

Deloitte.



Nursing Homes Support Scheme (Fair Deal)

Process Review



August 2014

Executive Summary

Project Overview

- The Dept. of Health engaged Deloitte to perform a review of the Nursing Home Support Scheme with the overall objective to examine its future sustainability.
- This report covers the following elements of the review, as detailed in the RFP:
 - A review of all current processes and administration of the scheme, including application process and client satisfaction.
 - Make recommendations for the future management and operation of the Scheme
- To gain an end to end view of the existing NHSS Application and Administration processes, Deloitte conducted a series of meetings with key NHSS stakeholders to firstly identify scope of processes to be documented and subsequently map these.
- During the course of meetings with key stakeholders, existing pain points, variances in work practices and inefficiencies were identified.
- Client Submissions from various stakeholder groups, gathered in advance of the review commencing, were also analysed and key process pain points and efficiencies were identified.
- These are captured in this report, along with suggested actions to address these.

Key Observations

- Some key observations from the course of this piece of work include:
 - When there is sufficient funding, there are no apparent ‘bottle necks’ in the application process for new clients applying to the NHSS, based on the current rate of applications.
 - Variances exist between NHSO’s on the sequence of steps followed to progress of applicants through the application process and the practices used to complete each step. This can result in variances in the time it takes to progress applicants through the process by NHSO, however data provided by the HSE suggests that the majority of NHSO’s are currently operating within the target processing time.
 - Sections & questions in the Application form are frequently not filled in by Applicants on initial submissions to the NHSO. Additional actions must be taken by the NHSO to elicit the information.
 - At the present time Financial Reviews during the period that a client remains in the scheme are not routinely performed. We understand that the HSE is awaiting clarification on a number of related issues from Government before issuing new SOP’s in this regard.
 - Current NHSS supporting literature does not provide sufficient clarity to applicants on the NHSS, the application process and its components. Additional NHSO communications to applicants are required as a result.
 - ICT system Correspondence templates are not user friendly or fit for purpose for automated production.
 - Opportunity exists for non applicant / client facing activities to be centralised to the National Office. It is not of our view that the centralisation of the 17 NHSO’s to 4 Regional Offices will create benefits to the application / administration processes analysed in this report. Currently, the processes rely on proximity to applicants, their residence and knowledge of the local care facilities to operate efficiently.

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2.1 Introduction

NHSS (A Fair Deal) Overview

Purpose

- The Nursing Homes Support Scheme commenced on the 27th October 2009. The statutory based scheme replaced the scheme of Nursing Home Subvention which had been in existence since 1993, the system of contract beds and Long-Stay Charges in public nursing homes.
- The Scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings.

Application Process

- On submission of an NHSS application, a Care Needs and Financial Assessment are conducted to ascertain whether long term care is required for the applicant and if so, what contribution (if any) will the government make towards their long term care.
- Where an individual's assets include land and property in the State, the clients contribution to care based on such assets may be deferred and collected from their estate. This is the optional Nursing Home Loan element of the scheme.
- Once a person receives approval for financial support, they can choose to enter any nursing home that is participating in the scheme in any part of the country, subject to the nursing home having an available bed and being able to cater for the person's particular needs.

2.2 Introduction

Objective of Review

- As set out in the RFT, the overall objective of the review is to examine the future sustainability of the Nursing Homes Support Scheme, taking account of Government policy, relevant demographic growth trends and the current and projected fiscal situation and to make costed recommendations as to how the Scheme should operate in the short (to 2016) to medium (2023) term, to ensure that it best supports government policy, and how residential and community provision will be balanced as part of an overall approach.*
- This report covers the following tasks, as detailed in Appendix 1 of the RFT:
 - Review all current processes and administration of the scheme, including application process and client satisfaction.
 - Make recommendations for the future management and operation of the Scheme
- The remaining objectives are covered in the related report evaluating the funding of the scheme.

Scope

- Identify full scope of NHSS Application & Administration processes and obtain agreement from stakeholders.
- Document the three identified “As-Is” NHSS process areas:
 1. NHSS Application Process
 2. Scheme Administration Process
 3. Recoup Nursing Home Loan Amount Process
- Analyse client satisfaction levels and ‘pain points’ from Public Consultation submissions and NHSS stakeholder meetings.
- Conduct a high level assessment and propose future recommendations for the NHSS Application & Administration processes.

2.3 Introduction

Process Review Overview

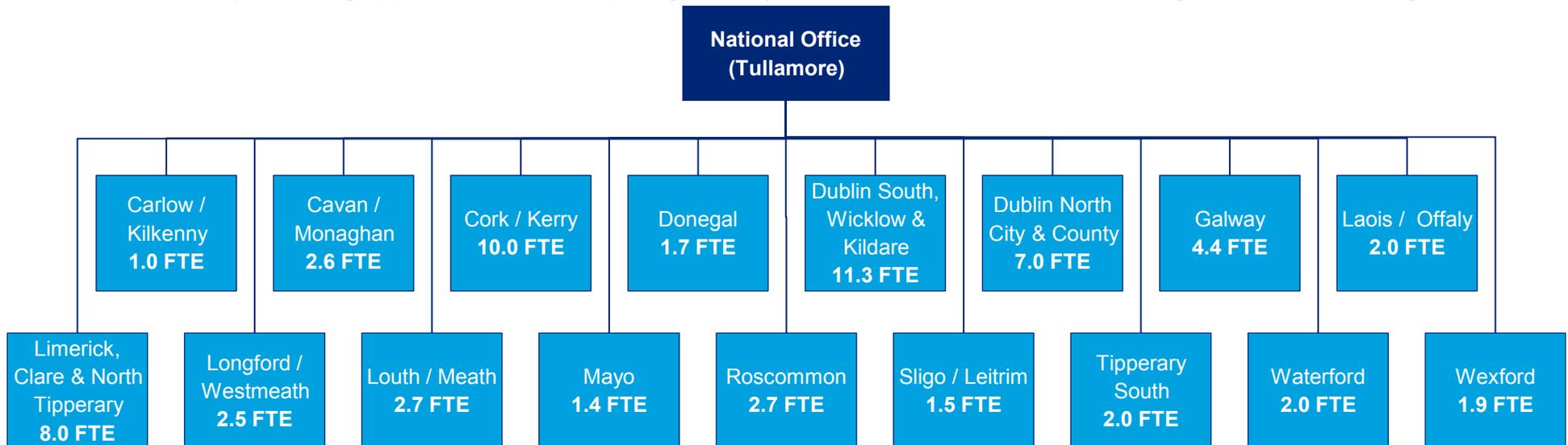
- The following table provides detail of the activities undertaken as part of this process review, along with details of where the findings can be found within this report.

| # | Activity | Overview | Location in Report |
|---|--|---|--|
| 1 | Process Mapping | The NHSS application & administration activities in-scope as part of this project were mapped out. | Detailed Process Maps: Appendix A (Separate Document) High Level View: Section 4 ('As-Is' Process Overview) |
| 2 | SIPOC Diagrams | SIPOC diagrams of the three key process areas were created. They consist of a flow diagram that is used to develop a high level understanding of the process being investigated. It provides "at-a-glance" perspective of the process steps incorporating suppliers, inputs, outputs and customers. | Section 4 ('As-Is' Process Overview) |
| 3 | Process Activity Overview | High level overviews of the activities contained within each of the key process areas were created. | Section 4 ('As-Is' Process Overview) |
| 4 | Process Activity Detail | More detailed information on each of the key process areas were created including: <ul style="list-style-type: none"> A process synopsis Links to what steps in the process maps it refers to More detailed information on the activities involved Stakeholder involvement, | Appendix B (Process Area Synopsis) |
| 5 | High Level Process Observations | Each step in the process maps created was analysed for the following: <ul style="list-style-type: none"> Whether it contained any pain points; If variation existed on how the step was completed between the NHSO's If it was a non-value add activity. Findings were then summarised, by process step in the report. | Appendix D (High Level Process Observations) |
| | Review Client Submissions | Client Submissions received from various sources were analysed and key points in relation to the Application and Administration processes were summarised. | Appendix C (Client Submissions – Process Commentary) |
| 6 | High Level Observations & Considerations | Once the processes were reviewed, and client submissions were taken into account, high level observations and considerations were made. Suggested actions were then recommended | Section 5 (High Level Observations & Recommendations) Section 6 (Key Actions) |

2.4 Introduction

NHSS Offices

- **National Office:** The NHSS is managed by the National Office in Tullamore. Responsibilities also include the processing of monthly Nursing home invoices & payments and processing applications for Ancillary State Support.
- **NHSO Offices:** The National Office is supported by 17 local HSE Nursing Homes Support Offices (NHSO's). Each NHSO is responsible for processing applications and completing monthly administration activities for their regions clients / nursing homes.



Total NHSO Staff: 64.7 FTE

Note: FTE figures as of February 2013

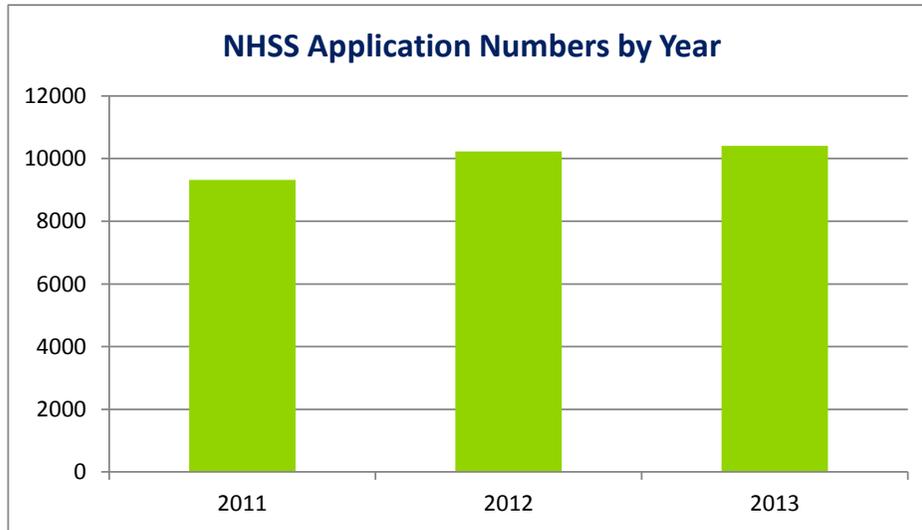
NHSS IT System

- The ICT system is the core IT system in use by the NHSS offices. This is the primary system of record of applicants, clients and nursing homes in the scheme. Application and administration activities are all managed and progressed through the system through the use of work flows.

2.5 NHSS Application & Client Statistics

The following slide contains data and statistics relating to the Nursing Home Support Scheme application process. These statistics include application numbers by year, application referral sources and application duration averages.

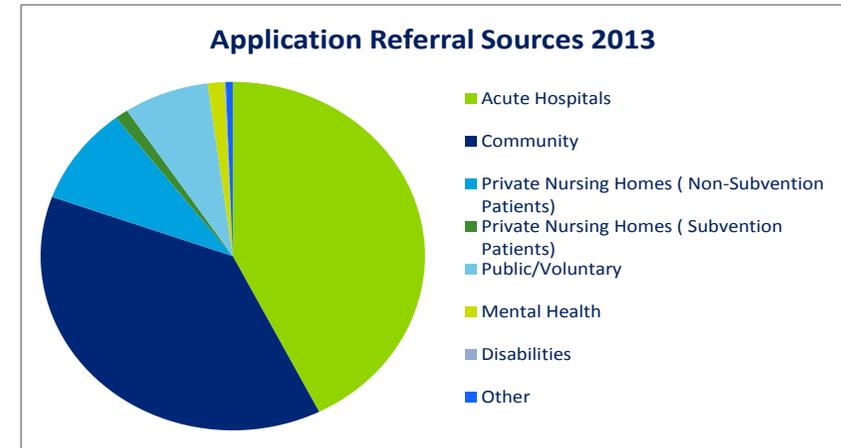
Application Volumes



| Year | Application Volumes | Monthly Average | Monthly Low | Monthly High |
|---------------------------|---------------------|-----------------|-------------|--------------|
| 2011 | 9,323 | 777 | 470 (Oct) | 1,374 (Mar) |
| 2012 | 10,225 | 852 | 759 (Apr) | 964 (Nov) |
| 2013 | 10,406 | 867 | 627 (Nov) | 1,109 (Jan) |
| Total (since 2009) | 47,903* | | | |

*A total of 47,903 applications have been submitted since the NHSS commenced in 2009.

Application Referral Sources



| Application Referral Source | 2011 | 2012 | 2013 |
|---|-------------|-------------|-------------|
| Acute Hospitals | 40.02% | 40.09% | 42.58% |
| Community | 39.34% | 38.37% | 37.94% |
| Private Nursing Homes (Non-Subvention Patients) | 9.9% | 9.91% | 9.09% |
| Private Nursing Homes (Subvention Patients) | 3.31% | 1.45% | 1.11% |
| Public/Voluntary | 4.92% | 7.85% | 7.18% |
| Mental Health | N/A | 0.94% | 1.42% |
| Disabilities | N/A | N/A | 0.10% |
| Other | 2.51% | 1.39% | 0.58% |
| Total | 100% | 100% | 100% |

2.6 NHSS Application & Client Statistics

Application Duration Averages

The application duration times provided below are averages based on applications processed by all 17 NHSO's for 2013.

| Application Duration Averages - 2013 | Days | Weeks |
|--|-------------|-------------|
| Application Received Date to Application Recorded Date | 1.7 | 0.2 |
| CNA Request to Local Placement Forum Decision Date | 19.8 | 2.8 |
| Conduct Financial Assessment to Financial Assessment signoff date | 9.4 | 1.3 |
| Financial Assessment Sign off to Application Decision Date | 4.3 | 0.6 |
| Application Decision Date to Assignment Recorded Date | 46.0 | 6.6 |
| Total Time from Application Received Date to Assignment Recorded Date | 81.2 | 11.6 |

- Please note that the above are average durations and variation in processing time exists between NHSO's.
- The above duration averages are based in 2013 when sufficient funding was available.
- By Summer 2014, they expect the duration between when signing off of the Financial Assessment to the Application Decision Date (Funding Release Date) to increase to between 12 – 16 weeks, from less than 1 week in 2013 (based on discussion at meeting with the National Office).

Application Duration Averages (Notes)

Below are the notes provided by the NHSS offices in relation to the application duration average figures.

- The Application Duration averages are interim results for 2013.
- A breakdown of the information by NHSO is not yet available.
- It should be noted that delays occur in the process where applicants do not submit all of the relevant information and/or documentation required to finalise and complete the application process.
- Some nursing home loan applications can be complex, particularly where property is not registered with the Property Registration Authority or where the property is only registered in the Registry of Deeds or not registered at all.
- The 6 week gap from decision date to assignment date is due mainly to:
 - The need to have in place a National Placement List. The average wait on the NPL in 2013 was 4/5 weeks, which ranged from 1 week to 7 weeks.
 - Delays in respect of clients sourcing an appropriate nursing home place to meet their care needs
 - Clients becoming acutely ill and not taking up a place straight away.

2.7 NHSS Application & Client Statistics

NHSS Client Numbers (2011 – 2013)

The number of clients in the NHSS scheme between Dec 2011 and Dec 2013 can be found below.

| NHSO | Dec 2011* | Dec 2012 | Dec 2013 |
|--------------------------------|----------------|---------------|---------------|
| Carlow / Kilkenny | 357 | 518 | 557 |
| Cavan / Monaghan | 448 | 716 | 739 |
| Cork / Kerry | 1,968 | 3,103 | 3,454 |
| Donegal | 276 | 469 | 528 |
| Dublin North City & County | 1,258 | 2,053 | 2,291 |
| Dublin South Kildare & Wicklow | 2,242 | 3,789 | 4,228 |
| Galway | 951 | 1,230 | 1,323 |
| Laois / Offaly | 405 | 754 | 768 |
| Limerick / Mid West | 1,310 | 1,845 | 1,982 |
| Longford / Westmeath | 506 | 684 | 717 |
| Louth / Meath | 626 | 984 | 1,095 |
| Mayo | 500 | 751 | 767 |
| Roscommon | 279 | 440 | 502 |
| Sligo / Leitrim | 246 | 523 | 563 |
| South Tipperary | 392 | 502 | 514 |
| Waterford | 396 | 609 | 650 |
| Wexford | 422 | 620 | 643 |
| Total | 12,582* | 19,590 | 21,321 |

2013 NHSS Client Numbers (by Client Type)

The number of clients in the NHSS scheme as of December 2013, divided by NHSO, can be found below:

| NHSO | Private Clients | Public Clients | Saver Clients | Total |
|--------------------------------|-----------------|----------------|---------------|---------------|
| Carlow / Kilkenny | 426 | 81 | 50 | 557 |
| Cavan / Monaghan | 567 | 99 | 73 | 739 |
| Cork / Kerry | 2,473 | 690 | 291 | 3,454 |
| Donegal | 365 | 99 | 64 | 528 |
| Dublin North City & County | 1,811 | 300 | 180 | 2,291 |
| Dublin South Kildare & Wicklow | 3,228 | 563 | 437 | 4,228 |
| Galway | 1,129 | 108 | 86 | 1,323 |
| Laois / Offaly | 519 | 132 | 117 | 768 |
| Limerick / Mid West | 1,648 | 192 | 142 | 1,982 |
| Longford / Westmeath | 567 | 83 | 67 | 717 |
| Louth / Meath | 855 | 141 | 99 | 1,095 |
| Mayo | 560 | 119 | 88 | 767 |
| Roscommon | 358 | 80 | 64 | 502 |
| Sligo / Leitrim | 358 | 95 | 110 | 563 |
| South Tipperary | 426 | 59 | 29 | 514 |
| Waterford | 488 | 125 | 37 | 650 |
| Wexford | 491 | 82 | 70 | 643 |
| Total | 16,269 | 3,048 | 2,004 | 21,321 |

*Note: Please note that there are no stats for Public clients prior to 01/01/2012 as direct payments commenced on that date.

2.8 NHSS Application & Client Statistics

Nursing Home Loan (Ancillary State Support)

The number of clients availing of Ancillary State Support can be found below:

| Description | Dec 2011 | Dec 2012 | Dec 2013 |
|---|----------|----------|----------|
| Number of Nursing Home Loan Clients (Cumulative) | 1,992 | 2,940 | 3,821 |
| Number of Charging Orders raised to Dec 2013 | 1,969 | 2,917 | 3,738 |
| Number of Charging Orders in process of being created | 23 | 23 | 83 |

- The number of Nursing Home Loan Clients above is a cumulative figure and the total number of clients was 3,821 as of December 2013.
- Of the 3,821 ASS clients in December 2013, charging orders had been raised on 3,738 of the properties with 83 currently in the process of being created.
- As of December 2013, 19.8% of NHSS clients eligible for Ancillary State Support have availed of it. (Based on 19,317 clients - excluding Saver clients).

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3.1 Review Approach

The project was conducted over a 5 week period, commencing in mid December 2013. The approach developed and followed to deliver this project is outlined below;



| Indicative Timing | 2 weeks | 2 weeks | 1 week |
|-----------------------|---|--|---|
| Key Activities | <ul style="list-style-type: none"> Initial meetings with project stakeholders: <ul style="list-style-type: none"> NHSS National Office 2 x NHSSO's Identify key NHSS processes Gather existing process documentation and review Develop first draft process map iterations Understand process 'pain points' and potential areas for improvement | <ul style="list-style-type: none"> Review process maps with project stakeholders and make necessary amendments Review and analyse Public Consultation submissions Gather data / statistics on NHSS process and perform analysis Analyse process 'pain points' and key areas for improvements | <ul style="list-style-type: none"> Prepare final End to End Process Prepare final report including key observations and recommendations |
| Deliverables | <ul style="list-style-type: none"> First draft of process maps | <ul style="list-style-type: none"> Reviewed process maps High level process observations Draft of final project report | <ul style="list-style-type: none"> Final Project Report (incl. process maps) |

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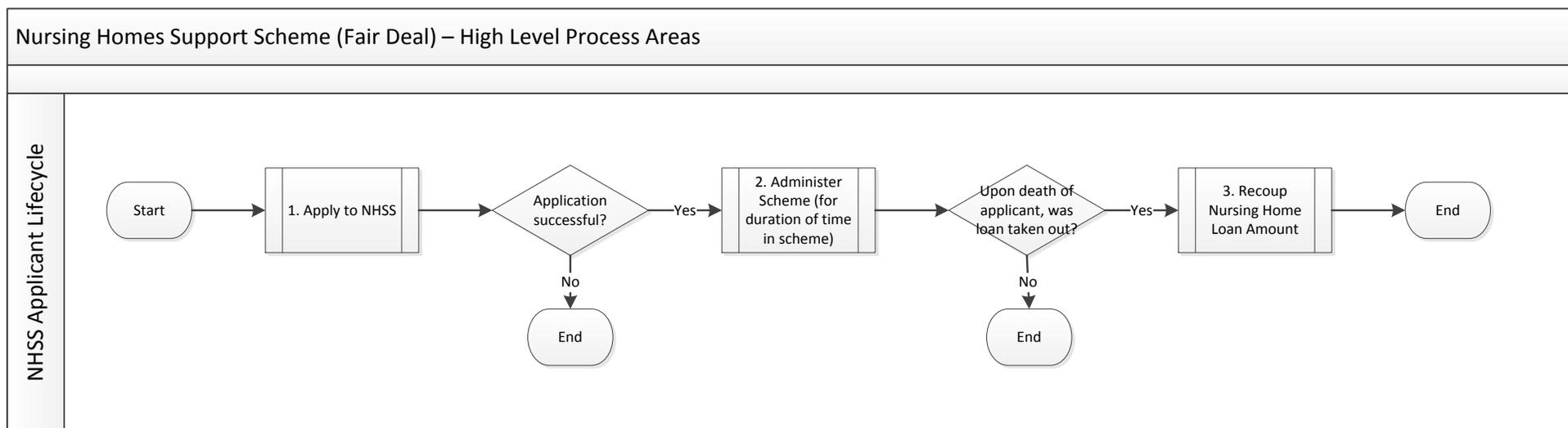
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4.1 High Level – NHSS Application & Administration Process

The NHSS (Fair Deal) Application & Administration lifecycle can be broken down into the following three high level process areas:

1. **Apply to NHSS:** Activities involved in the NHSS application process.
2. **Administer Scheme:** Administration activities that may need to be completed while a client remains in the scheme.
3. **Recoup Nursing Home Loan Amount:** For clients who took out a loan to pay for their own contribution to the Nursing Home bills each month, this process involves the retrieval of the amount owed upon death of client or due to another event.

The process map below shows a high level view of the three key process areas within the NHSS Application & Administration Lifecycle.



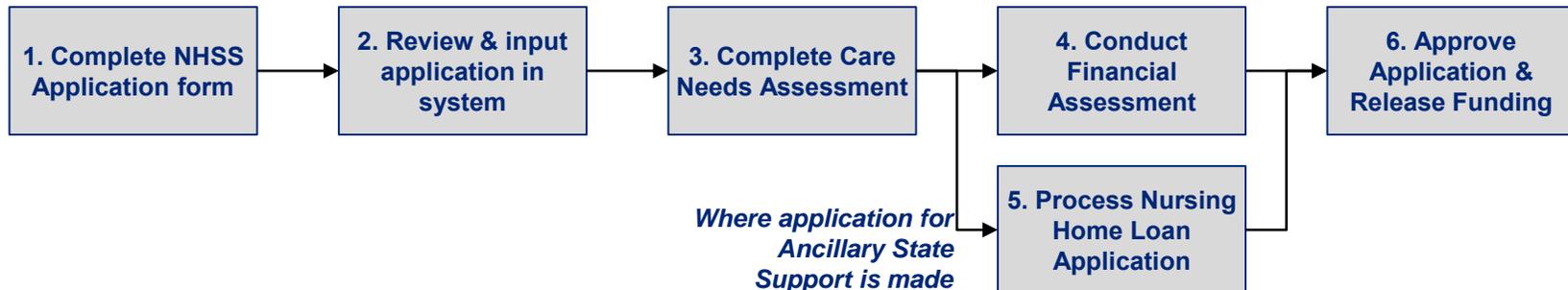
Further details of these three process areas can be found in the following slides in the form of SIPOC diagrams. SIPOC is an abbreviation of **S**uppliers – **I**ntputs – **P**rocesses – **O**utputs – **C**ustomers. It is a tool that consists of a flow diagram that is used to develop a high level understanding of the process being investigated. It provides “at-a-glance” perspective of the process steps incorporating suppliers, inputs, outputs and customers.

For detailed process maps, please refer to Appendix A (*separate document*).

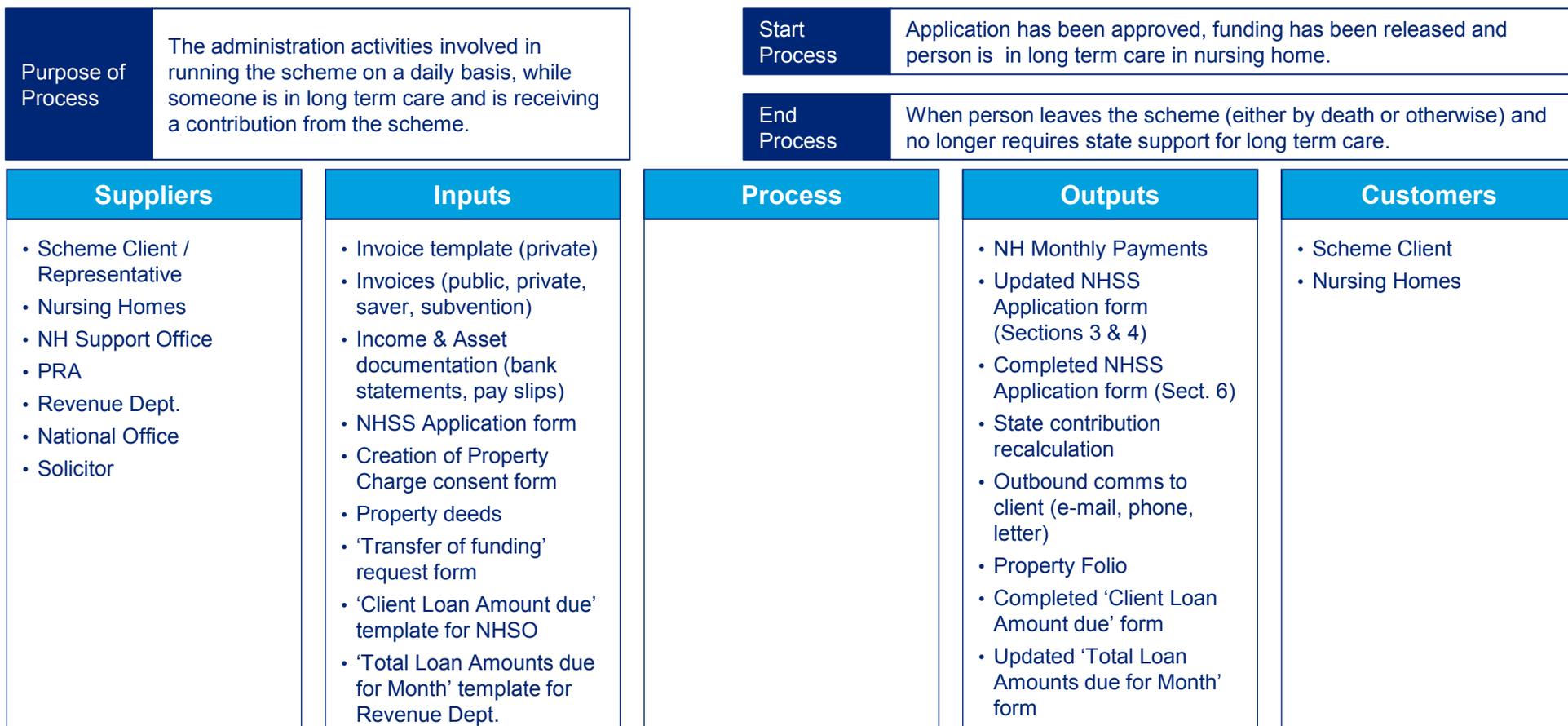
4.2 SIPOC Diagram (1. Apply to NHSS)

| | |
|---------------------------|---|
| Purpose of Process | Process an application for someone to receive financial support for Long Term Residential Care through the NHSS |
| Start Process | Application form completed by applicant / representative of applicant and sent to local NHSO for processing. |
| End Process | Application has been approved, funding has been released and applicant is now residing in a nursing home in long term care. |

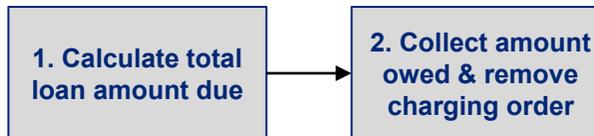
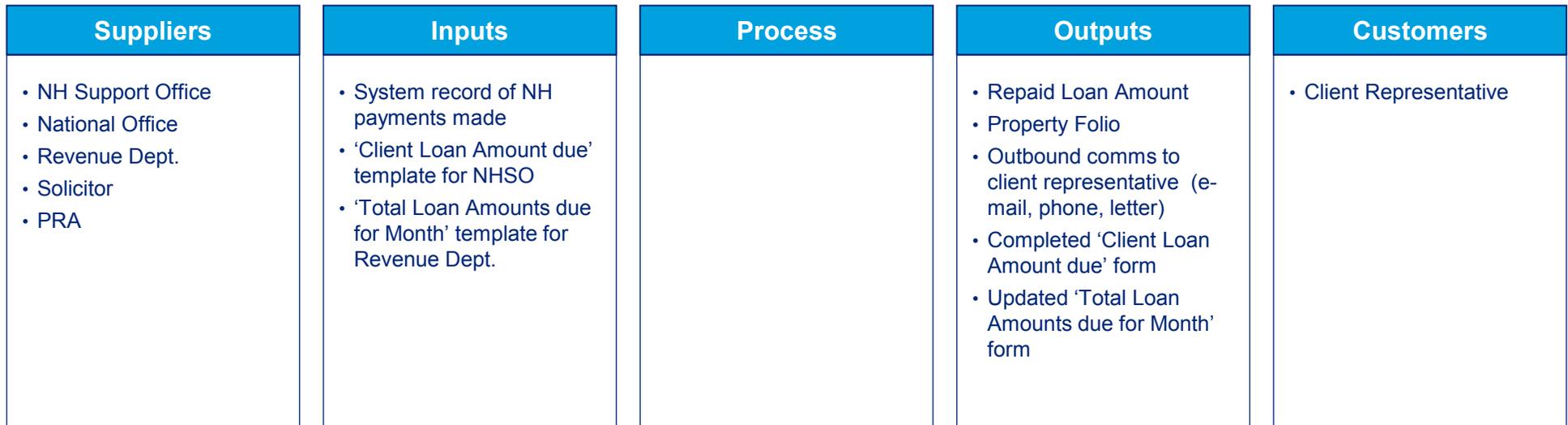
| Suppliers | Inputs | Process | Outputs | Customers |
|--|--|---------|--|--|
| <ul style="list-style-type: none"> • Scheme Applicant / Applicants representative • Care Needs Assessors • Local Placement Forum • NH Support Office • National Office • Property Registration Authority (PRA) • Nursing Homes • Appeals Board | <ul style="list-style-type: none"> • NHSS Application form • CSAR form • Medical report templates • Income & Asset documentation (bank statements, payslips, property valuation) • Creation of Property Charge consent form • Property deeds • List of approved nursing homes | | <ul style="list-style-type: none"> • Completed NHSS Application form • System record of applicant • Completed CSAR form • Completed medical reports • Outbound comms to applicant (e-mail, phone, letter) • State contribution calculation | <ul style="list-style-type: none"> • Scheme Applicant |



4.3 SIPOC Diagram (2. Administer Scheme)



4.4 SIPOC Diagram (3. Recoup Nursing Home Loan Amount)



4.5 Process Activity Overview

The following slides provide an overview of the core activities within each of the three defined process areas from the SIPOC diagrams. For more detailed information about each of the processes, including a detailed breakdown of the activities and a list of stakeholders involved, please refer to Appendix B.

| 1. Apply to NHSS | |
|---|---|
| Process | Activity Overview |
| 1. Complete NHSS Application form | <ul style="list-style-type: none"> • Applicant completes NHSS Application form and submits it to their local NHSO for review. • The application form is broken down into 6 sections Personal Details, Application for Care Needs Assessment, Details of Income, Details of Assets, Application for State Support, Application for a Nursing Home Loan. • All sections are to be completed by the Applicant before submitting to the local Nursing Homes Support Office. |
| 2. Review & input application in system | <ul style="list-style-type: none"> • Application form is reviewed by the NHSO on submission. If any information is missing, the Office will contact the applicant / applicant representative to inform them what information is missing and get them to provide it. The data is then inputted into the NHSS system (ICT system). • Once the application has been reviewed and the NHSO is satisfied with the detail provided, the NHSO will request a Care Needs Assessment to be completed for the applicant. |
| 3. Complete Care Needs Assessment | <ul style="list-style-type: none"> • A medical assessment is carried out by appropriate healthcare professionals. • The results of the assessment are submitted back to the Nursing Homes Support Office in a report called the Common Summary Assessment Report (CSAR). Other reports may be required as part of the assessment, depending on the applicants situation. • An applicants Care Needs Assessments is reviewed by a Local Placement Forum (LPF) along with any other relevant reports which will back up an applicants case that they need long term care. • If the Care Needs Assessment is approved, the Nursing Home Support Office will inform the applicant. The NHSO will then commence the Applicant's Financial Assessment . |

4.6 Process Activity Overview

| 1. Apply to NHSS | |
|--|---|
| Process | Activity Overview |
| 4. Conduct Financial Assessment | <ul style="list-style-type: none"> • If not already done so, the NHSO reviews section 3 (Income) and section 4 (Assets) of the application form and inputs the data in the ICT system. • If Sections 3 & 4 are only partially completed or are not completed at all, the NHSO will contact the applicant and request financial documentation (e.g. bank statements, property valuation documentation) in order to assess the finances correctly. NHSO's also access alternative sources to retrieve data on an applicants financial information (where available to them). • Once the NHSO has all required financial information, they will calculate the NHSS contribution amount. The financial assessment calculation is then reviewed and signed off by the NHSO. |
| 5. Process Nursing Home Loan Application | <ul style="list-style-type: none"> • The NHSO reviews Section 6 of the Application form and inputs data into the ICT system. A copy of relevant sections of the form are posted to the National Office. • A title check with the Property Registration Authority is performed by the National Office. If unsuccessful, the National Office will contact the applicant and request a copy of the deeds. • If applicant does have interest & legal title, the National office will draw up an 'Acknowledgement & Consent to creation of a charge' form and send to NHSO with advice on whether they should grant the loan. The NHSO makes the final decision. • If granted, the 'Acknowledgement & Consent to creation of a charge' form is signed by the Applicant and returned to the NHSO. The National Office then creates a charge order against the property. |
| 6. Approve Application and Release Funding | <ul style="list-style-type: none"> • Once the Care Needs and Financial Assessments have been completed, the NHSO will contact the applicant informing them whether they are eligible for financial State Support. • For successful applications, the NHSO will also contact the applicant outlining the following: What the applicants / governments contribution to care is; If the applicant has applied for the Nursing Home Loan, whether they are eligible or not; Informing the applicant that they have been placed on the funding waiting list; and a list of nursing homes that are available to the applicant. • Once the funding is received, the applicant adds themselves to a waiting list for beds in their preferred nursing home.. • Once an applicant has been placed in a Nursing Home, the Nursing Home must send a 'Confirmation of Admission' letter to the NHSO to complete the application process. |

4.7 Process Activity Overview

| 2. Administer Scheme | |
|---------------------------------------|---|
| Process | Activity Overview |
| 1. Monthly NH Payments | <ul style="list-style-type: none"> • Each nursing home sends their monthly scheme contribution invoices to the relevant NHSS office. Private Nursing Home invoices are sent to the NHSO for processing. Public Nursing Home invoices are sent to the National Office for processing. • In both the National Office & NHSO, invoices are cross checked with expected amount in the system (via a Payment report). Discrepancies are queried and resolved. • Once the Nursing home amounts have been checked and any discrepancies have been accounted for, a certifying officer reviews and approves the amounts. • The NHSO emails a copy of the Summary Payments Report (for Private NH's) to the National Office. The National Office then collates and approve invoices in the system (for both Private & Public invoices), runs monthly bill report and signs. • The National office generates payment files in SAP and uploads NHSS monthly billing file. The Nursing homes are then paid the 3rd week of the following month. • The National Office generates and circulates Payment and Occupancy Reports to Corporate & Area Management. • Monthly invoices related to legacy schemes prior to the introduction of the NHSS (Saver, Subvention & Contract beds) are also reviewed and processed by the NHSS offices. |
| 2. Three Year Financial Re-assessment | <ul style="list-style-type: none"> • After three years in care services, the PPR (Principal private residence) is no longer taken into consideration in a clients' financial contribution assessment, therefore a financial re-assessment must be completed by the NHSO. • The HSE is awaiting clarification around the interpretation of the valuation in regard to the estimated market value and transferred assets before finalising procedures in dealing with the 3 year cap. In the interim the Central Unit has agreed with the NHSO managers that a full review is not required when a client reaches the 3 year cap. Legal advice received recently states that it is not necessary to undertake a full review unless an applicant requests such a review. However our fieldwork did indicate that in some cases full reviews had been taking place. • The HSE is satisfied that all clients due a review after the 3 year term have had the value of their PPR deducted from their financial assessment. |

4.8 Process Activity Overview

| 2. Administer Scheme | |
|--|--|
| Process | Activity Overview |
| 3. NH Loan Application (after entry to the scheme) | <ul style="list-style-type: none"> Once an applicant is in the scheme and has been placed in a nursing home, they can apply for a NH Loan (Ancillary State Support) at any stage. The client completes Section 6 of the Nursing Home Loan Application and the process continues on as per process 1.5 <i>National office processes Nursing Home Loan Application</i>. |
| 4. Nursing Home Transfer Request | <ul style="list-style-type: none"> The client contacts the NHSO requesting a move to a different Nursing Home (on the approved list). The NHSO sends the client a 'Transfer of Funding' request form which is then completed and returned. The NHSO reviews the request, the change in contribution amount & available funding and either accepts or declines the request. If successful, the client and the new nursing home are contacted and informed of the changes / contribution amounts. |
| 5. Recoup Nursing Home Loan Amount (non death) | <ul style="list-style-type: none"> <i>As per 3. Recoup Nursing Home Loan Amount</i>, with one additional step. Once the charging order has been discharged and the loan amount has been repaid, a financial re-assessment will be completed by the NHSO of the client's remaining assets / income. |

4.9 Process Activity Overview

3. Recoup Nursing Home Loan Amount

| Process | Activity Overview |
|--|---|
| 1. Calculate total loan amount due | <ul style="list-style-type: none"> The NHSO receives notification of an event (death or otherwise) which requires the nursing home loan amount to be retrieved. The NHSO informs the National Office. The National Office reviews the Loan Application file and sends 'Recoupment' form template to NHSO to complete. The NHSO and National Office both calculate the loan amount due and complete the Recoupment template. The NHSO sends their Recoupment form to the National Office, who then reconcile the amount against their own calculation. Any discrepancies are resolved. In the event of the death of the client, the clients representative is contacted after 30 days informing them of the loan repayment process and amount due. |
| 2. Collect amount owed & remove charging order | <ul style="list-style-type: none"> The National Office prepares a monthly file to revenue with information on all loan amounts to recoup. The Revenue recoups loan amounts throughout the month. They then return the monthly file to the National Office, listing all the clients whose loan amounts have been repaid. The National Office requests the PRA to remove the charging order against the property. The PRA will confirm once the discharge is completed. The National Office will then send a letter to the Client (in the event of non death) or the Representative (in the event of death of the client) informing them of the discharge along with a copy of the Property folio. |

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5.1 Opportunities to centralise activities

Details of the activities and steps contained within each process can be found in Appendix A and B. Each process was analysed to see which activities were currently centralised in the National Office in Tullamore and where opportunities existed to centralise additional non applicant / client facing activities. The table below highlights the findings:

| Process Area | Process | Process Steps related to: | Currently Centralised? | Opportunity to Centralise | Commentary |
|------------------------------------|--|---------------------------|------------------------|---------------------------|---|
| 1. Apply to NHSS | 1. Complete NHSS application form | 1 | N/A | N/A | |
| | 2. Review & input application in system | 2 | No | No | Proximity to the applicant is required in order to follow up on any missing information in the application form. |
| | 3. Complete Care Needs Assessment | 3 - 11 | No | No | Proximity to the applicant is required in order to organise the CNA and to communicate the results and follow on activities to the applicant. |
| | 4. Conduct Financial Assessment | 12 - 14 | No | No | Proximity to the applicant is required in order to follow up on any missing information in the application form and to inform the applicant of the results. |
| | 5. Process Nursing Home Loan Application | 15 - 17, 25 - 29 | No | No | Proximity to the client is required in order to follow up on any missing information in the application form and to inform the applicant of the results. |
| | 5. Process Nursing Home Loan Application (Perform Title Check on Property) | 18 - 24 | Yes | N/A | |
| | 5. Process Nursing Home Loan Application (Create Charging Order) | 30 - 31 | Yes | N/A | |
| | 6. Approve Application & Release Funding | 32 - 37 | No | No | Proximity to the applicant is required to inform the applicant of the application outcome, to receive their response and then to provide them with details of the next steps they should take (i.e. selecting a nursing home). |
| 2. Administer Scheme | 1. Monthly NH Payments (Process Monthly Private NH Invoices) | 1, 2 - 5 | No | Yes | Opportunity to centralise the processing of Private Nursing Home Invoices |
| | 1. Monthly NH Payments (Process Public NH Invoices) | 1, 6 - 9 | Yes | N/A | |
| | 1. Monthly NH Payments (Process Payments) | 10 - 14 | Yes | N/A | |
| | 2. Three Year Financial Re-assessment | 15 | No | No | Proximity to applicant is required in order to get updated financial information and to inform the applicant of the financial re-assessment |
| | 3. NH Loan Application (after entry to the scheme) | 16 | Part | No | As per 1.5 Process Nursing Home Loan Application. Some aspects of process are centralised already, where as other applicant facing activities should remain the responsibility of the NHSSO. |
| | 4. Nursing Home Transfer Request | 17 - 22 | No | No | Proximity to applicant required in order to liaise with them about changing nursing homes and any changes this will have to contribution amounts. |
| 3. Recoup Nursing Home Loan Amount | 5. Recoup Nursing Home Loan Amount (non death) | 23 | Part | Yes | As per 3. Recoup Nursing Home Loan Amount. (Centralise calculation of loan amount to be repaid. NHSSO to remain involved in recording the event (e.g. death, bankruptcy) and to re-calculate the contribution amounts once the loan has been repaid.) |
| | 1. Calculate Total Loan Amount Due (NHSSO calculation) | 1, 4, 5 | No | Yes | Centralise calculation of loan amount to be repaid. NHSSO to only remain involved in recording the event (e.g. death, bankruptcy). |
| | 1. Calculate Total Loan Amount Due (National Office calculation) | 2 - 3, 6 - 8 | Yes | N/A | |
| | Collect amount owed & remove charging order | 9 - 14 | Yes | N/A | |

| Legend | | | |
|---|--------------------------------|---|--|
|  | Activities already centralised |  | Activities partly centralised |
|  | Opportunity to centralise |  | Not currently centralised / No opportunity to centralise |

5.2 Observations (NHSO Work Practice Variances)

The following slides highlight the key observations we captured while documenting existing processes and analysing public consultation submissions and their associated impact. Outlined also are considerations or ‘required actions’, for each observation, that might be implemented to increase effectiveness and efficiency of the process. These actions are divided by short, medium or long term initiatives. We have categorised the observations into the following five areas:

- NHSO Work Practice Variances
- Application Form
- Correspondence & Invoices
- Financial Assessments
- Progression of Applications

For more detailed information on comments submitted from Public Consultations, please refer to Appendix C.

For more detailed information on non value add activities, process pain points and variances in work practices identified by mapping and analysing the NHSS Application and Administration processes, please refer to Appendix D.

| Category | Observation | Impact | Required Action |
|----------------|--|---|---|
| SOP Deviations | <p>NHSO’s choose alternative work methods (that differ from the SOP) in order to speed up the application process for an applicant.</p> <ul style="list-style-type: none"> • Not standard practice amongst all NHSO’s to communicate with applicants via letter. Some choose telephone, email or home visits in order to speed up the process. • Not standard practice amongst all NHSO’s to review entire application at time of receipt. Some do not review or input Financial Assessment / Loan Application information until after CNA is complete (Sections 3,4 & 6). | <ul style="list-style-type: none"> • Variances exist between NHSO’s on the sequence of steps followed to progress of applicants through the application process and the practices used to complete each step. This can result in variances in the time it takes to progress applicants through the process by NHSO, however data provided by the HSE suggests that the majority of NHSO’s are currently operating within the target processing time. • Communicating with applicants via letter (as per SOP) can be time consuming and slow, in comparison to communicating via telephone / email / home visit. • An applicants Income & Asset information may not be required on initial submission. Completing financial assessment sections of application form can be time consuming for applicant, slows down initial submission of application form when may not be necessary. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> • Create NHSS Best Practice group (consisting of NHSO / National office staff members). Group to be used as a forum for staff to share what practices work well / what practices do not work and to agree standard procedures going forward. • Most efficient Communication methods • The potential to split the application form review into two parts (pre and post CNA). To be completed In combination with a review of Application form (<i>detailed in the following slides</i>). • Update SOP’s to incorporate best practices agreed. |

5.3 Observations (NHSO Work Practice Variances)

| Category | Observation | Impact | Required Action |
|--------------------------------|--|--|--|
| <p>Government Data Sources</p> | <p>Certain NHSO's have access to additional government sources of financial information to assist in their applicant evaluation. E.g:</p> <ul style="list-style-type: none"> • Pensions Board ISTS system: 1 employee has legacy access (NHSO Tullamore). • Infosys Pensions system: Naas NHSO. • Belfast Pensions Board: Contact through Tullamore NHSO. | <ul style="list-style-type: none"> • These NHSO's are able to investigate and confirm aspects of an applicants financial information with ease. • One of the reasons why different information sources have been used is because of the fact that there are plans to merge certain offices and hence there was no point in obtaining access to certain systems for them. • Greater certainty obtained in calculating the scheme's contribution amounts. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> • Investigate what government sources of financial information the different NHSO's have access to. • Perform further investigation into other government systems that contain useful financial data related to an applicant. (e.g. Social Welfare, Revenue) • Update application form to include authorisation signature to allow the NHSO to retrieve data from other government data sources. |
| <p>Advice to Applicants</p> | <p>Additional advice provided to applicants by certain NHSO's to not take out ASS if the applicants contribution to care can be covered by remaining income.</p> | <ul style="list-style-type: none"> • ASS application not processed by NHSO and National Office. • Loan balance does not need to be recouped once the client leaves the scheme. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> • Ensure informal advise is provided to each applicant by the NHSO officer, as standard practice. |

5.4 Observations (NHSO Work Practice Variances)

| Category | Observation | Impact | Required Action |
|--------------------------|--|---|---|
| Financial Re-assessments | <p>Depending on the NHSO, the financial re-assessment conducted at the 3 year mark is completed to a different level of detail:</p> <ul style="list-style-type: none"> Some NHSO's remove the PPR and just recalculate the contribution amount Other NHSO's request updated financial information on the client and do a complete re-assessment. | <ul style="list-style-type: none"> This approach appears to be inconsistent with best practice as advised by the Central Unit , which is that a full review is not required pending clarification of certain issues and issuing of new SOP's | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Ensure that current best practice is being followed consistently and that revised SOP's are implemented in due course. |
| | <p>Reviews, following the death of a client, are not carried out by each NHSO on a clients 'Statement of Assets', obtained from the Revenue.</p> | <ul style="list-style-type: none"> A review would highlight if the clients original NHSS application form was completed correctly (in terms of assets & income) , and whether the correct contributions were paid. By not performing the review, it is a missed opportunity to reclaim contribution amounts that should not have been paid. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Introduce mandatory reviews in each NHSO, following the death of a client, where schedule of assets is available. Update SOP's to include details on how to perform these financial review |

5.5 Observations (Application Form)

| Category | Observation | Impact | Required Action |
|---|--|---|---|
| Completeness of information on submission | <p>Sections & questions in the Application form are frequently not filled in by Applicants on initial submissions to the NHSO. For example:</p> <ul style="list-style-type: none"> Sections 3 & 4 (Financial Assessment information) Medical Card number details | <ul style="list-style-type: none"> NHSO staff contact applicants directly in order to retrieve the missing information, as required. This is a time consuming additional activity. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Provide further guidance on where an applicant can find the information required to complete form (e.g. typical sources of information for the various elements of the income and asset assessment). Provide samples of completed forms for applicants. <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Through NHSS Best Practice Group, perform review of validity and purpose of each question in Application form to ascertain if any can be removed / amended. Investigate the separation of Application form into two parts: <ol style="list-style-type: none"> Parts 1, 2 & 5 – for initial submission Parts 3, 4 & 6 – on approval of CNA |
| ASS Application | <p>Many applicants believe they need a solicitors involvement in order to complete the NH Loan Application section of the Application form (Section 6).</p> <p>Isolated comments within the client submissions that they find the process complex to complete.</p> | <ul style="list-style-type: none"> Applicants do not complete this section of the form on initial submission. NHSO staff contact applicants directly to investigate if the applicant requires ASS and if so, in order to retrieve the missing information. Can cause time delays in completing the application as applicants do not fully understand how to complete the process and do not complete application form correctly on initial submission. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> A note to this affect should be included in the Nursing Home Support Scheme Information Booklet, or on the application form itself. <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Include in topics to be discussed as part of NHSS Best Practice Group e.g. any recent feedback from applicants on difficulty completing application. Then take appropriate action to prevent further similar feedback. |

5.6 Observations (Application Form)

| Category | Observation | Impact | Required Action |
|---------------------------------------|--|---|--|
| Validity | <p>Applicants not informed how long the following NHSS forms remain valid for on receipt / approval by NHSO:</p> <ul style="list-style-type: none"> Application Form CSAR Form | <ul style="list-style-type: none"> If further action is not taken by the applicant within the set timeframe, the applicant will have to either reapply to the scheme or will have to complete further medical examinations | <p><u>Short Term</u></p> <ul style="list-style-type: none"> A note to this affect should be included in the Nursing Home Support Scheme Information Booklet or in correspondence with applicants on time of approval / receipt of forms. |
| Additional Questions | <p>Questions not asked in application form which may assist in the assessment of an applicants financial situation. E.g. Has the applicant ever lived abroad? - To understand if an applicant has a foreign pension / income which should be included.</p> | <ul style="list-style-type: none"> Rely on applicant to provide complete financial information. Not all aspects of an applicants financial situation may be included in their contribution calculations. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Through NHSS Best Practice group, discuss and agree additional key questions which may assist in the financial assessment, which should be added to Application form. |
| | <p>No question in application form requesting the applicants approval / signature allowing a representative to submit the application form on their behalf.</p> | <ul style="list-style-type: none"> Applications submitted without the approval of the applicant. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Add additional question in Section 1A of Application form requesting the Applicants Signature for a representative to act on their behalf. |
| Property Valuation | <p>Cost and additional time associated with an applicant getting property valued in order to complete application form.</p> | <ul style="list-style-type: none"> Applicants do not complete Sections 3 & 4 (Income & Assets) of application form until CNA is complete and approved. NHSO officers then have to contact applicant to obtain their financial information. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Investigate the use of the local property tax valuation for use in the NHSS application and financial assessment. |
| NHSS Application Information Booklets | <p>Applicants experience difficulty understanding how the NHSS application process operates. They do not find clarity through the explanatory literature currently available to them.</p> | <ul style="list-style-type: none"> Applicants do not submit fully completed application forms. Delays in progression through application process occur due to misunderstanding with the applicant. Further communications required with applicants in order to provide additional information. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Perform review of information booklets and simplify where possible. Consider developing plain-English documents with the National Adult Literacy Association (NALA) to endeavour to explain the Fair Deal in a manner which is cognisant of older peoples differing needs. |

5.7 Observations (Correspondence & Invoices)

| Category | Observation | Impact | Required Action |
|----------------|--|--|---|
| Correspondence | <p>Letter correspondence templates from the ICT system are not user friendly and do not automatically populate with an applicant's details.</p> | <ul style="list-style-type: none"> NHSO staff need to manually format and update each letter with an applicants details and this is a time consuming process. | <p>The HSE is working with its IT provider to further automate the process and hopes to upload a revised suite of letters..</p> <p>As part of best practice group, review current/ new letter templates in use , and consider replacing with alternative quicker forms of communication, where possible. (e.g. telephone, email).</p> <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Perform review of letter templates in system to understand updates required. Action |
| | <p>Completed forms are photocopied and posted between the NHSO and the National Office. E.g.</p> <ul style="list-style-type: none"> Sections 1,4 & 6 of application form for NH Loan Application Signed 'Acknowledgement & Consent to creation of a charge' form the NHSO and National Office. | <ul style="list-style-type: none"> Slow manual activity. Delay in progressing actions between NHSO and National Office due to the postage of documents. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Scan documents and send electronically between NHSO and National Office. |
| | <p>Correspondence with applicants do not provide full clarity on the following:</p> <ul style="list-style-type: none"> How contribution amounts are calculated Time frames for accepting funding, once approved | <ul style="list-style-type: none"> Applicants submit queries to NHSO on how contribution amounts are calculated. Additional communication required with applicant in order to provide explanation. Misunderstanding with applicants on time frame for accepting funding. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Provide further clarity in correspondence to applicants in order to avoid confusion / misunderstanding: <ul style="list-style-type: none"> Provide detail to applicants on how contribution amounts were calculated. Provide clear instructions on time frames to accept funding. |

5.8 Observations (Correspondence & Invoices)

| Category | Observation | Impact | Required Action |
|----------------|--|---|---|
| Correspondence | List of approved Nursing Homes does not contain information on which accommodate for special needs e.g. Dementia | <ul style="list-style-type: none"> Additional communications required between Applicant and Nursing Homes to ascertain which are suitable for their condition. | <p><u>Short Term</u></p> <ul style="list-style-type: none"> Provide additional information in Approved Nursing Home List on which accommodate a clients special needs. |
| Invoices | Invoices are drafted by each Nursing Home and posted to National Office / NHSO for processing. Data is then reviewed and inputted into ICT system by NHSS staff members. | <ul style="list-style-type: none"> Duplication of effort. Manual entry of invoice data into ICT system. Time consuming process. | <p><u>Long Term</u></p> <ul style="list-style-type: none"> Develop standard form on intranet for Nursing Homes to input and submit electronic monthly invoices directly to NHSS offices. |
| | Private NH invoices are processed and approved by each NHSO. Public Nursing Home invoices are processed and approved by the National Office. | <ul style="list-style-type: none"> Efficiencies not being achieved through the segregation of activities. | <p><u>Long Term</u></p> <ul style="list-style-type: none"> Centralise invoice processing in National Office, for both Public and Private Nursing Home Invoices. |

5.9 Observations (Financial Re-assessments)

| Category | Observation | Impact | Required Action |
|-------------|--|--|---|
| Spot Checks | <p>No Financial Re-assessment spot checks are conducted by NHSS staff. Reviews are only completed at the three year mark, or at a clients request every 12 months.</p> | <ul style="list-style-type: none"> • Incorrect contributions paid to clients. The following factors which would change the amount of contribution that someone is eligible for are not taken into consideration: <ul style="list-style-type: none"> • Pension increases when someone turns 80 years old. • Living alone allowances obtained • National checks on whether properties are being rented. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> • Understand the factors that changes in a clients life which would affect scheme contribution amounts to be paid. Develop additional financial re-assessment check points at these identified points. • Once clarification has been obtained on the Estimated Market Value and the Transferred Issues consideration should be given to introducing spot check financial assessment reviews. |

5.10 Observations (Progression of Applications)

| Category | Observation | Impact | Required Action |
|-------------------------|--|--|---|
| Process Bottle Necks | Insufficient NHSS funding creates a 'bottle neck' in the application process. | <ul style="list-style-type: none"> When there is sufficient funding, there are no apparent 'bottle necks' in the application process for new clients applying to the NHSS, based on the current rate of applications. When there is insufficient funding, applicants progress through the process at the same rate until they are added to the funding waiting list. Delays occur at this point. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> As part of the NHSS review, analysis into the funding aspect of the NHSS is being investigated and the creation of a plan for the future of the scheme. |
| Prioritisation of Cases | <p>No prioritisation of applicants based on their current needs. All applicants progress through the application process in chronological order.</p> <ul style="list-style-type: none"> No fast track applications No fast track funding | <ul style="list-style-type: none"> No impact when there is sufficient funding as application process does not create a 'bottle neck'. If there is insufficient funding, applicants in critical need of long term care are not given priority over others. | <p><u>Medium Term</u></p> <ul style="list-style-type: none"> Review published policy and confirm the legality of the prioritisation of clients. This review will be informed by the implementation of the Single Assessment Tool. |
| Appeals | We identified no issues with the current appeal process from our engagement with stakeholders and our review of the submissions. | <ul style="list-style-type: none"> N/A | <p><u>Medium Term</u></p> <p>this is an area which should be monitored going forward to identify issues or complaints arising as it might be expected that the level of appeals might increase in the context of potentially longer wait times and the inclusion of SAT information within the process.</p> |

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6.1 Key Actions

Based on the observations and future considerations outlined in this report, the following key actions are recommended. These actions are categorised into short, medium and long term initiatives.

Short Term

- **Full financial review at clients 3 year mark:** The HSE is awaiting clarification on a number of issues to determine whether full assessments should be undertaken. If it is decided that full checks should be undertaken then the SOP's should be updated accordingly.
- **Update Nursing Home Support Scheme Information booklets:**
 - **Application & CSAR form validity timeframe:** Update Information booklet to include information on how long forms remain valid for on initial submission / approval.
 - **Clarity on solicitor involvement for ASS application:** Update Information booklet and / or application form to include note confirming that no solicitor involvement is required when completing ASS application (Section 6 of application form).
- **Samples of completed forms:** Provide samples of completed forms for applicants. Include in the samples, guidance and advice on where an applicant can find the information required to complete form (e.g. typical sources of information for the various elements of the income and asset assessment).
- **Property Valuation method in Application:** Investigate the use of the local property tax valuation in the calculation of scheme contributions.
- **Scan & email documentation between NHSS offices:** Scan documents and send electronically between NHSO and National Office, as opposed to sending via registered post.
- **Simplify explanatory literature:** Consider developing plain-English documents with the National Adult Literacy Association (NALA) to endeavour to explain the Fair Deal in a manner which is cognisant of older peoples differing needs.
- **Update Approved Nursing Home List:** Update list to include details on which nursing homes can accommodate special needs e.g. Dementia.
- **Update Applicant Correspondence:** On completion of Financial Assessment, provide further detail in correspondence to applicants on how contribution amounts are calculated. On approval of funding, provide greater clarity to applicants on time frame to accept funding.
- **Advice to Applicants on taking out ASS:** Ensure NHSO's offer informal advise to each applicant if ASS is not required, as the applicants contribution to care can be covered by their remaining income.

6.2 Key Actions

Medium Term

- **Additional Financial Reviews:**
 - **Financial reviews (following the death of a client):** Introduce mandatory financial reviews in each NHSO, based on a clients 'Statement of Assets' received from the Revenue.
 - **Changes to clients financial situation:** Understand the factors that changes in a clients life which would affect scheme contribution amounts to be paid. Develop additional financial re-assessment check points at these identified points.
 - **Financial review spot checks:** Once clarification has been obtained on the Estimated Market Value and the Transferred Issues consideration should be given to introducing spot check financial assessment reviews.
- **NHSS Best Practice Group:** Create NHSS Best Practice group (consisting of NHSO / National office staff members). Group to be used as a forum for staff to share what practices work well / what practices do not work in their office and to agree standard procedures going forward. Items for review include:
 - **Correspondence methods with applicants / clients:** What letter correspondence can be replaced with other more time efficient methods?
 - **Division of single application form into 2 separate forms:**
 1. To be submitted on initial application, consisting of Parts 1 (personal details), 2 (application for care needs assessment) & 5 (signatures) of current form.
 2. To be submitted on approval of CNA, consisting of Parts 3 (Income declaration), 4 (Asset declaration) & 6 (ASS application).
 - **Purpose of application questions:**
 - Perform review of validity and purpose of each question in Application form to ascertain if any can be removed / amended.
 - Discuss and agree additional key questions to assist in an applicants financial assessment, which should be added to Application form. (e.g. has the applicant ever lived and worked abroad).
- **Prioritisation of cases in application and funding process:** Review published policy and confirm the legality of the prioritisation of clients. This will be impacted by the implementation of the Single Assessment Tool..

6.3 Key Actions

Medium Term

- **Government financial data sources:**
 - **Review current NHSO access:** Investigate what government sources of financial information the different NHSO's have access to.
 - **Investigate other government sources:** Perform further investigation into other government systems that contain useful financial data related to an applicants financial assessment.. (e.g. Social Welfare, Revenue)
 - **Explore access possibility:** Explore possibility of gaining access to these identified systems for all NHSO's and understand the actions required in order to achieve this.
 - **Application form authorisation:** Update application form to include authorisation signature to allow the NHSO to retrieve data from other government data sources.
- **Update SOP's:** Update SOP's based on changes agreed and implemented.

Long Term

- **Review and update letter templates in ICT system:** On completion of correspondence & letter review as part of Best Practice group. Perform review of remaining 'useful' letter templates in system to understand updates required to make them more user friendly. Action updates required with system administrator.
- **Electronic Invoice Submission:** Develop standard form on intranet for Nursing Homes to input and submit electronic monthly invoices directly to NHSS offices.
- **Centralise NH Invoice Processing:** Centralise invoice processing to the National Office, for both Public and Private Nursing Home Invoices.
- **Centralise other non-client / applicant facing activities:** Including the NHSO's calculation of the ASS amount to be repaid, due to the death of a client (or another event).

Appendices

Appendix

| | | |
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| A | Detailed NHSS Process Maps | <i>Refer to separate document</i> |
| B | Process Area Synopsis | Page 41 |
| C | Client Submissions – Process Commentary | Page 59 |
| D | High Level Process Observations | Page 67 |
| E | Term Glossary | Page 73 |

B.1 Apply to NHSS

1. Complete NHSS Application form

| | |
|------------------------------|--|
| Process Name | 1. Complete NHSS Application form |
| Stakeholders Involved | <ul style="list-style-type: none"> • Applicant (3 potential sources: Community, Hospital, Nursing Home) |
| Process Steps | <ul style="list-style-type: none"> • 1 |
| Process Overview | <ul style="list-style-type: none"> • Applicant completes NHSS Application form and submits it to local Nursing Homes Support Offices for review. |
| Key Activities | <ul style="list-style-type: none"> • The application form is broken down into 6 sections. All sections are to be completed by the Applicant before submitting to the local Nursing Homes Support Office. • The application is broken down as follows: <ol style="list-style-type: none"> 1. Applicant's Personal Details 2. Application for Care Needs Assessment 3. Details of Income 4. Details of Assets 5. Application for State Support (Nursing Home Loan) 6. Application for a Nursing Home Loan |

B.2 Apply to NHSS

2. Review & input application in system

| | |
|------------------------------|--|
| Process Name | 2. Review & input application in system |
| Stakeholders Involved | <ul style="list-style-type: none"> • Nursing Homes Support Office • Applicant (if initial information is missing from application form) |
| Process Steps | <ul style="list-style-type: none"> • 2 |
| Process Overview | <ul style="list-style-type: none"> • Applicants form is received by the local Nursing Homes Support Office and the Applicants personal data is entered in the system. |
| Key Activities | <ul style="list-style-type: none"> • The Nursing Homes Support Office will review the application form once it has been received. Variances exist between NHSO's on what is completed at this stage: <ol style="list-style-type: none"> a) Review sections 1, 2 & 5 of the application form. These sections relate to the Applicants personal data and their signature confirming they are applying for the scheme. Core data is inputted into the system (Name, Address, Date of Birth, RSI number, Marital status, Current residence, Contact person). No other data from the form is inputted on Day 1. (e.g. Financial Assessment information). b) Review whole application form and input all information. Commence Financial Assessment and Loan Application process, in advance of completing the CNA. • If any information is missing, the Office will contact the applicant / applicant representative to inform them what information is missing and get them to provide the missing information. Variances exist between NHSO's on the correspondence methods used: <ol style="list-style-type: none"> a) Some NHSO's contact by phone or email whenever possible. If a signature is missing, they will ask the applicant / applicant representative to visit the office to sign the form. In the event that the applicant is in the hospital, they will arrange for someone to visit the hospital to retrieve the signature. b) Other NHSO's conduct all communications via letter (standard system letter templates) and post them to the applicant. All communications are then added to their hard file and uploaded to the applicants record in the ICT system. • Once the application has been reviewed and inputted in the system, The NHSO will request a Care Needs Assessment to be completed for the applicant. An email is sent to a central email address in order to initiate a Care Needs Assessment of the applicant. The core details of the applicant are included in the email. |

B.3 Apply to NHSS

3. Complete Care Needs Assessment

| | |
|------------------------------|--|
| Process Name | 3. Complete Care Needs Assessment |
| Stakeholders Involved | <ul style="list-style-type: none"> Care Needs Assessors Local Placement Forum NHSO Applicant |
| Process Steps | <ul style="list-style-type: none"> 3 - 11 |
| Process Overview | <ul style="list-style-type: none"> A Care Needs Assessment is carried out on the applicant, this assessment identifies whether or not the applicant needs long-term nursing home care. It considers whether the applicant can be supported to continue living at home or whether long-term care is more appropriate. It also takes into account the ability to carry out day-to-day activities, the medical and personal social services available to the applicant, the family/community support and the applicant's personal wishes. |
| Key Activities | <ul style="list-style-type: none"> The assessment is carried out by appropriate healthcare professionals. Depending on where the applicant is currently residing, different people complete the assessment <ul style="list-style-type: none"> Hospital: Conducted by hospital staff Community: Conducted by a public health nurse Nursing home: Conducted by HSE's own liaison nurse. The results of the assessment are submitted back to the Nursing Homes Support Office in a report called the Common Summary Assessment Report (CSAR). As well as the CSAR form, other reports may be required as part of the assessment, depending on the applicants situation. E.g. Psychiatric report (Alzheimer's patient), Speech report (stroke patient) . Weekly meetings are held by a Local Placement Forum (LPF) made up of medical & healthcare committee members in each NHSO area. At each meeting, applicants Care Needs Assessments are reviewed along with any other relevant reports which will back up an applicants case that they need long term care. The applicants CSAR is signed off when all relevant reports have been made and the committee members are happy that all necessary steps have been made to assess the applicant properly. If the Care Needs Assessment is approved, the Nursing Home Support Office will inform the applicant and will then commence the Applicant's Financial Assessment. |

B.4 Apply to NHSS

3. Complete Care Needs Assessment

| | |
|---------------------------------------|--|
| Process Name | 3. Complete Care Needs Assessment |
| Key Activities (continued) | <ul style="list-style-type: none"> • The applicant can appeal an unsuccessful CNA decision within 40 days. In that case the applicant will write to the NHSSO Appeals Board who will then instruct a neighbouring NHSSO's LPF to review the applicants CSAR form and all related medical documentation and come to a decision. • After 6 months, an applicant can apply for a CNA re-evaluation (as the CSAR form is only valid for 6 months). • After 12 months, an applicant can reapply to the NHSS (as the NHSS application form is only valid for 12 months from initial receipt). |

B.5 Apply to NHSS

4. Conduct Financial Assessment

| | |
|------------------------------|--|
| Process Name | 4. Conduct Financial Assessment |
| Stakeholders Involved | <ul style="list-style-type: none"> Nursing Homes Support Office Applicant / Representative Appeals Office |
| Process Steps | <ul style="list-style-type: none"> 12 - 14 |
| Process Overview | <ul style="list-style-type: none"> The Financial Assessment looks at the applicant’s income and assets in order to calculate what the contribution to care may be. The HSE will then pay the balance of the cost of care. Details must be given of any earnings of the applicant and their spouse such as pension income, social welfare benefits/allowances, rental income, royalties and income that was transferred to another person within the prior five years. There are some allowable deductions such as rental payments, health expenses, and interest payments etc. that are taken into account. Also included in the assessment are cash and non-cash assets such as savings, stocks, shares, securities, money loaned to another person, assets transferred to another person in the prior five years, land, property and property or wealth outside the State. The applicant will contribute up to 80% of their income and 7.5% of the value of any assets per annum. The applicant’s principal private residence (“PPR”) will only be included in the financial assessment for the first 3 years. Therefore they will pay a 7.5% contribution based on the PPR for a maximum of three years regardless of time spent in nursing home care. |
| Key Activities | <ul style="list-style-type: none"> Once the CSAR has been approved, the Nursing Home Support Office looks at Part 3 (Income) and Part 4 (Assets) of the initial application and will log the information on the system (if not already done so). Sufficiently detailed cells are provided in the ICT system to allow for the detail of the form to be inputted. If this section is partially completed or is not completed at all, the Office will contact the applicant and request the following documentation / Information in order to assess the finances correctly: <ul style="list-style-type: none"> Bank statements (money movements and any income / pension deposits) Payslips Property valuation documentation Other information: e.g. Job history of applicant |

B.6 Apply to NHSS

4. Conduct Financial Assessment

| Process Name | 4. Conduct Financial Assessment |
|----------------------------|---|
| Key Activities (continued) | <ul style="list-style-type: none"> • NHSO's access alternative sources of an applicants financial information (where available to them): <ul style="list-style-type: none"> • Pension Boards (ISTS system) • Belfast UK Pensions Office • Infosys • Delays in completion of this step are sometimes caused by the following: <ul style="list-style-type: none"> • Bank statements provided are too old • Banks will not release statements for applicants unable to request them themselves. • No details of savings can be found • Solicitors looking through old files to see who owns a property (can take 3 – 4 weeks) • Once the NHSO has all required information, they will calculate the NHSS contribution amount. • The local NHSO inputs, reviews and signs off financial assessment calculations. |

B.7 Apply to NHSS

5. Process Nursing Home Loan Application

| | |
|------------------------------|---|
| Process Name | 5. Process Nursing Home Loan Application |
| Stakeholders Involved | <ul style="list-style-type: none"> Nursing Homes Support Office National Office Property Registration Authority Applicant / Applicant Representative (if additional information is required) |
| Process Steps | <ul style="list-style-type: none"> 15 - 31 |
| Process Overview | <ul style="list-style-type: none"> Involves the processing of a Nursing Home Loan application (Ancillary State Support). This refers to Section 6 of the NHSS application form. Where the applicant's assets include land and property in the State, the 7.5% contribution based on these may be deferred and collected from the applicant's estate. Instead of paying the contribution during the applicant's lifetime, the HSE may pay the money on their behalf and it will be collected by the Revenue Commissioners after their death. The applicant must provide written consent to a charge being registered against their asset. If the applicant has reduced capacity to make certain decisions, a Care Representative appointed by the Circuit Court may act on behalf of the person. |
| Key Activities | <ul style="list-style-type: none"> The NHSO reviews the application form and contacts the Applicant if it is partially / not complete, in order to retrieve the missing information. Property Information is then inputted to the ICT system, this triggers the National Office to commence the Title Check. A copy of Sections 1,4 and 6 of the application form are posted to the National Office. The National office performs a title check with the Property Registration Authority. If it is unsuccessful, the National office contacts the applicant and requests a copy of the deeds. If it is concluded that the applicant does not have interest & legal title, the National office will request a different property to charge the loan against (if available). If applicant does have interest & legal title, National office will draw up 'Acknowledgement & Consent to creation of a charge' form and will sent to NHSO with advice on whether they should grant the loan. The NHSO makes the final decision whether to grant the loan or not. |

B.8 Apply to NHSS

5. Process Nursing Home Loan Application

| | |
|-----------------------------------|---|
| Process Name | 5. Process Nursing Home Loan Application |
| Key Activities (continued) | <ul style="list-style-type: none">• If the NHSO grants the loan, they will send the 'Acknowledgement & Consent to creation of a charge' form to the applicant to sign. The applicant signs and returns the form which is then filed in the NHSO. A copy of the form is sent to the National Office.• The NHSO sometimes provides advise to applicants if they do not feel that the loan is required, due to the amount that the applicant pays each month to the Nursing Home.• Each month the National Office identifies all new approved loan applications and creates new charge orders against the properties. This completes the loan application process.• Applicants can apply for a Nursing Home Loan Application when they have already joined the scheme, or can change their mind against it at a later date. |

B.9 Apply to NHSS

6. Approve Application & Release Funding

| | |
|------------------------------|--|
| Process Name | 6. Approve Application & Release Funding |
| Stakeholders Involved | <ul style="list-style-type: none"> • Nursing Homes Support Office • Applicant / Applicants Representative |
| Process Steps | <ul style="list-style-type: none"> • 32 - 37 |
| Process Overview | <ul style="list-style-type: none"> • Once the Care Needs and Financial Assessments have been processed, the applicant is informed of the decision and their contribution amount. The applicant is then added to the waiting list to receive funding and are given a list of approved nursing homes for them to review and to contact independently to find a place. |
| Key Activities | <ul style="list-style-type: none"> • Once the Care Needs and Financial Assessments have been processed, the NHSO will contact the applicant outlining whether they are eligible for financial State Support or not. • For successful applications, the NHSO will also contact the applicant outlining the following: <ul style="list-style-type: none"> • Advising on the applicant's / governments contribution to care; • If the applicant has applied for the Nursing Home Loan, whether they are eligible or not (if it has been processed at this stage, otherwise they will be notified of this at a later date); • Informing the applicant that they have been placed on the funding waiting list (funding is not backdated); and • A list of nursing homes that are available to the applicant. This will include public, voluntary and approved private nursing homes. The applicant can choose any nursing home on the approved list, once there is space in it and it can cater for the person's particular needs. The nursing home is also given a copy of the CSAR report to make sure that the applicant is eligible based on their own entry requirements. • Once the funding is received, the applicant adds themselves to a waiting list for beds in their preferred nursing home. Hospitals / families of the applicant all assist in finding a suitable nursing home. The NHSO is not involved in getting the applicant into a nursing home. • Once an applicant has been placed in a Nursing Home, the Nursing Home must send a 'Confirmation of Admission' letter to the NHSO to complete the process. |

B.10 Apply to NHSS

6. Approve Application & Release Funding

| | |
|-----------------------------------|---|
| Process Name | 6. Approve Application & Release Funding |
| Key Activities (Continued) | <ul style="list-style-type: none">• If, as a result of the financial assessment, it results in no funding requirement by the HSE, the applicants record is maintained on the system. If an applicant changes nursing home, to a more expensive option, the scheme's contribution will need to be recalculated and if required, additional payment may need to be made to the applicant. |

B.11 Administer Scheme

1. Monthly NH Payments

| | |
|------------------------------|---|
| Process Name | 1. Monthly NH Payments |
| Stakeholders Involved | <ul style="list-style-type: none"> • Nursing Homes Support Office • National Office • Nursing Homes |
| Process Steps | <ul style="list-style-type: none"> • 1 - 14 |
| Process Overview | <ul style="list-style-type: none"> • Each month, the HSE's contribution to Nursing Home bills must be paid. The NHSSO and National Office are responsible for processing and approving the monthly Nursing Home bills. The National Office then processes the monthly payments through SAP. Applicants take care of paying their own contribution. |
| Key Activities | <ul style="list-style-type: none"> • The Nursing Homes send their monthly scheme contribution invoices to the relevant NHSS office within the first five working days of each month. Each Nursing home sends two invoices, one for NHSS clients and a separate invoice for 'Saver' clients (old scheme before the introduction of NHSS). • Private Nursing Home invoices are sent to the NHSSO. Public Nursing Home invoices are sent to the National Office. • In both the National Office & NHSSO, Invoices are cross checked with expected amount in the system (via a Payment report). Discrepancies are queried and resolved (e.g. NH did not send notification of death / confirmation of admission). Some NHSSO's check RIP.ie for death notifications during the month and update the system accordingly. • Once the Nursing home amounts have been checked and any discrepancies have been accounted for, a certifying officer reviews and approves the amounts. • The NHSSO emails a copy of the Summary Payments Report (for Private NH's) to the National Office. • The National Office collates and approve invoices in the system, runs monthly bill report and signs. • The National office generates payment files in SAP and uploads NHSS monthly billing file. • The Nursing homes are then paid the 3rd week of the following month. • Monthly invoices related to legacy schemes prior to the introduction of the NHSS (Subvention & Contract beds) are also reviewed and processed by the NHSS offices. |

B.12 Administer Scheme

2. Three Year Financial Re-assessment

| | |
|------------------------------|--|
| Process Name | 2. Three Year Financial Re-assessment |
| Stakeholders Involved | <ul style="list-style-type: none"> • Nursing Homes Support Office • National Office • Nursing Homes |
| Process Steps | <ul style="list-style-type: none"> • 15 |
| Process Overview | <ul style="list-style-type: none"> • After 3 years in the scheme, the principal property is no longer taken into consideration for the financial assessment. Therefore, the financial assessment needs to be reviewed in order to understand the new contribution required by the participant. A Financial review can also be completed at the request of the Applicant every 12 months. |
| Key Activities | <ul style="list-style-type: none"> • Depending on the NHSO, the re-assessment is completed to a different level of detail: <ul style="list-style-type: none"> • Some NHSO's remove the PPR and just recalculate the contribution amount • Other NHSO's request updated financial information on the client (new bank statements, etc.) to do a complete re-assessment • If an applicant requests a re-assessment at the 12 month mark, all financial information is recalculated. |

B.13 Administer Scheme

3. NH Loan Application (after entry to the scheme)

| | |
|------------------------------|---|
| Process Name | 3. NH Loan Application (after entry to the scheme) |
| Stakeholders Involved | <ul style="list-style-type: none"> Nursing Homes Support Office National Office Property Registration Authority Applicant / Applicant Representative (if additional information is required) |
| Process Steps | <ul style="list-style-type: none"> 16 |
| Process Overview | <ul style="list-style-type: none"> Once an applicant is in the scheme and has been placed in a nursing home, they can apply for a NH Loan (Ancillary State Support) at any stage. The client completes Section 6 of the Nursing Home Loan Application and the process continues on as per process 1.5: National Office processes Nursing Home Loan Application |
| Key Activities | <ul style="list-style-type: none"> <i>As per process 1.5: National Office processes Nursing Home Loan Application</i> |

B.14 Administer Scheme

4. Nursing Home Transfer Request

| | |
|------------------------------|---|
| Process Name | 4. Nursing Home Transfer Request |
| Stakeholders Involved | <ul style="list-style-type: none"> • Applicant • NHSO |
| Process Steps | <ul style="list-style-type: none"> • 17 - 22 |
| Process Overview | <ul style="list-style-type: none"> • A client requests to change Nursing Homes with the NHSO. The NHSO reviews the case and change in contribution and either accepts or declines the request. |
| Key Activities | <ul style="list-style-type: none"> • The client contacts the NHSO requesting a change to a different Nursing Home (on the approved list). • The NHSO sends the client a 'Transfer of Funding' request form which is then completed and returned. • The NHSO reviews the request, change in contribution amount & available funding and either accepts or declines the request. • If successful, the client and the new nursing home are contacted and informed of the changes / contribution amounts. |

B.15 Administer Scheme

5. Recoup Nursing Home Loan Amount (non death)

| | |
|------------------------------|---|
| Process Name | 5. Recoup Nursing Home Loan Amount (non death) |
| Stakeholders Involved | <ul style="list-style-type: none"> • NHSO • National Office • Revenue • PRA • Solicitor • Applicant / Applicants Representative |
| Process Steps | <ul style="list-style-type: none"> • 23 |
| Process Overview | <ul style="list-style-type: none"> • In the event of the sale / transfer of the property charged in relation to the NH Home Loan, or in the event that the applicant has gone bankrupt or it is discovered that he supplied misleading / false information in the loan application, this process involves the recoupment of the loan amount due. • When the property is sold, the owner has 6 months to pay back the Ancillary State Support. |
| Key Activities | <ul style="list-style-type: none"> • <i>As per 3. Recoup Nursing Home Loan Amount, with one additional step.</i> • Once the property has been discounted and the loan amount has been repaid, a financial re-assessment will be completed of the remaining assets / income. |

B.16 Recoup Nursing Home Loan Amount

1. Calculate Total Loan Amount Due

| | |
|-------------------------------------|---|
| Process Name | 1. Calculate Total Loan Amount Due |
| Stakeholders Involved | <ul style="list-style-type: none"> • NHSO • National Office • Solicitor |
| Process Steps | <ul style="list-style-type: none"> • 1 - 8 |
| Process Overview | <ul style="list-style-type: none"> • When an event is recorded (death, sale, transfer, bankruptcy, misleading information), the NHSO is informed and the loan amount due to be repaid is calculated. |
| Key Activities | <ul style="list-style-type: none"> • NHSO receives notification of an event and informs the National Office: <ul style="list-style-type: none"> • If the property is being sold / transferred, the clients solicitor should provide notification. • If the client has died, the nursing home should send a 'Notification of Death' to the NHSO. • The National Office reviews Loan Application file and sends 'Recoupment' form template to NHSO to complete. This template is generated by the ICT system (it automatically takes into account CPI). The Recoupment template can only be created after last ASS payment is made in the system at the end of the following months accounting period. • The NHSO and National Office both calculate the loan amount due and complete the Recoupment template. • The NHSO sends their Recoupment form to the National Office, who then reconcile the amount against their own calculation. Any discrepancies are resolved. • In the event of the death of the client, the clients representative is contacted 30 dies later informing them of the loan repayment. |
| Considerations / Pain Points | <ul style="list-style-type: none"> • Solicitor does not always contact the NHSO when a property is sold / transferred ownership. Adjustments to loan amounts need to be made once this is discovered. |

B.17 Recoup Nursing Home Loan Amount

2. Collect Amount Owed & Remove Charging Order

| | |
|------------------------------|---|
| Process Name | 2. Collect Amount Owed & Remove Charging Order |
| Stakeholders Involved | <ul style="list-style-type: none"> • National Office • Revenue Dept. • PRA |
| Process Steps | <ul style="list-style-type: none"> • 9 - 14 |
| Process Overview | <ul style="list-style-type: none"> • The National office sends relevant files to Revenue with instructions to recoup the loan amount. • When the client has died, the representative has 12 months to pay back the Ancillary State Support. • Once the loan amount has been recouped, the charging order is removed and the Clients representative is informed. |
| Key Activities | <ul style="list-style-type: none"> • The National Office prepares a monthly file to revenue with information on the loan amounts to recoup. • The Revenue recoups loan amounts through out the month. • The Revenue then returns the monthly file to the National Office, listing all the clients whose loan amounts have been repaid. • The National Office requests the PRA to remove the charging order against the property. • The PRA will confirm with the National Office once the discharge is completed • The National Office will then send a letter to the Applicant (in the event of non death) or the Representative (in the event of death of the applicant) informing them of the discharge along with a copy of the Property folio. |

Appendix

| | | |
|----------|--|-----------------------------------|
| A | Detailed NHSS Process Maps | <i>Refer to separate document</i> |
| B | Process Area Synopsis | Page 41 |
| C | Client Submissions – Process Commentary | Page 59 |
| D | High Level Process Observations | Page 67 |
| E | Term Glossary | Page 73 |

C.1 Client Submissions – Application & Administration Process

Individuals

The following slides highlight commentary from client submissions received as part of the NHSS review that were in relation to the NHSS Application & Administration processes. Please note that all Client Submissions detailed in this section do not reflect the views of the consultant.

Key Client Submission observations have been summarised in Section 5 (High Level Observations & Considerations) of the report. Those taken into consideration are highlighted in the ‘Key Process Observations’ column in this section..

The commentary is divided in the following slides based on the stakeholder group that submitted it. The relevant groups are as follows:

- Individuals
- Statutory Bodies
- Nursing Homes
- Representative / Professional Organisation

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|-------------------|-------------------------|---|-------------|
| Individuals | Prioritisation of cases | <ul style="list-style-type: none"> • Doesn't facilitate people who are seriously ill, e.g. cancer patients, as these people may have a limited life span and their health can decline rapidly. At present, terminally ill patients have to be transferred to hospital to await assessment for nursing care support. This can take some weeks to complete, terminally ill patients so not have time and the term long-term care doesn't apply to them (8) | ☑ |
| | Supporting Information | <ul style="list-style-type: none"> • We all found the processing frustrating – mostly because the questions we aske remained unanswered, and our sense was that the administrators we were dealing with did not fully understand the system themselves (14) • Process lacks transparency in seeking information and is toilsome for the emotionally compromised family. It is imperative to tell all concerned exactly what is involved in user-friendly language and let the person/relative know that their property is needed to pay for their care (18) | ☑ |
| | Care Needs Assessment | <ul style="list-style-type: none"> • Applicants > 85 should be accepted without a Care Needs Assessment (5) | |

C.2 Client Submissions – Application & Administration Process

Nursing Homes

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|-------------------|---------------------------------|--|-------------------------------------|
| Nursing Homes | Advocacy | <ul style="list-style-type: none"> Some applicants have no relatives to act on their behalf. Alternatively, they may have relatives with whom they are in dispute re. assets. As a result, applications can go into limbo. The provision in the legislation allowing certain professionals to act on behalf of applicants has been ineffective in this respect. It is generally the case that professionals employed by the HSE or a HSE funded agency will not take on a role that involves ongoing accountability for a patient's finances, after they have gone into nursing care. An alternative system of advocacy or case management, possibly involving independent practitioners funded by the scheme, should be considered for such cases (16) | |
| | Exchange of information | <ul style="list-style-type: none"> Difficulty re. exchange of information between HSE and voluntary organisations. Applications for the scheme should legally be considered to provide consent to the transfer of relevant information to any State funded institution that is providing care to the applicant (16) | <input checked="" type="checkbox"/> |
| | Correspondence Letters | <ul style="list-style-type: none"> Recipients of letters from the HSE find the wording extremely difficult to follow, with insufficient data provided re. how amounts were arrived at. Wording relating to timeframes for the response to offers is quite misleading and causes great stress for families. They frequently believe that they must admit their loved one within days, or lose the funding. (16) | <input checked="" type="checkbox"/> |
| | Ancillary State Support Process | <ul style="list-style-type: none"> The system of provision of ancillary state support should be looked at as it is too cumbersome and off putting to applicants (24) | |

C.3 Client Submissions – Application & Administration Process

Statutory Bodies

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|-------------------|--------------------------------|--|-------------------------------------|
| Statutory Body | Prioritisation of cases | <ul style="list-style-type: none"> Allow applications for palliative care patients to be expedited (7) Makes it difficult to place persons in crisis situations (unable to get emergency accommodation under the scheme) (7) Clients are allocated beds in nursing homes by the LPF on a chronological basis rather than a needs basis. Local placement panel decision-making needs to be able to incorporate outside professional advocacy on behalf of older persons who require urgent placement (23) | <input checked="" type="checkbox"/> |
| | Government Data Sources | <ul style="list-style-type: none"> S27 of the Act provides an opportunity for the State to satisfy itself that all assets have been declared on the application form – should be implemented more robustly and appropriate links should be established with the Revenue Commissioners. Would deter people from providing misleading information and would result in cost savings (58) | <input checked="" type="checkbox"/> |
| | Ancillary State Support | <ul style="list-style-type: none"> Loan option is complex and causes huge delays in processing applications. Suggest omit loan and increase contribution (7) | |
| | Process Variations | <ul style="list-style-type: none"> It is vital that there is consistency in the assessment of older people and the processing of applications. Should be no undue delays in processing applications under the scheme. This has taken on added importance since the change in date of provision of financial assistance from the date of application to the date of approval under the scheme. (25) | <input checked="" type="checkbox"/> |
| | Application Form | <ul style="list-style-type: none"> Many are daunted by the paperwork involved and often delay in completing the total application process (23) The care needs assessment should be the first line to trigger the financial assessment and completion of the NHSS. Families applying because they are worried funding will run out. CSAR should come first and then trigger financial application (34) Perhaps on the application form section Part 1A under contact details an identification of the relationship to the client could be allowed for (54) | <input checked="" type="checkbox"/> |
| | Application Authorisation | <ul style="list-style-type: none"> Introduce safeguards to ensure that applications are not accepted unless the applicant is in agreement. Where an application has been lodged without the knowledge/consent of the person concerned, a valid reason must be documented (7) | <input checked="" type="checkbox"/> |
| | Frequency of Financial Reviews | <ul style="list-style-type: none"> There is no provision in the legislation for the HSE to systematically carry out reviews of financial assessment. However, individuals in receipt of support may request a review every 12 months. It is understood that when the legislation was being drafted it was not envisaged that the HSE would need to systematically carry out periodic reviews of financial assessments under the Act. The legislation may need to be strengthened in regard to this matter (22) | <input checked="" type="checkbox"/> |

C.4 Client Submissions – Application & Administration Process

Statutory Bodies

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|-------------------|-----------------------------------|---|-------------------------------------|
| Statutory Body | Waiting Times / Available Funding | <ul style="list-style-type: none"> It is the HSEs view that a Waiting List is put in place when funding is exhausted. As there appears to be currently no express legislative basis for the introduction of a waiting list, consideration might be given as to whether the legislation needs to be amended in this regard. (22) | |
| | Application Approval | <ul style="list-style-type: none"> Reduction in rate of approvals – balance listed as withdrawn – not clear how the need of those who applied for NH support and did not get it are being met (53) | |
| | Supporting Information | <ul style="list-style-type: none"> Simplify the available literature on the scheme. It is open to misinterpretation and applicants have noted that they find it confusing/hard to understand. (7) The Info Booklet is very helpful in informing clients about the processes involved, but it needs to highlight a number of points much more clearly: <ul style="list-style-type: none"> When the CSAR is completed by the MDT and sent to the LPF, there is a time limit. It will be out of date after 6 months. Families are unaware of this. Financial assessment part of application form needs to be completed at same time as CAN application. Booklet needs to highlight more clearly that even though the placement panel has received the completed CSAR, they will not list the client for long-term care until the financial assessment is processed. Sample examples of sections of the completed application form would be useful (23) Some people still very unclear re. how the scheme operates, particularly re. the financial assessment (53) | <input checked="" type="checkbox"/> |
| | Recoup ASS amount | <ul style="list-style-type: none"> At present, the granting of probate in deceased cases can take up to 30 weeks to process by the Courts Service. In this context, the 12 month deadline for payment is relatively short. It can take a number of months before the accountable person is in a position to deal with the liability, delays in probate can occur and difficulty can be experienced in selling property. It is considered that discretion should be given to the HSE to extend this timeframe on application from the accountable person (60) In cases where the HSE does not know the PPSN of the accountable person, Revenue cannot commence collection and recovery procedures. These liabilities, therefore, remain uncollected. It is important that any revision to the scheme addresses this difficulty so that a clearly accountable person with a PPSN is identified to facilitate collection/recovery by Revenue (60) | |

C.5 Client Submissions – Application & Administration Process

Representative / Professional Organisation

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|--|-----------------------------------|---|-------------|
| Representative / Professional Organisation | Supporting Information | <ul style="list-style-type: none"> • Difficulty in getting information initially, but once contact was made, the services was extremely good and delays were reasonable (17) • Clearer guidelines must be developed relating to the treatment of assets that have been transferred prior to going into nursing home care, but for less than 5 years (26) • Seems there has been a significant degree of difficulty experienced by many in obtaining information about what exactly their entitlements are in terms of the scheme, and how it can be applied to them. We propose that measures are put in place by the relevant agencies to address the issue of the lack of clarity, and that information on how to access the FD be presented in a much clearer, more user-friendly manner (33) • Full detailed calculation made in arriving at the amount of State support to be given should be furnished to the applicant for that support and not just the final figure (51) | ☑ |
| | Applicant Representation | <ul style="list-style-type: none"> • The current WoC legislation is expensive, cumbersome & outdated – regularly delays the process significantly. Legislation should be introduced to simplify the processing of applications for those who have diminished cognitive capacity. The provision of ‘guardianship’ would be most beneficial (35) | ☑ |
| | Prioritisation of Cases | <ul style="list-style-type: none"> • For patients with palliative care and end of life care needs, the speed of the process in securing support under the scheme is very relevant. Palliative care and end of life care patients applications require special consideration analogous to the process of 24 hour fast-tracking of medical cards for palliative care patients. Funding for palliative care should be clearly delineated and readily accessible for the delivery of palliative care so that there is no delay for those patients whose condition deteriorates or who have a short prognosis. For applications to the scheme, palliative care patients should be prioritised (43) | ☑ |
| | Waiting Times / Available Funding | <ul style="list-style-type: none"> • Reports from older people indicate that long waiting times for approval under the scheme are a cause of financial and emotional concern for patients and their families (10) • Address the process-flow of the Fair Deal applications. It is unclear why the process and paperwork is so lengthy and time consuming (12) • The absence of assured funding has led to delays in assessment and approval, a reduction in the rate of approvals and does not ensure access to care based on health needs rather than ability to pay (48) • Cap on the number of beds approved on a weekly basis (now limited to 120 per week) is to be regretted in a demand led scheme and it should be changed. With 32 local offices this must be difficult to administer and is also leading to build ups within the system (49) | ☑ |

C.6 Client Submissions – Application & Administration Process

Representative / Professional Organisation

| Stakeholder Group | Topic | Commentary from Submission | Key Observ. |
|--|---------------------------|--|-------------------------------------|
| Representative / Professional Organisation | Recoup ASS amount | <ul style="list-style-type: none"> Transparent mechanisms should be in place to ensure efficient recovery of assets pledged against the scheme. In this way, the scheme can facilitate wider coverage of the targeted population and reach those most in need (32) Can take up to 8 weeks to get redemption figures for Ancillary State Support. Solicitors have to call local NHSO, Tullamore and finance section (Revenue) in Limerick – causes delays. System needs to be streamlined (51) Inland Revenue Affidavit should also include a specific question re. whether or not there is a charge under the Act. Solicitors acting in the administration of the estate of a deceased person do not have any role in any review of State support/Ancillary State support which may be undertaken by the HSE (51) | |
| | Funding Acceptance Window | <ul style="list-style-type: none"> Letter advising applicant of amount of State support gives a short 3 week window of opportunity for acceptance – v. short in view of fact that applicants are elderly, may be ill and often wish to consult with family (51) | <input checked="" type="checkbox"/> |
| | Nursing Home Lists | <ul style="list-style-type: none"> List of nursing homes that is sent to people should identify the homes that offer care to people with dementia (40) | <input checked="" type="checkbox"/> |
| | Process variations | <ul style="list-style-type: none"> Reports indicate that there are geographical variations in responding to applications. Older People and their families continue to experience these inconsistencies and inequities despite the stated intent of the NHSS on its establishment (48) | <input checked="" type="checkbox"/> |

C.7 List of Client Submissions with Process Commentary

| Ref # | Name | Stakeholder Group |
|-------|---|--|
| 5 | Stephanie Dempsey | Individual |
| 7 | HSE Dublin South East / Wicklow ISA | Statutory Body |
| 8 | Patricia Fitzsimons | Individual |
| 10 | Irish Heart Foundation | Representative / Professional Organisation |
| 12 | Age Action | Representative / Professional Organisation |
| 14 | Nuala Crowe Taft | Individual |
| 16 | The Royal Hospital Donnybrook | Nursing Home |
| 17 | Irish Association of Older People | Representative / Professional Organisation |
| 18 | Elizabeth Mansfield | Individual |
| 22 | Office of the Assistant National Director for Older Persons | Statutory Body |
| 23 | HSE Dublin South City | Statutory Body |
| 24 | Paul Rochford, Bridhaven Nursing Home | Nursing Home |
| 25 | Office of the Ombudsman | Statutory Body |
| 26 | Irish Farmer's Association | Representative / Professional Organisation |
| 30 | Disability Federation of Ireland | Representative / Professional Organisation |
| 32 | Irish Hospice Foundation | Representative / Professional Organisation |
| 33 | The Voice of Older People, Donegal | Representative / Professional Organisation |
| 34 | ISA Dublin South Central | Statutory Body |

| Ref # | Name | Stakeholder Group |
|-------|--|--|
| 35 | Irish Association of Social Workers | Representative / Professional Organisation |
| 40 | Alzheimer Society of Ireland | Representative / Professional Organisation |
| 43 | Irish Association of Palliative Care | Representative / Professional Organisation |
| 48 | Irish Congress of Trade Unions, Retired Workers | Representative / Professional Organisation |
| 49 | Irish Senior Citizens Parliament | Representative / Professional Organisation |
| 51 | Society of Trust and Estate Practitioners, Ireland | Representative / Professional Organisation |
| 53 | Citizens Information Board | Statutory Body |
| 54 | Nursing Home Support Office, South Tipp | Statutory Body |
| 58 | Nursing Home Support Office, Cork | Statutory Body |
| 60 | Revenue Commissioners | Statutory Body |

| | | |
|----------|---|-----------------------------------|
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D.1 Apply to NHSS Process – Key Observations

The following slides highlight the following elements for each step in the process:

- **Pain Points:** Areas in the process which are causing inefficiencies / problems for staff & clients.
- **Non Value Add:** The activities in the NHSS Application process where questions exist on if they add value to the process.
- **Variation:** Where variation exists in work completed by the different local NHSO's.

| Process Step | Name | Element | Observation |
|--------------|---|---------------|--|
| 1. | Complete Application Form & Send to NH Support Office | Pain Point | <ul style="list-style-type: none"> • Validity: Application form is valid for only 12 months after initial submission. Many applicants are unaware of this. • NHSS Application Information Booklets: Applicants experience difficulty understanding how the NHSS application process operates. They do not find clarity through the explanatory literature, , therefore questions and sections of the application form frequently remain unanswered on initial submissions. |
| 2. | Review, update and input application in system | Pain Point | <ul style="list-style-type: none"> • Prioritisation: No prioritisation of applicants based on their current needs. E.g. Palliative care patients. All applicants go through the process in chronological order. Not a problem when there is sufficient funding. • Letter templates: Correspondence templates from the ICT system are not user friendly. <ul style="list-style-type: none"> • These letter templates are not user friendly and do not automatically get populated with applicants details. Need to be manually created and this is very time consuming. • Slow progression in moving application forward if missing information |
| | | Non Value Add | <ul style="list-style-type: none"> • Form completion: Various parts of the application form are not always filled in on initial submission. NHSO's have to make additional contact with applicant in order to retrieve missing information. <ul style="list-style-type: none"> • Questions not answered on a regular basis (e.g. Medical card) • Financial Assessment sections not completed - cost associated with getting property valued in Section 4. Applicants not willing to complete until CNA has been completed and approved. Question on whether the application form should be split out into two forms. • Retrieving missing information by letter: Retrieving an applicants missing information via letter correspondence is slow. • Review: Not a practice in all 18 NHSO's to review entire application at time of receipt. Some do not review or input Financial Assessment / Loan information until after CNA is completed. |

D.2 Apply to NHSS Process – Key Observations

| Process Step | Name | Element | Observations |
|--------------|--|---------------|---|
| 2. | Review, update and input application in system | Variation | <ul style="list-style-type: none"> • Review: Different practice amongst NHSO's on what is reviewed at this stage in the process. Two variances are described below: <ul style="list-style-type: none"> • Review, query and input data from Sections 1,2 and 5 (Personal Data), and then order a CNA. Not all information is inputted / used by the NHSS office once the application is received. Financial Assessment and Nursing Home Loan sections are not looked at until after the CNA is complete. • Review, query and input data from whole application form. CNA is ordered, but work begins querying and conducting Financial Assessment and processing Loan application. • Contacting applicants: Different methods used to contact applicants to retrieve missing information: <ul style="list-style-type: none"> • By letter (as per SOP's) • By phone / email • Visits to applicants current residence |
| 5. | Review CNA Case | Pain Point | <ul style="list-style-type: none"> • Validity: CSAR form is valid for only 6 months after initial approval. Many applicants are unaware of this. |
| | | Variation | <ul style="list-style-type: none"> • Approval: Inconsistent practices between NHSO's on signatures required to approve CSAR form: <ul style="list-style-type: none"> • e.g. 3 signatures required on CSAR in Tullamore office in order to approve an applicant. Other offices only require 1 signature. |
| 12. | Conduct Financial Assessment | Pain Point | <ul style="list-style-type: none"> • Access to Government Data: Offices do not have access to useful financial information from other Government sources <ul style="list-style-type: none"> • Social welfare, Revenue (Private Pensions), Tax Returns (deposit interest), Medical Cards. • Application Questions: Questions not asked in application form which may assist the assessment of an applicants financial situation. <ul style="list-style-type: none"> • E.g. Has the applicant ever lived abroad? To understand if an applicant has a foreign pension / income. • Standard Operating Procedures: The Standard Operating Procedures advise that letter templates are used to correspond with applicants. This is more manual and time consuming than calling by phone or emailing. |
| | | Non Value Add | <ul style="list-style-type: none"> • Retrieving financial information: Manual retrieval of financial information from applicant, as application form was not filled in on initial submission. • Retrieving missing information by letter: Retrieving an applicants missing information via letter correspondence is slow. • Property valuation: Cost and additional time associated with an applicant getting property valued as part of application. Could the local property tax valuation be used in its place to speed up the financial assessment? |

D.3 Apply to NHSS Process – Key Observations

| Process Step | Name | Element | Observations |
|--------------|---|---------------|--|
| 12. | Conduct Financial Assessment | Variation | <ul style="list-style-type: none"> • Additional Information Access: Some NHSO's / local staff have access to additional sources of financial information to assist in their evaluation: <ul style="list-style-type: none"> • Pensions Board ISTS system - only 1 NHSO employee has legacy access in the Tullamore office • E.g. Infosys Pensions system - Naas staff have access but it is not available to all NHSO's. • Belfast Pensions board: Tullamore NHSO has a contact there to retrieve additional information. • Correspondence Method: Variances exist in how NHSO's retrieve missing information from an applicant. Tullamore office finds it most efficient to ring up applicant and request certain documentation in order to make a call, others will do it by letter and will start the process before the CNA is complete to speed it up (Naas). • Timing of assessment: Some NHSO's commence the assessment in advance of the CNA. The NHSO's use letters to communicate with applicants to retrieve missing information which takes longer to complete than by phone or by emailing, hence they start the assessment on initial submission. |
| 15. | Review, update and input Loan Application info in ICT system | Pain Point | <ul style="list-style-type: none"> • Miscommunication with applicant: Many believe a solicitor is required before submission of this part of the form, but they do not need to. |
| | | Non Value Add | <ul style="list-style-type: none"> • Retrieving missing information: Loan application (Section 6) is supposed to be completed on submission of initial application form. In many cases, it is not completed until the NHSO contacts applicant informing them that the Care Needs Assessment has been approved. |
| | | Variation | <ul style="list-style-type: none"> • Correspondence Method: Variances exist in how NHSO's retrieve missing information from an applicant. Tullamore office finds it most efficient to ring up applicant and request certain documentation in order to make a call, others will do it by letter and will start the process before the CNA is complete to speed it up (Naas). |
| 17. | Send relevant application form parts to National Office with cover letter | Non Value Add | <ul style="list-style-type: none"> • Correspondence between NHSO and National Office: When the NHSO receives an application for the loan, as well as entering details on the ICT system, they also photocopy Sections 1,4 and 6, attach a letter and send by registered post to the National Co-ordinating unit in Tullamore. |
| 25. | Decide on whether to grant loan to applicant or not | Variation | <ul style="list-style-type: none"> • Advise to applicant: Additional advise provided to applicants in Tullamore by the NHSO if the applicants contribution is minimal or can be covered by other means. Not NHSO standard procedure to provide such advise and this may not be provided by the other offices. |
| 29. | Send copy of consent form to National Office | Non Value Add | <ul style="list-style-type: none"> • Correspondence between NHSO and National Office: The NHSO photocopies the signed "Acknowledgement & Consent to creation of a charge' consent forms for the nursing home loan and sends by post to the Tullamore office as well as retaining the original on file in the NHSO. |

D.4 Apply to NHSS Process – Key Observations

| Process Step | Name | Element | Observations |
|--------------|---|------------|---|
| 32. | Application approval, ICT updated & funding released. Applicant contacted | Pain Point | <ul style="list-style-type: none"> Waiting List: There is a chronological waiting list for funding. No prioritisation for special needs cases. |
| 35. | Find suitable Nursing Home from approved list, inform NHSO | Pain Point | <ul style="list-style-type: none"> Special Needs List: The list of approved Nursing Homes does not contain information on which accommodate for special needs e.g. Dementia |

Note 1: No issues were identified with the application appeals process during the client stakeholder meetings and when reviewing client submissions.

D.5 Administer Scheme Process – Key Observations

| Process Step | Name | Element | Observations |
|--------------|--|---------------|--|
| 1. | Complete & send monthly invoices to NHSS Office | Pain Point | <ul style="list-style-type: none"> • Invoice template: Standard template not in use by all Private Nursing homes. As new nursing homes enter the scheme, they are provided with a template to submit the invoice for the amount due for the month. • Manual submission: Invoices are created by Nursing Homes and posted to National Office / NHSO. Data is then inputted into ICT system by NHSS officers. Data could be submitted via the intranet, thus avoiding duplication of work. |
| 3. & 7. | Reconcile with system record & query discrepancies | Pain Points | <ul style="list-style-type: none"> • Manual process: The processing of monthly invoices is a time consuming manual process that needs to be completed each month. • Splitting of tasks: Private Nursing Home invoices are processed and approved by NHSO's, Public Nursing Home invoices are processed and approved by National Office. |
| 15. | Conduct Financial Re-assessment (excluding PPR) | Pain Point | <ul style="list-style-type: none"> • Review Frequency: No spot checks are conducted. Review is only completed after 3 Year mark or individuals in receipt of support may request a review every 12 months. There is no provision in the legislation for the HSE to systematically carry out reviews of financial assessment, where it might be in their benefit. The following factors would change the amount of contribution that someone is eligible for: <ul style="list-style-type: none"> • Pension increases when someone is 80 years old or older • Social welfare: Living alone allowance • Rented property: National level checks on whether properties are being rented. |
| | | Non Value Add | <ul style="list-style-type: none"> • Thoroughness of reviews: Depending on the NHSO, the 3 year reviews are not availing of all updated financial information needed to make an educated call on the updated contribution. • Review Frequency: Reviews are not carried out at times other than the 3 year mark or at a clients request (once every 12 months). |
| | | Variation | <ul style="list-style-type: none"> • Inconsistent reviews: Depending on the NHSO, the re-assessment is completed to a different level of detail: <ul style="list-style-type: none"> • Some NHSO's remove the PPR and just recalculate the contribution amount • Other NHSO's request updated financial information on the client (new bank statements, etc.) to do a complete re-assessment • Review of Finances (following the death of an applicant): Review of applicants finances to see if application was correct and to see if correct contributions were paid. (as per revenue's schedule of assets). This is not carried out by each NHSO and is a process that should be implemented. Miscommunication between NHSO's and National Office on whether this is completed as standard currently. |

Appendix

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E.1 Glossary

The tables below provide definitions to some of the key terminology / acronyms used in the ‘As-Is’ Payroll process review.

| | Definition |
|--------------|--|
| NHSS | Nursing Home Support Scheme. Scheme that provides government financial support for those in need of financial assistance to pay for Long Term Residential Care. |
| LTRC | Long Term Residential Care. (referring to Nursing Home accommodation for clients of the scheme) |
| SIPOC | Abbreviation of Suppliers – Inputs – Processes – Outputs – Customers. It is a tool that consists of a flow diagram that is used to develop a high level understanding of the process being investigated. |
| NHSO | Nursing Homes Support Office. 17 local HSE Nursing Homes Support Offices exist in Ireland. Each one is responsible for processing applications and completing monthly administration activities for their regions clients / nursing homes. |
| CNA | Care Needs Assessment. Medical assessment completed to see whether an applicant requires long term residential care. |
| PRA | Property Registration Authority. A statutory body that is contacted with regard to obtaining a clients title of property. |
| CSAR | Common Summary Assessment Report: Form completed by Medical Professionals when completing a Care Needs Assessment. |
| LPF | Local Placement Forum. Local committee that evaluates the results of the Care Needs Assessment. Each NHSO has their own LPF. |
| PPR | Principal Private Residence. Main residence owned by the applicant / client. |
| SS | State Support. Financial contribution paid by the government towards a NHSS clients long term residential care costs. |
| ASS | Ancillary State Support. Referring to Nursing Home Loan. |