Memorandum

December 10, 2014

TO: **Tim Cortez, Manager, Community Options Section**

Colorado Health Care Policy and Financing (HCPF)

FROM: **HCBS Strategies**

RE: **Selecting Quality of Life and Experience Items for Person-Centered Assessment Module**

The Person-Centered module of the new assessment will contain items designed to facilitate a discussion that helps a participant "tell his/her story" so that the assessment and support planning processes will reflect areas of importance to the participant. To help achieve this outcome we have discussed the following information for inclusion in a person-centered module:

1. Open ended items that provide an opportunity for the participant to share information regarding accomplishments, traditions, family or culture;
2. Relationship maps to help identify and enhance connections between the participant and other people that the participant identifies; and,
3. A set of closed-ended items to obtain personal experience and/or quality of life information that will aid in developing the support plan and help to evaluate outcomes.

Additionally, other person-centered information (e.g., preferences for how assistance is provided) will be collected from items integrated into other modules of the assessment tool. We do not address these here.

The purpose of this memo is to discuss options for the design of the quality of life/experience portion of the module (item 3 above) and to obtain guidance about the Department's preferred direction.

Quality of Life and Service Experience Information as Part of Quality Management for HCBS

The Department has proposed to include items in the new assessment tool/process to elicit information about quality of life and experience from the participant's perspective. As proposed in the new assessment process, this information will be used in developing the individual support plan and will help to evaluate service performance at the individual level during reassessment. This approach provides the participant and case manager with an organized way to judge service effectiveness and discover and remediate issues at an individual level.

The Department is also responsible to perform quality management activities to discover, remediate and improve overall system and organizational performance. Currently the Department carries out various activities as part of its quality management approach for HCBS. For example, the DIDD is using the National Core Indicators (NCI) to evaluate system performance in ID programs. This effort includes a statistically significant sampling of 400 individuals using the NCI tool plus another 400 mailed surveys

(adult survey, guardian survey and child-family survey). Information gathered and aggregated from these surveys provides a tool for the Department to document program and service strengths, develop benchmarks, share system data, assist in planning for alignment with desired outcomes, and help meet the CMS waiver assurance requirements.

Previous discussions with HCPF included mention of three potential sources for items to be incorporated in a person-centered interview module of the assessment:

1. The HCBS Experience Interview items that Colorado will pilot as part of its TEFT grant;
2. National Core Indicator (NIC) items; and
3. Personal Outcome Measures (POM) from the Council on Quality and Leadership.

Each tool offers a set of validated items appropriate for LTSS populations. Each tool's use was designed for aggregating information to be used for system level evaluation rather than individual level use. We have determined, however, that a subset of items could be adapted from the tools to create personal outcome and experience information to be used at the individual level.

Given the interest to use items from one of the established tools plus the activities already ongoing by the Department in its quality improvement strategy for HCBS, it appears prudent to explore how the individual information collected during the assessment process should fit with the Department's overall quality strategy and use of quality measurement tools. This determination will provide guidance for deciding which tool and items to adapt for use in the assessment.

Tools Being Considered At This Time For The Assessment:

Exhibit 1: Overview of the Advantages and Disadvantages of the Person-centered Tools Under Preliminary Consideration (below) provides a brief overview of the three tools under preliminary consideration for placement of a subset of items into the assessment tool. This table summarizes the main advantages and disadvantages of each tool as a basis for the closed-ended items in the person-centered module. Also accompanying this memo is a detailed comparison of items covered by each tool and the scoring methodology associated with domain items.

Exhibit 1: Overview of the Advantages and Disadvantages of the Person-centered Tools Under Preliminary Consideration

Tool	Main Advantages	Main Disadvantages
HCBS Experience Interview	– HCPF will be piloting as part of TEFT, creating opportunities to coordinate across the initiatives. – Provides a way to evaluate the most efficient/effective means of collecting and using information from the survey during the piloting phases. – Department could take advantage of the training and technical assistance available through the TEFT grant for using the experience survey items.	– Bulk of items are not relevant for initial assessment because they deal with service/staff experience rather than overall quality of life. – Service/staff experience items could be included during reassessment, except for case management services because of the conflict of interest with the case manager performing the reassessment.

Tool	Main Advantages	Main Disadvantages
	− Items and supporting materials are in the public domain and would not require license fees or purchase of registered or copyrighted material.	− Other items relating to quality of life would need considerable adaptation to be useful in an initial assessment. − Tool is still in design phase and is not as strongly tied to HCBS performance evaluation.
NCI	− Tool is established and well validated. − Currently used in over half the states to provide information about HCBS and it aligns with waiver quality management requirements. − Performance outcomes are focused on person-centered results, and items used to measure outcomes could be a good source of information for designing support plans. − May be possible to connect the broader survey efforts already occurring in Colorado with data collected as part of the assessment process. − In recent, exploratory discussions with HSRI, NASDDDS and NASUAD about using items for individual assessment, agency staff indicated they are "intrigued" with the potential link between individual level information and its use in both individual quality assurance and system level evaluation.	− The tool and items are designed as an experience survey for aggregate evaluation at the system or organizational level performance. Use of a subset of items within the assessment process represents a new use of the items and data. − ID and Aging/Disabilities use two different tools to collect information. Tools are similar but not all items are alike. − Some effort and cooperation from HSRI, NASDDDS and NASUAD would be necessary to ensure that protocols and items work appropriately for use in the individual access process.
CQL – Personal Outcome Measures	− Relevant across all population groups receiving LTSS − Sustained efforts of CQL to establish valid indicators of person-driven service delivery. − An excellent and relevant profile for evaluating outcomes and performance of HCBS. − CQL has recently cross-walked the outcome measures with federal HCBS assurance requirements. − Our recent discussion with CQL staff offers an opening to work with them to adapt measures for use in the assessment process.	− Similar to the NCI tool, the use of the CQL measures has been primarily to evaluate system and organizational performance and to accredit agencies. − Unknown is whether CQL would require a fee to be paid for use of items. (Currently accreditation fees are associated with the use of outcome measures in the accreditation process.)

In addition to the above comparison of the major advantages and disadvantages of the tools, it may also be helpful to consider the specific content of each tool to determine how the data generated fits with the Department's performance reporting and quality improvement strategy. **Exhibit 2: Crosswalk of HCBS Experience Interview, CQL POM, and NCI Person-centered Tools** is provided below and contains a comparison of the domains, items and response structure for each tool.

Exhibit 2: Crosswalk of HCBS Experience Interview, CQL POM, and NCI Person-centered Tools

Person-centered Domain and Specific Topics	HCBS Experience Interview	CQL Personal Outcome Measures (POM)	National Core Indicators (NCI)
Response Structure	Initial triage questions within each domain, which trigger follow-up questions that use Likert scale scoring.	Initial triage questions in each domain, called "Personal Outcome Questions" with yes or no scoring. Both options trigger separate follow-up questions. Each domain then has "individualized support questions" in which information is collected on the organization's awareness of the status of the domain topic and if there is additional support needed.	Initial demographic, self-direction, and health/functioning sections, scored with open ended, Likert, Y/N, and multiple selection. After this is the consumer survey, which collects who answers each question and uses Y/Maybe/N and Likert scoring to utilize built in skip patterns.
General Information			
Staff and Interview Information		x	x
Client Demographics	x	x	x
Client Health			
Overall Health	x	x	x
Specific health questions	x	x	x
Relationships			
Frequency of contact with family/friends	x	x	x
Intimate Relationship		x	
Is there someone available to help/ whom	x		x
Staff/organizational awareness	x	x	
Staff/organizational assistance	x	x	
Personal Safety			
Safe environment	x	x	x
Safe staff	x		x
Emergency contact	x	x	x
Individual ability to respond to an emergency	x	x	
Staff/organizational awareness	x	x	
Staff/organizational assistance	x	x	
Staffing			
Staff come to work on time	x		x

Person-centered Domain and Specific Topics	HCBS Experience Interview	CQL Personal Outcome Measures (POM)	National Core Indicators (NCI)
Staff work as long as they are supposed to	x		x
Staff explain things well and are understood	x		
Staff do things the way the individual wants			x
Staff encourage individual to do things for self	x		
Has and can contact case manager	x		x
Staff have had enough training			x
Personal Health			
Have a PCP		x	x
Diagnoses/conditions			x
Intervention services sought/undertaken		x	x
Individual level of mobility			x
Uses equipment/ devices (glasses, hearings aids, dentures)	x	x	x
Need assistance with ADLs	x		x
Staff/organizational awareness of health status	x	x	
Staff/organizational assistance with health needs	x	x	
Individual awareness of medical issue		x	
Individual ability to self-manage health issue		x	
Rights and Respect			
Rights are met		x	x
Other personally important rights		x	
Who restricts these rights		x	
Staff/organizational awareness	x	x	
Staff/organizational assistance	x	x	
Is the individual treated fairly	x	x	
Individual has personal privacy	x		x
Is the individual treated with respect	x	x	x
Abuse and Neglect			
Understand meaning of abuse/neglect		x	
Allegations made		x	
Evidence of abuse/neglect		x	
Personal distress from previous experiences		x	
Staff/organizational awareness		x	
Staff/organizational assistance		x	
Life Changes and Security			
Change(s) in life have occurred		x	
Who is primarily responsible for the change(s)		x	

Person-centered Domain and Specific Topics	HCBS Experience Interview	CQL Personal Outcome Measures (POM)	National Core Indicators (NCI)
Anticipated change(s)		x	
Has resources to meet needs		x	x
Has insurance			x
Futures planning in place (e.g. will, power of attorney, etc.)		x	x
Staff/organizational awareness		x	
Staff/organizational assistance		x	
Sharing Personal Information			
Any concerns around personal information sharing		x	
Staff/organizational awareness		x	
Staff/organizational respect		x	
Living Choices			
Chooses where to live		x	x
Chooses with whom to live		x	x
Satisfied with current living situation			x
Chooses how to decorate home/unit		x	
Barriers to choice			x
Need home modifications			x
Desired alternative residence			x
Staff/organizational awareness		x	
Staff/organizational assistance		x	
Employment Choices			
Does the individual work	x	x	x
Do they want to work	x	x	x
Do they decide where to work or what to do	x	x	
Are they satisfied with their job			x
Do they have a job coach	x		
Staff/organizational awareness	x	x	
Staff/organizational assistance	x	x	
Service Choices			
Individual chooses services/supports they receive	x	x	x
Services/supports meet individual's goals	x	x	x
Individual has a choice about providers	x	x	x
Individual directs staff	x	x	x
Staff/organizational awareness	x	x	
Staff/organizational assistance	x	x	
Community Interaction			
Interacts with others in the community	x	x	x

Person-centered Domain and Specific Topics	HCBS Experience Interview	CQL Personal Outcome Measures (POM)	National Core Indicators (NCI)
Individual is able to get to medical appointments	x		x
Individual chooses what and when they do things each day	x		x
Staff/organizational assistance	x	x	
Social Role			
Does the individual have a social role		x	
Are they satisfied with their social role		x	
Staff/organizational awareness		x	
Staff/organizational assistance		x	
Independence/Functional Competence			
Does individual feel as independent as they can be			x
Does the individual feel in control of his/her life			x
Choosing and Realizing Personal Goals			
Person chose goals		x	x
Person is working towards goals		x	
Staff/organizational awareness		x	
Staff/organizational assistance		x	
Interviewer Questions			
Individual gave valid responses	x		x
Others present during interview, who, and how they helped	x		x

Recommendation:

Given the above discussion and overview, we recommend the Department first determine how (and if) it wants to link the data to be gathered during the assessment to its overall quality management efforts. This will help determine which tool and items best fit the purpose. Although this may necessitate some delay in the development of the quality/experience portion of the person-centered module, it should not delay development of other components of the person-centered module.

If the decision is to not connect the collection of quality of life/experience information within the assessment to the broader use of the surveys, then any of the tools discussed here could be made to fit. We would anticipate, however, that this might affect the interest of the creators to work with the Department to adapt specific items of the tool for a different use. If this were the case, we could provide the Department with other tool options for consideration.

Given the opportunity to connect the assessment information to the Department's quality management of HCBS, we need an indication about the direction the Department prefers to take. We look forward to your guidance in this matter and will be happy to discuss this further with you.