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

Structure of the Tool and Process
- Review of current intake, assessment, eligibility, and resource allocation business processes
- Clarification of scope and uses of assessment
- Review of existing tool options and selection of tool(s) to be adapted
- Identification of customizations/enhancements needed
- Determination of processes for piloting

Tool Adaptation
- Development of Assessment Tool
- Development of Training Materials

Cross-tool Comparison Testing
- Refinement of pilot approach
- Contract with entity for assessments
- Train pilot participants
- Operate Pilot/Data Coding
- Focus groups/Data Analysis/Recreation of eligibility criteria
- Tool & training materials refinement

Development of Implementation Plan and Resource Requirements
- Determination of functional capabilities for automation
- Automation approach and resource requirements
- Draft guidance for Medicaid Infrastructure Technology (MITA) Vendor
- Summary Report Written for Decision Makers
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

<table>
<thead>
<tr>
<th><strong>Advantages</strong></th>
<th><strong>Disadvantages</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Used in ten states, mostly for IDD services</td>
<td>Less useful for support plan development for HCBS services</td>
</tr>
<tr>
<td>Can be performed in less time than many other assessments</td>
<td>Not person centered</td>
</tr>
<tr>
<td>Tracking tool for changes in behavior</td>
<td>Recommended to be used by someone knowing person for at least 3 months and sees person regularly</td>
</tr>
</tbody>
</table>
## Crosswalk of by Tool Uses

<table>
<thead>
<tr>
<th>Driving Systems Change</th>
<th>Person-Centered</th>
<th>Self-Direction</th>
<th>Coordination w/ medical services</th>
<th>Employment</th>
<th>Determining Eligibility for Different Populations</th>
<th>EBD</th>
<th>Mental Health</th>
<th>IDD</th>
<th>Brain Injury</th>
<th>Spinal Cord Injury</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>interRAI</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CARE</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>WI</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>MN</td>
<td>Included</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>WA</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>MA</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Could Add</td>
<td>Included</td>
<td>Could Add</td>
<td>Yes</td>
<td>Developing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SIS</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ICAP</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Limited</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Allocation</th>
<th>EBD</th>
<th>Mental Health</th>
<th>IDD</th>
<th>Brain Injury</th>
<th>Spinal Cord Injury</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>interRAI</td>
<td>Existing</td>
<td>Developing</td>
<td>Developing</td>
<td>Existing</td>
<td>Developing</td>
<td>Developing</td>
</tr>
<tr>
<td>CARE</td>
<td>Could Develop</td>
<td>Developing</td>
<td>Could Develop</td>
<td>Developing</td>
<td>Could Develop</td>
<td>No</td>
</tr>
<tr>
<td>WI</td>
<td>Could Develop</td>
<td>Could Develop</td>
<td>Could Develop</td>
<td>Could Develop</td>
<td>Could Develop</td>
<td>No</td>
</tr>
<tr>
<td>MN</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>No</td>
</tr>
<tr>
<td>WA</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>No</td>
</tr>
<tr>
<td>MA</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>No</td>
</tr>
<tr>
<td>SIS</td>
<td>No</td>
<td>No</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>No</td>
</tr>
<tr>
<td>ICAP</td>
<td>No</td>
<td>No</td>
<td>State-specific</td>
<td>State-specific</td>
<td>State-specific</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operations</th>
<th>Intake &amp; Triage tools</th>
<th>Support Planning Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>interRAI</td>
<td>Existing</td>
<td>Developing</td>
</tr>
<tr>
<td>CARE</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>WI</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>MN</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>WA</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>MA</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>SIS</td>
<td>State-specific</td>
<td>State-specific</td>
</tr>
<tr>
<td>ICAP</td>
<td>State-specific</td>
<td>State-specific</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
<th>Clinical/Functional Issues</th>
<th>Quality of Life/ Participant Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>interRAI</td>
<td>Existing</td>
<td>Could Add</td>
</tr>
<tr>
<td>CARE</td>
<td>Yes</td>
<td>Could Add</td>
</tr>
<tr>
<td>WI</td>
<td>Yes</td>
<td>Could Add</td>
</tr>
<tr>
<td>MN</td>
<td>State-specific</td>
<td>Could Add</td>
</tr>
<tr>
<td>WA</td>
<td>Could Add</td>
<td>Could Add</td>
</tr>
<tr>
<td>MA</td>
<td>Could Add</td>
<td>Could Add</td>
</tr>
<tr>
<td>SIS</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
<tr>
<td>ICAP</td>
<td>Could Develop</td>
<td>Could Develop</td>
</tr>
</tbody>
</table>

| Empirically Validated  | Yes                         | Yes                                   |
| Used in other States   | Multiple                    | 1 State                               |
| CMS Endorsed           | No                          | Yes                                   |
Next Meeting

• Tuesday May 27 from 1-4pm via web-enabled call

• Discussion of Tool Customization