Core Standardized Assessment
Public Stakeholder Meeting

December 12, 2011
How Assessments Are Used

• We currently utilize many assessments to determine medical eligibility and referral to appropriate programs.

• Our goal is to transition to a standardized assessment tool with core questions that are applicable to programs in various settings regardless of population or service needs.

• Having a standardized set of questions will help us to organize information and refer individuals to the proper programs.
A Path to a Standardized Assessment

• In 2010, the Long Term Care Reform Workgroup recommended the development of a single standardized assessment instrument to be used across programs.

• An instrument that is evidence-based and tested for validity and reliability will improve the quality of community support plans and reduce the effects of the programmatic silos.

• DHMH has begun the process by:
  – researching and evaluating existing evidence-based instruments
  – hosting public stakeholder meetings to review assessment options with stakeholders
  – ensuring that the new instrument meets the requirements for the Balancing Incentive Payments Program
Balancing Incentive Payments Program (BIPP)

- Incentive for states to rebalance long-term services and supports (LTSS)
- As a provision of the Affordable Health Care Act, it offers an enhanced federal medical assistance percentage for all HCBS covered during the “balancing incentive period” through September 30, 2015

- Enhanced federal payment rates
  - 2% for states with less than 50% of LTSS spending in non-institutional settings
  - 5% for states with less than 25% LTSS spending in non-institutional settings

- Maryland qualifies for the 2% enhanced payment rate and intends to apply in early 2012
BIPP Requirements

• All enhanced federal payments must be used to fund new and expanded Medicaid community-based LTSS
• Within six months, states must initiate “structural changes” to their LTSS systems that include:
  – Creation of a Single Point of Entry system for LTSS
  – Development of a Standardized Assessment Instrument
  – Implementation of Conflict Free Case Management
• By the end of the BIPP period states must:
  – Increase HCBS to 50% of total Medicaid LTSS spending
  – Implement required structural changes
BIPP Process

• The submission of the BIPP application is driving the time line.
• An initial decision on a core assessment tool will be included in this application.
• The design of the standardized assessment will happen in two phases:
  – Phase 1 of this process is selecting a tool and designing a computer application to pilot the assessment
  – Phase 2 will be to determine all programs using the tool and adding sets of questions specifically designed for their population.
BIPP Assessment Requirements

Assessment data

- are captured Statewide for all populations seeking community LTSS.
- include a Level I screen/Level II assessment process across populations.
  - Level I screen is available for completion in person or over the phone.
  - Level II assessment is completed in person, with the assistance of a qualified professional.
- are used to determine eligibility, identify support needs, and inform service planning.
Stage 1 – Initial Entry Point / Level 1 Screen

1-800 #

Website

No-Wrong Door / Single Entry Point

Level 1 Screen - Preliminary Functional and Financial Assessment

Individual found to be potentially eligible for community LTSS and referred to Stage 2
Individual found to be potentially eligible for community LTSS and referred to Stage 2

Level 2 Functional Assessment:
No-wrong door and single entry point agencies collect other functional assessment data.

Level 2 Financial Assessment:
No-wrong door and single entry point supports the person in submitting a Medicaid application.

Individual is considered functionally and financially eligible for community LTSS
BIPP Assessment Requirements

Required domains

– Activities of Daily Living (ADLs)
– Instrumental Activities of Daily Living (IADLs)
– Cognitive function and memory/learning difficulties
– Medical conditions
– Behavior difficulties
Figure 4.4: Core Dataset: Required Domains and Topics for a CSA

**Background Information**

1. **Activities of Daily Living**
   - Eating
   - Bathing
   - Dressing
   - Hygiene
   - Toileting
   - Mobility (in/out of home)
   - Positioning
   - Transferring
   - Communicating

2. **Instrumental Activities of Daily Living (not required for children)**
   - Preparing Meals
   - Shopping
   - Transportation
   - Managing Medications
   - Housework
   - Managing Money
   - Telephone Use
   - Employment

3. **Medical Conditions/Diagnoses**

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

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

**Financial Information**
CMS Recommendations

• Test assessment tools for validity and reliability
• Automate the assessment process
• Evaluate the quality and utility of data collected
• Ensure the assessment
  – Determines eligibility
  – Summarizes an individual’s strengths and support needs.
  – Utilizes a strengths or support-based approach
  – Balances the need for data with ease of use
  – Is culturally competent
  – Considers family/caregiver needs
• Involve stakeholders in the design
• Includes financial assessment - employment
BIPP Updates

- CMS evaluated 23 instruments
- Eight of those instruments covered the majority of the required BIPP domains
  - Several of the assessments were based on the Minimum Data Set for Home Care (MDS-HC) (Older version of interRAI - Home Care) but customized for individual states
- Three assessments were identified as most closely matching the BIPP standards for use across populations
  - interRAI Home Care
  - Minnesota MnCHOICES
  - Supports Intensity Scale (SIS)
Pros/Cons - Identified Tools

MN Choices
interRAI Home Care (HC)
Supports Intensity Scale (SIS)
MN Choices – The Homegrown Approach

• Minnesota began with a crosswalk of 24 assessment tools that had been in use in the state
• Decided to create their own tool using questions that were already found within these tools
• Added other questions based on instruments used in other states
MN Choices

3 phases

1. An “initial contact” screening call that captures the reason for referral, the urgency of the person’s needs, and whether a full assessment is needed
2. Assessment of preferences, strengths, and needs
3. Development of the support plan
MN Choices

A. First Contact Triage Intake
B1. Person-Centered Interview – Ages 14-64
B2. Person-Centered Interview – Over 65
B3. Person-Centered Interview for Birth to 13
C. Capacity for Self Direction
D. Initial Trigger Questions
E. Adult Health Assessments
F. Substitute Decision-Making
G. Functional Memory and Cognition
H. Children’s Health Functioning

* BIPP Required Domains
* Recommended

I. Sensory Channels and Communication Skills
J. Social Communications and Friendships
K. Living Arrangements
L. Caregiver Assessment
M. Activities of Daily Living
N. Instrumental Activities of Daily Living
O. Employment Module
P. Support Planning Module
Q. Demographic-Administrative
S. Assessment Conclusion Iteration
MN Choices

Covers all 5 BIPP requirements:

– ADLs – eating, bathing, dressing, hygiene, toileting, mobility (home/community), positioning, transferring, communicating
– IADLs – preparing meals, shopping, transportation, housework, managing medications, managing finances, telephone use, employment
– Medical Conditions
– Cognitive Function and Memory/Learning
– Behavior Concerns
MN Choices – Pros and Cons

Pros
• Stakeholder input
• Customized tool
• Person centered
• Strengths based
• Low Cost
• Brain injury screen
• Covers all BIPP required domains

Cons
• Length of time to establish; automation not yet complete
• No validity/reliability test
• Assessment takes longer (2-3 hours)
• Scoring based on legacy assessment
• Resource Allocation
interRAI-HC

- Developed by group of clinicians and researchers beginning in 1993 as MDS-HC
- Tool contains triggers for Clinical Assessment Protocols (CAPs) allowing for more detailed questions in areas such as Mental Health and Intellectual Disabilities
- InterRAI offers a series of assessment tools designed to work together to form an integrated health information system
  - Home Care
  - Nursing Home and Long-Term Care Facilities
  - Post-Acute Care
  - Institutional Mental Health Care
  - Community Mental Health Care
  - Palliative Care
  - Acute Hospital Care
  - Intellectual Disabilities

- Home Care would be used as the care assessment for receiving home and community based services
interRAI-HC User States
(as of September 2011)

- Arkansas
- Georgia
- Hawaii
- Indiana
- Louisiana
- Massachusetts
- Michigan
- Missouri
- Nebraska
- New Jersey
- New York
- North Carolina
- South Dakota
- Texas
- Utah
interRAI-HC

5 phases:
1. Screening
2. Assessment (interRAI/other)
3. Decision-making (CAPs/other)
4. Care plan development
5. Evaluation
interRAI-HC – Item Guide

A. Identification Information
B. Intake and Initial History
C. Cognition
D. Communication and Vision
E. Mood and Behavior
F. Psychosocial Well-Being
G. Functional Status
H. Continence
I. Disease Diagnoses
J. Health Conditions

* BIPP Required Domains
* Recommended

K. Oral and Nutritional Status
L. Skin Conditions
M. Medications
N. Treatments and Procedures
O. Responsibility
P. Social Services
Q. Environmental Assessment
R. Discharge Potential and Overall Status
S. Discharge
T. Assessment Information
interRAI-HC

Covers all 5 BIPP requirements

- ADLs – bathing, personal hygiene, dressing upper body, dressing lower body, walking, locomotion, transfer toilet, toilet use, bed mobility, eating, communicating
- IADLs – meal preparation, ordinary housework, managing finances, managing medications, phone use, stairs, shopping, transportation
- Medical Conditions
- Cognitive Function and Memory/Learning Behavior Concerns
- Behavior Concerns
interRAI-HC

Pros
- Validity/Reliability tested
- Ability to add to assessment
- Triggers for more focused questions
- Supports resource allocation
- Groups people by level of need
- 1-1½ hours to administer
- Covers all BIPP required domains
- Strength based
- Person centered
- Low cost
- Contains instructions for automation

Cons
- Limited ability to modify questions
- No employment data collected
Supports Intensity Scale (SIS)

- Assessment tool that evaluates practical support requirements of a person with an intellectual disability
- Published 2004; has validity/reliability data
- Available in print and online format
- Version for children coming in 2013
- Multiple states and local communities utilize the SIS
Supports Intensity Scale (SIS)

Section 1. Support Needs Scale:
A. Home Living Activities
B. Community Living Activities
C. Lifelong Learning Activities
D. Employment Activities
E. Health and Safety Activities
F. Social Activities

Section 2. Supplemental and Advocacy Scale
Protection and Advocacy Activities

Section 3. Exceptional Medical and Behavioral Support Needs
A. Medical Supports Needed
B. Behavioral Supports Needed

* BIPP Required Domains
SIS

Covers 4 BIPP requirements:

– ADLs – eating, bathing, dressing, hygiene, toileting, mobility, positioning, transferring, communicating
– IADLs – preparing meals, housework, shopping, transportation, managing medications, employment, managing money telephone use (not specifically mentioned)
– Medical Conditions/Diagnoses Behavioral Concerns
– Behavior Concerns
SIS

Pros
• Person-centered
• Supports oriented
• Validity/Reliability testing
• Support Resource Allocation
• Automated
• 20 minutes to administer

Cons
• Targeted use - Intellectual Disabilities group
• No Level 1 Screen
• Missing key areas of BIPP requirements
  – Questions pertaining to Cognitive Function and Memory/Learning
  – Missing 2 BIPP recommended ADLs and 3 IADLs
Public Comment

• Topics for discussion
  – Thoughts on pros and cons
  – What is most important for the screen?
  – What is most important for assessment?
  – Overall concerns
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<th>MnCHOICES</th>
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