Improving HCBS Assessment Reliability and Interoperability

December 8, 2020
1:30–2:30 pm EST

Today's Presenters

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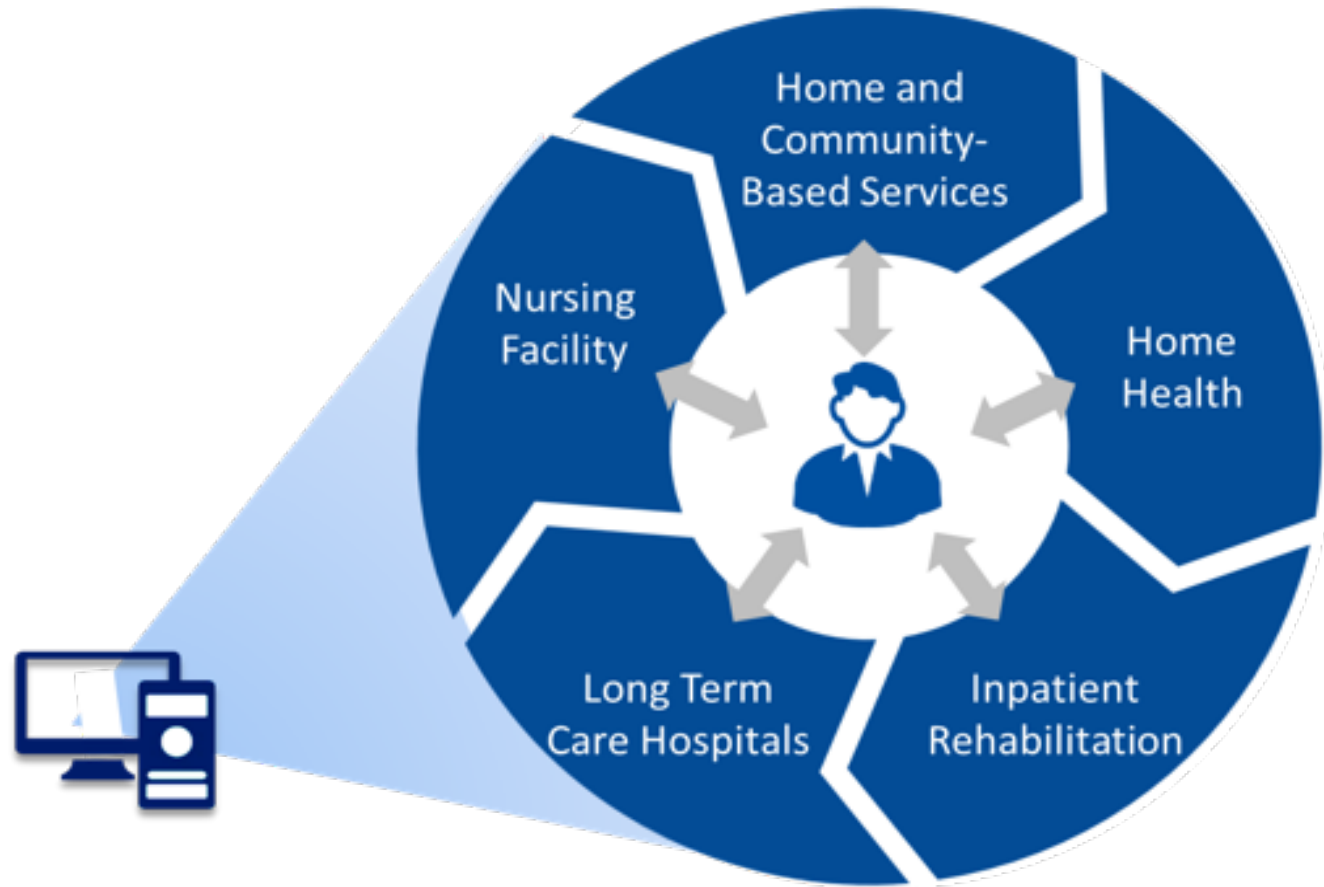
Standardizing HCBS Assessments

Kathleen Woodward, The Lewin Group

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Why Standardize HCBS Assessment Items and Measures?

- It harmonizes data elements and allows standardized information capture with other Medicare and Medicaid sponsored post-acute care assessment items
- It can align person-centered data across all sources and requirements
- It allows data to follow the individual
- It enables electronic exchange of HCBS data across the continuum of care

Uniformity of Assessment Across Service and Care Settings
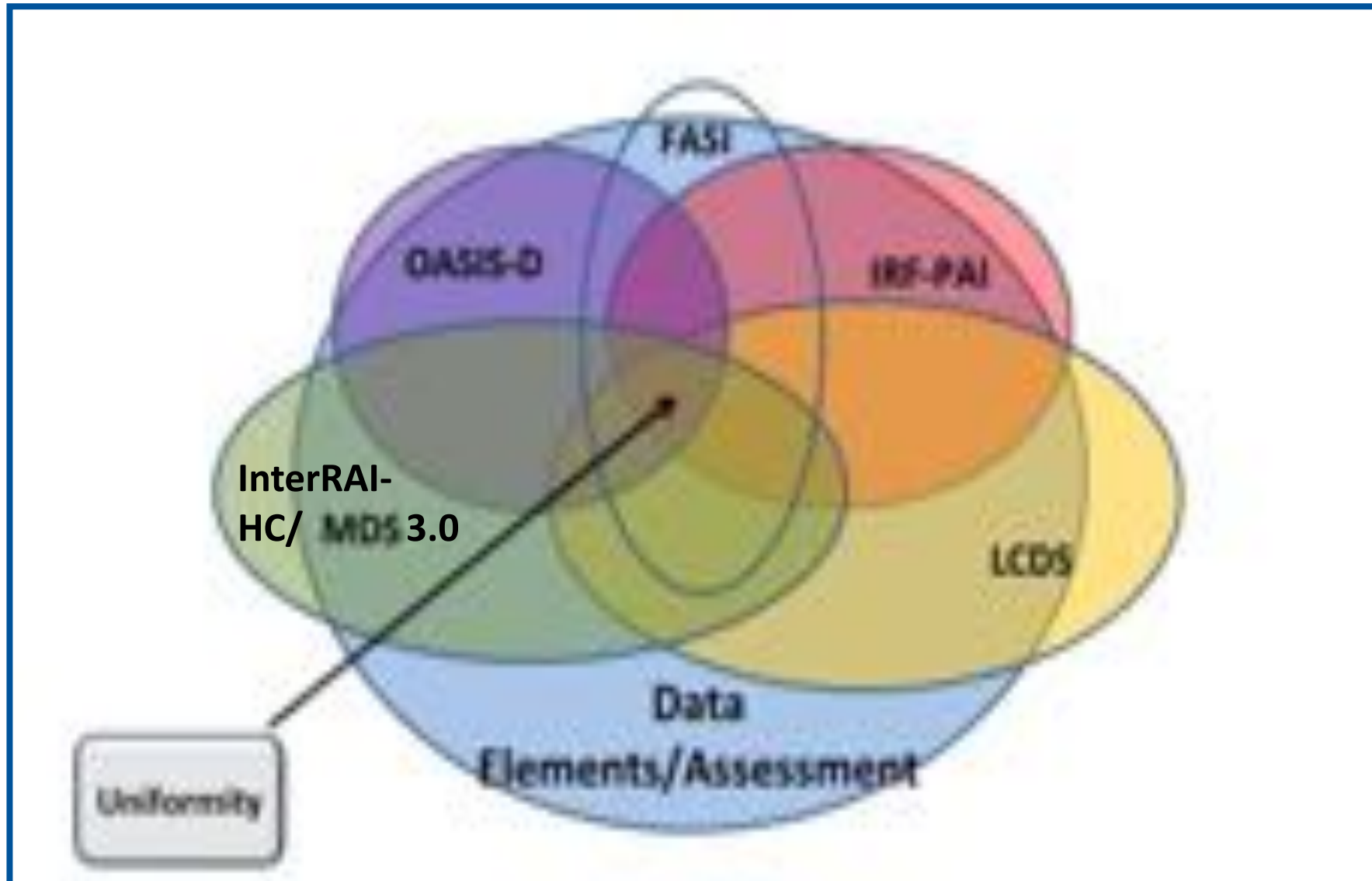
How Can States Use Standardized Assessments?

Assist in determining eligibility for Medicaid HCBS programs

Assist in developing person-centered service plans

Monitor quality and measure program impact

Report across multiple programs within a state

Introduction to Functional Assessment Standardized Items (FASI)

Jennifer Bowdoin, CMS

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What is FASI?

Person-centered, standardized item set

Identifies personal priorities for functioning

Assesses for functional status and need for assistance in daily activities

FASI POPULATIONS
- Older Adults
- Individuals with Mental Health and Substance Use Disorders
- Individuals with Physical Disabilities
- Individuals with Intellectual and Developmental Disabilities
- Individuals with Acquired Brain Injury

Adapted from Looking Forward: HCBS Quality Measures Alignment and HCBS CAHPS, CMS, Center for Clinical Standards and Quality

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FASI Domains and Data Element Codes

Data Element Code	Domain
GG0130	Self-Care (e.g., Eating, Bathing, Dressing)
GG0170-0175	Mobility (e.g., Positioning, Transfers, Ambulation, Wheeling)
GG0185	Instrumental Activities of Daily Living (IADLs) (e.g., Meal Preparation, Shopping)
GG0125	Assistive Devices for Everyday Activities
F0900-0920	Living Arrangements, Availability of Assistance, Availability of Paid and Unpaid Assistance
GG0135, GG0180, GG0190, FO910, F0925	Personal Priorities

FASI Vision

✓ **Align and standardize core HCBS functional assessment items with corresponding items within Medicare and Medicaid programs**

✓ **Utilize FASI within the CMS Data Element Library (DEL)**

✓ **Receive National Quality Forum (NQF) endorsement of related FASI performance measures**

FASI Implementation: CMS Data Element Library and Interoperability

FASI's inclusion in current interoperability initiatives:

- Inclusion in the CMS DEL, which serves as a repository of data elements used in CMS Assessment Instruments and their associated health IT standards.

- Inclusion in Logical Observation Identifiers Names and Codes (LOINC), a clinical terminology standard that provides a set of universal codes and structured names to unambiguously identify things you can observe and measure.[1]

- Added to the PACIO-eLTSS-PAC Transition Summary Use Cases

Use Case: FASI and Interoperability
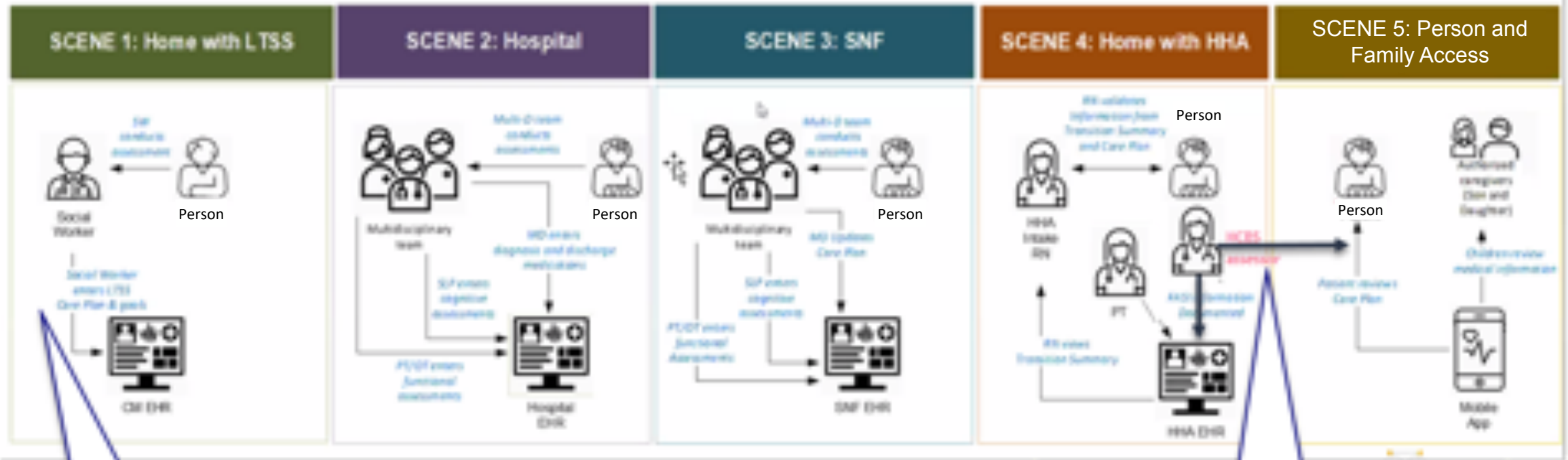
Source: PACIO Use Case Example

Colorado: FASI Adoption

Steve Lutzky, HCBS Strategies

Current Assessment Tools

The current tools used to assess LTSS populations include:

ULTC 100.2	**Home-grown tool**
Supports Intensity Scale (SIS) for I/DD Populations	**Standardized, nationally used tool**
Supplemental tools	**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 <u>very</u> 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**

8 stakeholder meetings
on child assessment tool

21 stakeholder meetings
on adult assessment tool

interRAI

Washington's CARE

Stakeholders were presented with a variety of national and state-specific tools

CMS' CARE (FASI)

MnCHOICES

Stakeholder Input into the Development of the Process (cont.)
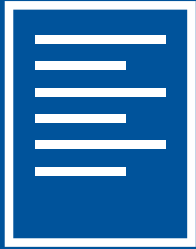
Developed a blog to share information and collect feedback: [Colorado Assessment Blog](#)

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

Conducted meetings throughout state to share progress and gather feedback

Colorado Crosswalk of LTSS Assessment Tools

Crosswalk of LTSS Assessment Tools by Purposes of Tools Endorsed by Stakeholders and States

		interRAI	CARE	WI	MN	WA	MA	SIS	ICAP
Driving Systems Change	Person-Centered	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Self-Direction	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Coordination w/ medical services	Yes	Facilitates	Facilitates	Facilitates	Facilitates	Facilitates	Limited	Limited
	Employment	Could Add	Could Add	3 items	Included	Could Add	Included	No	No
Determining Eligibility for Different Populations	EBD	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Mental Health	Yes	Developing	Yes	Yes	No	Yes	No	No
	IDD	Yes	Developing	Yes	Yes	No	No	Yes	Yes
	Brain Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Spinal Cord Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Children	Yes	No Plans	Yes	Yes	No	No	No	No
Resource Allocation	EBD	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Mental Health	Developing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	IDD	Existing	Could Develop	State-specific	State-specific	No	No	State-specific	State-specific
	Brain Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Spinal Cord Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Children	Developing	No	State-specific	State-specific	No	No	No	No
Operations	Intake & Triage tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	No	No
	Support Planning Tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	Yes	Yes
Quality	Clinical/Functional Issues	Existing	Yes	State-specific	Could Develop	Yes	Could Develop	No	No
	Quality of Live/ Participant Experience	Could Add	Developing	Could Add	State-specific	Could Add	Could Add	Could Develop	Could Develop
	Empirically Validated	Yes	Yes	Yes	No	Yes	MDS portion	Yes	Yes
	Used in other States	Multiple	No	1 State	1 State	1 State	1 State	Multiple	Multiple
	CMS Endorsed	No	Yes	No	No	No	No	No	No

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)

+

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)

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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

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

- ☑ 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

Connecticut Universal Assessment (UA) Tool: Developing & Implementing a Quality Management Plan

Dawn Lambert, Co-Lead, Community Options
CT Department of Social Services

Doreek Charles, MSW
Bonnie Sutherland, BA
Wendy Thibeault, BA
Julie Robison, PhD
UConn Health, Center on Aging

- Federal funding was granted to CT which required the state to **implement standardized instruments to help facilitate eligibility determinations, person-centered assessments, and individualized service planning.**

- The CT Universal Assessment (UA) was designed to standardize assessments across waivers, improve reliability of assessments, and reduce redundancy of multiple assessments.

- All affected state agencies (Dept. of Social Services [DSS], Dept. of Mental Health and Addiction Services [DMHAS], Dept. of Developmental Services [DDS]) worked together to identify tools.

- Stakeholders reviewed existing CT functional assessment tools across multiple domains (Activities of Daily Living [ADL], Instrumental Activities of Daily Living [IADLs], Cognition, Behavior, etc.) and identified standard questions, definitions, and process

- Workgroup reviewed, analyzed, and ranked standardized tools, including national and ones created in other states.

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**Workgroup chose interRAI Homecare (HC) as
base for the Connecticut Universal Assessment**

InterRAI HC Assessment is a comprehensive holistic
clinical assessment that focuses on the person's
functioning, strengths, and quality of life.

Currently being used in North America
(Canada and multiple states in the U.S.),
Europe (Italy, Switzerland, Finland,
Estonia, etc.), and Asia/Pacific Rim
(Hong Kong, Japan Singapore,
Australia, New Zealand).

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*inter**RAI** Assessments:*

Developed by an **International** panel of **experts** on:
-Assessment   -Health Services Research   -Tool Specific Subject Matter

Compatible systems **across** human services **sectors**

Wellness	*Post-acute Care*	*Inpatient Mental Health*
Community Health	*Palliative Care*	*Forensic Supplement*
Home Care	*Pediatric*	*Correctional Facilities*
Assisted Living	*Children's ID, MH*	*Community Mental Health*
Long-Term Care Facility	*Acute Care*	*Developmental/Intellectual Disabilities*
		Self-Reported Quality of Life

Each version of a system represents **vigorous research** and **testing** to establish the **reliability** and **validity** of: *items, outcome measures, assessment protocols, case-mix algorithms, and quality indicators*

Assessment driven **decision-making,** from clinical to policy. **Data** is collected once & **used** many ways

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- **The CT Universal Assessment is a person centered whole person approach to assessment that identifies needs, strengths, preferences, and risks**
  - Key Domains -
    Cognition, Communication, ADLS, IADLS, Mood and Behaviors, Psychosocial Well-Being, Disease Diagnoses, and Health Conditions.

Additional care planning items and other instruments added including the **ASSIST Tool** (screen substance abuse) and **Mini-Cog**.

- **Automated web-based assessment system**
  - Using laptop assessors code responses at the time of assessment
  - Paper version of tool can be utilized if needed

- **Reduce redundancy of multiple assessments, reduce burden for consumer and assessor at reassessment**

- **Equitable distribution of resources based on functional need**

- **Standardized assessment across multiple programs/waivers such as:**

  - CT Home Care Program for Elders
  - Personal Care Assistance Waiver
  - Acquired Brain Injury Waiver
  - Autism Waiver
  - Community First Choice
  - Money Follows the Person
  - Connecticut Housing Engagement and Support Services (CHESS)

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CONNECT WORKER PORTAL
DEPARTMENT OF SOCIAL SERVICES

tworker 30 • USER ID: tworker30 • SWCAA-000000123-CHCPE   Logout

Navigation
- ConneCT Home
- ConneCT Security
- Universal Assessment
  - Client Search

Reset Password

Universal Assessment Details ? ▯

Client Name:	Client ID:	UA Status: In Progress

Universal Assessment (UA) Sections

Expand All | Collapse All

Universal Assessment Section	Percent Complete	Questions Complete
Section A: Identification Information	0%	0/8
Section B: Basic Information and Initial History	0%	0/16
— Section C: Cognition	36%	7/19
C.1 Cognitive Skills for Daily Decision Making	50%	2/4
C.2 Memory / Recall Ability	36%	4/11
C.3 Periodic Disordered Thinking or Awareness	0%	0/1
C.4 Acute change in mental status from person's usual functioning	0%	0/1
C.5 Change in decision making as compared to 90 days ago	0%	0/1
C.6. Transitioning	100%	1/1
Section D: Communication, Hearing and Vision	0%	0/6
— Section E: Mood and Behavior	7%	2/28

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Number of Universal Assessments Completed
July 2018-March 2020
(n=58,428)

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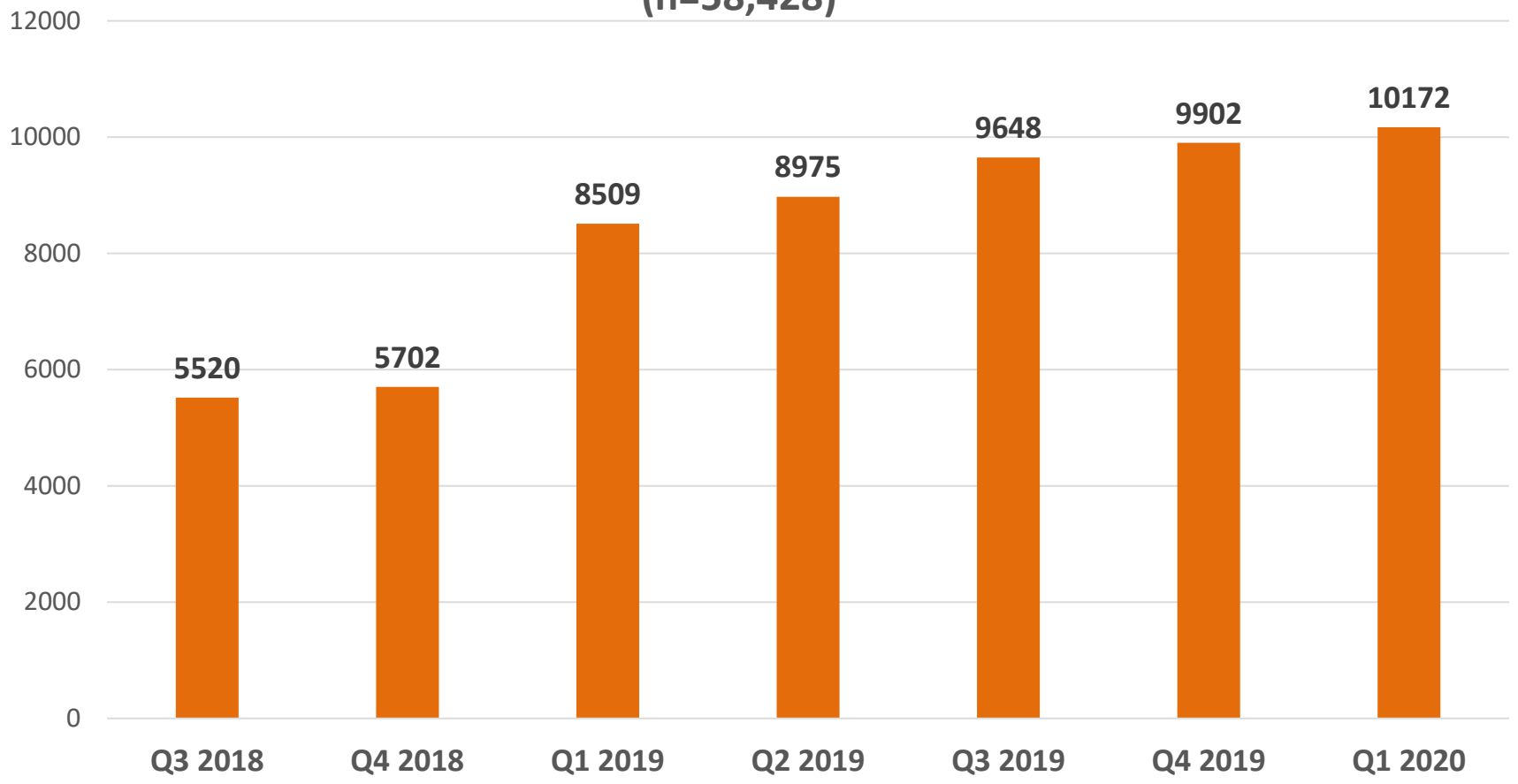
- Contracted CT agencies complete HCBS program assessments for older adults and individuals with disabilities.

- High quality and reliable assessment data is vital to ensure equitable access to support and services and to inform individual and policy level care decisions.

- The State of Connecticut and UCONN Quality Management (QM) staff strive for the UA Quality Management to be a source of support for all Universal Assessment users.

The Goal: initiatives contained in the UA Quality Management Plan allow for mutually beneficial improvements in not only the data obtained from assessments but time, efficiency, productivity, and increased satisfaction for both the users and the consumers.

- **Key UA QM focus areas include:**
  - Ensure clear and concise communication with all stakeholders
  - Determine assessment data accuracy and consistency
  - Conduct targeted interventions based on results of data
  - Develop and implement standardized training and continued education
  - Enhance the assessor and consumer experience by increasing efficiencies and efficacies

- Ensuring clear and concise communication and feedback with all stakeholders is vital to UA Quality Management interventions, this includes:
  - Initial outreach and providing draft QM plan to state and agency leadership for review, feedback and approval
  - Ongoing engagement to state and contracted agencies
    - Providing reports and status updates of assessment performance, targets, and outcomes
  - Consulting with national interRAI trainers as needed

- Current and newly cultivated relationships are fostered to encourage the development and maintenance of the Universal Assessment Quality Management.

- Conducted initial evaluation of baseline assessment coding accuracy

  - Developed 37 key correlations for standardized identification of coding inconsistencies

  - Established assessor baseline coding error rate utilizing correlation assessment data

  - Assessors exhibiting high correlation data error rates are targeted for interventions

- 37 key correlations (logical link of assessment items) were developed to identify coding inaccuracies.

- **Correlation Examples:**

  - **IF** Section C1, Question 1 **Cognitive Skills for Daily Decision Making** coded Severely Impaired

  - **THEN** Section C2 Question **Type of support person needs in the home with activities that require remembering decision making and judgment** must be coded Someone needs to be with person always or Someone needs to be around always, but check on person now and then

  - **IF** Section K, Question 22 **Foot Problems** coded Foot problems, does not walk for other reasons **THEN** Section G **Mobility Walking** must be coded Activity Did Not Occur

  - **IF** Section C, Question 3 **Which assessment tool do you wish to use?** coded **Mini-cog** AND the Three-item recall score is <3 **THEN** Section C2, Question 1a **Short term memory** must be coded Memory problem

- SQL used to retrieve Universal Assessment Data and pulled in using SPSS-ODBC
- SPSS Syntax created to run each correlation and total number of errors that occurred in 37 correlations run

Agency	Username	Total number of errors that occurred in the 37 Correlations run										Total Assessments Finalized	Total Assessments with Errors	Total Percentage Assessments With Error	Total Errors
		0 Errors	1 Errors	2 Errors	3 Errors	4 Errors	5 Errors	6 Errors	7 Errors	8 Errors	10 Errors				
Agency 1	JaneDoe1	2	5	10	6	1	2	2	1	0	0	29	27	93.1%	76
Agency 1	JaneDoe2	18	10	21	25	19	2	0	0	0	0	95	77	81.1%	213

- Example: *(Data collected from 01/01/2020 – 03/20/2020)*
- Assessors sorted by the percentage of finalized assessments with 1 or more errors during timeframe
- Assessors having 50% or more of their assessments with 1 or more correlation error(s) targeted for shadowing intervention

- The first phase of the shadow visits are targeted shadows. Using the correlation data, assessors are identified for a target shadow visit based on:
  - Percent of Assessments with 1 or more Errors
  - Total Number of Errors

- The Targeted Shadowing Group = Assessors having 50% or more of their assessments with 1 or more correlation error(s).

- Assessor with 10 or fewer finalized assessments in the sample during the specified timeframe are not included in the Target group

- The Random Shadowing Group= Assessors having 49% or fewer of their assessments with 1 or more correlational error(s). Random Shadowing occurs following the completion of all the Targeted Shadowing

- Shadow visit tracking forms developed in ReDCAP database:
  - Assessor Demographics, Consumer Visit Summary, Shadow Results, Identified Follow-up Interventions

Assessor are also identified for Targeted Shadow Visit based on 3 failed Competency Quiz Attempts

- **UA Competency Quiz QM Initiative:** a UA Competency Quiz was designed to ascertain the participant's knowledge on both interRAI and CT Specific Coding and to help improve the quality and accuracy of assessments

- Custom web-based testing tool utilized to create secure online UA Competency Quiz

- The quiz for each assessor **includes 15 randomly selected questions** from the possible 150 question bank.

- Each assessor has up to **3 attempts** to pass with a score of **80% or higher**. Questions were developed for each assessment domain including interRAI and CT specific questions.

- **Section C - Cognition 1 pt**

  You arrive at the home of Ms. Lindy Ligament, to complete her annual Reassessment. As you administer the Mini-Cog assessment. Lindy draws the clock correctly, scoring the full 2 points. However, Ms. Ligament only remembers 2 of the 3 words in the 3- item recall, giving her a total score of 4.

  What do you code for Section C. COGNITION Item C.2.1 Memory and Recall Ability a. Short Term Memory

  A) Memory, OK

  B) Memory Problem

- **Section E - Mood and Behavior 1 pt**

  Last month when you spoke with Neil Nail he said he has been crying daily but isn't sure why. When you bring up the subject during your six-month visit, he reports following up with his geriatric psychiatrist a week ago who adjusted his mediation. Neil happily tells you he has stopped crying since the adjustment.
  How do you code for Section E. MOOD AND BEHAVIOR E.1 Indicators of possible depressed, anxious or sad mood: Item f. Sad, pained or worried facial expressions

  A) Not present

  B) Present, but not exhibited in last 3 days

  C) Exhibited on 1-2 of the last 3 days

  D) Exhibited daily in the last 3 days

Shadow Visit Assessor Rating Scale with follow-up interventions and responsibility

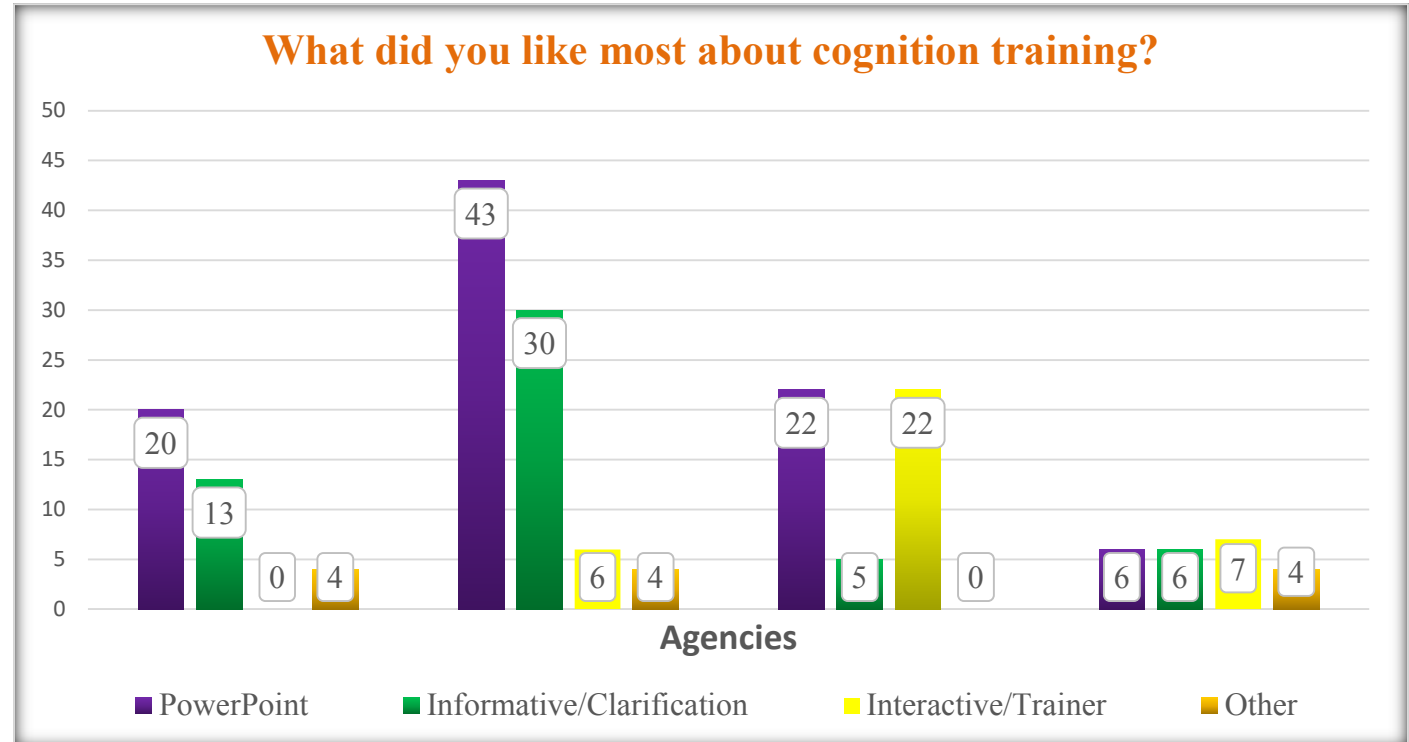| Proficiency Level	Criteria	Assessor Follow-up Intervention	Responsible Party to Ensure Completion
Vetted	All 16 Domains accurately coded based on information gathered	N/A	N/A
Proficient	All 4 Core Domains accurately coded and 2 or fewer Other domains inaccurately coded	Recommendation: Review interRAI/CT Specific Manual for Domains coded inaccurately	Agency Trainers
Reaching Proficiency	All 4 Core Domains accurately coded and 3 or more Other domains inaccurately coded	Required: Review interRAI/CT Specific Manual for Domains coded inaccurately	Agency Trainers
		Recommendation: Targeted Quiz/Vignette Questions	UConn UQM
		Recommendation: Targeted PDF Review	UConn UQM
Not Proficient	3 or fewer Core Domains accurately coded and 0 or more Other domains inaccurately coded	Required: Review interRAI/CT Specific Manual for Domains coded inaccurately	Agency Trainers
		Required: Retraining (Classroom)	UConn QM or Agency Trainers
		Required: Targeted Quiz/Vignette Questions	UConn QM
		Required: Re-shadow visit after above interventions completed	UConn QM

Core Domains are: Cognition, ADLs, IADLs, Behavior
The following assessor skillset will be taken into consideration:
Assessor did/did not demonstrate clinical judgement and appropriately probe and gather information to accurately code items
Assessor did/did not demonstrate clear knowledge and application of coding guidance (intent, definitions, process, and coding)
Assessor did/did not conducted an appropriate environmental assessment (perform walkthrough, view assistive devices, assess risks and barriers)
Assessor did/ did not appropriately engage the consumer and formal/informal supports to build rapport

Key aspects of the QM training intervention include:

- Revise and produce ongoing trainings and supportive materials to ensure standardized instruction, amendments, and enhancements

- Conduct train the trainer sessions to provide and review with trainers updated training materials, including but not limited to training plan, power point presentations, self-paced/web based training modules, etc.

- Evaluate and ensure knowledge and capacity to apply and use provided training standards and materials for appropriate use of the Universal Assessment.
  - Shadow contractor trainers and observe group training sessions and provide feedback regarding observed sessions

Connecticut Department of Social Services — Making a Difference

- Based on review of Assessment PDFs and Correlation Data intensive Statewide Cognition Training held for all 4 contractor agencies

- **198 Total Participants, including:** Directors, Supervisors, Assessors, Agency Quality Team members and Trainers

- Quality Management Cognition Training Focus areas included: Content and Coding, Item Correlations, "Real Life" Field Examples, Opportunity for Questions and Feedback

What did you like most about cognition training?

Bar chart with values:
- Agency 1: PowerPoint 20, Informative/Clarification 13, Interactive/Trainer 0, Other 4
- Agency 2: PowerPoint 43, Informative/Clarification 30, Interactive/Trainer 6, Other 4
- Agency 3: PowerPoint 22, Informative/Clarification 5, Interactive/Trainer 22, Other 0
- Agency 4: PowerPoint 6, Informative/Clarification 6, Interactive/Trainer 7, Other 4

Legend: PowerPoint, Informative/Clarification, Interactive/Trainer, Other

Axis: Agencies

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- The final key aspect of the UA QM plan is to enhance the assessor and consumer experience by increasing efficiencies and efficacies. This includes:

  - Developing an ongoing process to identify and review challenges, risks, and barriers

  - QM staff to accompany assessors to directly experience end to end assessment and paperwork process.

  - Identify needed systems enhancements to include improved logic, performance, and functionality

Questions or Comments?

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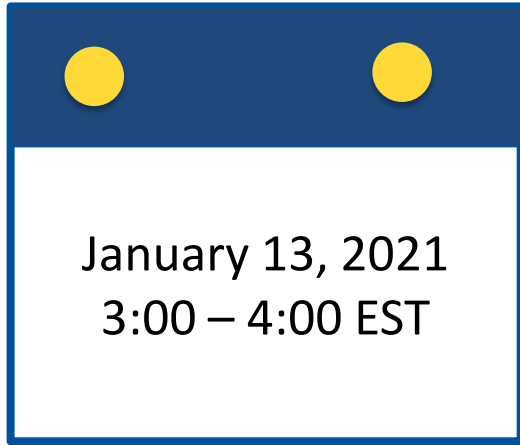
Julie Robison, PhD

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Questions

FASI Resources and Technical Assistance

Future FASI Learning Opportunities
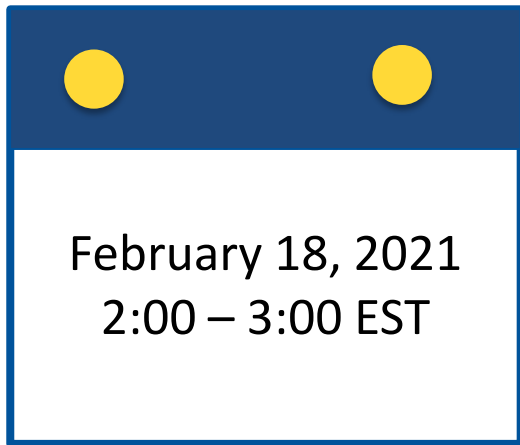
**January 13, 2021
3:00 – 4:00 EST**

FASI Early Adoption Work Group

A community of practice for states at the forefront of FASI implementation

**February 18, 2021
2:00 – 3:00 EST**

FASI Webinar #2: *FASI Adoption Approaches*

Email HCBSMeasures@lewin.com for more information

Helpful Websites

CMS Data Element Library: https://del.cms.gov/DELWeb/pubHome

FASI V1.1.:
https://del.cms.gov/DELWeb/pubDataEleAsmtInstrRpt?asmtId=1&asmtVrsnId=1.1

eLTSS: https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home

PACIO: https://confluence.hl7.org/display/PC/PACIO+Project+Functional+Status

Testing Experience Functional Tools (TEFT) Demonstration:
https://www.medicaid.gov/medicaid/long-term-services-supports/testing-experience-functional-tools/index.html