supports to help members achieve their own personal outcomes. The RAD is a series of questions designed to help the interdisciplinary care management team, including the member, identify the specific goals members have for their lives. This question and answer process is designed to determine the most effective services and supports for each individual member.

Each managed care organization (MCO) is required to have policies and procedures for their interdisciplinary care management teams to use when authorizing services. The Department of Health and Family Services (DHFS) must approve the MCO's service authorization policies. The RAD method as developed and disseminated by DHFS, when used by the team, including the member, will be approved by DHFS as a service authorization policy.

The RAD Method

1. What is the need, goal, or problem?
2. Does it relate to the member's assessment, service plan and desired outcomes?
3. How could the need or goal be met?
4. Are there policy guidelines to guide the choice of option?
5. Which option does the member (and/or family) prefer?
6. Which option is the most effective and cost-effective in meeting the desired outcome?
7. Explain, Dialogue, Negotiate

Refer to the "Wisconsin Family Care program Resource Allocation Decision method" on page four for the seven step process and more details.

Who uses the RAD Method?

The interdisciplinary care management team uses the RAD to aid in the decision making process. A member has the right to include anyone else he or she wants to have involved, which could be a guardian, a family member or friend, or a professional ombuds or advocate.

In Family Care, the team consists of the member and at least a registered nurse and a care manager assigned by the MCO. Other professionals such as an occupational or physical therapist, or mental health specialist, may be involved, depending on what is most appropriate for each member.

In Family Care Partnership the team is the same as in Family Care, but also includes an assigned MCO nurse practitioner and the member's primary care doctor. Usually the nurse practitioner communicates with the doctor, who may or may not attend the care planning meetings.

In the Program for All-inclusive Care for Elderly (PACE), the team includes a social worker, RN, and the primary care physician. In addition, the PACE team can include a nurse practitioner, physical therapist, occupational therapist, recreational therapist or activity coordinator, dietician, Pace Center Manager, home care coordinator, personal care attendants (or representatives) and drivers (or representatives). Representatives from each discipline may or may not participate in the RAD method depending on the specific needs of the member.

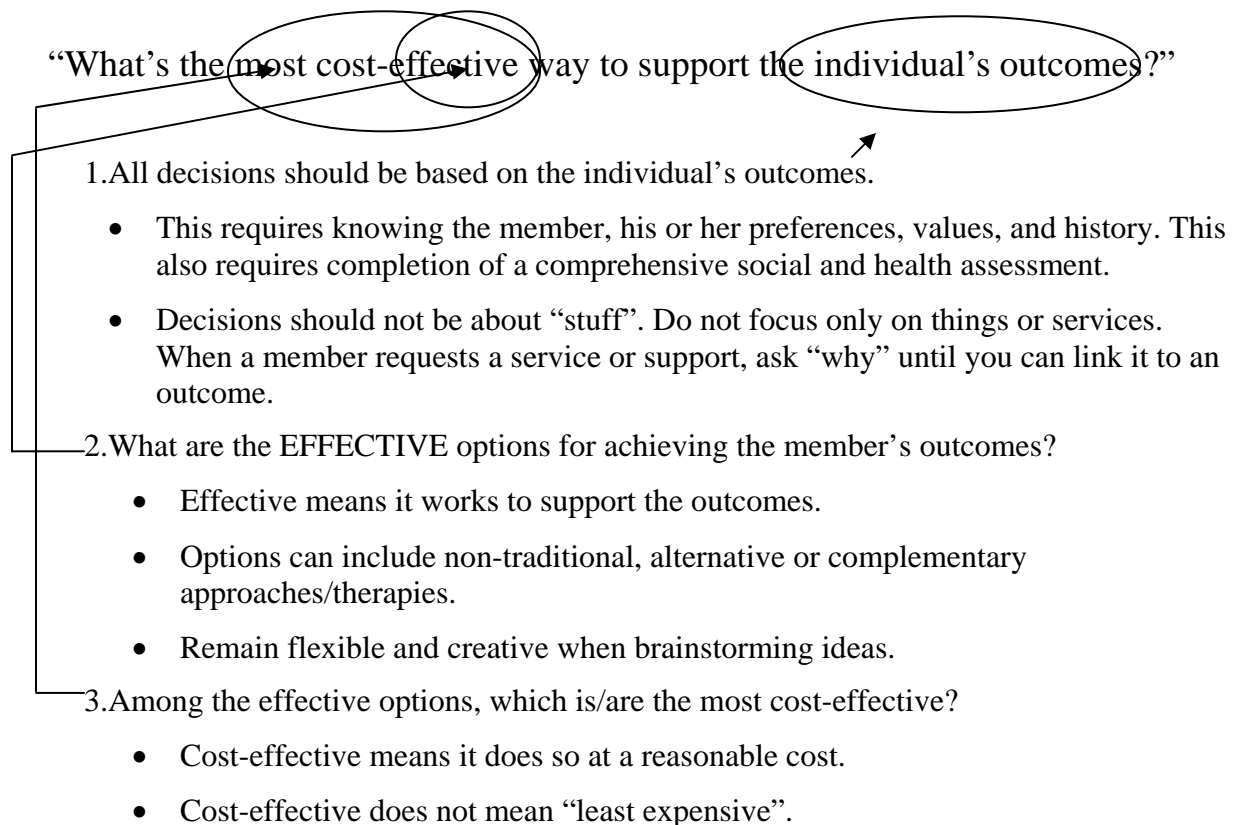
When is the RAD Method used?

- Creating the individual service plan and member-centered plan
- On-going care planning
- When a member makes a request for additional services or supports

How does the RAD Method help determine services?

The RAD method is a way for the team, including the member, to decide the most effective services and supports to help the member achieve his/her outcomes. All decisions should be based on the individual's outcomes as prioritized and identified during the initial comprehensive assessment and after that, on an ongoing basis. The member's outcomes represent what is valued or important to him or her, or are things he or she wishes were different in his or her life. For example, one person's outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment. The team will discuss the specific things the member wants to have in his or her life.

After the member's outcomes have been identified, the team will use the RAD method to identify and discuss the most effective way to help the member achieve those outcomes, at a reasonable cost.



Why is the RAD Method used?

In Family Care, Partnership and PACE, services are specific to the member's personal outcomes. Each care plan is unique. The RAD assists in making service decisions that are specific to each member. The decision making process is the same but the decisions are not necessarily the same.

Services and supports are based on the needs and outcomes for each member's unique circumstances. The RAD method is a tool to support the team in putting effective services in place to support efforts to achieve the member's outcomes.

For example, three members who reside in licensed group homes have different ideas for how to meet the outcome of deciding how they spend their day. The first member would like to be able to get out and see his friends more often. Using the RAD process, the team finds the residential facility he lives in can provide daily living skills training to help him learn to use public transportation. This will allow him to independently meet his friends and go to the Senior Center where he enjoys playing cards on Wednesday afternoons. This member's preference is to get out of the group home during the day, do things in his community and spend time with his friends. The plan he and his team developed with the help of the group home where he lives supports his outcome.

The second member would like to spend her day being more involved in her community. The team uses the RAD and determines the activities already available in the group home will not adequately support this member's outcomes of getting more involved in her community. They determine that her outcome will be best met by attending an area day services program. At the day services program she will have opportunities to learn many skills she is interested in, volunteer in her community, and meet new people.

The third member is interested in getting a job. Working through the RAD process, the team contacts the Department of Vocational Rehabilitation (DVR) to work on a supported employment plan. The team and DVR will work together to develop a supported employment plan that starts with the member having some work experiences. This member starts by learning about job opportunities and getting a job at a local auto parts store.

Each of these people live in group homes, each wants to do meaningful and interesting things during the day. Using the RAD, the team finds individual ways to support each member's personal outcomes.

What if the member disagrees?

Reasonable people can disagree. The member may not always agree with the rest of the team about which service will be effective or cost-effective. Use the RAD method to talk through the options and preferences.

Family Care, Partnership and PACE provide members with multiple pathways or options to file a grievance or appeal. This is the member's choice and right. A grievance or appeal is not a bad thing – it is a way for the member to say he or she is unhappy with something. This is an opportunity to work with the member to discover the most effective services and supports to meet the member's outcomes.

If a member wants help in filing a grievance or appeal, each care manager should be ready to explain the process and provide the member with the name of the MCO staff designated to help members with grievances and appeals. The member may also contact a professional ombuds or advocate. Additional information for the member regarding advocates and the appeals and grievance process are listed in the Being a Full Partner booklet, the Family Care Member Handbook and in the Partnership Evidence of Coverage booklet.

Wisconsin Family Care Programs Resource Allocation Decision Method

1. What is the need, goal, or problem?

- The member and team staff together identify the core issue. To do so, keep asking, “Why?”
- Whose problem is it? Does the member see it as a problem, or do (some) staff?
- If the member/family is asking for an item or service, explore the reasons for the request.

2. Does it relate to the member’s assessment, service plan and desired outcomes?

- “Desired outcomes” are those in Family Care’s mission and personalized in the member’s assessment and service plan.
- Is it essential to the member’s health or safety? (What would happen if the need were not met?)
- How does it relate to ADLs or IADLs, independence and other desired outcomes in the plan?
- Whose responsibility is it to address this particular need or problem?

3. How could the need be met?

- What has been tried in the past? How do people usually address similar needs?
- How could the member help solve this need/problem? What ideas does s/he have?
Could adaptations in people, environment, or equipment help member meet this need?
Can the member afford to pay for this, or share cost if appropriate?
- What informal resources (family, friends, and volunteers) might be able to help?
- What other community resources (e.g., thrift stores, senior center, organizations) could be sought?
- What options could the MCO consider?

4. Are there policy guidelines to guide the choice of option?

- If yes, those should be followed.¹
- The MCO does not have to provide services that are outside its benefit package or outside its area of responsibility.

5. Which option does the member (and/or family) prefer?

6. Which option(s) is/ are the most effective and cost-effective in meeting the desired outcome(s)?

- “Effective” means it works to achieve a desired outcome². Consider both short-term and long-term outcomes.
- “Cost effective” means “effectively achieving a desired outcome (meeting a need/supporting a value) at reasonable cost and effort.”
 - “Reasonable” alternatives are those that:
 - Would probably solve the problem, i.e., are effective in meeting the desired outcome for peers (persons with similar needs).
 - Would not have significant negative impact on desired outcomes.
 - Note that “cost effective” is always tied to outcomes, and that it does not always mean “least expensive” or “inexpensive.”
- How will we measure success/ outcomes in order to gauge cost-efficiency?
- Is member committed to using the suggested service/product?

7. Explain, Dialogue, Negotiate Member can appeal MCO’s decision.

¹ If related policies seem to lead to unacceptable conclusions in a particular case, the policy needs to be corrected or amended with criteria to allow exceptions. Please refer to management for follow up with DHFS.

² “Desired Outcomes” are the members outcomes as identified and prioritized by the member and family.