HCBS Level of Care Eligibility: Why Do All States Do It Differently & Who Does It Right?

August 29, 2019

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Contributors

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Division of Senior & Disability Services

Long Term Services & Supports (LTSS)

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Opening Activity

Workshop Activity 1: Identify Challenges

- QUESTION – When thinking about your current LOC criteria and process, what are the three to five most significant challenges or issues experienced by the populations you serve?

- Write one idea per notecard
  - No less than 3 cards
  - No more than 5 cards
  - Please write legibly

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Workshop Activity 1: Share Findings

Today's Session Agenda

1. *Workshop Activity 1*
2. Background
3. National Landscape
4. Stakeholder Engagement
5. Co-Creating a New NF LOC Model
6. *Workshop Activity 2*
7. Key Learnings, Best Practices, Recommendations

Background

Why Now?

- Serving 65,000 Missourians

- No substantive updates since 1982

- Inherent problems with current model
  - Exacerbated when budget shortfalls forced move from 21 to 24 points

- Missouri's aging demographic

- State Auditor's Office recommendation

Demographic Information

- Medicaid under the LTSS program pays 63% of all institutional care for the state of Missouri

- MO spends around 58% towards HCBS

- 50% increase in elderly needs in approximately the next 15 years

- Other issues and challenges

Missouri's Need for Technical Assistance (TA)

- Robert Wood Johnson funding through Princeton University's State Health & Value Strategies (SHVS)
- Funded to deliver in several key areas:
  - National scan and comparison
  - Deep dive interviews
  - Key Stakeholder public forums
  - New model for Missourians
  - Summarize findings

Begin With The End In Mind

Overarching Goal: Create a new LOC model that:

1. Ensure **access** to care for **most in need.**
2. Use **limited state resources** on those most in need.
3. Ensure individuals able **to live in the community** are not inappropriately placed in a more restrictive setting.

2nd Significant Change to LOC – Move from 21 to 24 points

Awarded Robert Wood Johnson Foundation Grant

January to June Research and Discovery

July to December Stakeholder Engagement and Model Formation

2017

2018

1982

2001

NF Level of Care Eligibility Criteria Added to Missouri Regulations

1st Significant Change to LOC Move from 18 to 21 points

National Landscape

National Landscape Findings

- Conduct a national scan of existing LOC research

- Evaluate methodology, tools, and processes in all the states
  - LOC eligibility criteria
  - Functional assessment types used
  - Assessors/Determinators of services and supports
  - Scoring systems

- Research strategy
  - Phone calls, review of statutes/regulations, published reports and findings, website scan

- Provided a 50-state library of LOC eligibility criteria

What Tools Are Leveraged?

- Initial, Specialized and Cross-Cutting tools
- Tools include homegrown tools (LOCET), national assessments (interRAI), or customized tool (ArPath)
- Length and complexity of tool used varied significantly
- Paper, electronic/online form, web-based software

Criteria and Indicators

ADLs

- Transfers
- Locomotion
- Bed mobility
- Upper dressing
- Lower dressing
- Eating
- Toileting
- Personal care
- Bathing

IADLs

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using phone to accomplish tasks
- Bill paying
- Scheduling medical appointments
- Other shopping tasks

CLINICAL

- Assistive devices
- Treatments and procedures
- Rehabilitative services
  - Tube feeding
  - Wound care
  - Occupational therapy
  - Ventilator care

MEDICAL

- Medical history
- Mental health history
- Vital signs
- Medications
- Medical conditions
- Diagnoses
- Special treatments or diet

SAFETY

- Environmental factors/problems
- Living conditions
- Risk evidence

COGNITION

- Memory
- Behavior
- Communication
- Sensory orientation
- Assessment of social situation
- Expression

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Who Assesses and Who Determines?

Assessors include:
- Area Agencies on Aging (AAA)
- Aging and Disability Resource Centers (ADRCs)
- Managed Care Organizations (MCOs)
- Nursing facility/hospital case managers
- State employees
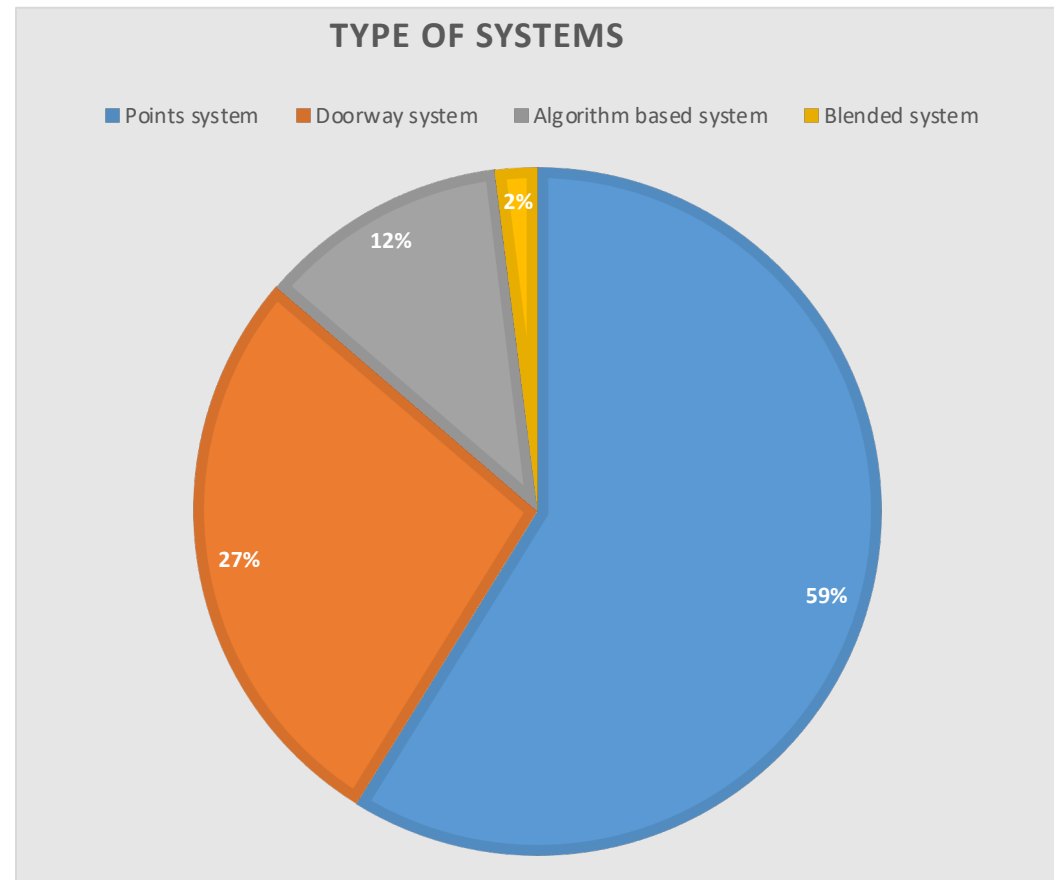- Independent contractors
- Certified assessors

Determiners include:
- Physicians
- Registered nurses
- Certified assessors

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How Does Someone Meet Eligibility?

Four Framework Systems

- Points
- Doorway
- Algorithm-based
- Blended

TYPE OF SYSTEMS

- Points system
- Doorway system
- Algorithm based system
- Blended system

59%
27%
12%
2%

Stakeholder Engagement

Feedback Sessions Timeline

- Initial Meeting: May 4, 2018
- Public Forum 1: June 25, 2018
- Public Forum 2: July 13, 2018
- Public Forum 3: November 27, 2018

- Five state deep dives for "trusted discovery"
  - Arkansas, Indiana, Louisiana, North Carolina, Wisconsin
- First draft of proposed model framework
  - Solicited input
  - Key Stakeholder meetings
  - Online feedback survey

Notecard Activity Revealed Challenges

- Both process and framework issues

- OR -

Get Perspective on <u>Process</u> Challenges

<u>State Staff</u>

- System is subjective and inconsistent

- Assessment tool too long

- Client can be coached

- SNFs LOC still paper driven

<u>HCBS Stakeholders</u>

- Assessor training-inconsistent and different outcomes

- Self report information-verify information, not honest

- NF and HCBS disparity in process

<u>SNF Stakeholders</u>

- Slow response after assessment completed ~90 days

- Lack of understanding of assessment (inaccurate/incomplete)

- Backlog/lost forms at COMRU

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Get Perspective on <u>Framework</u> Challenges

<u>State Staff</u>

Disconnect between criteria buckets and actual needs

- Frail Elders not identified and do not qualify under current eligibility criteria

- Mentally disabled have advantage

- # of meds should not relate to 9 score in scoring system

<u>HCBS Stakeholders</u>

- Mental health not adequately addressed in current system

- Point system doesn't work because allows "in" those that should not be, should focus on age and diagnosis

<u>SNF Stakeholders</u>

- MDS coding and NF LOC definitions do not match each other

- Residents unsafe at home but do not qualify

- Add Cognition and Safety categories to consider mentally ill and memory challenges

- Not about # of meds but the underlying condition that requires the medication

- Different assessed needs for mentally ill (MI) young person and MI frail elder which leads to inconsistent criteria

- Personal care needs not a good scale

Overall Framework Changes

- Overwhelming support for doorway-type system

- Like the doorway approach because tailored and multi-functional

- Operationalize a blended doorway with points system

- Doorways should include Dementia, MI, I/DD, Disabled Adult, Frail Elder, ST Rehab
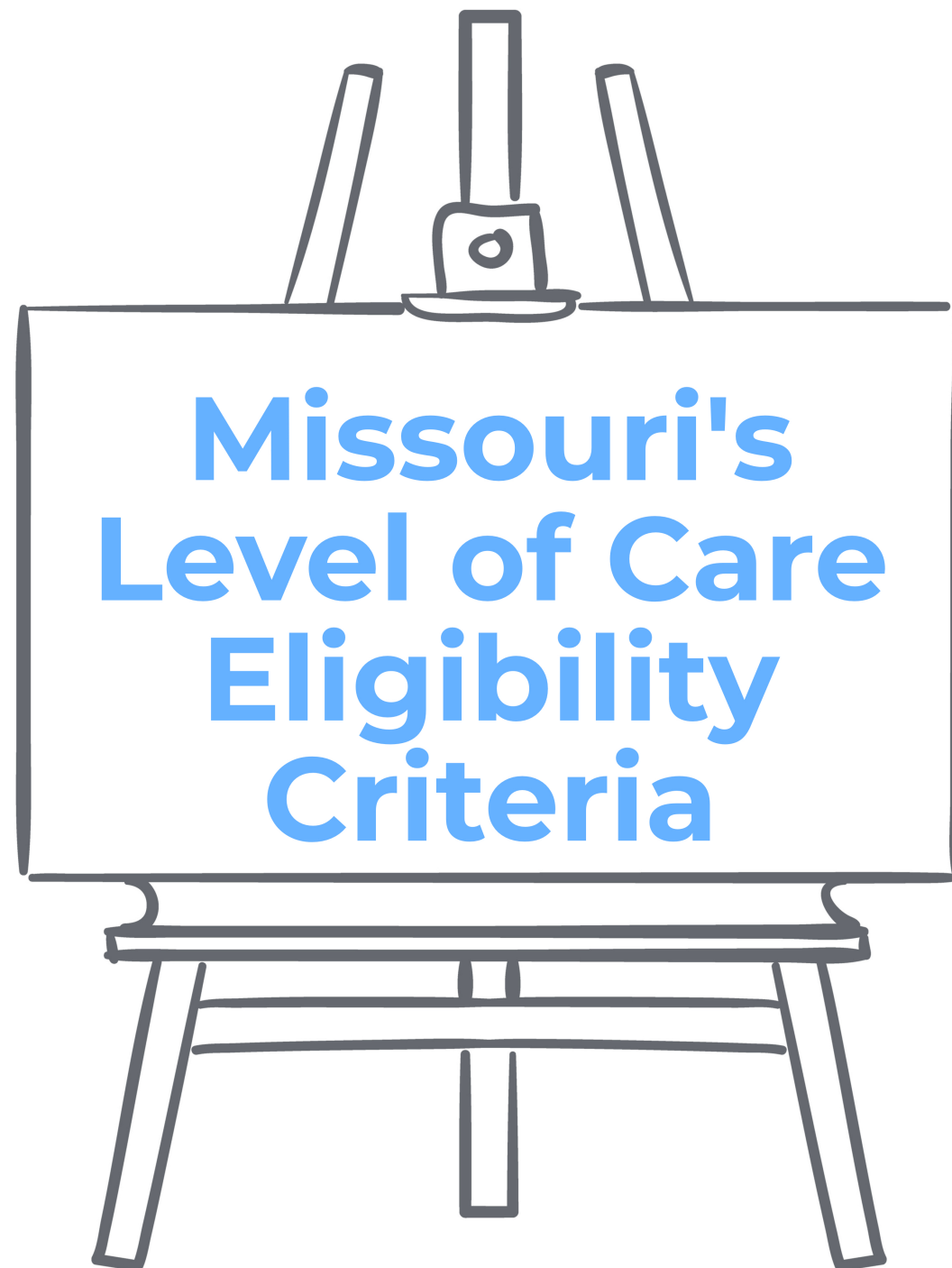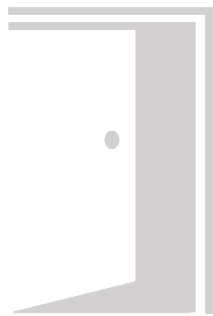
Doorway Design

What *indicators* put someone in a place where they need to receive their care in a nursing home environment?

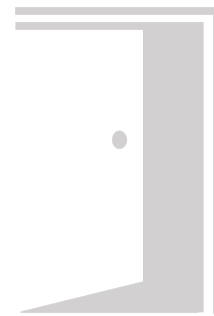# Draft Model Framework
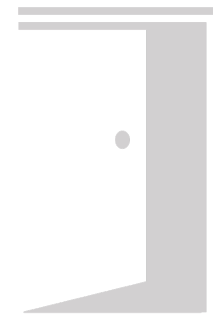
Shared first draft of new LOC criteria
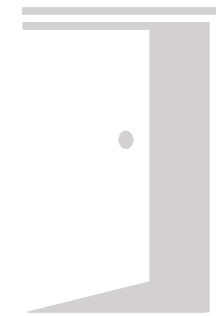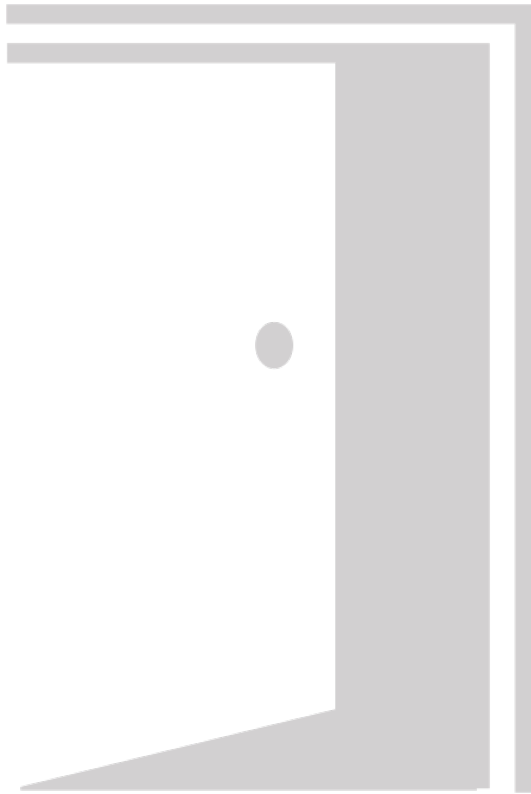- Five doorways + points

Frail Elderly Physical Limitations Dementia Mentally Ill I/DD or ADI

Sample Doorway: Frail Elderly

Definition: Individuals age 80 and over with a decreased ability for independent living due to chronic health problems, physical limitations, and/or impaired mental abilities.

Criteria Eligibility
- ADLs (Activity of Daily Living) e.g. Bathing, Mobility, Transfers, Dressing, Grooming, Toileting, Eating
- IADLs (Instrumental Activities of Daily Living)- Meal prep
- Safety-ADLs impacting health, Fall risk (bathing, transfers)

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Stakeholder Meeting #2: Did We Get It Right?

What *indicators* put someone in a place where they need to receive their care in a nursing home environment?
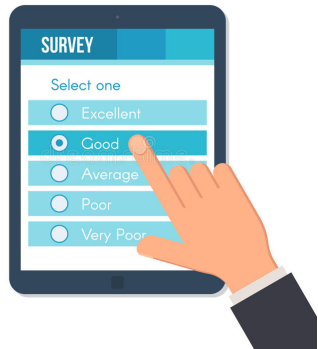
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Review Proposed Indicators

Placed dots by up to six items which should stay the same in the final framework

Placed up to three post-it notes with ideas for improvement (additions, deletions, changes)

Offered suggestions for scoring and provided more information in online survey

Frail Elderly

DEFINITION:

Individual... ...ve... ...th a decreased ability for independent living due to chronic health problems, physical limitations, and/or impaired mental abilities.

INDICATORS:

Activities of Daily Living
- Bathing
- Mobility
- Transfers
- Dressing
- Grooming
- Toileting, Eating

Instrumental Activities of Daily Living
- Meal prep...

Safety
- Activities of Daily Living impacting health
- Fall risk (bathing, transfers)

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

Physical Limitation

DEFINITION:

Individual with a physical limitation, medical diagnosis, and/or chronic condition that leads to the need for physical hands-on care

INDICATORS:

Activities of Daily Living
- Toileting
- Eating
- Transfer
- Mobility

Clinical
- Wound care
- Tube feeding
- Ventilator and Tracheotomy

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

Dementia

DEFINITION:

Professional Dementia Diagnosis required

INDICATORS:

Activities of Daily Living
- Bathing
- Mobility
- Dressing
- Grooming
- Toileting, Eating

Instrumental Activities of Daily Living
- Grocery shopping, Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using phone to accomplish tasks
- Bill paying
- Scheduling medical appointments
- Other shopping tasks

Cognition
- Behavior
- Expression
- Memory

Safety
- Wandering/Exit seeking
- Abuse
- Neglect
- Exploitation

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

Mentally Ill

DEFINITION:

Professional Mental Health Diagnosis required

INDICATORS:

Instrumental Activities of Daily Living
- Self care

Safety
- Wandering/Exit seeking
- Behavioral
- Fall risk

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

I/DD or ABI

I/DD (Intellectual or Developmental Disability) or ABI (Adult Brain Injury)

DEFINITION:

Professional Diagnosis of I/DD, Acquired Brain Injury or Traumatic Brain Injury as defined in RSMO-192.735

INDICATORS:

Instrumental Activities of Daily Living
- Self care

Safety
- Wandering/Exit seeking
- Behavioral
- Fall risk

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

Solicited Suggestions for Scoring System

- Break into small groups by doorway

- Use the draft as the basis for your work

- Propose an answer to these two dilemmas:

**How would your group recommend
this doorway be scored?**

If validation is needed, how would you do this?

Scoring Indicators

- How do you score the various indicators listed?
- When looking nationally, the range of options include:
  - Minimum, moderate, extensive
  - 0, 3, 6, 9 intervals
  - A + B + C + D (must meet all)
  - Must meet one
- Allowed to have different scoring by doorway
  - Not all must be weighted the same

Synthesized Input of Stakeholders

Sample Doorway Feedback - Frail Elderly

|		Staff	HCBS	SNFs
Definition	**Change age**, could be tiered age: 65-70, 70-79, 80 and up; maybe start at age 75, start at age 70 since many are in poor health, start at age 65, no age limit because discriminatory	✔	✔	✔
	Add short-term rehab door			✔
Indicators	**Add ADLs** including personal care, supervision, transfers	✔	✔	
	Add IADLs including grocery shopping, laundry, med prep, med management, money management, scheduling medical appointments, light housework, using phone to accomplish tasks, using phone apps, personal hygiene, household chores, bill paying, other shopping tasks, guardian, carrying 10 lbs., reading labels, and transportation	✔	✔	
	Add to Safety: A/N/E, memory, living conditions	✔		✔
	Add Medication: specifically availability and administration			✔

Key Takeaways from Feedback

- Certain types of people everyone agrees needs help
- Easy entry doorway needed for these individuals

- Potential for exclusion of some participants
- Technically difficult and expensive to implement with current assessment and web-based system

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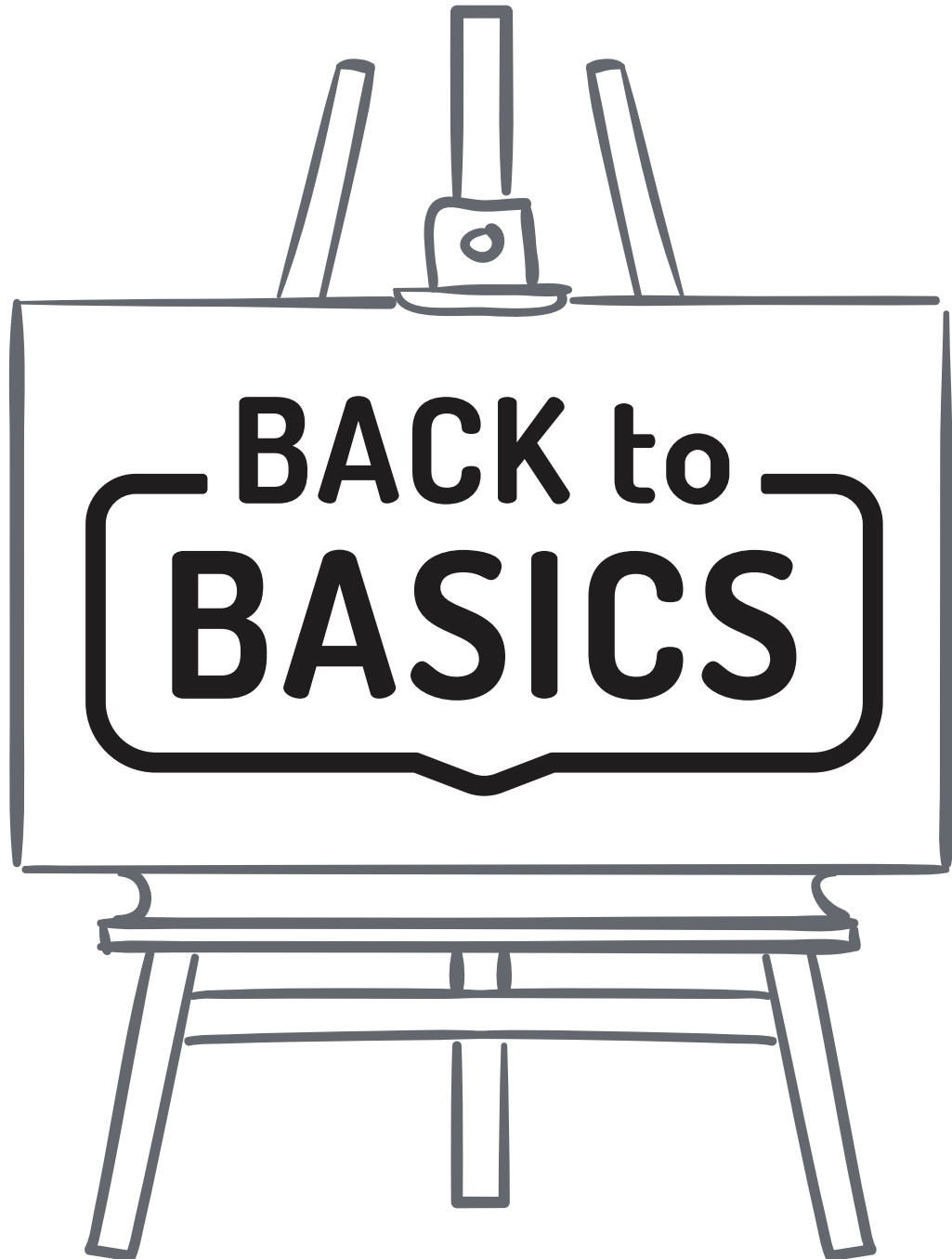
Co-Creating a New NF LOC Model

Common Sense Approach

Asked ourselves four essential questions:

In the current system,
1. What's working?
2. What's not working?
3. What's missing?
4. What does research say?

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What We Heard

What's Working?

- Mobility
- ADLs
- IADLs
- Rehabilitation

What's Not Working?

- Not Measuring the "Root"
  - Monitoring
  - Restorative
  - Number of medications taken
  - Physician ordered diet

What's Missing?

- Looking at cognitive and behavioral separately
- Way to help those that obviously need services easily get into system

What Does Research Say?

- ADLs are what truly matter – all states emphasize this
- Those with updated systems recognize cognitive and behavioral separately
- Blended algorithm models with variable point values makes most sense
- Updating more than every 30 years helps

Current Category	Proposed Category
Mobility	Moved to ADL category
Behavioral	Behavioral (modified)
Treatments	Treatments (modified)
Personal Care	Activities of Daily Living (new) ▪Dietary ▪Bathing ▪Toileting ▪Mobility
Rehabilitation	Rehabilitation
Dietary	Moved to ADL category
Medication	Modified to medication management only
Restorative	Removed category
Monitoring	Removed category
---	Cognition – New category
---	Safety – New category

Scoring Process

- Category-specific questions in assessment

- Points based on each question

- Common sense trigger questions
  - Late stages of dementia, bedbound, quadriplegic

Look at Actual Missourians

Right services for the **right** people at the **right** time in the **right** setting

That's a lot to get **Right**!

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Case Studies

- Study own residents, use real Missourians

- Conducted 100+ case studies

- Analyzed different scenarios
    - Those in the system
    - Those not in the system

Case Study #1

Maria
89 year old female
Currently unable to make it through the prescreen, only getting a score of 12
- She becomes ill. She does not receive any treatments.
- She needs assistance bathing.
- She ambulates without assistance, but is a high fall risk.

Case Study #2

Thomas
57 year old male
Eligibility and level 2 screening process. Currently admitted into a SNF.
- Hospitalization for mood and behaviors – schizophrenia
- Hyperactive, withdrawn
- Wheelchair for long distances only
- Diabetes and requires blood sugar testing
- Requires assistance for all ADLs

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Case Study #3

Andy
34 year old paraplegic
- Hospitalized from pressure ulcer
- Total assistance with ADLs
- PT/OT required
- Catheter

Case Study #4

Katie

29 year old woman with fibromyalgia

- Patient reported complete independence with all ADLs
- Current LOC is 30
    - 9 of those points coming from medication
    - 6 coming from the use of a CPAP.

Provider Homework:
Gather own case study scenarios to test

Missouri LOC Transformation Website

https://health.mo.gov/seniors/hcbs/loc-transformation.php

Provider Case Study Testing

LEVEL OF CARE
ALGORITHM
VIDEO TUTORIAL

Bureau of Long-Term Services and Supports

Hello and welcome to a brief tutorial on how to interpret and utilize the algorithm supplied to you as a part of the Level of Care Transformation project at the Department of Health and Senior Services, Division of Senior and Disability Services.

- Draft algorithm distributed via listserv and through provider associations
- Pilot test own case studies to determine potential impact
- Providers submit findings and outcomes using "Send Feedback" link on LOC Transformation website

Key Learnings, Best Practices, Recommendations

Technical Assistance Area: National Scan Findings

- Need to create a national database of LOC models

- Recommend funding by philanthropic organization

- Will assist in the sharing and adoption of best practices

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Technical Assistance Area: Stakeholder Engagement Findings

- Hold separate sessions (Staff, HCBS, NFs) to isolate group-specific issues
- Involve all impacted by NF LOC model, directly or indirectly
- Use neutral third party to facilitate public forums
- Choice a centralized location with advance notice of dates/times
- Plan to share resource material for non-attendees
- Allowance for anonymous feedback
- Create a stakeholder advisory team to provide:
  - a continuous, transparent, data-driven process
  - ongoing, clear communication and updates
  - evidentiary examples of the three initial project goals
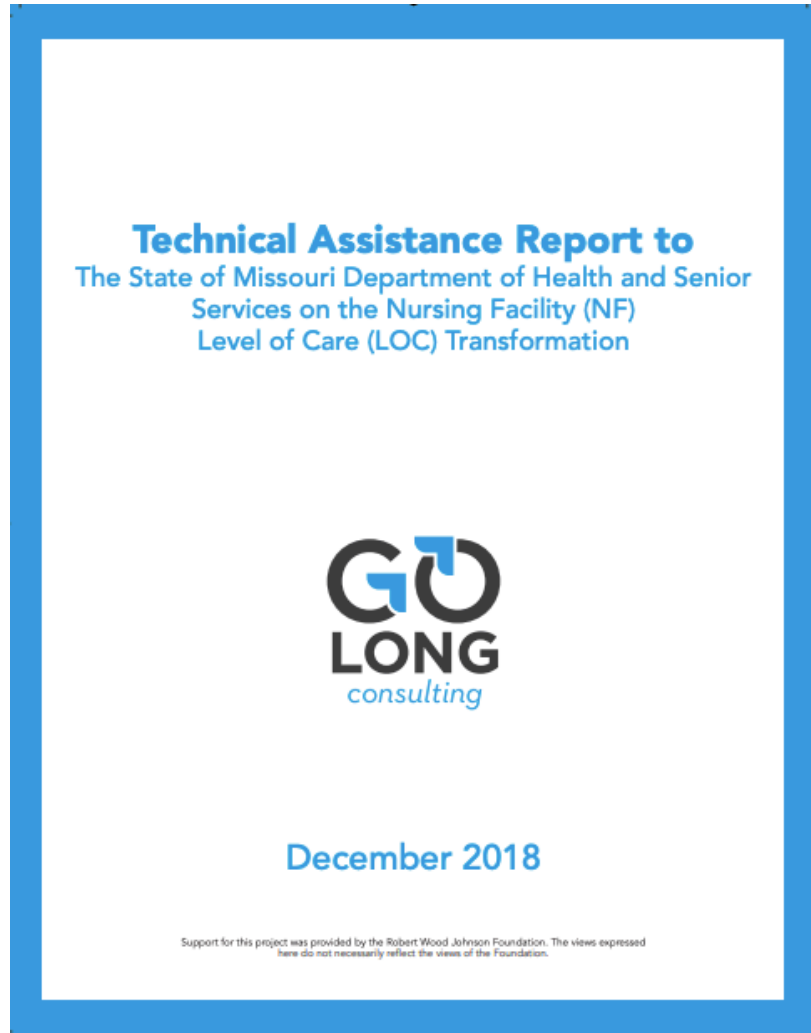
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Technical Assistance Area: LOC Model Findings

- Always remember the audience of the services and supports

- Benchmark against nationalized aggregated data, when possible

- Case study testing imperative to determine efficacy of the proposed model

- Reflect state needs while maximizing the limited number of resources available to consumers

- Actively monitor algorithm changes, especially newly created or eliminated categories

- Be able to quickly implement adjustments when warranted

- Expeditiously inform residents displaced by new model

- Assist non-qualifying and at-risk residents with community services/supports: faith-based, community, and non-profit organizations

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Out of Scope Technical Assistance: Process Administration Findings

- First stakeholder meeting yielded significant number of procedural issues

- Existing gaps compromise the ability to assess eligibility criteria and assign proper service and supports properly

- Not evaluating processes and procedures for effectiveness could jeopardize success of new model

- Efforts made to capture these process concerns and are summarized in TA report

- Recommendations include employing certified assessors for consistency, consider mobile assessments, and move toward a case mix integration

Missouri TA Report

Technical Assistance Report to
The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation

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December 2018

Support for this project was provided by the Robert Wood Johnson Foundation. The views expressed
here do not necessarily reflect the views of the Foundation.

- Direct link to report:
  https://health.mo.gov/seniors/hcbs/pdf/levelofcaretransformation.pdf

- Link to report will be available on Missouri LOC Transformation website

- Physical copies available at cost

- Significant findings and updates will be posted to website going forward

Final Words: New NF LOC Structure & Ecosystem

Transparency is key to success. In order to make sure we have built something that gets the right services to the right people, we have to ask for perspectives of those who need care and those who provide the care, as well as all Missouri taxpayers.

~Jessica Bax, Director of the DHSS' Division of Senior and Disability Services