



# HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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## Stakeholder Meeting 2: Discussion of I&E Flow and LOC

1.28.14	In-person
Note taker	Andrew Cieslinski
Attendees	Tim Cortez, Brittani Trujillo, Kelly Wilson, Chandra Matthews, Donna Zwierzynski, Charlene Willey, Carrie Schllinger, Erin Fisher, Dyann Walt, Robin Bolduc, Carol Merideth, Grace Herbison, Cassandra Keller, Michelle Robinson, Kaitlin Phillips, Gretchen Himmer, Dyann Walt, Gary Montrose, Pat Cook, Aileen McGinley, Daniel Holzer, Katey Castilla, Kenny Maestas, Marc Cowell, Hanni Raley, Nia Robinson, Dave Rogers, Donna Wood, Teja Sim, Julie Reiskin, Aileen McGinley, Barb Wilkins Crowder, Marc Cowell, David Boldin, Julie Farrar
<p><b>Overview</b></p> <ul style="list-style-type: none"> <li>Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input.</li> <li>HCBS Strategies presented an overview of the proposed flow for the intake and Eligibility (I&amp;E) Screen. Based on stakeholder feedback, this tool will just be known as the Intake Screen.</li> <li>HCBS Strategies also presented the draft strategy for trying to replicate the current nursing facility Level of Care (LOC) criteria using items from the new assessment process rather than the ULTC100.2.</li> </ul>	
<p><b>Intake and Eligibility Flow Review</b></p> <ul style="list-style-type: none"> <li>Steve Lutzky gave an overview of the document on the blog titled CO I&amp;E Flow. This document displays the screening process that an individual will go through when they contact an agency, from the initial triage to scheduling an assessment.</li> <li>The document flow begins with the phone intake, where a staff will introduce him/herself and the function of the agency and ask, "How may I help you today?"             <ul style="list-style-type: none"> <li>Julie Reiskin said that training language needs to ensure that the agency introduction represents the ability of the agency. Chandra Matthews added that training will aide in having consistent practices across agencies.</li> <li>As a result of stakeholder feedback during the December meeting, there is an option to trigger an assessment and skip the screen based upon the content of the opening conversation.</li> </ul> </li> <li>Another component of the flow will be establishing whether an individual is "known to the system". "Known to the system" means checking the client record to see what previous interactions (e.g., assessments or calls to an agency) the client has had and whether he/she is enrolled in services.             <ul style="list-style-type: none"> <li>Chandra Matthews said that many public SEPs attempt to document all interactions with individuals, regardless of the reason for contact, and document these interactions within the BUS and the agency's internal system.</li> </ul> </li> <li>Julie Reiskin said that the tool protocol needs to account for individuals transferring financial information from county to county to ensure that they don't have to be reassessed.             <ul style="list-style-type: none"> <li>Tim Cortez said that the financial eligibility piece, including presumptive and expedited pathways, will be addressed as part of the No Wrong Door effort.</li> <li>Suggestion to drop the word "Eligibility" from Intake and Eligibility Screen in order to avoid confusion with the separate financial eligibility process. The tool will now be known as the Intake Screen (IS).</li> </ul> </li> <li>When the opening conversation reveals that an individual is appropriate to be screened and/or assessed, the individual will be asked if they are willing to answer these additional questions.             <ul style="list-style-type: none"> <li>There was a suggestion that this triage point should include options for the individual to select his/her preferred method of continuing the screen. These methods could include continuing via the phone, receive mailed out documents, or in-person.</li> <li>Julie Reiskin also suggested adding an option if the individual does not want to complete the screen via the telephone, but would like to receive an in-person assessment.</li> </ul> </li> <li>In the work flow, there was a suggestion to update the language "Verify caller able to complete screen" to "Supports needed to complete screen" in order to determine what supports the individual may need. This change was made.</li> <li>In the Financial Information section, in addition to informing the individual that in-depth financial information would not be collected during the functional assessment process, stakeholders suggested several additional prompts:             <ul style="list-style-type: none"> <li>Inform the participant of the items that may be factored in when financial eligibility is evaluated (e.g., income and assets).</li> <li>Inform the participant that he/she must begin the Medicaid application process prior to receiving an assessment if he/she is not already enrolled in Medicaid or enrolled in SSI.</li> </ul> </li> <li>Julie Reiskin said that individuals receiving SSI should be able to skip the Financial Information section, as they would only need to complete the Request for Long Term Care form. Steve Lutzky said that this will be incorporated.</li> <li>Tim Cortez said that the proposed screening process may allow individuals to be placed on a waitlist without being assessed. The current process under the ULTC 100.2 requires individuals to receive an assessment in order to be placed on the waitlist.</li> </ul>	

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- Charlene Willey said that the explanation for IDD vs. Non-IDD service pathways would be very complex and will need to be carefully addressed. Steve Lutzky said that while the Department will take a first shot at creating a decision tree for this, it will be critical to obtain stakeholder and CCB feedback.
  - Brittani Trujillo said that the decision tree may provide an opportunity to offer referrals to options counseling, which is currently being enhanced through the No Wrong Door grant.
- Steve Lutzky said that this flow will continue to be refined in order to streamline operations for all individuals involved. The updated flow and paper tool will be made available to stakeholders at least one week prior to the March site visit so that additional feedback can be obtained from the group.

## Level of Care Discussion

- The core function of the Level of Care (LOC) will be to replicate the ULTC 100.2 items using reliable and valid items based on the CMS CARE tool. Steve Lutzky highlighted how the items in the ULTC 100.2 can be scored very differently by assessors. This subjectivity is problematic because in some cases, whether someone is determined eligible may depend on how the assessor interprets the ULTC 100.2 items. Because the new tool will incorporate items with greater inter-rater reliability, much of this subjectivity will be eliminated. While the goal will not be to make the LOC criteria more or less restrictive, the change in items will affect individual eligibility decisions.
- In addition, the structure of ULTC 100.2 items differ substantially from any LTSS assessment tool with established reliability. The LOC replication study will obtain data using both current ULTC 100.2 items and proposed items to replicate each criteria. The pilot will allow the Department and stakeholders to understand the implications of each of the decisions that will need to be made to replicate the current LOC criteria.
- The purposes of the LOC tool are:
  - Replicate current LOC criteria using reliable items
  - Minimize changes to who is determined to meet criteria
  - Provide data to allow the Department and stakeholders to make decisions about how to proceed
- Currently the ULTC 100.2 response options 1 (which does not count towards meeting LOC) and 2 (which does count) have the potential for overlap and, according to SEP and CCB representatives, being scored differently by different assessors.
- Stakeholders expressed concern that the Department not use the change to tighten eligibility. The study will allow both stakeholders and the Department to make informed choices about how to proceed.
- The proposed LOC process will not be implemented for at least one year. The data generated through the pilot will allow the Department to better understand current clients, needs, and how to best serve them.
- David Bolin advocated that as part of implementation, the training and compensation to maintain staff who are competent and trained will be critical.
  - There was also a suggestion of having a certification process for assessors to perform the LOC assessment in order to ensure consistency.
- Julie Reiskin said that the current policy is to count an individual's ability to perform tasks without equipment, such as use of a wheelchair under the mobility item. She said that this would conflict with the items in the Mobility section, in which information about individuals wheeling a certain distance is collected. *Steve Lutzky said the Department will discuss this further with CMS to obtain additional guidance.*
  - Another area for follow-up with CMS is to ask about the "set-up or clean-up" response option. In some items, such as transferring, clean up does not seem to apply, and stakeholders suggested investigating whether this response option could be updated to more accurately reflect the activity.
- Pat Cook suggested to not begin the tool with bathing. Steve Lutzky said that since the LOC tool is mimicking the ULTC 100.2, the flow for the LOC pilot tool is based on the ULTC 100.2. He said that it may create confusion to start mixing items around during the pilot, however, when the actual tool is implemented, this can certainly be changed.

## Behavior Section

- Steve Lutzky said that the Behavior Section is still being developed, and stakeholder feedback about additional items to better mimic the ULTC 100.2 would be appreciated.
- For the behavior items, there was a suggestion for training and scoring to acknowledge whether the individual has the ability to stop the disruptive behavior, similar to the guidance that is contained in the ULTC 100.2.
- There was a concern that the behavior section is missing duration and frequency of a behavior. It was suggested that it will be relevant to collect when the behavior last occurred or provide a time frame for the response (e.g., last two days).
- There was also a suggestion to add a question on the individual's interaction with other systems (e.g., legal).
- Julie Reiskin said that the individual needs to be assessed in a way that captures how much change would occur if he/she lost services. Some individuals have not had a behavioral issue in years because of the services that they receive.
- Chandra Matthews said that her SEP recently implemented a program separating eligibility determinations from case management. They are using a variety of information (e.g., hospital and nursing facility reports) and specialized staff to make the determination and this has not added any time to the process.
  - Tim Cortez said that putting case managers in conflicting roles (eligibility determination and case management) will be addressed by the Department through the No Wrong Door grant, and that Chandra will be able to provide important information about how to design and implement this process.

## Memory/Cognition Section

- If it is clear that the individual does or does not have a cognitive impairment, they would not have to go through the mini recall test at the beginning of the Memory/Cognition Section (items 2.A-G). If the assessor is unclear whether the individual has a cognitive impairment, these items can be used to inform the responses for items later in the section.
- There was a suggestion to add a question or update question 2.O to ask about an individual's ability to interact with people they do not know, as unfamiliarity can really impact communication abilities.
- There was also the suggestion to collect information about the ability to anticipate or understand consequences of actions/behaviors.

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## **Next Steps**

- The March stakeholder meetings will include the following topics:
  - Reviewing the paper version of the Person-centered module and conducting a workgroup role play
  - Discussing the Non-IDD Support Planning Assessment
  - Conducting a workgroup role play with the Eligibility Screen tool
  - Review the paper versions of the Self-direction and Employment modules
- Due to the large amount of material that will need to be covered during the March stakeholder meetings, Steve Lutzky proposed the options of holding three stakeholder meetings that would last the usual time of 3 hours or moving forward with two longer meetings.
  - The group agreed upon having two longer meetings, approximately 4-5 hours, to avoid having three meetings. These two meetings will occur on Wednesday and Thursday March 4 and 5.