



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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July 16 Stakeholder Meeting		
7.16.2014		In-person & Web-enabled
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, Brittani Trujillo, George Culpepper, Anaya Robinson, Barb Wilkins-Crowder, Carol Meredith, Carrie Schillinger, Chandra Matthews, Charlene Willey, Cordelia Rosenberg, David Bolin, Danielle Dunaway, Dyann Walt, Gary Montrose, Joe Gaizutis, Julie Farrar, Patricia Cook, Sarah Avrin, State Staff, Mary Jo, Robin	
Overview		
<ul style="list-style-type: none"> This meeting did not have a presentation; each of the tools was displayed and discussed. To access these tools please visit http://coassessment.blogspot.com/p/guidance-for-tool-selection.html. The notes primarily capture stakeholders' feedback and input. There have been no decisions made regarding which tool(s) should be adopted for use in Colorado. The purpose of today's meeting was to review the ADL, IADL, and Health modules across tools. Additional modules will be reviewed as the tool development process moves forward. 		
CARE		
<ul style="list-style-type: none"> CARE tool is under review as part of the TEFT grant. Tim Cortez said that as part of this effort, CMS is looking to develop a bank of questions rather than having to use the entire questionnaire. Julie Farrar had a concern that the tool is simply assessing cognitive skills in order to base an individual's actual skills are, which does not always accurately capture a person's capabilities. Gary Montrose said that he had concerns about how heavily medical this assessment is, and Patricia Cook reflected this concern. 		
MnCHOICES		
<ul style="list-style-type: none"> Gary Montrose said that the group really likes the challenges/strengths/preferences questions, and that it is the person-centered component they have been looking for. Steve Lutzky said that this person-centered style could be pulled into any tool as part of the overall assessment. <ul style="list-style-type: none"> Steve suggested that instead of having all of the check boxes for each of the ADL and IADL components, there might be a text box within each of the sections in which person-centered information could be captured. Tim Cortez said that when looking at wavier simplification, independent living skills training could then be built in and a question like, "Is training/skill building needed to increase Independence" could be utilized. Each waiver program would have its own algorithm across the questionnaire modules that would indicate what the person is eligible for. Do not have a number score, but look more at level of assistance needed. Tool was designed to incorporate eligibility and allocation to many different programs and is very MN specific in this way; there may be a number of questions that Colorado will not use in their process. <ul style="list-style-type: none"> Major detriment would be that the algorithms, questions, and allocation are based on MN services and supports, and Steve Lutzky said that it would probably not make sense just to pull this tool directly into use. Gary asked how extensively the CARE tool has been used. Steve Lutzky said that it was rolled out in late 2013, and that no reports have been generated off of full form. Automation was done in-house; program was not purchased off the shelf. Gary Montrose said he has a question around the degree to which there are funds and capacity for the training around the tool. Gary said that he likes MnCHOICES because it does seem relatively simple compared to some of the other tools and may be more cost efficient in terms of training. <ul style="list-style-type: none"> Chandra Matthews said that while she agreed it was simpler to understand, she had concerns about the length of time it would take to assess. Shirley York said that MnCHOICES takes about 2-3 hours, but as workers get used to the tools the time does decrease. Gary said that this tool may help make the argument that there should be more compensation for completing the assessment. Tim Cortez said that he agrees that there does need to be a reexamination of the compensation and case management support regardless of the tool that is selected. Gary Montrose suggested that the RCCO tool and whatever tool is determined under this initiative should meet and work cooperatively. Robin Bolduc said that MnCHOICES seems easy to manage and that individuals have a large amount of input. Tim Cortez said that his concern around MnCHOICES was the time it took to develop and implement the tool and that starting a tool from scratch also means more money to customize, train, and automate. Need to be considering resource requirements and whether there is capacity to build the tool in-house. <ul style="list-style-type: none"> Gary asked if there is more guidance around cost-benefit analysis for each tool. Tim said that there may not be an exact cost-benefit, but HCBS Strategies may be able to come up with some figures. Steve Lutzky said that WA CARE was \$8.5 million, MnCHOICES was \$5 million on initial 		

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WI Functional Screen

- All ADRC's state-wide use this tool to screen individuals for program eligibility, then when it is completed the ADRC does options counseling with the individual for them to determine what programs or services they are interested in. ADRC then refers the individual to a care coordinator or case manager who may then complete a supplemental assessment to develop a support plan.
- Does not include components for support planning.
- WI has several tools, specific to adults, children, mental health, and other domains. ADRC triggers the tool based on initial conversation with client.
- State specific tool, but does have strong inter-rater reliability
- Robin said that she really does not think this is doing anything additional to what information is already being gathered.
- Julie Farrar said that she has concerns about relying too heavily on natural supports, or even having them count against the individual receiving services. Wants to ensure they are following the intent of CMS, but this concern remains.

Washington CARE

- WA was adapted from OR and MN tools
- Gary liked the notes and how it collects status information

interRAI-HC

- Constantly evolving tool in terms of questions, algorithms, and resource allocation.
- Could add items from other tools that stakeholders like and have interRAI as the core.
- The HC focuses primarily on individuals with LTSS need, and there are separate modules that collect more diagnosis/condition information specific to a population such as DD.
- Concern that the tool asks about the previous 3 days for ADL/IADL, but the disease diagnosis doesn't necessarily have this constraint.
 - Concern about individuals being penalized for doing well and not being able to take into account the need for maintenance.
- Carol had a concern about the tools not taking into account hypermobility, or unsafe mobility.
- Question about time it takes to conduct the assessments, as there are concerns about client fatigue. Steve Lutzky said that interRAI would take about 1.5 hours, MnCHOICES could take 2-4 hours, HI with interRAI HC with person centered components 2-3 hours. May take several sessions, but it has been found that the information gained from the tool over these sessions is worth the time invested.
- Charlene said that she would like a tool that supports individuals in planning how they want to live and improve quality of life. She said that she sees that there is a struggle between establishing a budget and assessing need and supporting an individual, and that it may be trying to do too much.

Additional Input and Next Steps

- Steve asked the group to provide specific feedback to George Culpepper and HCBS Strategies about what they like about each tool and what they do not like.
- Gary felt that this process of seeing the tools side by side really helped get a better feel of what the different tools have to offer.
- Steve said that there has been somewhat contradictory feedback; while there is the desire for the tool to be short and concise, there is also the desire to include detailed information around diagnoses and medical issues for all populations.
 - Mary Jo said that brevity for the sake of brevity is one thing, but the goal may be to have brevity in so far as the instrument collects enough information to develop a quality support plans and really paints a picture of individuals.
- There was feedback that while there is the desire to collect detailed information, case management agencies will need to have sustainable funds to complete this and then there has to be money available to actually deliver those services.

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