

Discussion of the New CO Assessment Level of Care (LOC)

Presentation to Stakeholders

December 2019

Our Mission

Improving health care access and outcomes for the
people we serve
while demonstrating sound stewardship of financial
resources

December 4th and 5th Stakeholder Meeting Agenda

- Introductions and overview of meeting
- Updates on the automation
- NF LOC discussions
- Wrap-up and next steps

Update on Automation

Current Automation Status

- Department & HCBS Strategies incorporated CM feedback into assessment modules in July 2019
- CarePlanner360 released in August 2019, however, did not include July updates, tables, or offline capabilities
- Department wants to test full, complete process as it will be in the future for the Time Study pilot and as a result of automation-based delays has had to shift the timeframes for the next pilot
- Target for complete CarePlanner360 system is still January 2020

NF LOC Discussion

NF LOC Discussion

- Presented Draft LOC in November
- Will present Revised Draft during these meetings
- Anticipate spending bulk of the meeting reviewing cases where eligibility changed (gained or lost)
- Examine any adaptations needed for children once that sample is complete

November Draft Criteria

Variable Name	Lever	Variable Name	Lever	Variable Name	Lever
		ADLs		Behaviors	
Bathing- Usual	Partial/moderate assistance	Transfer- Roll Left/Right- Usual	Partial/moderate assistance	Injurious to Self- Behavior Status	Currently requires intervention and/or display
Bathing- Most Dependent		Transfer- Roll Left/Right- Most Dependent		Injurious to Self- Cueing Frequency	2) More than once per month and up to week
Dressing- Upper Body- Usual	Partial/moderate assistance	Transfer- Sit to Lying- Usual		Injurious to Self- Physical Intervention Freq.	2) More than once per month and up to week
Dressing- Upper Body- Most Dependent		Transfer- Sit to Lying-- Most Dependent		Injurious to Self- Planned Intervention Freq.	1) Less than monthly to once per month - Int
Dressing- Lower Body- Usual	Partial/moderate assistance	Transfer- Lying to Sitting- Usual		Injurious to Self- Other Frequency	
Dressing- Lower Body- Most Dependent		Transfer- Lying to Sitting- Most Dependent		Physically Aggressive- Behavior Status	Currently requires intervention and/or display
Dressing- Footwear- Usual	Partial/moderate assistance	Transfer- Sit to Stand- Usual	Partial/moderate assistance	Physically Aggressive- Cueing Frequency	2) More than once per month and up to week
Dressing- Footwear- Most Dependent		Transfer- Sit to Stand- Most Dependent		Physically Aggressive- Physical Intervention Freq.	2) More than once per month and up to week
Dressing- Outfit for Weather		Transfer- Chair/Bed to Chair- Usual		Physically Aggressive- Planned Intervention Freq.	1) Less than monthly to once per month - Int
Toileting- Toilet Hygiene- Usual	Partial/moderate assistance	Transfer- Chair/Bed to Chair- Most Dependent		Physically Aggressive- Other Frequency	
Toileting- Toilet Hygiene- Most Dependent		Transfer- Car Transfer- Usual		Verbally Aggressive- Behavior Status	Currently requires intervention and/or display
Toileting- Toilet Transfer- Usual	Partial/moderate assistance	Transfer- Car Transfer- Most Dependent		Verbally Aggressive- Cueing Frequency	2) More than once per month and up to week
Toileting- Toilet Transfer- Most Dependent		Transfer- Toilet Transfer- Usual		Verbally Aggressive- Physical Intervention Freq.	2) More than once per month and up to week
Toileting- Menses Care- Usual		Transfer- Toilet Transfer- Most Dependent		Verbally Aggressive- Planned Intervention Freq.	1) Less than monthly to once per month - Int
Toileting- Menses Care- Most Dependent	Partial/moderate assistance	Eating- Eating- Usual	Partial/moderate assistance	Verbally Aggressive- Other Frequency	
Toileting- Clean After Toileting		Eating- Eating- Most Dependent		Verbally Aggressive- Threat to Safety	Yes
Toileting- Toilet Environment		Eating- Tube Feeding- Usual	Partial/moderate assistance	Property Destruction- Behavior Status	Currently requires intervention and/or display
Toileting- Bladder Equipment	Yes	Eating- Tube Feeding- Most Dependent		Property Destruction- Cueing Frequency	2) More than once per month and up to week
Toileting- Bladder Program	Yes	Mobility- Uses Cane	Yes	Property Destruction- Physical Intervention Freq.	2) More than once per month and up to week
Toileting- Bowel Equipment	Yes	Mobility- Uses Walker	Yes	Property Destruction- Planned Intervention Freq.	1) Less than monthly to once per month - Int
Toileting- Bowel Program	Yes	Transferring- Uses Cane/Walker	Yes	Property Destruction- Other Frequency	
Mobility- Participant Walk*	Yes			Likelihood Behavior Reoccur if Services Withdrawn	Very likely
Mobility- Walk 10 Feet- Usual	Partial/moderate assistance	* If either "No" response if selected, meet threshold for Mobility		Memory & Cognition	
Mobility- Walk 10 Feet- Most Dependent				Severity of Memory Issue	Moderately impaired: Demonstrates marked
Mobility- Walk 50 Feet- Usual				Severity of Attention Issue	Moderately impaired: Demonstrates marked
Mobility- Walk 50 Feet- Most Dependent				Severity of Problem Solving Issue	Moderately impaired: Demonstrates marked
Mobility- Walk 150 Feet- Usual	Supervision or touching assistance			Severity of Planning Issue	Moderately impaired: Demonstrates marked
Mobility- Walk 150 Feet- Most Dependent				Severity of Judgment Issue	Moderately impaired: Demonstrates marked
Mobility- Walk Outside- Usual	Supervision or touching assistance			Ability to Make Decisions	
Mobility- Walk Outside- Most Dependent				Ability to Express Self to Individuals Familiar With	Frequently exhibits difficulty with expressing
Mobility- Use Wheelchair				Ability to Express Self to Individuals Unfamiliar With	
Mobility- Type of Wheelchair					
Mobility- Wheel 50 Feet- Usual					
Mobility- Wheel 50 Feet- Most Dependent					
Mobility- Wheel 150 Feet- Usual					
Mobility- Wheel 150 Feet- Most Dependent					

Outcomes from November Draft Criteria

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	62	16%	10	48%
Aged & Physical Disabilities	27	22%	5	45%
IDD	13	13%	1	100%
Mental Health	15	16%	4	50%
All Children	7	9%	0	0%
Children Excluding CLLI Waiver	7	11%	0	0%

Major Difference in the Revised Draft Criteria

- Case files were review and scoring was corrected
 - Especially important for aged/physical disability
- Add criteria based on multiple mild executive functioning impairments
- Added 1 ADL + missing limb/paralysis criteria

Revised Draft Criteria Greatly Reduces Changes

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	19	5%	2	17%
Aged & Physical Disabilities	3	2%	1	17%
IDD	1	1%	0	0%
Mental Health	9	9%	1	20%
All Children	6	8%	0	0%
Children Excluding CLLI Waiver	6	9%	0	0%
Change from Draft Criteria				
All	-43	-11%	-8	-31%
Aged & Physical Disabilities	-24	-20%	-4	-29%
IDD	-12	-12%	-1	-100%
Mental Health	-6	-7%	-3	-30%
All Children	-1	-1%	0	0%
Children Excluding CLLI Waiver	-1	-2%	0	0%

Merged Additional Information to Analyze Participants with Eligibility Changes

- Information from the new assessment
 - All ADL and IADL support needs
 - All presenting behaviors
 - Memory and cognition issues
 - Conditions and diagnoses
 - Equipment
 - Treatment and Therapies
 - Available supports
 - Other information:
 - ULTC 100.2 quantitative information
 - ULTC 100.2 Narrative
 - Claims data
 - For individuals with a completed Supports Intensity Scale (SIS):
 - Support Levels
 - Risk Scores
 - Support Level Review Approvals
- We will present
deidentified individual data,
but will stop recordings at that time
to ensure privacy

Cleaned Up the Data

- HCBS Strategies used the additional information to develop summary participant profiles
- Profiles revealed that there were inconsistencies in the data:
 - Scored inaccurately (e.g., 100.2 identifies the need for hands on assistance with ADL not scored in new assessment)
 - Missing data (e.g., use of a walker/cane was identified in 100.2 but not scored in new assessment)
- Reviewed with Department and updated scores to reflect participants who should have been eligible

Cleaned-up Revised Draft Criteria Outcomes

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	19	5%	2	17%
Aged & Physical Disabilities	3	2%	1	17%
IDD	1	1%	0	0%
Mental Health	9	9%	1	20%
All Children	6	8%	0	0%
Children Excluding CLLI Waiver	6	9%	0	0%
Change from the Revised Draft Criteria without Cleaned Data				
All	-22	-6%	-9	-36%
Aged & Physical Disabilities	-17	-14%	-5	-38%
IDD	0	0%	-1	-100%
Mental Health	-3	-3%	-3	-30%
All Children	-1	-1%	0	0%
Children Excluding CLLI Waiver	-1	-2%	0	0%

Lessons Learned

- Need to separate out cane/walker into separate mandatory item
- Need to emphasize correct scoring for ADLs
 - This will be a process for them to make changes

Revised Draft Criteria Includes More People with Executive Functioning Challenges

- Many people met ULTC 100.2 Behavior Criteria without any apparent behaviors that represented a threat to their or others health or safety
- Tried 2 approaches to including:
 - Expanded number of behaviors considered
 - Used Measures of Executive Functioning from the memory/cognition section (Judgement, Problem Solving, Planning)

Including Additional Behaviors Did Not Impact LOC

Changes from the Draft Criteria

Modeled:

- Socially unacceptable behaviors
- Wandering and elopement
- Susceptibility to victimization

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	0	0%	0	0%
Aged & Physical Disabilities	0	0%	0	0%
IDD	0	0%	0	0%
Mental Health	0	0%	0	0%
All Children	0	0%	0	0%
Children Excluding CLLI Waiver	0	0%	0	0%

Adding Mild Impairment of 2+ Executive Function Items had Major Impact

Changes from the Draft Criteria

Modeled:

- Judgement
- Problem Solving
- Planning

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	22	5%	-1	-8%
Aged & Physical Disabilities	8	6%	-1	-17%
IDD	11	11%	0	0%
Mental Health	3	3%	0	0%
All Children	0	0%	0	0%
Children Excluding CLLI Waiver	0	0%	0	0%

Revised Draft Criteria Includes an ADL “Point” for Individuals With Paralysis/Missing Limb

- Subset of individuals had one ADL but also chronic conditions and/or missing limb
- Considered criteria that would allow participants who meet one ADL to meet LOC if also had:
 - 2+ Chronic Conditions
 - Experience paralysis or missing limb

Considered Chronic Care Based Criteria, But it Led Down a Rabbit Hole

- Only resulted in 2 people maintaining eligibility, while 1 person gained
- Would be very difficult to operationalize:
 - Would need to ensure conditions are diagnosed correctly and impact functioning
 - Would need to review workflow for collecting diagnoses, especially role of the PMIP
 - Could require additional documentation and/or Department review

Impact of Removing Paralysis/Missing Limb from Revised Draft Criteria

Meet LOC if:

Meet threshold for 1 ADL (partial/moderate Assistance) & have paralysis or missing limb

Pilot Population	No Longer Meet LOC		Now Meet LOC	
	#	%	#	%
All	23	6%	2	17%
Aged & Physical Disabilities	5	4%	1	17%
IDD	2	2%	0	0%
Mental Health	10	11%	1	20%
All Children	6	8%	0	0%
Children Excluding CLLI Waiver	6	9%	0	0%
Change from Revised Draft Criteria				
All	4	1%	0	0%
Aged & Physical Disabilities	2	2%	0	0%
IDD	1	1%	0	0%
Mental Health	1	1%	0	0%
All Children	0	0%	0	0%
Children Excluding CLLI Waiver	0	0%	0	0%

Conclusions About Participants Who Would Lose Eligibility

Population	All No Longer Meet		Schizophrenia & Med. Mgmt.		Medically Complex Children		Other	
	#	%	#	%	#	%	#	%
All	19	100%	4	21%	6	32%	9	47%
Aged & Physical Disabilities	3	100%	0	0%	0	0%	3	16%
IDD	1	100%	0	0%	0	0%	1	5%
Mental Health	9	100%	4	44%	0	0%	5	26%
All Children	6	100%	0	0%	6	32%	0	0%

Individuals with Schizophrenia and/or Psychotic Behaviors who Require Support with Medication Management

- 5 losing eligibility had diagnosis of Schizophrenia
 - 4 of these required substantial assistance with medication management
 - Did not reach threshold for any of the behaviors (which includes medication as an intervention and the likelihood of the behavior reoccurring if services are removed)

Medically Complex Children

- All six children losing eligibility had some level of medical complexity
- Could potentially be served by Early and Periodic Screening, Diagnostic and Treatment (EPSDT), if qualify for Medicaid

Next Steps

- Determine what next steps (if any) are necessary for NF-LOC
 - Department will notify stakeholders once a final decision is reached
- Will review criteria for children once that data collection has ended
- Next stakeholder meetings will review proposed changes to the process based on the pilot
- Tentative Dates (assuming automation on track):
 - March 4th 1-4
 - March 5th 9-12

