

Colorado Assessment Tool Project

Review of Tools Under Consideration
Presentation for CM Training Workgroup



Agenda

- Overview of Tools
- In-depth Discussion of Tools
- Discussion/Questions/Comments



OVERVIEW OF TOOLS UNDER CONSIDERATION



Selection Criteria Used

One or more of the following characteristics:

- Established reliability and/or validity
- Person-centered components
- Automated versions available
- Comprehensive-holistic approach
- Suitable for broad range of populations
- Useful for establishing eligibility for multiple programs
- Domains appropriate for the specific needs of Colorado's LTSS population
- Able to provide information for decisions in support planning
- Established training manuals and methods
- Usefulness in resource allocation



Tools Selected for Review

- Tools developed to establish standardization nationally:
 - interRAI
 - Home Care (interRAI-HC)
 - Intellectual Disabilities (interRAI-ID)
 - Community Mental Health (interRAI-CMH)
 - Continuity Assessment Record and Evaluation (CARE)
- Cross-population tools developed by states:
 - Wisconsin Functional Screen/Assessment
 - MnCHOICES
 - Massachusetts Real Choice Functional Needs Assessment
 - Comprehensive Assessment Reporting Evaluation (CARE-Washington State)
- IDD specific tool:
 - Support Intensity Scale (SIS)
 - Inventory for Client and Agency Planning (ICAP)



Considerations for This Effort

- Consider whether to adopt a new tool vs. adapt existing tool(s)
- If decision is to consider adoption of new tool, leading contenders include:
 - interRAI
 - CMS tool – Continuity Assessment Record and Evaluation (CARE)
 - Will examine other tools
- Whether the decision is a new tool or modifications to existing tools, it will be necessary to adapt the tool to include certain desired components, such as Person Centered components.



Tools Developed to Establish Standardization Nationally

- interRAI
 - Grew out of MDS
 - Created and refined by a research collaborative
 - One or more tools adopted in 20 states and several other countries
 - Tool being used to support a wide variety of business processes
 - Collaborative model allows states to benefit from work done in other states and countries
 - Not endorsed by CMS and items are drifting from MDS 3.0
- CARE
 - CMS-funded effort
 - Original purpose was to establish common tool across Medicare-funded post acute settings
 - CMS developing a catalogue of items with established reliability
 - Expanding effort to include LTSS populations
 - Funding efforts to use items to support quality improvement, but not other business processes
 - Although items used in existing Medicare tools, no states are using CARE items yet



TOOL SPECIFIC DISCUSSION



MnCHOICES

- Developed as a universal assessment tool for all LTSS programs and populations
- Modular design with some required modules and others completed depending on answers to trigger questions
- Includes person-centered components
- Automated
- Used for eligibility determination, support planning and resource allocation
- Includes modules on employment, caregivers, and capacity for self-direction
- Public domain



MnCHOICES Considerations

Advantages

- Person-centered
- Informs support plan development
- Comprehensive – used for all LTSS programs and populations and covers wide scope of domains with some triggered by interest or need
- Public domain- would allow CO to consider broad customizations

Challenges

- Not extensively tested for reliability and validity beyond state use
- May require CO to do considerable work on development of training, support planning tools, manuals
- Length of assessment may be of some concern



interRAI-HC

- Part of a suite of validated tools used in 20 states and internationally by developers of MDS
- First developed in 1994 and modified in 1999 and 2007
- Tool and manuals copyrighted and users must pay a nominal licensing fee
- Tool covers 17 areas and includes functional, health and environmental factors
- Collects a minimum data set to which adopters can add domains/items to fit their needs
- Used in conjunction with other decision support tools such as clinical assessment protocols, screening systems for outreach and care pathways, quality monitoring and case-mix system (RUGS III)



Inter-RAI-HC Considerations

Advantages

- Reliable and validated tool for eligibility and resource allocation
- Decision support tools available
- Training manuals available
- Part of larger network of users and researchers – data comparison
- Good structure for automation and access to software vendors that know interRAI

Challenges

- Would need to develop person centered components
- Some stakeholders react to number and content of items (e.g., IDD see it as too oriented toward medical needs)
- Need to expand some areas to generate sufficient info for support plan development (e.g., employment)



CARE

- Developed to look at improving the standardization of assessment data and payment across post acute-care settings
- Sponsored by CMS as part of demonstration under Deficit Reduction Act 2005
- Measures health and function (e.g., ADL and IADL)
- Does not include care planning components
- Validated and reliable data items for post-acute care
- Worked with clinicians, providers, and other stakeholders to identify relevant domains and items
- Tool and materials are in the public domain
- CMS appears to have interest and investment in expanding use to include additional populations (e.g., IDD) and scope of service (e.g., LTSS)



CARE Considerations

Advantages

- CMS is investing time and funding into expansion
- If CMS continues to move toward use in LTSS, adoption would put state in good position down the road
- Consistent with interest in PHR systems
- Technical assistance may be available from federal contractors

Challenges

- Not vetted with states operating LTSS
- Little LTSS HCBS operations support -eligibility and resource allocation
- Not person centered and used for clinical purposes
- Not adequate for support planning in LTSS
- Not currently applicable to other populations (e.g. IDD)



Crosswalk of by Tool Uses

| | | interRAI | CARE | WI | MN | WA | MA | SIS | ICAP |
|---------------------------------------------------|-----------------------------------------|------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Driving Systems Change | Person-Centered | Could Add | Could Add | Could Add | Included | Could Add | Could Add | Limited | Limited |
| | Self-Direction | Could Add | Could Add | Could Add | Included | Could Add | Could Add | Limited | Limited |
| | Coordination w/ medical services | Yes | Facilitates | Facilitates | Facilitates | Facilitates | Facilitates | Limited | Limited |
| | Employment | Could Add | Could Add | 3 items | Included | Could Add | Included | No | No |
| Determining Eligibility for Different Populations | EBD | Yes | Developing | Yes | Yes | Yes | Yes | No | No |
| | Mental Health | Yes | Developing | Yes | Yes | No | Yes | No | No |
| | IDD | Yes | Developing | Yes | Yes | No | No | Yes | Yes |
| | Brain Injury | Yes | Developing | Yes | Yes | Yes | Yes | No | No |
| | Spinal Cord Injury | Yes | Developing | Yes | Yes | Yes | Yes | No | No |
| | Children | Yes | No Plans | Yes | Yes | No | No | No | No |
| Resource Allocation | EBD | Existing | Could Develop | State-specific | State-specific | State-specific | State-specific | No | No |
| | Mental Health | Developing | Could Develop | State-specific | State-specific | State-specific | State-specific | No | No |
| | IDD | Existing | Could Develop | State-specific | State-specific | No | No | State-specific | State-specific |
| | Brain Injury | Existing | Could Develop | State-specific | State-specific | State-specific | State-specific | No | No |
| | Spinal Cord Injury | Existing | Could Develop | State-specific | State-specific | State-specific | State-specific | No | No |
| | Children | Developing | No | State-specific | State-specific | No | No | No | No |
| Operations | Intake & Triage tools | Existing | Could Develop | Could Develop | State-specific | State-specific | State-specific | No | No |
| | Support Planning Tools | Existing | Could Develop | Could Develop | State-specific | State-specific | State-specific | Yes | Yes |
| Quality | Clinical/Functional Issues | Existing | Yes | State-specific | Could Develop | Yes | Could Develop | No | No |
| | Quality of Live/ Participant Experience | Could Add | Developing | Could Add | State-specific | Could Add | Could Add | Could Develop | Could Develop |
| | Empirically Validated | Yes | Yes | Yes | No | Yes | MDS portion | Yes | Yes |
| | Used in other States | Multiple | No | 1 State | 1 State | 1 State | 1 State | Multiple | Multiple |
| | CMS Endorsed | No | Yes | No | No | No | No | No | No |

Input and Questions?

