

Colorado Assessment Tool Project

May 2014 Stakeholder
Meeting

Agenda

- Review of potential tools for adaptation and use in Colorado
- Discussion about next meeting

Approach for Selecting and Testing New Colorado Assessment Tools

Rev. 4-22-14

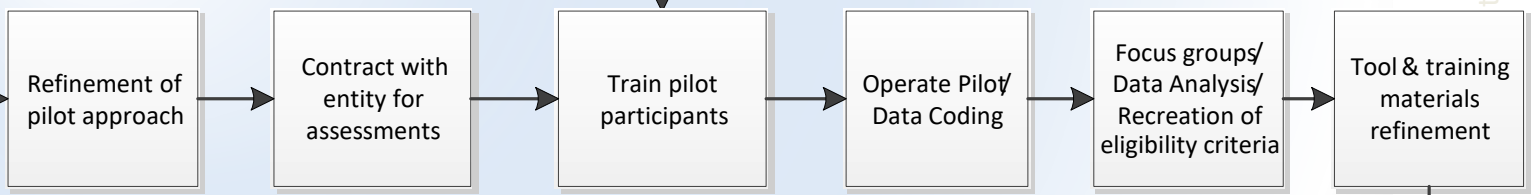
Structure of the Tool and Process



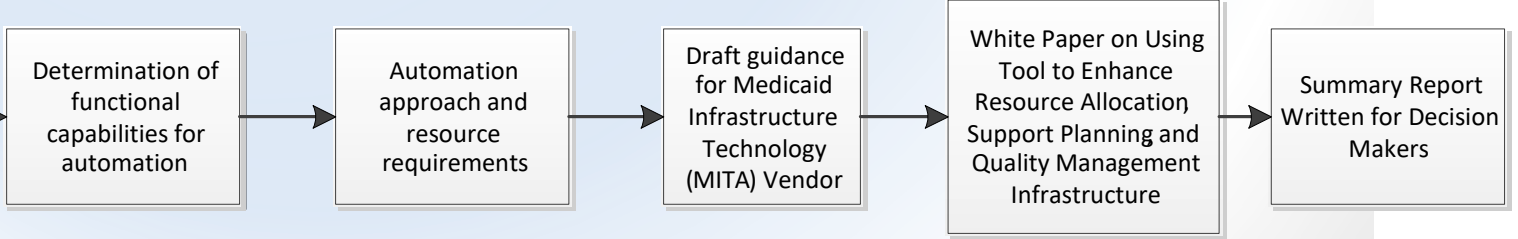
Tool Adaptation



Cross-tool Comparison Testing



Development of Implementation Plan and Resource Requirements



strategies, Inc. March 2014

Summary of Uses of Assessment in Colorado

- Driving Systems Change: more person-centered, enhancing self-direction, greater coordination of services, fostering employment
- Determining eligibility for a wide variety of programs targeting adults with a wide range of disabilities
 - need tools for multiple populations
- Support emerging changes to operations
 - An intake module to triage access
 - Emerging separation of eligibility assessment vs. support planning and ongoing case management
- Support objective and empirically sound resource allocation
- Guide the development of the support plan
- Enhance quality management efforts, including quality of life/participant experience data

Selection Criteria Used

One of more of the following characteristics:

- Established reliability and/or validity
- Person-centered components
- Automated versions available
- Comprehensive-holistic approach
- Suitable for broad range of populations
- Useful for establishing eligibility for multiple programs
- Domains appropriate for the specific needs of Colorado's LTSS population
- Able to provide information for decisions in support planning
- Established training manuals and methods
- Usefulness in resource allocation

Tools Selected for Review

- Tools developed to establish standardization nationally:
 - interRAI
 - Home Care (interRAI-HC)
 - Intellectual Disabilities (interRAI-ID)
 - Community Mental Health (interRAI-CMH)
 - Continuity Assessment Record and Evaluation (CARE)
- Cross-population tools developed by states:
 - Wisconsin Functional Screen/Assessment
 - MnCHOICES
 - Massachusetts Real Choice Functional Needs Assessment
 - Comprehensive Assessment Reporting Evaluation (CARE-Washington State)
- IDD specific tool:
 - Support Intensity Scale (SIS)
 - Inventory for Client and Agency Planning (ICAP)

Tools developed to establish standardization nationally

- interRAI
 - Grew out of MDS
 - Created and refined by a research collaborative
 - One or more tools adopted in 20 states and several other countries
 - Tool being used to support a wide variety of business processes
 - Collaborative model allows states to benefit from work done in other states and countries
 - Not endorsed by CMS and items are drifting from MDS 3.0
- CARE
 - CMS-funded effort
 - Original purpose was to establish common tool across Medicare-funded post acute settings
 - CMS developing a catalogue of items with established reliability
 - Expanding effort to include LTSS populations
 - Funding efforts to use items to support quality improvement, but not other business processes
 - Although items used in existing Medicare tools, no states are using CARE items yet

interRAI-HC

- Part of a suite of validated tools used in 20 states and internationally by developers of MDS
- First developed in 1994 and modified in 1999 and 2007
- Tool and manuals copyrighted and users must pay a nominal licensing fee
- Tool covers 17 areas and includes functional, health and environmental factors
- Collects a minimum data set to which adopters can add domains/items to fit their needs
- Used in conjunction with other decision support tools such as clinical assessment protocols, screening systems for outreach and care pathways, quality monitoring and case-mix system (RUGS III)

Inter-RAI-HC Considerations

Advantages

- Reliable and validated tool for eligibility and resource allocation
- Decision support tools available
- Training manuals available
- Part of larger network of users and researchers – data comparison
- Good structure for automation and access to software vendors that know interRAI

Challenges

- Would need to develop person centered components
- Some stakeholders react to number and content of items (e.g., IDD see it as too oriented toward medical needs)
- Need to expand some areas to generate sufficient info for support plan development (e.g., employment)

interRAI-Intellectual Disabilities (ID)

- Recently added to the interRAI suite
- Collects a minimum data set to which adopters can add domains/items to fit their needs
- Like interRAI-HC this tool was developed in conjunction with other decision support tools (e.g., Collaborative Action Plans)
- Design of CAPs aims at factors supporting self-determination, community engagement and choice
- Like all interRAI tools, not in public domain
- Currently used by the state of New York

interRAI-ID Considerations

Advantages

- Part of larger interRAI network and tools
- Lends itself to well to automation
- Similar in structure to interRAI-HC tool
- CAPs provide useful guidance for support planning in areas aligned with community and social engagement

Challenges

- Would require some adaptations to be useful for support plan development
- CAPs somewhat limited in regard to focus on skill development (habilitation)
- Not widely used by states for determining eligibility for IDD services
- Less is known about the incorporation of this tool into LTSS operations (e.g., resource allocation)

interRAI-Community Mental Health (CMH)

- Designed for use with adults in community mental health services.
- Covers 20 domains including the interRAI core items plus specialized domains in depression, psychosis, anxiety, trauma, behavioral disturbances, or other mental health related conditions.
- Includes decision support tool related to case-mix.
- Includes mental health quality indicators.

interRAI-CMH Considerations

Advantages

- Part of larger interRAI network and tools
- Similar in structure to other interRAI tools
- CAPs and other decision support tools

Challenges

- Would require some adaptations to provide support plan information in some areas (e.g. employment or housing)
- Not as widely used as the HC tool, so less practical information as to fit within LTSS operations

CARE

- Developed to look at improving the standardization of assessment data and payment across post acute-care settings
- Sponsored by CMS as part of demonstration under Deficit Reduction Act 2005
- Measures health and function (e.g., ADL and IADL)
- Does not include care planning components
- Validated and reliable data items for post-acute care
- Worked with clinicians, providers, and other stakeholders to identify relevant domains and items
- Tool and materials are in the public domain
- CMS appears to have interest and investment in expanding use to include additional populations (e.g., IDD) and scope of service (e.g., LTSS)

CARE Considerations

Advantages

- CMS is investing time and funding into expansion
- If CMS continues to move toward use in LTSS, adoption would put state in good position down the road
- Consistent with interest in PHR systems
- Technical assistance may be available from federal contractors

Challenges

- Not vetted with states operating LTSS
- Little LTSS HCBS operations support -eligibility and resource allocation
- Not person centered and used for clinical purposes
- Not adequate for support planning in LTSS
- Not currently applicable to other populations (e.g. IDD)

WI Functional Assessment Tool

- Includes screening tools across populations including adults with disabilities, adults with mental health conditions, and children with disabilities
- Used by WI's ADRCs to screen for eligibility and provide options counseling
- Based on choice of services, additional assessment information collected by case manager to develop support plan
- Fully automated and integrated with financial eligibility system
- Extensively tested for reliability and validity
- Public domain

WI Functional Assessment Tool Considerations

Advantages

- Comprehensive across population groups and programs – includes children’s modules normed to age/development
- Used as part of ADRC system (SEP) and feeds into options counseling
- Public domain, including all training and manual material
- Fully automated and integrated with financial eligibility

Challenges

- Designed specifically to fit WI system
- Process/flow of information still requires additional assessment items to develop support plan

MnCHOICES

- Developed as a universal assessment tool for all LTSS programs and populations
- Modular design with some required modules and others completed depending on answers to trigger questions
- Includes person-centered components
- Automated
- Used for eligibility determination, support planning and resource allocation
- Includes modules on employment, caregivers, and capacity for self-direction
- Public domain

MnCHOICES Considerations

Advantages

- Person-centered
- Informs support plan development
- Comprehensive – used for all LTSS programs and populations and covers wide scope of domains with some triggered by interest or need
- Public domain- would allow CO to consider broad customizations

Challenges

- Not extensively tested for reliability and validity beyond state use
- May require CO to do considerable work on development of training, support planning tools, manuals
- Length of assessment may be of some concern

Washington CARE Tool

- Covers wide range of domains and includes screens for behavioral health needs and protective service needs
- Includes person centered components
- Used across disability populations for eligibility (not IDD)
- Public domain
- Has been adapted by other states, including MN and MA tools
- Used for eligibility, support plan development and resource allocation
- Established reliability and validity for resource allocation

Washington CARE Tool Considerations

Advantages

- Comprehensive – used for eligibility, support planning and resource allocation
- Person-centered components
- Covers a wide range of domains and includes screens for other areas
- Public domain

Challenges

- Empirical testing limited to WA system studies-CO would want to establish validity for its system
- Manuals and implementation tools may require considerable time to develop
- Length may be of concern to some

MA Real Choice Functional Needs Assessment

- Developed for Massachusetts' Real Choice grant
- Comprehensive assessment appropriate for multiple population groups
- Constructed in modules, using trigger questions to indicate a more in depth evaluation
- Items are scored for ability to perform, level of difficulty, use of assistive equipment, ability to self-direct and unmet needs related to the functional item
- Includes an extensive employment module
- Used in combination with MDS-HC and now referred to as the "Comprehensive Data Set".

MA Real Choice Functional Needs Assessment Considerations

Advantages

- Very useful for support planning
- Includes person-centered components
- Has applicability across programs and populations
- Use of triggers help to streamline

Challenges

- Did not find reliability or validity testing on CDS portion of assessment
- Updates were not easily obtained so current versions may vary-can seek more information if interested
- Some areas of measurement appear duplicative between the CDS and MDS items, but are scored differently
- Unclear how state algorithms treat similar items between the CDS and MDS components

Supports Intensity Scale (SIS)

- Measures individual support needs
- Used primarily for IDD populations
- Not in public domain
- Already used in CO for determining resource allocation in some IID programs
- Measures functional levels (e.g., ADLs and IADLs) as well as needs for protective or advocacy services and exceptional needs in medical or behavioral domains.
- Measures frequency, time for task, and type of support needed for each assessment item

SIS Considerations

Advantages

- Already used in CO in IID programs – less disruption for that group
- Reliability and validity is established
- Provides useful information for support planning

Challenges

- Is not as comprehensive as some other tools
- Not used across population groups
- Linked to time for task – more challenging to assess in HCBS settings
- Lacks person centered components

Inventory for Client and Agency Planning (ICAP)

- Designed for use across older adults, adults with physical disabilities and IDD
- Measures functional needs in adaptive behavior (weighted to 70% of score)
- Measures maladaptive behavior (weighted to 30% of score)
- Incorporates Scales of Independent Behavior-Revised for measures of maladaptive behavior
- Is designed primarily as an inventory of skills

ICAP Considerations

Advantages

- Used in ten states, mostly for IDD services
- Can be performed in less time than many other assessments
- Tracking tool for changes in behavior

Disadvantages

- Less useful for support plan development for HCBS services
- Not person centered
- Recommended to be used by someone knowing person for at least 3 months and sees person regularly

Crosswalk of by Tool Uses



		interRAI	CARE	WI	MN	WA	MA	SIS	ICAP
Driving Systems Change	Person-Centered	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Self-Direction	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Coordination w/ medical services	Yes	Facilitates	Facilitates	Facilitates	Facilitates	Facilitates	Limited	Limited
	Employment	Could Add	Could Add	3 items	Included	Could Add	Included	No	No
Determining Eligibility for Different Populations	EBD	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Mental Health	Yes	Developing	Yes	Yes	No	Yes	No	No
	IDD	Yes	Developing	Yes	Yes	No	No	Yes	Yes
	Brain Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Spinal Cord Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Children	Yes	No Plans	Yes	Yes	No	No	No	No
Resource Allocation	EBD	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Mental Health	Developing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	IDD	Existing	Could Develop	State-specific	State-specific	No	No	State-specific	State-specific
	Brain Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Spinal Cord Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Children	Developing	No	State-specific	State-specific	No	No	No	No
Operations	Intake & Triage tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	No	No
	Support Planning Tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	Yes	Yes
Quality	Clinical/Functional Issues	Existing	Yes	State-specific	Could Develop	Yes	Could Develop	No	No
	Quality of Live/ Participant Experience	Could Add	Developing	Could Add	State-specific	Could Add	Could Add	Could Develop	Could Develop
	Empirically Validated	Yes	Yes	Yes	No	Yes	MDS portion	Yes	Yes
	Used in other States	Multiple	No	1 State	1 State	1 State	1 State	Multiple	Multiple
	CMS Endorsed	No	Yes	No	No	No	No	No	No

Next Meeting

- Tuesday May 27 from 1-4pm via web-enabled call
- Discussion of Tool Customization