

# Using better data, better: interRAI implementation strategies from Indiana and the District of Columbia



# Agenda Outline:

Challenges to using better data better

Introduction to interRAI

Overview of the ADVancing interRAI initiative

Strategies from two participating states: District of Columbia and Indiana

# Challenges to using better data, better

- Challenging to collect good quality data
- Challenging to collect good data efficiently and through a person-centered process
- Challenging to set up program operations that utilize good data

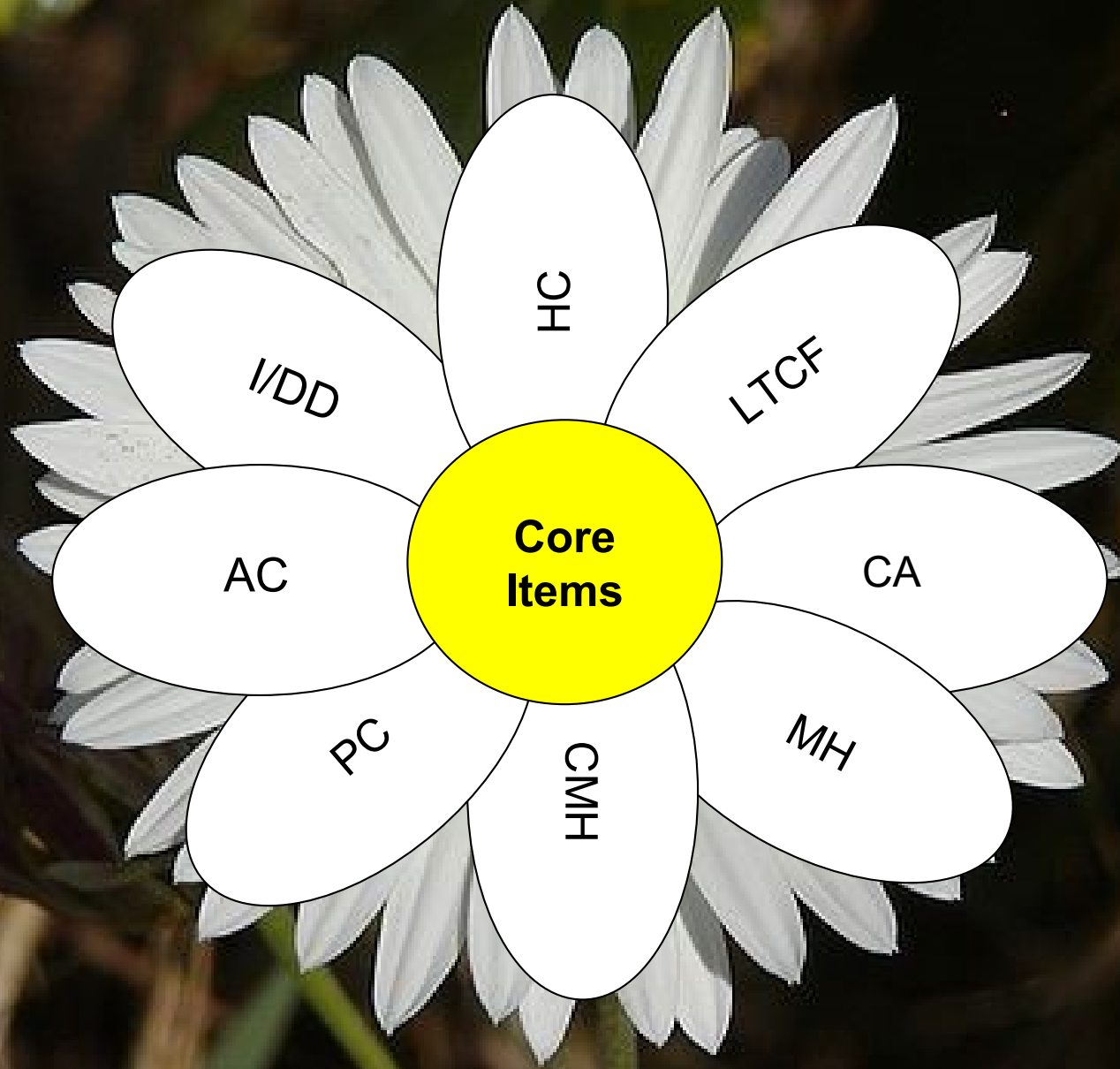


# Introduction to interRAI

- International research collaborative
- Has developed comprehensive, scientifically sound suite of assessment systems for use across populations and the continuum of care
- interRAI systems include assessment tools and scientifically validated applications to support person-centered care planning and policy development
- interRAI systems are in use in over half of US states and across the world

# interRAI Suite

Home Care	Inpatient Mental Health
Contact Assessment	Community Mental Health
Check-Up	Correctional Facilities
Community Health	Intellectual/Dev. Disabilities
Assisted Living	Pediatric, Pediatric Mental Health, Pediatric DD, 0-3
Nursing Home (LTCF)	Self-Report Quality of Life
Acute Care	Carer Needs Assessment (Caregiver)
Palliative Care	Etc.



**Core  
Items**

HC

LTCF

CA

MH

CMH

PC

AC

I/DD

# interRAI HC Domains

Identification Information

Intake & Initial History

Cognition

Communication & Vision

Mood & Behavior

Psychosocial Well-Being

Functional Status

Continence

Diseases & Diagnoses

Health Conditions

Oral & Nutritional Status

Skin Conditions

Medications

Treatments & Procedures

Responsibility

Social Supports

Environmental Assessment

Overall Status

Discharge

Assessment Information



# Standardized language example

SECTION D. Communication and Vision	
<p><b>1. MAKING SELF UNDERSTOOD (Expression)</b> <input type="checkbox"/></p> <p><i>Expressing information content—both verbal and nonverbal</i></p> <ul style="list-style-type: none"><li><b>0 Understood</b>—Expresses ideas without difficulty</li><li><b>1 Usually understood</b>—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required</li><li><b>2 Often understood</b>—Difficulty finding words or finishing thoughts AND prompting usually required</li><li><b>3 Sometimes understood</b>—Ability is limited to making concrete requests</li><li><b>4 Rarely or never understood</b></li></ul>	<p><b>3 Sometimes understands</b>—Responds adequately to simple, direct communication only</p> <p><b>4 Rarely or never understands</b></p>
<p><b>2. ABILITY TO UNDERSTAND OTHERS (Comprehension)</b> <input type="checkbox"/></p> <p><i>Understanding verbal information content (however able; with hearing device normally used)</i></p> <ul style="list-style-type: none"><li><b>0 Understands</b>—Clear comprehension</li><li><b>1 Usually understands</b>—Misses some part / intent of message BUT comprehends most conversation</li><li><b>2 Often understands</b>—Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation</li></ul>	<p><b>3. HEARING</b> <input type="checkbox"/></p> <p><i>Ability to hear (with hearing device normally used)</i></p> <ul style="list-style-type: none"><li><b>0 Adequate</b>—No difficulty in normal conversation, social interaction, listening to TV, or using the telephone</li><li><b>1 Minimal difficulty</b>—Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet [2 meters] away)</li><li><b>2 Moderate difficulty</b>—Problem hearing normal conversation, requires quiet setting to hear well</li><li><b>3 Severe difficulty</b>—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly, or person reports that all speech is mumbled)</li><li><b>4 No hearing</b></li></ul>

Copyright interRAI. Do not copy, reproduce, or distribute.

# interRAI Applications

- interRAI systems produce scientifically validated:
  - Screening and risk algorithms
  - Status and outcome scales
  - Clinical Assessment Protocols (CAPs)
  - Resource allocation systems (case mix)
- States also develop policies and procedures to use interRAI data for custom applications:
  - Custom screeners or triage criteria
  - Eligibility / level of care
  - Service planning and case mix
  - Etc.

# Challenges to using better data, better

- Challenging to collect good quality data
- Challenging to collect good data efficiently and through a person-centered process
- Challenging to set up program operations that utilize good data

# Challenges to using better data, better

Challenging to  
collect good  
quality data

- Challenging to collect good quality data
- Challenging to collect good data efficiently and through a person-centered process
- Challenging to set up program operations that utilize good data

# Challenges to using better data, better

Challenging to collect good data efficiently and through a person-centered process

- Challenging to collect good quality data
- Challenging to collect good data efficiently and through a person-centered process
- Challenging to set up program operations that utilize good data

# Challenges to using better data, better

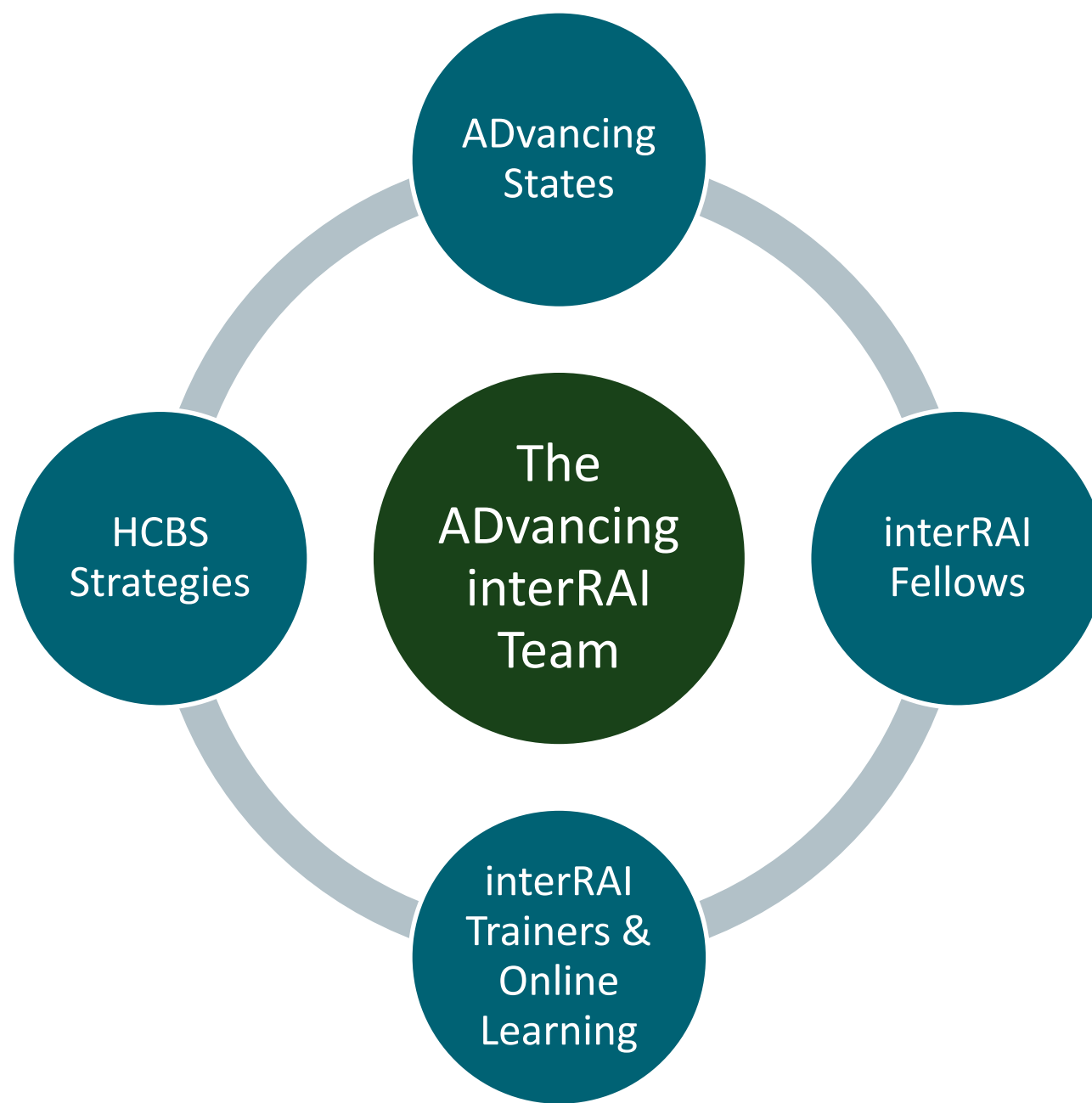
Challenging to set up program operations that utilize good data

- Challenging to collect good quality data
- Challenging to collect good data efficiently and through a person-centered process
- Challenging to set up program operations that utilize good data

# ADvancing interRAI

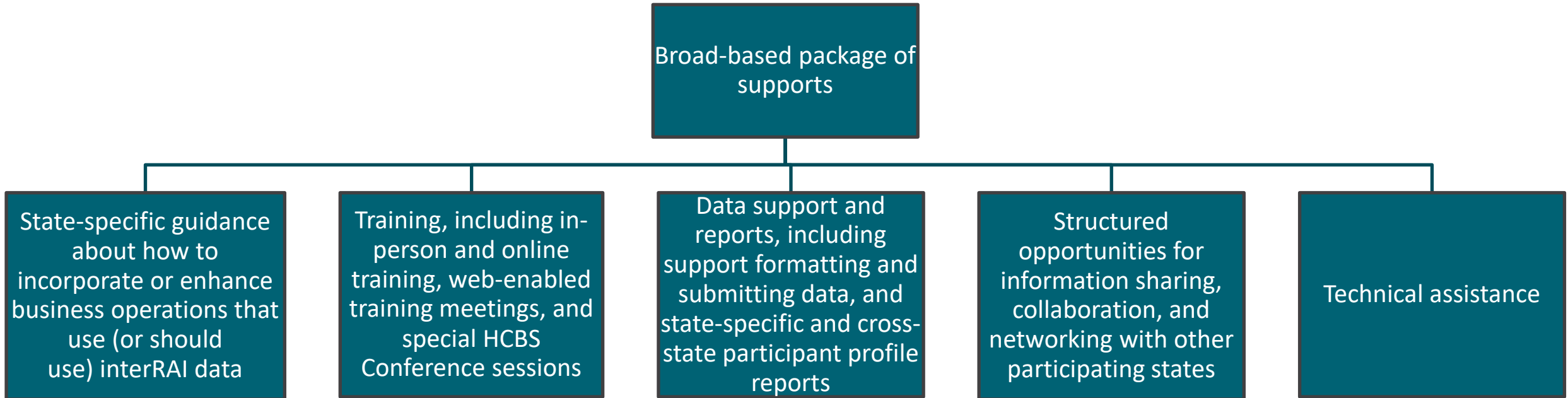
Infrastructure shared across multiple states to collect better data and use those to improve operations, policy, and evaluation

- 6 states processed/processing contracts
- 17 more have expressed interest





# ADvancing interRAI



# For both new & current interRAI states

**New states** receive the essentials needed for a successful implementation, including:

- Operations review and implementation plan
- Onboarding toolkit and support
- TA to integrate interRAI into current processes

**Current states** receive support to make full use of the interRAI data they're already collecting, including:

- Operations review and informed recommendations
- Up-to-date information on new interRAI tools and innovations
- TA to review or revise processes to align better with state policy objectives

# District of Columbia



# Background

---

Long-time user of the interRAI Home Care (HC)

---

Goals:

Educate participants, providers, and stakeholders about the assessment, the assessment process, and accessing LTSS

---

Use data in new ways

Align data use across all LTSS operations / oversight functions

---

Make intake and assessment processes more efficient and effective

---

Let assessment drive more-diverse service planning and referrals

---

Build a participant-focused, informed LTSS system

---

# Current Use of interRAI

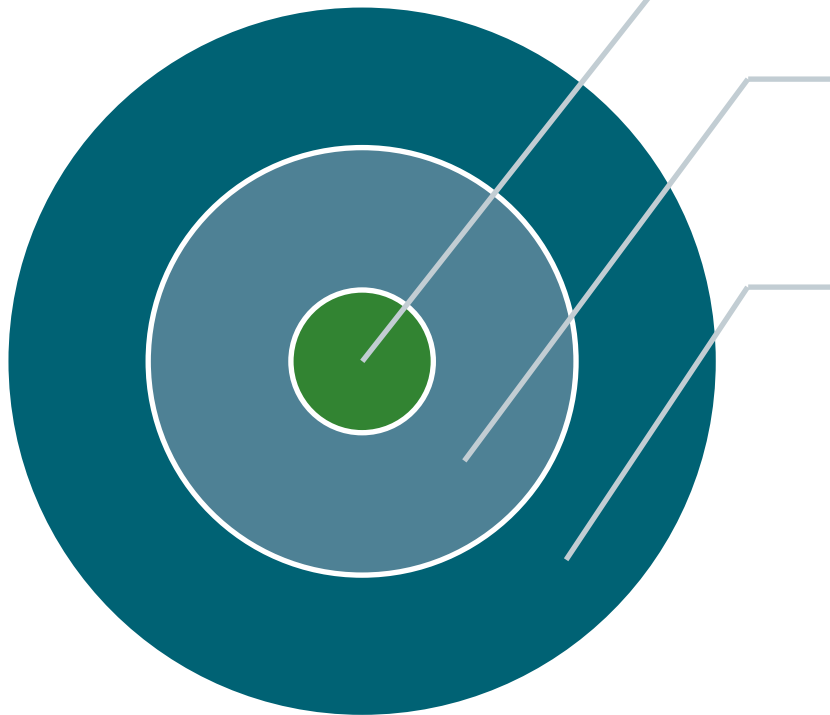
Determines Level of Care for Home and Community-Based Services Waiver for the Elderly and Persons with Physical Disabilities (EPD Waiver)

- The numerical score consists of a value from 0-31, which may include a score up to 23 on the functional assessment, a score of up to 3 on the cognitive/behavioral assessment, and a score of up to 5 on the skilled care assessment
- A score of 4 or higher is needed from State Plan PCA services, and a score of 9 or higher is needed for nursing facility or EPD Waiver services



Assists in creating person centered plans and plans of care

# Empowering LTSS User & Stakeholder Participation



Expand and enhance provider understanding, access and use of interRAI contents and data

Make the assessment process less like a “gate” and more accessible and understandable to the community at large

Erode the too-strong connection between the assessment and a single Medicaid service; help consumers understand all the assessment process can lead to

# Indiana



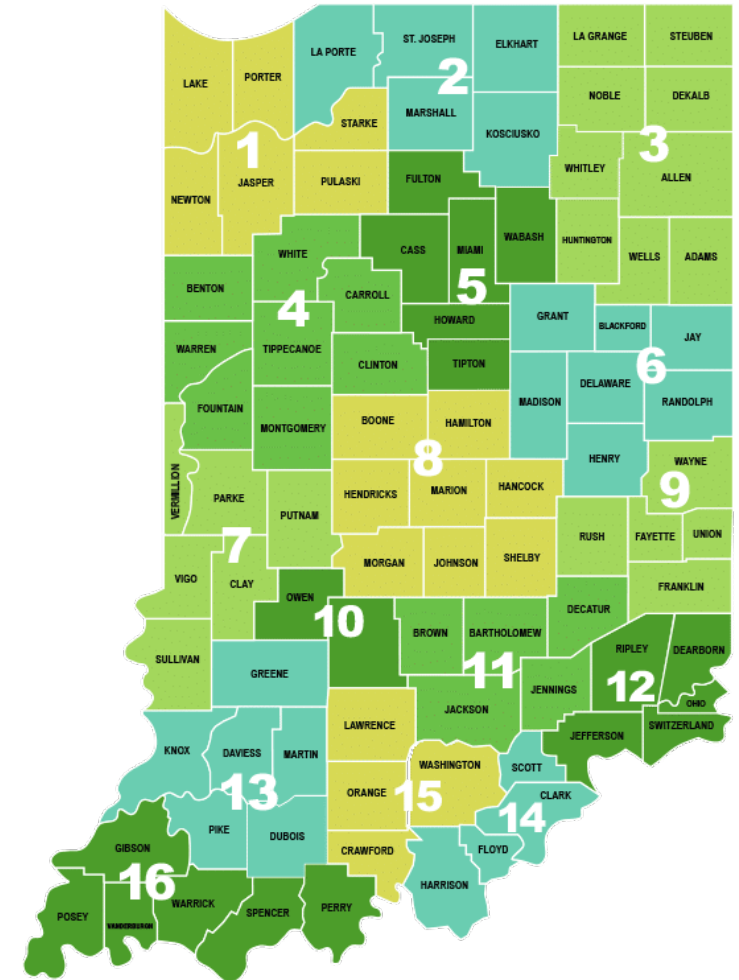
# Background and Goals

- Long-time user of the interRAI Home Care (HC)
- Transitioning to Medicaid Managed Care for 60+ Full Medicaid
  - Estimated total population ~110,000
  - Including Dual Eligibles (DE) and Medicare DE Special Needs Plans (D-SNPs)
  - Including LTSS: 1915(c) HCBS Waiver (~20,000) and Nursing Facility (~20,000)
- Goals:
  1. Comprehensive operational review and recommendations
  2. Develop capacity and increase use of interRAI data
  3. Consider opportunities with new Medicaid Managed Care



# Current Use of interRAI

- 2022 interRAI HC Assessments (60+)
  - 45,000 unique individuals
  - 70,000 assessments
- Level of Care (LOC) Determinations
- Person-Centered Service Planning
  - 1915(c) HCBS Waiver
  - Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)
  - Older Americans Act Title III Support Services
- Most assessments and services accessed via Indiana's 15 Area Agencies on Aging (AAAs) covering 16 Planning and Service Areas



# Operational Review and Recommendations

- Review all relevant program and business operations and make recommendations for improved efficiencies
  - Current use of interRAI instruments and data
  - Current interRAI licensing and contracting
- Outline roles and responsibilities of state and non-state entities and make recommendations for future state that incorporates Medicaid managed care
  - State staff charged with administration, oversight, data and quality functions
  - Aging & Disability Resource Centers (ADRCs) and Area Agencies on Aging (AAAs)
  - Managed Care Entities (MCEs), Enrollment Vendor, and LOC Determinations Vendor
- Identification of corresponding interRAI training needs and strategies

# Increase Use of interRAI Data

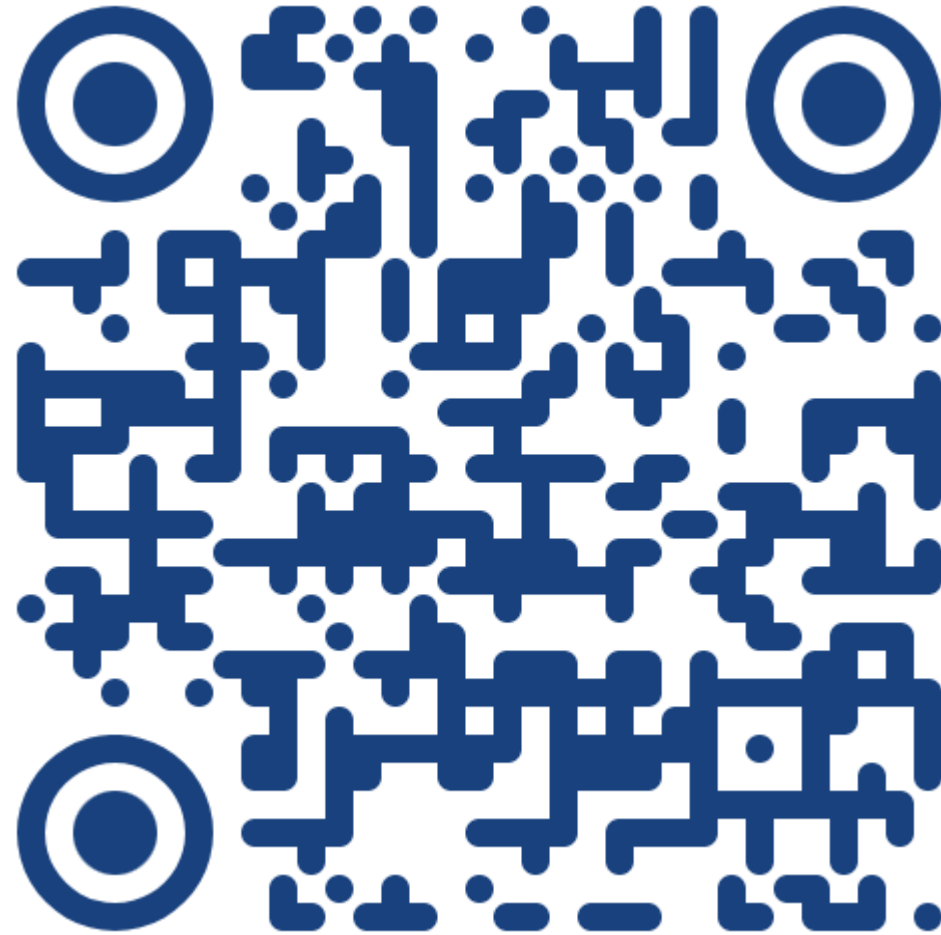
- Data management support and reporting recommendations
- Quality assurance/audit and performance metrics
- Resource allocation support to guide MCE service planning/authorization
- Using Clinical Action Plans (CAPs) and validated interRAI outcome measures as performance metrics for MCEs
- Using established interRAI algorithms or creating new algorithms to refine future capitation methodologies

# Medicaid Managed Care Opportunities

- July 2024 MCEs “go live” and begin care coordination including LTSS
- MCEs will be responsible for completing assessments as follows:
  - ✓ Health Needs Screen (HNS) upon enrollment of new members
  - ✓ Initial and annual Comprehensive Health Assessment Tool (CHAT)
- State contracted local universities to develop HNS and CHAT
  - State presented interRAI background, current use, and opportunities
  - Switched from design of homegrown tools to using interRAI and stepped approach:
    - Components of interRAI Community Assessment (CA) for HNS
    - interRAI CA for “Brief CHAT” in non-LTSS members
    - interRAI HC for CHAT in LTSS members
  - Improved cohesiveness of data, reduced assessment burden, and increased efficiency

# Questions?

For States interested, please use the QR Code to connect with our team or contact us at [interRAI@advancingstates.org](mailto:interRAI@advancingstates.org).



# Thank you!

