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Strategies to Address Long-Term Services and Supports

Brief One: Improving Colorado's Assessment Tool and Data System

Prepared for The Colorado Health Foundation
By the Colorado Health Institute

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Informing Policy. Advancing Health.

TCHF Goal

Improve the long-term services and supports (LTSS) client assessment and care management data system.

Potential Tactics

- Support agencies in piloting screening and assessment tools that have been proven effective in other states.
- Support state funding to implement needed changes.

Defining the Problem

When considering how Colorado assesses whether clients are eligible for LTSS as well as their needed level of services, there are concerns that the state's current system lacks:

- A rigorous assessment tool for functional status.
- A tool that is tied to an objective care planning process.
- An integrated statewide data system to ensure consistent assessment and care planning.

In Colorado

Compared to newly-developed assessment tools, Colorado's tool, the ULTC 100.2 (copy attached), could more rigorously assess LTSS needs and provide a better framework for consistent and objective care plans. The ULTC 100.2 has relatively few questions, the questions are broad in scope and they do not provide the detail contained in newly-developed tools. Because of this, individual care plans created by intake agencies in Colorado can vary widely for individuals with similar needs.

An individual attempting to access LTSS comes into contact with several agencies and organizations and faces multiple applications and assessments. Each step takes time and resources, both for the client and for the state.

In addition, Colorado does not have an integrated statewide data system that ties the intake assessment with the services that are authorized and used. It is not possible to enter a client's information into a data system that will then show options for a care plan. The state can't compare authorized services with actual services or track federally-required quality management activities. If a client is receiving services through multiple agencies, as is often the case, the data system does not allow those agencies to communicate with each other about the client.

The financial eligibility assessment for Medicaid programs is conducted by a separate organization than the functional eligibility for programs (using the ULTC 100.2). This becomes a problem because

the separate organizations track their assessments in different data systems and neither has access to the other, creating administrative inefficiencies. Integration of the two could reduce burden both administratively for the case managers and for the client.

Entry points - Adult Resources for Care and Help (ARCHs) and the county departments – in most cases use different data management systems and do not share information. Clients must provide the same information several times, which can be time-consuming and frustrating for them and an inefficient use of public resources. Further, the ULTC 100.2 does not prescribe consistent care plans for clients with similar needs. The care plans that are created aren't tracked.

Lacking data integration across programs, providers, and local and state agencies can contribute to lower quality and/or inappropriate care. It can also account for higher administrative burdens and costs, longer wait times for programs and decreased client satisfaction.

During the 2012 legislative session, the Department of Health Care Policy and Financing (HCPF) requested funding to redevelop the assessment tool, but the request was denied by the Joint Budget Committee. HCPF's Long-Term Care Advisory Committee has created an entry point subgroup to explore options to streamline the process.

Critical Success Factors

While the process of developing a new assessment tool and data system can vary from state to state, depending on several factors like stakeholder input and unique state needs, there are several factors to consider for a successful tool and data system.

- Stakeholder input is critical to creating a useful and effective assessment tool and data system.
- The assessment tool should be objective and comprehensive. The assessment should cover several topic areas and include a person-centered portion to create a comprehensive picture of client needs.
- The tool should be automated. When an assessment is completed, the data is entered into a central, secure database which then helps guide case managers to create appropriate care plans.
- Link the assessment tool to a data system that is accessible across entry points, agencies and programs.

Examples of Successful Innovations

Minnesota ranked No. 1 and Washington ranked No. 2 on the 2011 State Long Term Services and Supports Scorecard sponsored by AARP, the Commonwealth Fund and the SCAN Foundation.[1] Both states have developed effective and robust assessment processes.

Minnesota

Minnesota is rolling out MnCHOICES, an automated standardized assessment tool. Recognizing that its paper screening and assessment documents were inefficient, Minnesota hired HCBS Strategies Inc. in 2004 to facilitate extensive stakeholder involvement and develop the new assessment process.

The changes are expected to be significant. MnCHOICES will be used across all Medical Assistance State Plan LTSS, HCBS waivers and state-funded programs. Instead of applying for a specific program, a client will undergo an assessment, receive an individualized care plan and then learn about available funding sources.

The assessment can be done both online and offline and connects to a centralized database. Minnesota hopes to automate the eligibility process. It also expects to create a large database that will assist in developing budgets and setting rates, that will provide information at the state and local levels, that will track client acuity and that will create reports for federal quality management requirements.

MnCHOICES took about six years (2004-2007 and 2009-2012) to create. The state legislature provided $3.5 million for the project and is preparing to seek federal reimbursement from the Center for Medicare & Medicaid Services. The total contract with HCBS was just under $1 million. Staff time and resources were not quantified, but were substantial.

Washington

Two reports, one in 1998 and the second in 2000, noted that Washington's tool, the Comprehensive Assessment, did not take advantage of computer technology to integrate eligibility and assessment findings, and did not incorporate the necessary elements to appropriately authorize services to create a care plan. Further, the state found that there was significant variation in services authorized between individuals with similar clinical characteristics as well as errors in determining eligibility and making payments.

Washington decided to develop an automated tool to assess clients in all LTSS programs and settings. Using the same tool would allow the state to collect and compare data across the system and build the foundation for better care planning. Having a central database would provide enough data to group individuals with similar clinical characteristics to structure programs and payments.

A considerable stakeholder engagement process, along with a study of individuals across settings over time, helped inform the new tool, called the Comprehensive Automated Resource Evaluation

(CARE). Given time and budget restraints, Washington modified an existing tool from Oregon. CARE allows state-employed social workers and nurses to do the initial assessment on laptops in the home and connect later to a centralized database which holds all assessment data.

Washington implemented the CARE tool in 2003 after five years of design and testing. The state contracted with Deloitte Consulting to develop, program and help implement the tool, which cost $3 million, half from the state and half from the federal government. The cost of staff time and field testing was considerable but not quantified.

Washington has tracked some metrics before and after implementation. It is important to note that CARE was not Washington's only LTSS initiative. Washington was merging the LTSS and developmental disabilities programs under one department and changing rating structures for community settings at the same time.

In the seven years before implementing CARE, the Medicaid in-home caseload went up 45 percent. In the seven years after CARE was introduced, the caseload increased 30 percent. The Medicaid residential caseload went up 131 percent in the seven years before 2003 and 29 percent in the seven years after. Because other LTSS initiatives were implemented during this same time frame, it is not possible to attribute all of the decline in the caseload growth rate and cost savings to CARE. However, it is believed that CARE contributed to these reductions by more rigorously assessing authorization of services and eligibility determination.[2]

Policy Considerations for Colorado

Colorado could save considerable money and time in its efforts to create a comprehensive and robust assessment and care management data system by following the steps of other states that have successfully developed systems.

Key lessons learned from other states include:

- Define the scope of the project as well as which populations and programs it will cover;
- Review existing national and state tools that can be adapted to the needs of Colorado;
- Ensure that any automated standardized assessment integrates data between entry points, programs and departments and automates the process as much as possible.

Within each of these considerations, stakeholder engagement and a comprehensive picture of the current system will be key success factors.

Endnotes

[1] "Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers." 2011. AARP, the Commonwealth Fund and the SCAN Foundation. Available at: http://www.longtermscorecard.org/.

[2] Black, P. and K. Leitch. "Analysis of State Approaches to Implementing Standardized Assessments." April 2012. Prepared for the SCAN Foundation. Available at: http://www.chhs.ca.gov/initiatives/Olmstead/Documents/The%20SCAN%20Foundation%20Funded%20Report%20on%20Uniform%20Assessments.pdf.