



# HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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## CO Call with New York

5.23.2014		Web-enabled
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, Brittani Trujillo, Karen Ambros, Diane Woodward, James Gratton	
<b>Discussion</b>		
<b>History (DOH)</b>		
<ul style="list-style-type: none"> <li>• New York State's LTC program is across DoH, DD Office, and Office of MH/BH</li> <li>• In 2008, there were 8 LTC programs all using different tools in a largely unautomated environment</li> <li>• Goal was for validated, uniform tool and data set</li> <li>• Selected interRAI tools and currently have implemented</li> </ul>		
<b>InterRAI</b>		
<ul style="list-style-type: none"> <li>• interRAI has been implemented across the DoH programs</li> <li>• Used to inform service planning, but not assigning budgets because of the move to managed care.</li> <li>• It is anticipated that the RUGS-III will be used for future budget assignments.               <ul style="list-style-type: none"> <li>◦ Have not applied new data to existing PMPM</li> </ul> </li> <li>• Tool used for LOC score that will be used for risk adjustment and it will be implemented in the next cycle.</li> <li>• Waiver programs previously using individualized budgets are being subsumed under managed care; not many (if at all) will be in FFS               <ul style="list-style-type: none"> <li>◦ If they didn't have FFS, the state would definitely use the interRAI data for individual rate setting</li> </ul> </li> </ul>		
<b>LOC</b>		
<ul style="list-style-type: none"> <li>• Karen said that something that could be applicable in a FFS environment would be using the tool for rate setting and assigning budgets, it just isn't used in NY because of the shift to managed care.</li> <li>• For a smooth transition, about 4 years ago NY did a pilot study using an independent contractor that used LOC methodology for 8 existing tools and the one for the new tool to ensure individuals wouldn't be losing out based on the tool.               <ul style="list-style-type: none"> <li>◦ <i>Karen will follow-up to see if there are formal reports relating to the field study and the crosswalk of the old/ new items.</i></li> <li>◦ Did make a few changes to the tool based on the pilot, particularly in the behavior section</li> </ul> </li> <li>• Have 22 LOC items in their assessment               <ul style="list-style-type: none"> <li>◦ Adjusted the sensitivity of scoring based on the testing.</li> <li>◦ Based on MLTC algorithm</li> </ul> </li> </ul>		
<b>Stakeholder Reaction</b>		
<ul style="list-style-type: none"> <li>• DoH had stakeholder engagement after the selection of the tool via an independent contractor to validate the State's research.</li> <li>• Had concerns about length of time, changes to LOC, and other issues similar to that of CO. They also saw the value of the tool and were accepting of the choice</li> <li>• Automation allows for multiple disciplines to contribute to the assessment, but the RN give the final approval.</li> </ul>		

# CO Call with NY Meeting Minutes

<p><b>IDD</b></p> <ul style="list-style-type: none"> <li>• New York is moving away from SIS and adopting interRAI.             <ul style="list-style-type: none"> <li>◦ Went through process to review various tools</li> </ul> </li> <li>• Have not yet implemented the tool</li> <li>• Worked with interRAI to add supplements, both interRAI and other, that are triggered             <ul style="list-style-type: none"> <li>◦ Forensic supplement</li> <li>◦ MH supplement</li> <li>◦ Children’s supplement</li> </ul> </li> <li>• Will be using interRAI algorithms from CAPs</li> <li>• Have conducted pilots             <ul style="list-style-type: none"> <li>◦ 420 individuals participated</li> </ul> </li> <li>• Requires participation of the client receiving services and includes supplemental interviews with others</li> <li>• Individual makes choice on place and time for assessment</li> <li>• Feedback on the new process was positive</li> <li>• Currently looking at summary output information</li> <li>• Not currently at point of using tool for rates but will be starting to work on that next year             <ul style="list-style-type: none"> <li>◦ Rate rationalization – means looking at CAP to inform acuity then using acuity to predict likely costs                 <ul style="list-style-type: none"> <li>▪ Will be used for all settings</li> </ul> </li> </ul> </li> <li>• Summary report starts with strengths and proceeds down through needs</li> <li>• Separate eligibility process – happens prior to the use of the tool (IDD)</li> <li>• Will pass along information about who might provide some perspective around interRAI algorithms</li> <li>• Have moved away from any paper versions</li> </ul>		
<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Arkansas is piloting CMH and is developing a tier system using the tool</li> <li>• NY is just starting to pilot the CMH assessment looking at level of need – looking to develop algorithms for eligibility (SMI population)             <ul style="list-style-type: none"> <li>◦ Used to establish eligibility</li> </ul> </li> <li>• CAPS will be used – recovery friendly from the perspective of NY</li> <li>• Running pilot for two months this summer</li> <li>• Have the 1915i – will be using for eligibility</li> <li>• Also using for other services</li> <li>• Look at DOH website under the 1115 waiver</li> <li>• CO asked to check back in after pilot</li> </ul>		
<b>Overall Action Items</b>		
<b>Action Items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Formal report from the initial pilot study that looked at 8 existing tools and the new tool developed with interRAI	Karen Ambros	
Crosswalk of old/new items from the initial pilot study that looked at 8 existing tools and the new tool developed with interRAI	Karen Ambros	
Obtain a contact to gain more information about interRAI algorithms	Diane Woodward	