HCBS STRATEGIES, INC.
Improving Home and Community Based Systems
www.hcbs.info   410-366-HCBS (4227)
info@hcbs.info

Session 3 Discussion About Tool Development

8.5.2014		In-person
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, George Culpepper, Brittani Trujillo, Jennifer Martinez, Kelly Wilson,	

Call with Lilia Teninty About HSRI
- SIS creators, AIDD, has addressed concerns via publications about using it as a planning tool and budget allocation tool.
- New York has done some merging of SIS and other tools.
- Oregon is running CFC with different assessments and different resource allocation methods for different populations.
- CAS is the alternative to RUGS
- Possible to develop a subset of SIS items to develop a resource allocation. Could be feasible to create a shorter level 1 screen prior to the SIS, but this would be highly contingent on a number of other variables.
- John Augosta would be a good resource moving forward.
  - Erica and Katy from HSRI will be at the HCBS Conference.
- May want to explore whether HSRI, interRAI or other vendor could look at developing an algorithm for the mixed tool.

- Working on creating fact sheets about the use of the SIS and what the plan is so people have a better idea about the SIS. May be helpful to have HCBS Strategies look at.
  - Want to explore further what the stakeholders do not like about the SIS.
- Looking at the possibility of making support levels more fluid (e.g. individuals who have recently been discharged from hospital).
  - Steve recommended looking at the related resource allocation materials around Illinois' MFTD waiver.
  - Have previously had a workgroup look at this, and the only thing they came up with was caregiver limitations. HSRI earlier in 2014 said that this is very difficult to quantify; they have been consulted to look at the factors that effect this, but it has been put on hold.
    - Would like standardization; right now it is fairly subjective, as it goes to a State SME for review and acceptance/rejection.
  - *Set up a web enabled call with Brittani and Barb to explore this further.*
- Want to look at if there is the ability to have a core set of items for resource allocation to pull out resource allocation outside of support planning.
- Will need to look further at the various tools to see how the process flow will be impacted.
- Tim said that he would prefer to have a shorter, simpler resource allocation but needs to know more about the items that would be used for this.
  - Steve said that a group like HSRI could be asked to develop a small set of items to look at the budgets.
- In MN, the local level has the discretion to assign amount to an individual from a pot of money. The money goes to the county and then the county distributes to the clients. FFS environment, but would work the same in a managed care environment.
  - With all 4 disability waivers, not elderly.
  - Tim liked this idea.
  - Have direct access to claims system; expected to manage dollars and have mechanisms to do so.
  - States tend to underspend; this is largely predicted by how difficult it is to change the service plan, as in states where this is difficult case managers have incentive to inflate initial budget so they don't have to make changes.
- Concern that the stakeholder group hasn't realized that items can be added to the interRAI, only that they can't be taken away.

- Is it possible to develop a set of a small number of items that will be highly predictable of individual's budgets?
-

Next Steps
- Tim requested adding stakeholder feedback about each tool to the CO Assessment Tool Crosswalk.
- Process for selecting the tool:
  - Need to consider additional funding that may be necessary for resource allocation development if a tool besides interRAI is selected.
    - Added a Cost Associated with Implementation row to the crosswalk.
  - Use the MnCHOICES framework as the starting point for the assessment tool
- Tim said that tying back in that we are adapting their feedback in the form of MnCHOICES as framework and integrating other suggestions, such as allowing individuals to skip sections that they may not want to answer.
- Next site visit will be October 27-29