MOVING TOWARDS RELIABLE AND VALID ASSESSMENT PROCESSES IN ALASKA AND COLORADO

Presentation for the 2017 HCBS Conference
Key issues in redesigning assessment and support planning, including reliability and validity
- **Steve Lutzky**, President, **HCBS Strategies**

Colorado and Alaska initiatives to redesign their assessment and support planning processes
- **Colorado Department of Health Care Policy and Finance:**
  - Tim Cortez, Manager, Community Options Section
  - Brittani Trujillo, Case Management Services Coordinator, Office of Community Living
- **Alaska Department of Health and Social Services:**
  - Duane Mayes, Director, Division of Seniors and Disabilities Services
Steve Lutzky
HCBS Strategies
Most Frequently Forgotten Truth about Assessment Processes

Collect information

Make Decisions
Best Approach for Designing Assessment & Support Planning Process

- Clarify Decisions
- ID Info Needed to Support Decisions
- Design Assessment Process
Types of Decisions Assessment Helps to Make

Eligible?
Complying with rules?
How much money?
Process and plan person-centered?
Are supports working?

What should be in the Support Plan?
Last slide has suggestions (will review if we have time)
Assessment Process vs. Tool

- Assessment process will support a series of decisions made by a number of individuals
- Includes tools or modules that support these decisions and collect necessary information
- Also includes decision trees and workflows
Example of Work Flow

Initial Intake → Triage → Conduct Assessment?

Assessment

Eligible?

Yes → Develop Support Plan → Handoff to ongoing case management

Select Providers

No → Re-assessment

Monitor Ongoing Service Provision

Yes → Monitor Ongoing Service Provision
Understanding Reliability and Validity
Reliability and Validity of Assessment Items

- If we use the same item twice on the same person and nothing has changed, will we get the same results?
- Are we studying what we think we are studying?
Reliability of the Item

Extent to which an assessment item yields the same results on repeated trials

- **Test-Retest reliability**: collect same data at two times and measure correlation between two results
- **Inter-rater reliability**: collect same data by two people at same time and measure correlation or % of agreement
- **Internal consistency**: measure correlation across similar items within test using Cronbach’s alpha
Validity of the Item

Does the item measure what you think it is measuring?

- **Face Validity**: subjective judgment by “non-expert”
- **Content Validity**: subjective judgment by subject matter experts
- **Criterion Validity**: predictive validity between 2 variables or correlation with “gold standard” (factor analysis)
- **Construct Validity**: theory-based predictive modeling of practical examples
  - Convergent: similar results when comparing similar concepts
  - Divergent: distinguishes between different concepts
Value of Using Standardized Items

- Capitalize on existing evidence-based items with known reliability and validity
- Compare your state’s HCBS to:
  - Other states HCBS
  - Institutional care
- Enhance operations using tools and protocols developed for other states or countries using standardized data:
  - Individualize budgets/resource allocation (e.g., RUG-III-HC)
  - Protocols for guiding support planning and/or care management (e.g., Clinical Action Plans or Collaborative Active Plans (CAPs))
  - Normed Quality/Performance Indicators
Reliability and Validity Challenges Found in Home Grown Tools
Why Poorly Constructed Assessment Items Can Undermine a System

- Difference across assessors that get amplified over time
  - *In the absence of clear guidance, assessors come up with their own interpretations*
  - *Leads to regional discrepancies*
- Increases opportunities for assessment creep and assessor shopping
- Diminishes the ability to make reliable financial and policy choices
Challenge 1: Items assess need for support rather than underlying impairments, strengths and preferences

Items that Merge these Steps are problematic

- Assess impairments, preferences and strengths
  Try to measure as objectively as possible

- Identify support needs
  Involves judgement and balancing of multiple concerns (e.g., independence vs. safety)

- Determine how to provide supports
  Involves reconciling available resources, preferences, regulatory limitations, etc.

- Should have same outcome every time

- Some variance in outcomes based on relationships and beliefs

- Greater variance because of relationship/beliefs and different capabilities, resources, etc. of CM
Examples of Problematic Items

- Does the individual need support to describe pain, signs of illness or where it is located?
  - *Answers will vary depending upon how assessor chooses to factor in:*
    - Presence of pain
    - Verbal/cognitive abilities
    - Whether pain is significant enough to justify an intervention
    - Personality/culture
  - *Examples of opportunities for unreliable coding. How do you code:*
    - Someone who has no pain, but is non-verbal and cannot report pain if it occurs?
    - Someone who has pain but prefers to be stoic?
    - Someone who appears to have pain and cannot report it, but the pain appears to be mild and only occasional – assessor makes a judgement call regarding whether this is significant enough to justify additional support
Challenge 2: Items Potentially Confound Multiple Underlying Issues

- An item is problematic if assessors need to make sub-j judgements about multiple different areas
  - Reliability issue because answers may differ depending upon what areas they consider and what weight they give to each area
  - Validity issue because it is not clear what is being measured

- Example: Does the individual need support to add items to cart/basket, make choices from available options, load/unload groceries?
  - Confounds:
    - Physical ability (add items to cart/basket)
    - Cognitive ability (determine what needs to be purchased)
    - Behavior (making inappropriate choices)
Challenge 3: Item Language Construction

- Even when measuring a single construct, problematic items may hurt ability to code consistently (reliability) and interpret what the responses mean (validity)

- Inexact or unclear prompts:
  - *Not including enough relevant information* (e.g., does bathing include getting in and out of the tub or shower?)

- Inexact or unclear response options

- **Example:** Does the individual need support to get in or out of vehicles?
  - **Response Options:** *Never, Always, Often, 1/2 Time, Sometimes*
    - Does not measure amount of support needed
    - Options include two vague measures (often and sometimes) and one that is overly specific (½ time)
    - Question whether item might typically be a yes/no, possibly with an intermittent option
Designing a New Assessment Process for All LTSS Populations

The Perspective and Lessons Learned from Colorado

Tim Cortez and Brittani Trujillo
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Current Assessment Tools

• The current tools used to assess LTSS populations include:
  ➢ ULTC 100.2
    ▪ Home-grown tool
  ➢ SIS for IDD populations
    ▪ Standardized, nationally used tool
  ➢ Over 30 supplemental tools created by Department and local staff to support access processes

• Assessment and access processes vary significantly across populations and programs
Limitations to Legacy Tools

• ULTC 100.2
  ➢ No set timeframes (e.g., in last 30 days)
  ➢ Definitions and responses are vague and overlapping
  ➢ Collects very little information outside of ADLs
    ▪ Limited use when developing support plan

• SIS
  ➢ Requires agency staff to be specially trained on tool and pay for training/tool
  ➢ Some stakeholders unhappy with the use of the SIS: length of time to complete; concerns that it doesn’t capture enough information; concerns about the use for development of Support Levels
Limitations to Legacy Tools (cont.)

• Local agencies have developed 30+ non-standardized tools to collect missing information from legacy tools

• Other issues with tools include:
  ➢ No person-centered information
  ➢ No natural support and caregiver information
  ➢ No screen of other areas of interest/need (e.g., employment, self-direction)
  ➢ Very limited information that is useful for support planning
Stakeholder Input into the Development of the Process

• Stakeholder input during development of the intake and assessment tools included:
  ➢ Input from community members and staff from over 15 agencies
  ➢ 21 stakeholder meetings on adult assessment tool
  ➢ 8 stakeholder meetings on child assessment tool

• Stakeholders were presented with a variety of national and state-specific tools
  ➢ interRAI
  ➢ CMS’ CARE (now FASI)
  ➢ MnCHOICES
  ➢ Washington’s CARE
Stakeholder Input into the Development of the Process (cont.)

• Developed a blog to share information and collect feedback: Colorado Assessment Blog

• Made major changes to the modules and process as a result of stakeholder input

• Now conducting meetings throughout state to share progress and gather feedback
Tools Selected as Starting Point for the Assessment Process

• After careful review, Department and stakeholders decided to use components of the following tools:
  ➢ CMS’ CARE tool (Later changed to FASI)
    • Standardized items throughout the tool (e.g., functioning, health, etc.)
  ➢ Minnesota’s MnCHOICES comprehensive assessment
    • Modular format would serve as basis for CO process
    • Person-centered items and modules (e.g., Personal Story)
    • Items CARE/FASI did not contain (e.g., Psychosocial/Behaviors)
Approach for Developing the New Assessment Process

• Understand current LTSS assessment process
• Identify how processes can be improved (redesign goals and outcomes)
• Identify existing tools to be included in the new assessment process
• Customize the tools to meet Colorado’s needs
• Pilots for components of the process
• Adapt process for children
• Develop plans for Person-centered Support Plan, automation, full-scale testing, and statewide implementation
New HCBS Assessment Process Flow

Assessment determines functional eligibility for Colorado’s HCBS Waivers only. It does not establish financial eligibility nor eligibility for other programs, such as SSI or SSDI. The determination that an individual has a developmental disability is a separate process.
Testing the New Approach

• The assessment process will be tested as part of a larger TEFT pilot effort:
  ➢ Alpha testing- User acceptance
    ▪ Summer 2018
  ➢ Beta testing- Comprehensive pilot
    ▪ Fall 2018

• Upon the conclusion of Beta testing, will conduct analyses to:
  ➢ Establish and improve reliability and validity
  ➢ Refine tool contents, flow, and automation
Testing the New Approach (cont.)

• After the Alpha and Beta testing, Department will run pilot to test time it takes to complete process
  ➢ Pilot staff will be familiar with tool, providing realistic estimate

• Results of this pilot will inform updates to case management reimbursement structure

• Buy-in and volume from pilots will inform rollout approach
Other LTSS Systems Changes New Assessment Process will Support

• More person-centered system
• More informed choice about self-direction
• Restructuring case management including being able to tailor amount and type to participant preferences and needs
• Foster competitive employment
• Support emerging separation of eligibility assessment vs. support planning and ongoing case management
Other LTSS Systems Changes New Assessment will Support (cont.)

• Objective and empirically-based person-centered budgets
  ➢ Give people more choice and control over services
  ➢ Allows expansion of consumer directed principles to other services

• Enhance quality management efforts, including quality of life/participant experience data
Questions?
Contact Information

Tim Cortez
Manager, Community Options Section
timothy.cortez@state.co.us

Brittani Trujillo
Case Management Services Coordinator
brittani.trujillo@state.co.us
Thank You!
State of Alaska
Division of Senior and Disabilities Services

Assessment Process Redesign
Duane Mayes, Director

Alaska Department of Health and Social Services
Division of Senior and Disabilities Services
• Alaska’s current LTSS assessment tools include:
  – **Consumer Assessment Tool (CAT)** for all adult waivers, excluding IDD, and Personal Care Services (PCS)
    • Home-grown tool
  – **ICAP** for IDD waiver
    • Standardized, nationally used tool
• Assessment and access processes vary significantly across populations and programs
Limitations of the Legacy Tools

- Limitations include:
  - Lack of person-centered information that can be used to inform goals and preferences
  - Lack of established reliability and validity within the CAT
  - Issues with using tools to justify individual budgets
  - Do not comply with CMS person-centered and settings requirements
  - Participants may need to receive two assessments depending on service preference
Efforts to Obtain Buy-in on New Process

• SDS presented a report on the national assessment tool landscape to stakeholders

• Stakeholders selected the interRAI suite of tools
  – SDS took into consideration and agreed to adopt interRAI as the core tool

• Ongoing stakeholder involvement as LTSS reform efforts that will utilize the new assessment process occur
  – September stakeholder meetings to focus on vision and functions for new assessment process
Structure of New Assessment Process

• interRAI tool suite will be the core of the assessment process
  – Grew out of MDS
  – Created and refined by a research collaborative
  – One or more tools adopted in 20 states and several other countries
  – Established reliability and validity
  – Suite includes tools adapted for a variety of populations
  – 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
Structure of New Assessment Process (Cont.)

• SDS is adding items to the interRAI core that will allow it to:
  – Meet CMS person-centered and settings requirements
  – Collect sufficient information to develop detailed person-centered support plan

• New assessment process will:
  – Establish level of care for waivers and other services
  – Include Clinical Assessment Protocols (CAPs) for support planning
  – Utilize RUGS-III case mix algorithm
  – Result in person-centered support plan that includes goals and action steps
Testing the New Approach

- New assessment process will be piloted in two phases:
  - Alpha testing pilot - User acceptance
    - Winter 2018
    - Subset of State and local staff
  - Beta testing pilot and Level of Care verification
    - Spring 2019
    - All State staff and subset of local staff
- interRAI items have established reliability and validity
  - Additional items will be evaluated as part of pilot process
Initiatives Supported by Assessment Process

• Alaska is undertaking a major LTSS systems reform effort, including:
  – Implementing Community First Choice (CFC) and a new waiver targeted at participants with IDD
  – Shifting grant funded services to Medicaid
  – Enhancing care coordination (case management)

• Assessment process will assist by:
  – Establishing eligibility for programs
  – Providing a reliable resource allocation methodology
  – Ensuring participants and staff have a consistent experience
Questions?

Duane Mayes, Director  
Alaska Division of Senior and Disabilities Services

Duane.Mayes@alaska.gov  
(907)269-3666
Thank You!

STATE of ALASKA
Department of Health and Social Services
One More Thing...

If time permits. We should give some thought to constructing support plans.
Other Comments or Questions?
## Presenter Contact Information

<table>
<thead>
<tr>
<th>Alaska Division of Senior and Disabilities Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duane Mayes, Director</td>
</tr>
<tr>
<td><a href="mailto:Duane.Mayes@alaska.gov">Duane.Mayes@alaska.gov</a></td>
</tr>
<tr>
<td>907.269.3666</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>HCBS Strategies, Inc.</td>
</tr>
<tr>
<td>Steven Lutzky, President</td>
</tr>
<tr>
<td><a href="mailto:steve@hcbs.info">steve@hcbs.info</a></td>
</tr>
<tr>
<td>410.366.4227</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Colorado Department of Health Care Policy and Financing</td>
</tr>
<tr>
<td>Tim Cortez</td>
</tr>
<tr>
<td>Manager, Community Options Section</td>
</tr>
<tr>
<td><a href="mailto:timothy.cortez@state.co.us">timothy.cortez@state.co.us</a></td>
</tr>
<tr>
<td>303.866.3011</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Brittani Trujillo</td>
</tr>
<tr>
<td>Case Management Services Coordinator</td>
</tr>
<tr>
<td><a href="mailto:brittani.trujillo@state.co.us">brittani.trujillo@state.co.us</a></td>
</tr>
<tr>
<td>303.866.5567</td>
</tr>
</tbody>
</table>