

# 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

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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



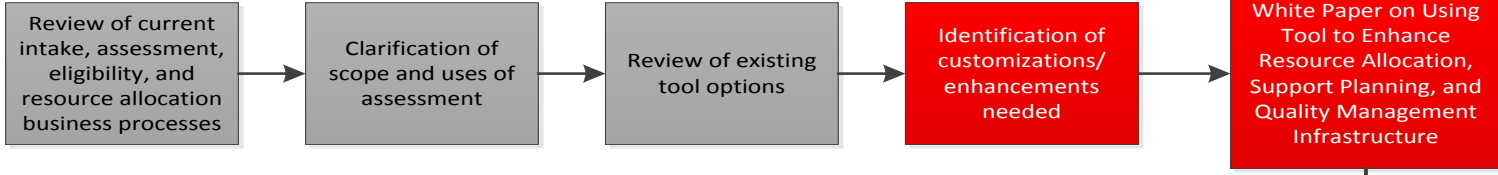
# Project Approach



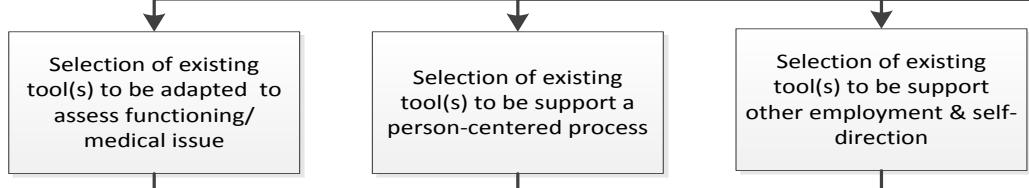
# Approach for Selecting and Testing New Colorado Assessment Tools

Rev. 6-15-14

Laying the Groundwork for the New Assessment Process



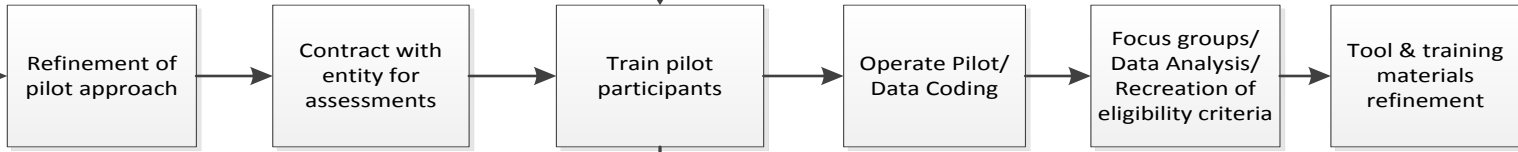
Selection of Existing Tools to be Adapted



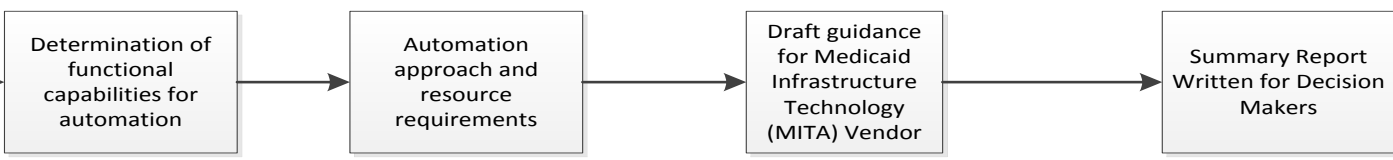
Tool Development



Cross-tool Comparison Testing



Development of Implementation Plan and Resource Requirements



# 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

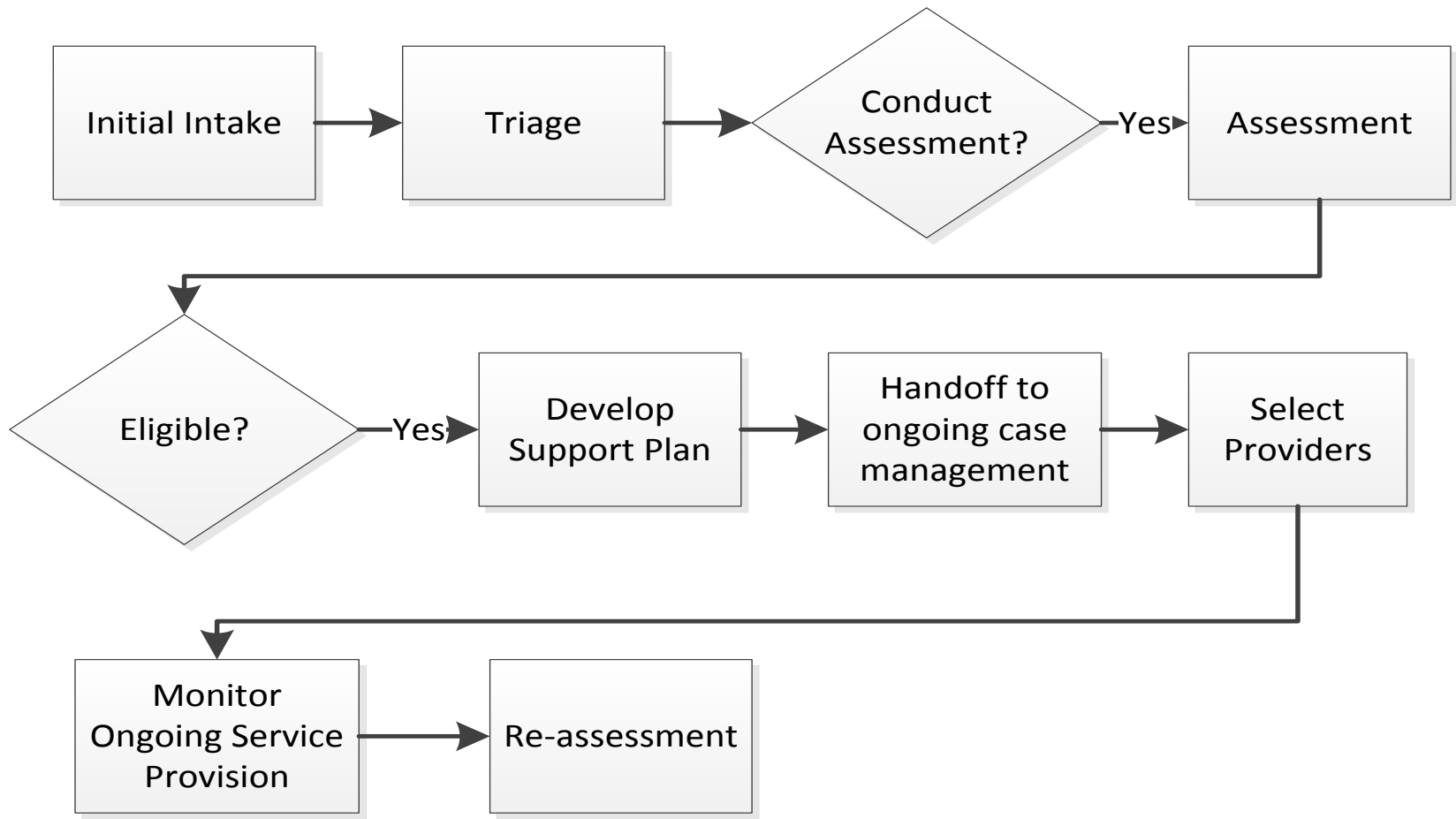


# Assessment Trends: Adopting a Business Operations Approach

- 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



# 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

**Legend**

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

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

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



# 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
- Domains only partially addressed in orange

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](http://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](http://coassessment.blogspot.com)



# Questions or Comments?

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