Colorado Assessment Tool Project

Review of National Assessment Trends, Review of Current Colorado Operations, and Role of Assessment in Supporting Broader Systems Change

Presentation for CM Training Workgroup

Agenda

- Review of Assessment Trends

- Review of Current Operations

- Role of Assessment in Supporting Broader Systems Change

- Discussion/Questions/Comments

NATIONAL ASSESSMENT TRENDS

How New Regulations Affect Assessment for Services

- HCBS providers "must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS"

- Assessors must be "qualified" to perform the assessment
  - Have training in assessment of individuals with needs
  - Be knowledgeable about service options

How New Regulations Affect Assessment for Services

- Must be designed to provide the information needed to develop a support plan.

- Must be done in consultation with the individual or representative.

- Must examine relevant history and other assessment information available about the individual.

- Must evaluate physical, cognitive and behavioral health needs, strengths and preferences, housing and other service options, and a caregiver assessment if using unpaid caregiver.

- Functional criteria needed to determine program eligibility.

- Any information needed to identify need for assistance in using self-directed service options available to the person.

- Determine if other services are available that would result in duplications in service (e.g. other state plan or habilitation).

5

New HCBS Regulations-Person Centered Planning

Must use a person centered planning process that:

- The individual leads if possible and the individual's representative participates in (or leads if the legal representative).

- Includes people chosen by the individual.

- Includes information that assists in informed decision making.

- Is timely and occurs at convenient times/locations for the individual/representative.

- Includes considerations for the culture practices by the person.

- Includes information that is in plain language and easily understood by the individual, including arranging accommodations for accessibility needs.

- Includes strategies for conflict resolution or disagreements in the process.

6

New HCBS Regulations-Person Centered Planning

Conflict-free case management

- Service providers or persons employed by a provider of HCBS cannot be the case manager.

- In some cases where no other resource is available to perform case management, states can obtain approval but must devise conflict-of-interest protections. This includes an alternative dispute resolution process and other measures to ensure informed choice.

New HCBS Regulations-Person Centered Service Plan

- Must reflect services/supports consistent with assessed needs and preferences for services identified by the individual
- Must reflect service settings chosen by person and ensure opportunities to engage in community life and work
- The plan must address:
  - Strengths and preferences
  - Supports for functional needs
  - Goals and desired outcomes of service
  - Paid and unpaid supports to be provided, and any services to be self-directed
  - Risk factors, risk-mitigation, and back-up support plans
  - Conditions and assurances relating to restrictions or conditions on services identified through the assessment process
- Must be understandable to the individual
- Must address how the services will be monitored
- Must be agreed to (informed consent), signed and distributed
- Must be reviewed at least annually

8

Assessment Trends – Quality of Assessment Tools is Increasing

- More specific definitions and timeframes, especially on ADLs/IADLs
  - Increased emphasis on manuals and other training tools

- Greater testing:
  - Especially good in establishing inter-reliability (likelihood that items will be answered the same by different reviewers)
  - Some work on validity (ability of assessment to predict key outcomes), notably risk of nursing facility placement and hospitalization

- Shift from questionnaire (ask individual and/or family) to assessment (information from multiple sources including direct observation)
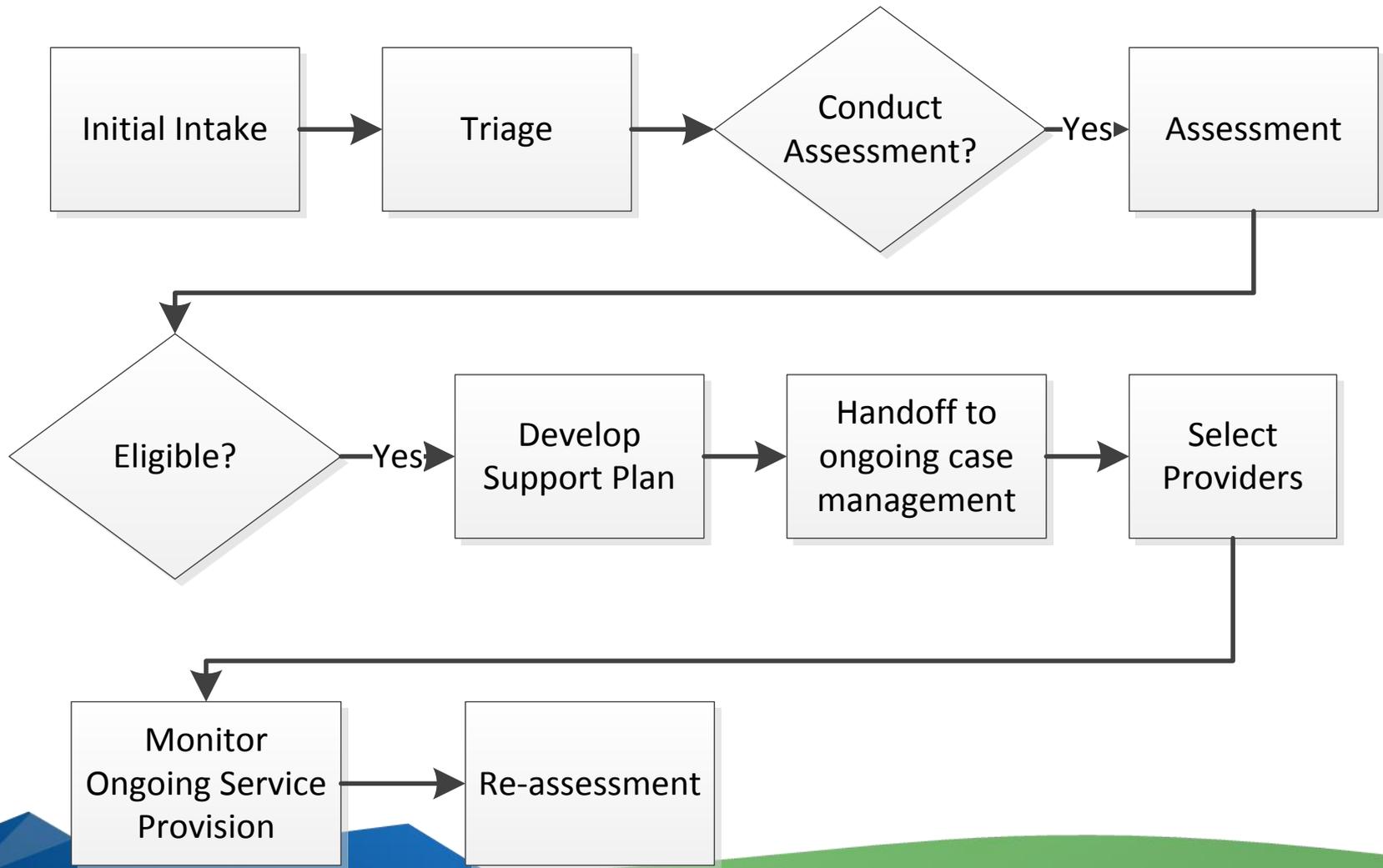
Assessment Trends: Adopting a Business Operations Approach

- Assessment as part of business operations process that starts at intake and ends at the development of a support plan

- Identifies key business processes and decisions

- Standardization and clarification of key components

Example of Simple Access Business Process Flow

Initial Intake → Triage → Conduct Assessment? —Yes→ Assessment

Eligible? —Yes→ Develop Support Plan → Handoff to ongoing case management → Select Providers

Monitor Ongoing Service Provision → Re-assessment

Assessment Trends: Use of Assessments to Support a Variety of Processes

- Determine Program eligibility

- Triaging Access (e.g., assignment to a wait list)

- Development of Support Plan – e.g., Clinical Assessment Protocols (CAPS) from interRAI
  - Identifies areas where some type of action is needed
  - Guides the identification of service outcomes (e.g., improvements, maintaining function, slowing declines)
  - Helps to identify and select what supports are needed

- Quality Management – e.g., interRAI Performance Indicators

- Driving Systems Change – e.g., MN use to encourage competitive employment

- Resource Allocation
  - Case-mix or other allocation strategies

Assessment Philosophy: Shift from Deficits-only Focus and Incorporation of Person-centered Planning

- Person-centered components incorporate information about interests, relationships, preferences, strengths, and outcomes desired for his/her life as a result of LTSS

- A number of techniques can be considered:
  - Motivational interviewing
  - Quality of life indicator tools
  - Relationship maps
  - Questions to survey about interests and preferences, concerns and areas of greatest need

CURRENT OPERATIONS IN COLORADO

Operational Review Findings: Other Tools

- While the ULTC100.2 is the main tool, CO applies a variety of other tools as part of the assessment and support planning process
- ULTC Intake/Referral and MassPro forms
- IADL Assessment
- Children's Addendum for waivers
- Various tools are used for resource allocation or rates: SIS (IID), SLP (BI), Support Level Calculation tools (IID), Children's HCBS Cost Containment, "The Tool" (CHRP)
- Supplemental tools to the ULTC100.2 are used for eligibility determinations: IID Determination Form, Hospital Back-Up screen
- Additional tools are used to help target: PASRR, Transitional Assessments (BI and MFP), Physician forms (CLLI and other waivers), Family Support Most in Need, IID Emergency Request

Issues with the ULTC100.2

- ADL scoring criteria problematic:
  - No set timeframe (e.g., at time of assessment?, w/in last 3 days?, last month?)
  - Definitions of impairment possibly vague and overlapping (e.g., how does oversight help differ from line of sight standby assistance?)
- Checklist for justifying impairments (e.g., pain, visually impaired, etc.) requires repetitive collection of information while only providing a limited amount of useful information:
  - Not likely to produce reliable information that can be used for analysis, support planning, or other purposes
  - May not be completely filled out because of requirements to only choose one item to justify impairment
- Missing key information necessary to develop a support plan
  - Missing BIP areas (see next slide)
  - Person-centered information
  - Natural support and caregiver information
  - Screens for other areas of interest/need (e.g., employment, self-direction)
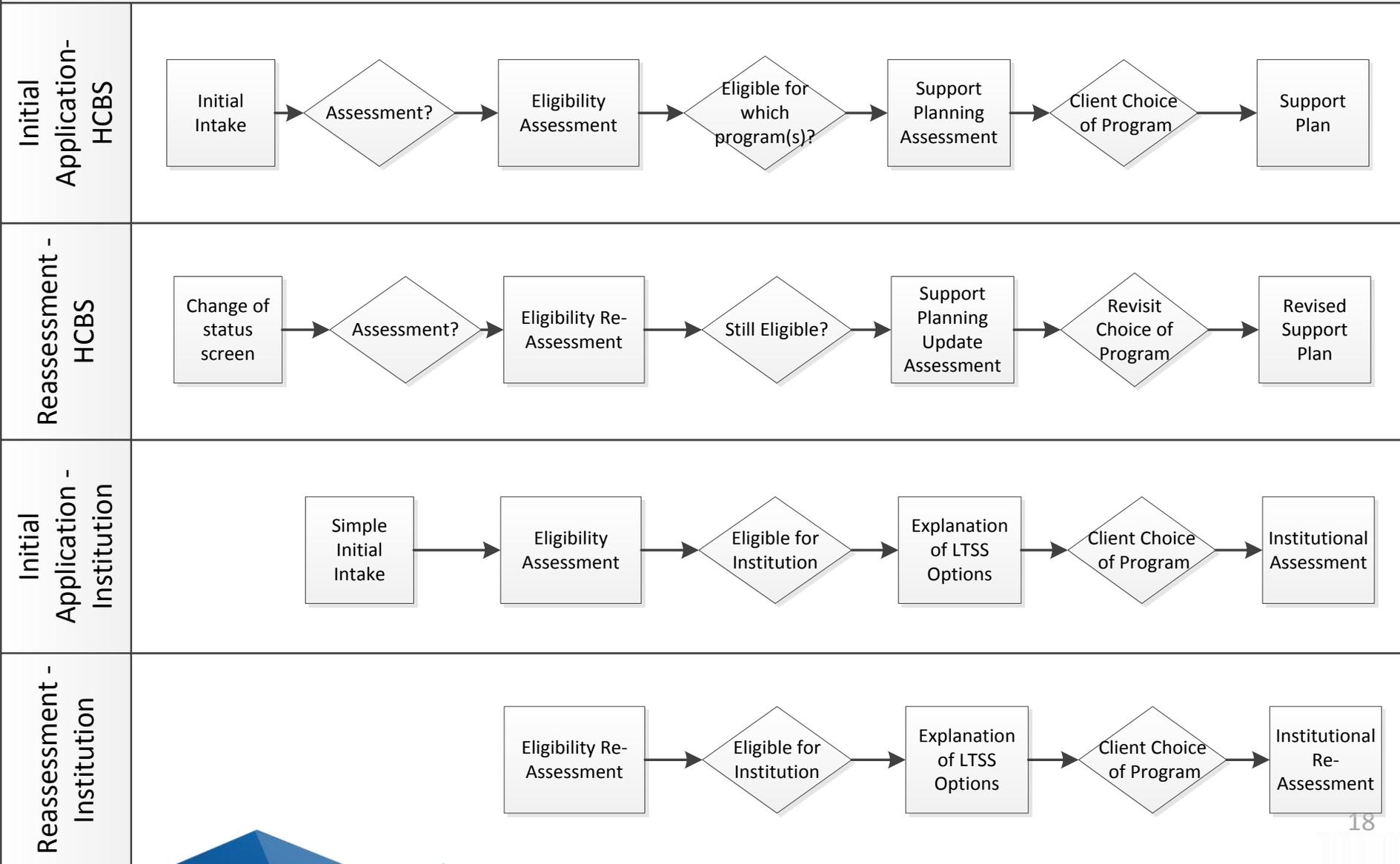
Summary of Uses of Assessment in Colorado

- 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

17

Colorado Department of Health Care Policy and Financing

Draft High-level Operations Flow for Colorado LTSS Access Processes

Initial Application- HCBS

Initial Intake → Assessment? → Eligibility Assessment → Eligible for which program(s)? → Support Planning Assessment → Client Choice of Program → Support Plan

Reassessment - HCBS

Change of status screen → Assessment? → Eligibility Re-Assessment → Still Eligible? → Support Planning Update Assessment → Revisit Choice of Program → Revised Support Plan

Initial Application - Institution

Simple Initial Intake → Eligibility Assessment → Eligible for Institution → Explanation of LTSS Options → Client Choice of Program → Institutional Assessment

Reassessment - Institution

Eligibility Re-Assessment → Eligible for Institution → Explanation of LTSS Options → Client Choice of Program → Institutional Re-Assessment

18

Colorado Department of Health Care Policy and Financing

Role of Tool in other Systems Change Efforts

Summary of Major Initiatives

- **Waiver simplification** - increase client choice and control through flexibility and simplification
  - **Implications for Assessment**: Integrate assessment processes across waivers
- **Community First Choice** – Medicaid option to offer consumer direction and control of personal assistance and support services
  - **Implications for Assessment**: Requires assessment process that includes relevant populations and ensure compliance with rule for independent assessment
- **Single-Entry Point redesign –** Review of the role of SEPs with respect to related initiatives (e.g. ADRCs and CMS rules). Also involves improvements in procedures to speed up and streamline access to needed services
  - **Implications for Assessment**: Assessment process will need to be customized to reflect entry point structure
- **Assessment tool redesign** – Development of new uniform process and tool(s) for completing LTSS assessments
  - **Implications for Assessment**: Develop integrated assessment processes

20

Summary of Major Initiatives

- **TEFT** – Federal grant project to pilot participant experience feedback collection and tools and to develop and pilot an electronic personal health record (PHR) for use by clients and providers
  - **Implications for Assessment**: Determine which items to incorporate into assessment process and which data will go into personal health record (PHR)
- **Olmstead** – Built off of Colorado's earlier report (2010) updated strategic plan will identify implementation of policies and options across state agencies
  - **Implications for Assessment**: Identify individuals who want to move back to the community/ ensure staff know and provide information about all LTSS options
- **ADRC** – Enhancements to ADRCs as a No Wrong Door partner in providing information, assistance and access to private and publicly funded LTSS for older adults and individuals with disabilities
  - **Implications for Assessment**: Determine whether ADRC will have role in assessments
- **CDASS and IHSS expansion and increased flexibility** – increasing availability and choice of consumer directed options
  - **Implications for Assessment**: Capture information necessary to determine if have the desire and capacity to self-direct and determine budget

Summary of Major Initiatives

- **Colorado Choice Transitions** – Focus on transitioning people from institutions (NF or ICF) to community based settings
  - **Implications for Assessment:** Refine CCT assessments with goal of making similar to HCBS assessment process
- **Disability Cultural Competence** – A training effort to help workers better understand the cultural issues related to disabilities and to increase awareness of issues
  - **Implications for Assessment**: Include training for workers and ensure tools use appropriate language
- **RCCO** – Coordination of health care for dually eligible
  - **Implications for Assessment**: Consider consistency between waiver and RCCO assessment tools

Summary of Major Initiatives

- **Complying with new HCBS/CMS regulations –** Assessment of system compliance and implementation of a transition plan for meeting new federal regulations pertaining to HCBS

  - **Implications for Assessment**: Collect data demonstrating process is complying with CMS PC rule requirements including being free of conflict of interest; Must document the need for any infringements, restrictions or threats to privacy

- **Checklist for Positive Change** – Creation and use of a checklist that will help ensure that impacts of state level changes in policies or services will be considered and evaluated for key areas affecting clients.

  - **Implications for Assessment**: Ongoing utilization to assess potential changes to assessment or support delivery process

- **Workforce Development-** Develop health workforce to improve access for vulnerable, low income, and geographically isolated populations.

  - **Implications for Assessment**: Identify processes to develop fair resource allocation across populations

Input and Questions?