Colorado Assessment Tool Project

HCBS Conference Presentation

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HCBS Strategies
Long-term Services and Supports Division
Division for Intellectual and Developmental Disabilities
Our Mission:

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Presenters

• **Tim Cortez**  
  Long-Term Services and Supports (LTSS) Division, Colorado Department of Health Care Policy and Financing

• **Brittani Trujillo**  
  Division for Intellectual and Developmental Disabilities (DIDD), Colorado Department of Health Care Policy and Financing

• **Steve Lutzky**  
  HCBS Strategies
Overview

• Project Parameters and Approach
• Overview of National Trends
• Summary of Colorado Operational Review
• Purposes of the New Assessment Process
• Review of Existing Assessment Tools
• Lessons Learned Working with Stakeholders
Project Background

• HCPF awarded a grant from the Colorado Health Foundation to address LTSS needs by creating a streamlined assessment tool

• Guiding Parameters:
  – A rigorous assessment tool for functional status
  – A tool tied to an objective care planning process
  – An integrated statewide data system

• HCPF awarded the contract to fulfill this initiative to HCBS Strategies in February 2014

• While Colorado did not meet criteria for the Balancing Incentives Program (BIP) grant, it is striving to meet national BIP requirements under this effort
Project Approach
Approach for Selecting and Testing New Colorado Assessment Tools

Laying the Groundwork for the New Assessment Process
- Review of current intake, assessment, eligibility, and resource allocation business processes
- Clarification of scope and uses of assessment
- Review of existing tool options
- Identification of customizations/enhancements needed

Selection of Existing Tools to be Adapted
- Selection of existing tool(s) to be adapted to assess functioning/medical issue
- Selection of existing tool(s) to be support a person-centered process
- Selection of existing tool(s) to be support other employment & self-direction

Tool Development
- Determination of processes for piloting
- Development of Assessment Tool
- Development of Training Materials

Cross-tool Comparison Testing
- Refinement of pilot approach
- Contract with entity for assessments
- Train pilot participants
- Operate Pilot/Data Coding
- Focus groups/Data Analysis/Recreation of eligibility criteria
- Tool & training materials refinement

Development of Implementation Plan and Resource Requirements
- Determination of functional capabilities for automation
- Automation approach and resource requirements
- Draft guidance for Medicaid Infrastructure Technology (MITA) Vendor
- Summary Report Written for Decision Makers

Overview of National Trends
Assessment Trends: Overview

• **Federal parameters**: Balancing Incentive Program (BIP) and new CMS HCBS Rules

• **Assessment quality**: Increasing specificity, standardization, and empirically established reliability

• **Business operations approach**: Assessment as part of business operations process that starts at intake and results in the development of a support plan and connect to supports

• **Streamlined Access**: Integration of assessments and other business processes for multiple programs (no-wrong door, single-entry point, one-stop shop) and populations
Assessment Trends: Overview

- **Multiple Uses:** Assessment information used to support a variety of processes (e.g., eligibility determination, resource allocation, etc.)

- **Assessment philosophy:** Shift away from service oriented, deficits-only focus and incorporate person-centered planning

- **Automation:** “In the field” friendly for workers to use and giving faster results about program eligibility and need
Federal Parameters: Balancing Incentive Program (BIP) and New CMS HCBS Rules
Balancing Incentive Program (BIP)

• Colorado not eligible for BIP because it is too “balanced”
• State looked to BIP requirements as guidance from CMS for the direction it should consider going
• Core lessons were:
  – Integrating LTSS access processes
  – Reducing the need for multiple assessments (tell story once)
  – Reducing potential conflicts of interest
  – Increasing transparency in the process
  – Establishing core domains that should be included in an assessment tool
Implications of CMS HCBS Regulations for Assessment

• New regulations for HCBS have huge implications for assessment and support planning

• Multiple specific requirements for which states will need to demonstrate compliance
  – Pressure to standardize assessment processes and support/care/service planning tools
  – Pressure to collect data to demonstrate compliance
Implications of CMS HCBS Regulations for Assessment (cont.)

• Person-centered components will require:
  – Major changes to tools and processes
  – Must more clearly address areas such as desire for employment
  – Substantial investment in training and cultural change
  – Infrastructure to support participants’ ability to play a “lead” role in process
Implications of CMS HCBS Regulations for Assessment (cont.)

• Assessment/support planning processes must document deviations from HCBS settings requirements:
  – Justify limitations placed on freedoms
  – Privacy must be addressed – raises issue of use of monitoring technology (e.g., cameras, recording devices)

• Conflict-free criteria requires separating assessment and support plan development from provider
  – Clarify difference between support plan and plans by the provider for implementing support plan (e.g., staffing)
Implications of CMS HCBS Regulations for Assessment (cont.)

• Developing a comprehensive, person-centered plan that addresses goals beyond Medicaid will require:
  – Stronger tools
  – More time conducting assessment and developing support plans
Assessment Trends – Quality of Assessment Tools Increasing

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

• Greater testing:
  – Useful 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 multi-source assessment (information from multiple sources including direct observation)
Assessment Quality – Promising Initiatives

• States have developed tools for which they have established reliability– WI, WA, MA

• interRAI – Collaboration of researchers in multiple countries to establish standardized LTSS assessment tools across multiple settings

• Continuity Assessment Record and Evaluation (CARE) item set
  – CMS-funded tool developed by RTI
  – Standardized items across multiple acute and post-acute settings, including home health
Assessment Trends: Adopting a Business Operations Approach

- Assessment as part of business operations process starts at intake and ends with the development of a support plan
- Identifies key business processes and decisions
- Standardizes and clarifies key components
Example of Simple Access Business Process Flow

1. Initial Intake
2. Triage
3. Conduct Assessment?
   - Yes → Assessment
   - No → Eligible?
4. Eligible?
   - Yes → Develop Support Plan
   - No → Re-assessment
5. Develop Support Plan
6. Handoff to ongoing case management
7. Select Providers
8. Monitor Ongoing Service Provision
9. Re-assessment
Integration of Business Processes for Multiple Programs and Populations

- Aging and Disability Resource Center (ADRC) requirement to support multiple populations
- BIP requirement to create greater standardization across assessment tools
- New HCBS rules and Community First Choice – opportunity to provide support to multiple target groups
Assessment Trends: Use of Assessments to Support a Variety of Processes

- Determine program eligibility
- Triage access (e.g., assignment to a wait list)
- Support Plan development – e.g., Clinical Assessment Protocols (CAPs) from interRAI
- Quality management – e.g., CARE or interRAI or 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
  – Goals go beyond health and welfare

• 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
Assessment Trends: Increasing Automation and Data Use

• Streamline and improve data collection in the field

• Improving quality of assessment through automated tools that also provide worker guidance for collecting information

• Tools can begin to incorporate work flows to automate business operations

• Data driven program improvement:
  – Quality measures
  – More sophisticated resource allocation
  – Electronic health records that can be shared with individual and health care providers
Colorado Operational Review
Overview of Operational Review

• Examined operations for:
  – Institutions: NF and ICF-IID
  – 7 HCBS Waivers targeting adults
  – 5 HCBS Waivers targeting children
  – Other Medicaid: OBRA Specialized Services, Long-Term Home Health, PACE
  – State-funded only: Family Support, Home Care Allowance, State Supported Living Services
Overview of Operational Review

• Met with State staff, local supervisors, and stakeholders

• Parameters examined included:
  – Intake and triage
  – Waiting lists
  – Eligibility determination processes, criteria and tools
  – Support planning processes and tools
Operational Review Findings: Entry Points

• Four primary entry points:
  – Single Entry Points (SEP)
    • Serve older adults, adults with physical disabilities, brain injury, spinal cord injury, mental health, and children
    • 23 entities statewide
  – Community Centered Boards (CCB)
    • Serve Individuals with Developmental Disabilities (IDD)
    • 20 entities statewide
Operational Review Findings: Entry Points

– Aging and Disability Resource Center (ADRC)
  • Serve all populations needing long-term services and supports
  • 16 entities statewide

– Area Agencies on Aging (AAA)
  • Serve individuals aged 60 and older and their caregivers
  • 16 entities statewide
Operational Review Findings: Entry Points (cont.)

• SEPs and CCBs provide a potentially strong network of entities for conducting assessments
  – Statewide coverage, but without duplication
  – Integrates key infrastructure for accessing LTSS
    • Includes intake, screening, assessment, and support planning
    • Financial eligibility integration is a notable challenge
  – Conflict-of-interest for CCBs is problematic under new HCBS rules

• Role of ADRCs unclear
  – SEPs and CCBs fulfilling many key requirements of a fully-functional ADRC
Challenges with a Simple Eligibility Determination Tool

• State created a single tool (ULTC 100.2) to determine functional eligibility across waivers – tool primarily assesses activities of daily living (ADLs)

• ADL scoring criteria problematic:
  – No set timeframe (e.g., at time of assessment?, within last 3 days?, last month?)
  – Definitions of impairment possibly vague and overlapping (e.g., how does oversight differ from line of sight standby assistance?)
Challenges with a Simple Eligibility Determination Tool

• Missing key information necessary to develop a support plan
  – Missing BIP areas (see next slide)
  – No Person-centered information
  – No natural support and caregiver information
  – No screens for other areas of interest/need (e.g., employment, self-direction)
Required BIP Assessment Domains not in the ULTC 100.2

1. Activities of Daily Living

- Eating
- Mobility (in/out of home)
- Bathing
- Positioning
- Dressing
- Transferring
- Hygiene
- Communicating
- Toileting

2. Instrumental Activities of Daily Living (not required for children)

- Preparing Meals
- Housework
- Managing Medications
- Shopping
- Managing Money
- Employment
- Transportation
- Telephone Use

Legend
- Domains missing altogether in **green underline**
- Domains only partially addressed in **orange underline**
Required BIP Assessment Domains not in the ULTC 100.2

3. **Medical Conditions/Diagnoses**

4. **Cognitive Function and Memory/Learning**
   - Cognitive Function
   - Judgment/Decision-Making
   - Memory/Learning

5. **Behavior Concerns**
   - Injurious
   - Uncooperative
   - Destructive
   - Other Serious
   - Socially Offensive

**Legend**
- Domains missing altogether in **green underline**
- Domains only partially addressed in **orange underline**

Green underline indicates domains missing entirely from ULTC 100.2
Orange underline indicates domains only partially addressed in ULTC 100.2
Operational Review Findings: Hodgepodge of Assessment and Support Planning Tools

• Over 30 additional tools created by state and local staff to support access processes

• Forms and tools are collecting similar information in different ways

• Information not going into databases
Implications for Assessment Process Redesign

• Integrated and comprehensive tool will:
  – Support efforts to integrate waivers and develop programs that cross populations (e.g., Community First Choice)
  – Eliminate need for most of the other existing tools
  – Allow Colorado to comply with CMS rules and guidelines
  – Support efforts to increase assessors capabilities by providing stronger tools to go along with increased training requirements
Implications for Assessment Process Redesign

• New assessment must be a process rather than a single tool
  – Colorado has distinct business processes within the larger process of helping people connect with supports
  – Key processes:
    • Outreach
    • Intake and triage
    • Eligibility assessment
    • Support planning assessment
    • Support planning
    • Options counseling (embedded in all the functions)
Goals for the New Assessment Process

• Drive Systems Change: more person-centered, enhancing self-direction, greater coordination of services, fostering employment

• Determine eligibility for a variety of programs targeting adults with a wide range of disabilities
  – Need tools for multiple populations

• Support emerging changes to operations
  – Intake module to triage access
  – Emerging separation of eligibility assessment vs. support planning and ongoing case management
Goals for the New Assessment Process

• Support objective and empirically sound resource allocation

• Guide development of the support plan

• Enhance quality management efforts, including quality of life/participant experience data
Review of Existing Assessment Tools
Selecting the Core Tool to Adapt

• Adapt existing tool(s)

• Anticipate tool will have to be heavily customized to meet Colorado’s needs:
  – Achieving goals to meet programmatic needs (e.g., be more person-centered)
  – Reflect structure of business operations
  – Minimize disruption to current system (e.g., eligibility criteria)
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 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

• Nationally developed, standardized tools:
  – 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)
Tools Selected for Review

• IDD specific tool:
  – Support Intensity Scale (SIS)
  – Inventory for Client and Agency Planning (ICAP)

• Summary of tools can be found at:
  coassessment.blogspot.com/p/review-of-existing-ltss-assessment-tools.html
Current Status and Lessons Learned Working with Stakeholders
Strategy for Working with Stakeholders

• Started with ambitious strategy for stakeholder involvement

• Infrastructure for inclusion:
  – Meeting structure identified key areas for input
  – Blog providing extensive information about project and other resources

• It worked – we got great stakeholder involvement – but...
Assessment Process: Indications of Things to Come

- Educating individuals about how the assessment process could be central to other systems change initiatives
- Stakeholders understood this and much of the discussion became about the structure of these initiatives, notably resource allocation
- Discussion about what the assessment might lead to blocked ability to move forward with discussion about how to structure the assessment process
Tool Selection Challenges

- Top Choices: interRAI and CMS-funded CARE tool

- Stakeholders did not like CARE or interRAI
  - too medical
  - not person-centered, deficits-based

- Liked MnCHOICES – person-centered components, employment module

- State impressed with interRAI capabilities
  - Resource allocation capabilities (RUGS III-HC, new IDD)
  - Clinical/Collaborative Action Plans (CAPS)
  - Validated quality measures
  - Ancillary tools (e.g., screening and triaging tools)
Building Consensus: Strategies and Challenges

• Create a white paper demonstrating how assessment process fits with other systems change initiatives

• Key question: Will stakeholders embrace trade-off of establishing a tier-based resource allocation to allow greater flexibility in services?
  – Currently costs controlled by having limited array of services and placing limits on individual services
  – Adding mechanisms to control overall individual budgets would allow the State to liberalize services

• Examine MnCHOICES and consider whether to try to develop resource allocation algorithms using this tool
Next Steps

• Select a tool
• Customize the tool
• Pilot
• Develop plan for implementation
• Check out our progress: coassessment.blogspot.com
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<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brittani Trujillo</td>
<td>Division for Intellectual and Developmental Disabilities</td>
<td><a href="mailto:Brittani.Trujillo@state.co.us">Brittani.Trujillo@state.co.us</a> 303-866-5567</td>
</tr>
<tr>
<td>Timothy Cortez</td>
<td>Long-term Services and Supports Division</td>
<td><a href="mailto:Timothy.Cortez@state.co.us">Timothy.Cortez@state.co.us</a> 303-866-3011</td>
</tr>
<tr>
<td>Steve Lutzky</td>
<td>HCBS Strategies Inc.</td>
<td><a href="mailto:Steve@HCBS.info">Steve@HCBS.info</a> 410-366-4227</td>
</tr>
</tbody>
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