MACPAC

Functional Assessments for Long-Term Services and Supports (LTSS)

2016 National Home and Community-Based Services Conference

Medicaid and CHIP Payment and Access Commission
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Overview

- Functional eligibility for Medicaid-covered LTSS
- Uses of functional assessment tools
- Federal requirements and initiatives
- State variation and rationale for research
- Results of NORC inventory
- Additional MACPAC analyses including state interviews
- Discussion of potential for a national assessment tool

Eligibility for LTSS Users is Based on Finances and Functional Needs

- In most states, individuals eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid if they meet functional eligibility criteria.
- States can use other eligibility pathways to cover individuals who have LTSS needs but whose incomes are too high for them to be eligible through the SSI-related pathway.
  - Some of these pathways use the SSI-related functional eligibility criteria, and others use state-established level of care criteria.

Functional Assessment Tools Have Two Uses

Eligibility determination

- Functional assessment tools collect information on applicants' health status and needs to determine their functional eligibility for Medicaid-covered LTSS.

Care planning

- Information from functional assessments can be used to inform the care planning process, such as which specific LTSS services will be delivered and at what quantity.
- States may use the same tool used for eligibility determination or a different tool.

Federal Requirements for Assessment Tools

Federal laws and regulations do not require the use of specific functional assessment tools.

- Federal laws do require:
  - assessments to determine nursing facility eligibility must be under the direction of a physician;
  - nursing facilities must conduct comprehensive assessments;
  - individuals with intellectual disabilities must have physician certification for an intermediate care facility;
  - states using the Community First Choice option must use a person-centered care plan based on an assessment of functional need; and
  - in states with managed LTSS, plans must use tools that assess physical, psychosocial, and functional needs.

States Vary in the Tools They Use

- The lack of federal requirements contributes to wide variation among states in the functional assessment tools they use.
- States take several approaches in developing functional assessment tools. They can:
  - use a tool developed by another state or by a vendor, without modification;
  - use tool developed by another state or by a vendor, with modification; or
  - create a new tool.

Variation Makes it Difficult to Compare Across States

- Variation makes it difficult to evaluate how well Medicaid programs are meeting beneficiaries' LTSS needs.
- The 2013 Commission on Long-Term Care recommended a standardized assessment tool be developed to produce a single care plan across care settings.

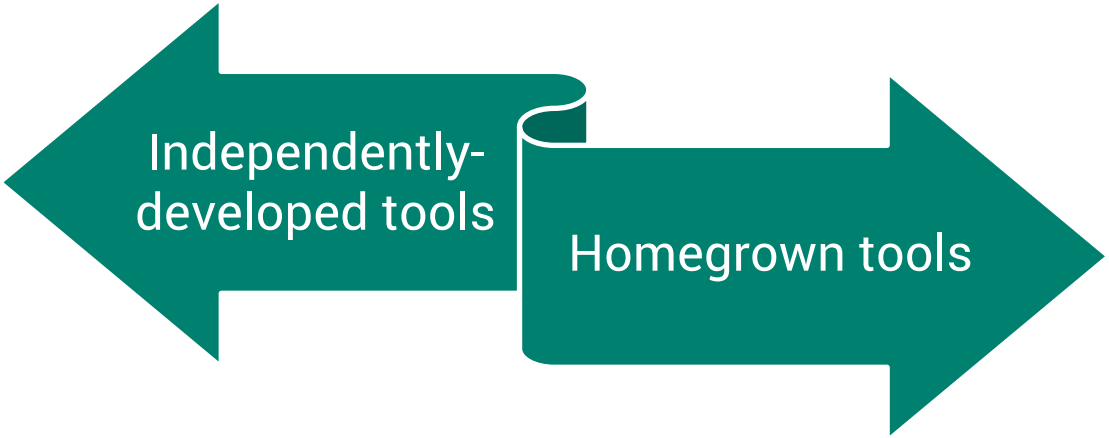
MACPAC Interest in Assessment Tools

- In its June 2014 report to Congress, MACPAC expressed interest in understanding variation in functional assessment tools.
- At the time, little information was available that documented this variation.
  - Published studies generally focused on a subset of states.
- To better understand current state practices, MACPAC contracted with NORC at the University of Chicago to compile a comprehensive, nationwide inventory of functional assessment tools.

Inventory Results Raised Questions

- To better understand states' decision making regarding functional assessment tools and why it has resulted in such wide variation, MACPAC staff interviewed Medicaid staff in eight states.
  - Kansas, Massachusetts, Maryland, Minnesota, Mississippi, Nebraska, Ohio, and Wyoming
- States were selected to represent a mix of those using homegrown and independently-developed tools, as well as states currently in the process of selecting (or creating) a new tool.

Factors States Consider When Selecting Tools



- States had various reasons for choosing an independently-developed tool or creating their own.
  - Independently-developed tools may ease implementation (e.g. coming with pre-developed training for assessors), but there may not be a clear advantage for one existing tool over another.
  - Homegrown tools allow for more customization and stakeholder input.

Resources and Organization of LTSS Influences Tool Selection

- States' decisions to implement a new assessment tool, and choice of tool, were often driven by the availability of resources.
  - Two states we interviewed used Balancing Incentive Program funds to implement new tools.
- The way a state organizes delivery of LTSS can lead to the use of multiple tools.
  - Different waiver programs may be run by different agencies.
  - Even in the same agency, different staff may be responsible for managing different waivers, leading to the use of multiple tools.

Advantages of a National Tool

A national tool could:

- allow for comparisons of use that reflect similar levels of need;
- improve our understanding of the value of services; and
- reduce state resources used to develop new tools.

Disadvantages of a National Tool

A national tool could:

- pose a burden to states that have recently invested in new tools;
- be difficult to select as there is no clear nationally preferred tool; and
- face a challenge of meeting the needs of a rapidly changing LTSS landscape.

Changes in the LTSS Landscape Make Selecting One Tool Difficult

The Commission did not recommend a national tool at this time.

- We are in a period of rapid change in LTSS.
  - States are continuing to expand the use of managed care for LTSS.
  - The Centers for Medicare & Medicaid Services is testing new approaches to functional assessment and the electronic exchange of care plans through the Testing Experiences and Functional Tools demonstration.
- It seems prudent not to move to a national assessment tool until we can learn more from existing tools and approaches.

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Questions?

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Medicaid and CHIP Payment and Access Commission

LTSS Assessment Tools in Use in State Medicaid Programs

Katherine Rogers, PhD, MPH

August 31, 2016

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Overview

- LTSS Assessment Tool Inventory
  - Planning and methods
  - Data collection template
  - Collection, compilation, and analysis
  - Findings
- Experience from the District of Columbia's Medicaid program
  - Context and impetus for reform
  - Planning and approach
  - Development and stakeholder engagement
  - Implementation

LTSS Assessment Tool Inventory

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Planning and methods

- Overall approach to data collection was adaptive and relied on publicly available documents
  - Common sources included public-facing program materials, state websites, waiver applications, and other documents
  - Used a snowball approach to identify additional materials
- Data were compiled using a data collection tool developed by NORC and MACPAC
- Availability and timeliness of public information was a known limitation

Data collection template

- With MACPAC, we developed a data collection template designed to capture all variables of interest, such as
  - Populations assessed with the tool
  - Services for which eligibility was determined using the tool
  - Domains included in the tool
  - Information about who used the tool, how it was completed, and how data were stored
  - Information about the source of the tool
- Tested this template with a small number of states
- Used this template to organize compiled information and a master table to assess themes, commonalities, etc.

Collection, compilation and analysis

- Ongoing compilation of data allowed for refinement of categorical rules for data classification
- Standardized formatting of data template allowed for ongoing tracking of gaps or issues identified in the data
- Some variables were easier to find than others
- Limited outreach to state Medicaid agencies to fill in the most significant gaps, such as tools we could not locate

Findings

- Number and types of tools
  - States use an average of about three distinct tools
  - Most states use “home-grown” tools
- Tool uses among services and populations
  - States tend to use different tools for different populations, though also sometimes use service-specific tools (e.g., for a PACE program or a waiver serving a targeted population)
  - Tools are most commonly used across multiple age groups when used for individuals who are elderly and for younger physically disabled adults
  - Independently developed tools appear to be more common among programs for individuals with IDD

Findings

- Tool domains and domain contents
  - Most common domains are as expected – functional support needs, clinical care needs, and cognitive/behavioral assessment
  - Other domains included might vary by the tool's intended use – e.g., psychosocial supports were much more common among tools used for individuals with IDD

Findings

- Tool domains and domain contents
  - There is a fair amount of variability across tools in what is captured even in the more common domains. For example:
    - Questions about the frequency and duration of assistance required varied;
    - Some states requested information on the use of adaptive equipment versus personal aides; and
    - One state requested which specific adaptive equipment was used and for which subtasks a beneficiary needed assistance
  - Greater detail may be useful when states are using a tool to develop a care plan in addition to determining eligibility

Findings

District of Columbia:

1) Bathing					
7aa–7ad. How frequently is this activity required and for what duration?	____ Minutes per occurrence ____ Times per day ____ Days per week			= _____ minutes per week	
7ba. Type of assistance required	Required Frequency of Assistance				
	Never	Sometimes	Usually	Always	Bathing Score (7bb):
Cueing or supervision	(0)	(0)	(1)	(2)	
Mechanical assistance only	(0)	(0)	(1)	(1)	
One-to-one 1:1 person physical assist	(0)	(1)	(2)	(3)	
Totally dependent on another person	(0)	(2)	(3)	(4)	
7c. Observations:					

Kentucky:

4) Is member independent with bathing	Comments:
☐ Yes ☐No (If no, check below all that apply and comment)	
☐ Requires supervision or verbal cues	
☐ Requires hands-on assistance with upper body	
☐ Requires hands-on assistance with lower body	
☐ Requires peri-care	
☐ Requires total assistance	
☐ Assistance with the use of equipment or assistive devices	

Findings

- Tool (and/or agency) “infrastructure”
  - Majority of tools still appear to be conducted on paper and not stored in a way that allows for easy data analysis
  - Rare exceptions exist, including states in which data are stored and even linked to other data (such as claims data or other case management data)
  - A number of states are currently engaged in efforts to reform or reshape assessment tools and processes, but this is a long and involved process

Experience in the District of Columbia

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Context and impetus for reform

- The District offers a wide range of LTSS, for multiple specific populations and delivered in a number of different channels
  - The assessment processes for most services were different, using different assessors and different tools
  - The District looked at BIP but was technically ineligible
- The agency was also planning to stand up a brand-new 1915(i) program, and additionally was in the process of addressing some issues within its state plan personal care program that made reforms to the assessment process attractive

Planning and approach

- Research process
  - Background
  - Working group within the agency
  - Discussions with other states' staff
- Major objectives
  - A multi-domain assessment
  - An assessment that could work for multiple services and/or serve appropriately for multiple populations
  - An electronic / automated assessment and accessible data
- Development and stakeholder engagement

Implementation

- Phased roll-out by service type
  - State plan PCA
  - Other services
- Automation of tool
  - Implications for process and for data
- Ongoing training and stakeholder engagement
- Other implications for implementation

Thank You!

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