Colorado Assessment Tool Project

April 2014 Stakeholder Meeting

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Agenda

- Summary of findings of operational review
- Potential uses of tool
- Discussion about next meeting

Summary of Operational Review

- Methodology
  - Talked with State staff overseeing programs
  - Reviewed key tools and other documents
  - Cross-walked major components of systems
- Will be conducting meetings with selected SEPs and CCBs during May site visit
- Final versions of spreadsheets will be posted on the blog and included in the final report

Programs Examined

- Institutions: NF (includes hospital back-up) and ICF-IID
- HCBS Waivers targeting adults: Brain injury, Community Mental Health, Persons Living with AIDS, Elderly Blind Disabled, Spinal Cord Injury, Supported Living Services, Developmental Disabilities
- Waivers targeting children: Children's Extensive Support, Children's HCBS, Children with Autism, Children's Habilitation Residential, Children with Life Limiting Illnesses
- Other Medicaid: OBRA Specialized Services, Long Term Home Health, PACE
- State-funded only: Family Support, Home Care Allowance, State Supported Living Services

Parameters Examined

- Intake and triage
- Waiting lists
- Eligibility determination processes, criteria and tools
- Support planning processes and tools

Operational Review Findings: Eligibility Criteria

- For Medicaid, CO applies nursing facility, ICF-IID, and hospital level of care (LOC)

- Have additional specific eligibility criteria for certain waivers

- New tool will offer the opportunity to refine some of the eligibility criteria

Operational Review Findings: Other Tools

- While the ULTC100.2 is the main tool, CO applies a variety of other tools as part of the assessment and support planning process
- ULTC Intake/Referral and MassPro forms
- IADL Assessment
- Children's Addendum for waivers
- Various tools are used for resource allocation or rates: SIS (IID), SLP (BI), Support Level Calculation tools (IID), Children's HCBS Cost Containment, "The Tool" (CHRP)
- Supplemental tools to the ULTC100.2 are used for eligibility determinations: IID Determination Form, Hospital Back-Up screen
- Additional tools are used to help target: PASRR, Transitional Assessments (BI and MFP), Physician forms (CLLI and other waivers), Family Support Most in Need, IID Emergency Request

Issues with the ULTC100.2

- ADL scoring criteria problematic:
  - No set timeframe (e.g., at time of assessment?, w/in last 3 days?, last month?)
  - Definitions of impairment possibly vague and overlapping (e.g., how does oversight help differ from line of sight standby assistance?)
- Checklist for justifying impairments (e.g., pain, visually impaired, etc.) requires repetitive collection of information while only providing a limited amount of useful information:
  - Not likely to produce reliable information that can be used for analysis, support planning, or other purposes
  - May not be completely filled out because of requirements to only choose one item to justify impairment
- Missing key information necessary to develop a support plan
  - Missing BIP areas (see next slide)
  - Person-centered information
  - Natural support and caregiver information
  - Screens for other areas of interest/need (e.g., employment, self-direction)

Required BIP Assessment Domains not in the ULTC100.2

- Domains missing altogether in **red underline**
- Domains only partially addressed in *purple underline italics*

1. Activities of Daily Living

Eating   Mobility (in/out of home)

Bathing   **Positioning**

Dressing   Transferring

Hygiene   **Communicating**   Toileting

2. Instrumental Activities of Daily Living *(not required for children)*

Preparing Meals   Housework   Managing Medications

Shopping   Managing Money   Employment

Transportation   Telephone Use

3. Medical Conditions/Diagnoses

4. Cognitive Function and Memory/Learning

Cognitive Function   Judgment/Decision-Making

Memory/Learning

5. Behavior Concerns

Injurious   Uncooperative

Destructive   Other Serious   Socially Offensive

Operational Review Findings: Entry Points

- SEPs and CCBs provide a potentially strong network of entities for conducting assessments
  - Statewide coverage, but without duplication
  - Integrates key infrastructure for accessing LTSS
    - Includes intake, screening, assessment, and support planning
    - Financial eligibility integration is a notable challenge
  - Potential conflict-of-interest for CCBs may be an issue for CMS
- Roll of ADRCs (formerly ARCH) unclear
  - SEPs and CCBs fulfilling many of the key requirements of a fully-functional ADRC

Operational Review Findings: Uniform Assessment Tool will be Central to Other Initiatives

- Hodgepodge of tools present challenges to major systems change initiatives:
  - Waiver simplification efforts will require standardization across more waivers
  - Community First Choice (CFC) will require a uniform assessment tool
  - Efforts to expand Regional Care Collaborative Organizations (RCCO) to support LTSS populations require standardized ways to identifying individuals for referral
- Entry point redesign proposals to split assessment from ongoing case management and increase training and qualifications of assessors will be hampered by weaker assessment tools

Purpose of Assessment

- Driving Systems Change
- Determining Program Eligibility
- Triaging Access
- Resource Allocation
- Development of Support Plan
- Quality Management

Using Assessments to Drive Systems Change

- New HCBS rules require restructuring the assessment process to promote a more person-centered process
- Minnesota has gone the furthest in structuring its process as a mechanism of systems change
  - MnCHOICES starts with a person-centered interview
    - Goal is for the person's preferences and strengths to shape the support plan development process
  - Items designed to foster the adoption of participant-directed services
  - Mandatory employment module to facilitate expansion of competitive employment

Preliminary Systems Change Design Decisions

- Assessment tool will be used to drive systems change, notably
  - Making process more person-centered
  - Enhancing self-direction
  - Greater coordination of services
- Tool could be modified in the future to support additional systems change

Determining Program Eligibility

- Tool will need to determine eligibility, such as whether the Participant meets a certain Level of Care (LOC)
- Preliminary Design Decisions:
  - Determine eligibility for the following programs in first iteration:
    - Nursing facilities (inc. hospital back-up) & ICF-IID
    - Waivers: Brain injury, Community Mental Health, Persons Living with AIDS, Elderly Blind Disabled, Spinal Cord Injury, Supported Living Services, Developmental Disabilities
    - Other Medicaid: OBRA Specialized Services, Long Term Home Health, PACE
    - State-funded only: Family Support, Home Care Allowance
  - Possibly determine eligibility for additional programs in later versions:
    - Waivers targeting children: Children's HCBS, Children with Autism, Children's Habilitation Residential, Children with Life Limiting Illnesses, Children's Extensive Support
    - Other federally-funded services: Older American's Act Title III

Triaging Access

- Screening and/or assessment tools can be used to prioritize access to wait lists for waivers or other services
- Intake/screening tool can prioritize timelines for assessments and eligibility determinations
- Preliminary Design Decision: Develop standardized screening tool
  - Initially to be used by the following entry points: SEPs and CCBs
  - Assist in making the following determinations:
    - If an assessment is appropriate
    - Who should conduct the assessment
  - Possible additional purposes:
    - Establishing priority for timeframes for assessment and/or eligibility determination
    - Assignment to wait list
   - Referrals to other supports

Resource Allocation

- Assignment of minutes or hours of personal care or other services based on ADL/IADL impairments
  - Alaska time-for-task
  - WA Care output based on time study
- Tiered budgets or hours
  - Illinois Service Cost Maximums (SCM)
  - MN – Waiver Management System
  - IDD Specific Tools
    - Based of tools such as the ICAP (WY DOORS) or SIS (GA)
    - Individual budgets versus budgets for group homes
  - InterRAI-Resource Allocation Group-III-Home Care (RUG-III-HC)

RUGS-III-HC

- Items derived from interRAI-HC (formerly MDS-HC)
- Community version of case mix systems commonly used for nursing facilities
- Creates 23 different groupings
- InterRAI is also testing algorithms for IDD

RUG-III/HC Home Care Classification
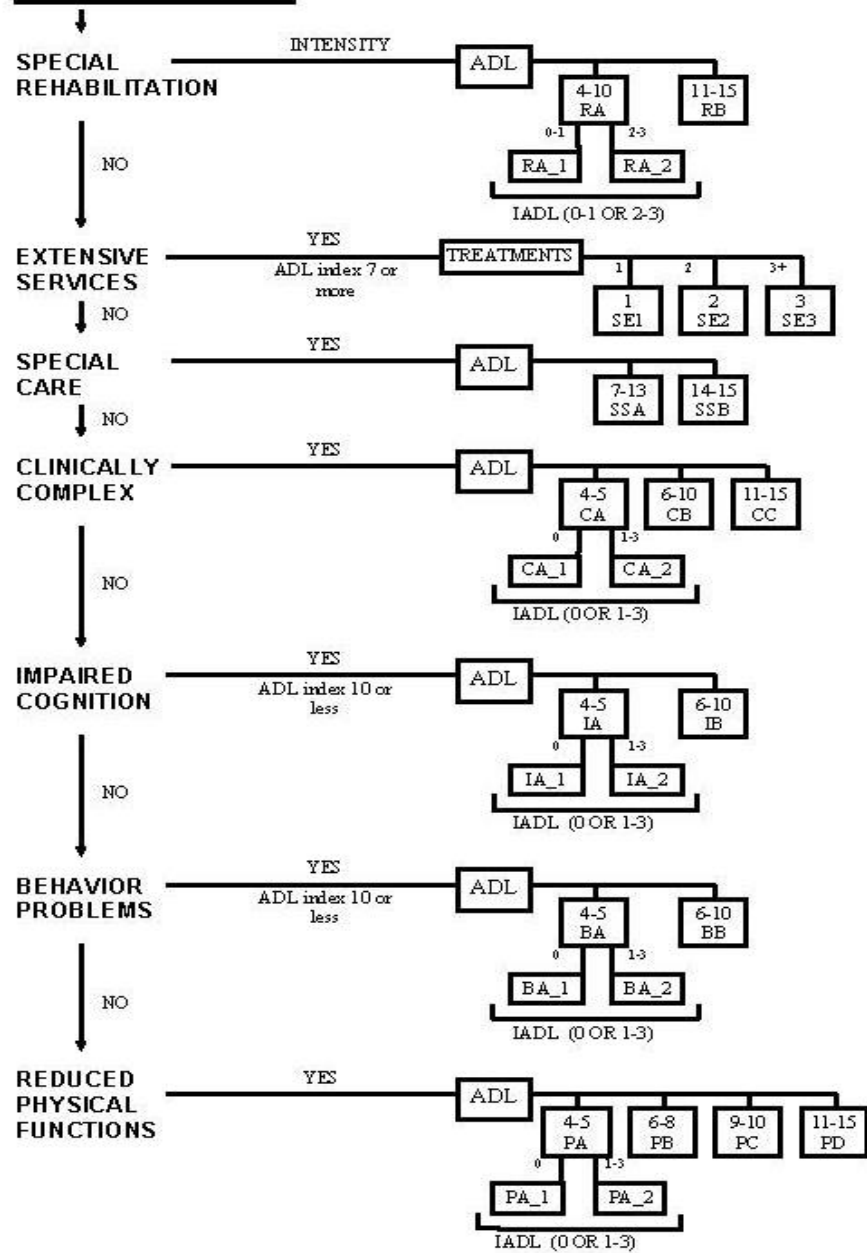
Resource Allocation and Managed Care

- Managed LTSS differs from traditional managed care because some enrollees may consistently have higher costs
- Simple capitation categories (e.g., 65+, HCBS, institution) create strong incentives against serving individuals with greatest impairments well
- Tiered resource allocation can be translated into managed care capitation categories
  - Mitigates cliff effect

Considerations when Implementing a Tiered Resource Allocation Approach

- Provide clients with more flexibility in services
  - Tiered RA will provide the State with a stronger ability to control the overall budget
  - Individuals decide how best to use those funds/State sets parameters for overall costs
- Must have mechanisms to address outliers
  - Pool funds across multiple people
  - Exception process

Resource Allocation Preliminary Design Decisions

- Have Tool Support Tiered Resource Allocation (RA)

- Preference is to be able to adapt existing RA methodologies rather than creating new

- Recognition that there will need to be considerable stakeholder involvement in developing and refining RA approach

Guiding the Development of Support Plan

- Identifies areas where some type of action is needed
- Guides the identification of service outcomes (e.g., improvements, maintaining function, slowing declines)
- Helps to identify and select what supports are needed
- Examples:
    - interRAI Clinical Assessment Protocols (CAPs)
    - Workflows that recommend components of plans

interRAI CAPs

- Algorithms that identify areas to address in support plan
- 27 different CAPS in 5 categories, examples:
  - Functional Performance
  - Cognition/Mental Health
  - Social Life
  - Clinical Issues (e.g., pressure ulcer)
- CAPS do not identify specific actions to be included in plan, however, manual gives some guidance

Preliminary Support Plan Design Decisions

- Assessment should provide information necessary to develop of a support plan

- Many existing supplemental assessment tools that are used for support planning should be folded into the assessment to the extent practicable

- Assessments that assist in identifying potential medical issues would be helpful in establishing linkages to RCCOs

- Assessments will <u>not</u> be used to pre-populate support plans – works against a person-centered approach

Using Assessments to Enhance Quality Management

- Assessment/reassessment process can be key tool for collecting data on program performance
- interRAI has 22 Home Care Quality Indicators (HCQIs) covering 9 domains (nutrition, medication, incontinence, ulcers, physical function, cognitive function, pain, safety/environment and other)
  - Can compare program to standardized norms
- Illinois and Hawaii have incorporated a participant experience measure into the assessment/reassessment process
  - Use to assess domains that relevant to individual (Availability of paid care/supports, relationship with support workers, activities and community integration, personal relationships, dignity/respect, autonomy, privacy and security)

Preliminary Quality Management Design Decisions

- Assessment should be an important data collection tool for quality management data

- Should incorporate both quantitative and qualitative quality of life/participant experience data as well as medical/functional and is informed by clients

Input and Questions?

Next Meeting

- Discussion of purpose of potential tool to be adapted
- Please do not copy or distribute interRAI tools (you will get an email with instructions) – if don't get, email andrew@hcbs.info
- Other tools will be posted on blog (coassessment.blogspot.com)
- Things to note:
  - interRAI
    - Must select whole modules (can remove a small number of items)
    - Can add components and restructure
    - Don't have to adopt all components for all populations
  - CMS CARE tool
    - Developing a catalogue of items from which states can pick
    - Catalogue will include more items for LTSS populations (timeframe uncertain)
  - Other tools - Can pick and choose which sections or items to use