

Moving Forward: A Roadmap for Getting to Universal Assessment (DRAFT)

May 1, 2014

This concept paper was designed to lay out a vision for universal assessment moving forward, crafted jointly by the California Department of Social Services (CDSS), the Department of Health Care Services (DHCS), and the California Department of Aging (CDA), with support from The SCAN Foundation. The contents herein reflect discussions with and among Stakeholder Workgroup members as well as internal discussions between the departments and with the Academic Partners, currently engaged in the development of a draft assessment tool.

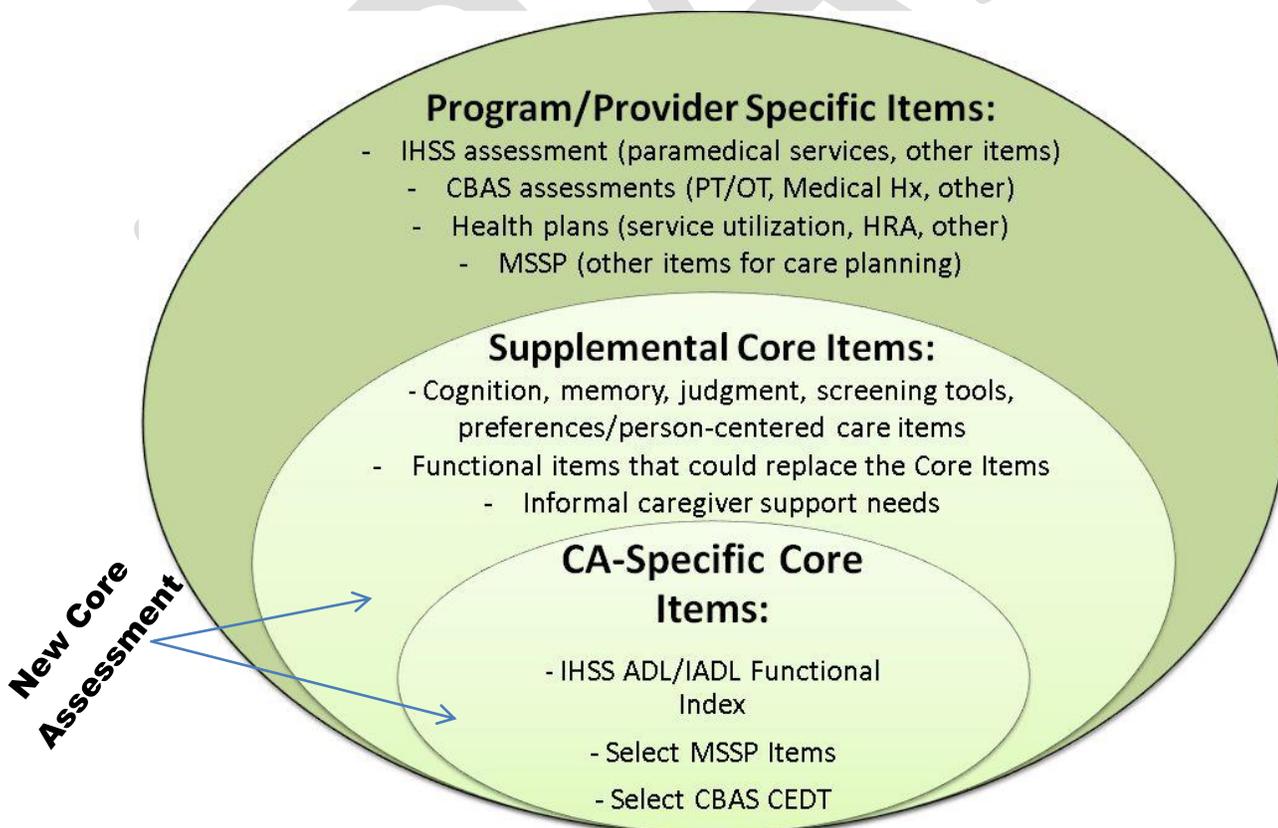
As a starting point, we envision that the universal assessment tool (UAT) will be developed as a common language for assessment with common definitions of domains and assessment items, building off of existing assessments already in use for home- and community-based services (HCBS) in California. This common language will be implemented within the In-Home Supportive Services (IHSS) program, the Multipurpose Senior Services Program (MSSP), Community Based Adult Services (CBAS), as well as Medi-Cal managed care plans/Cal MediConnect plans.

The state's primary goal is to produce an assessment that aligns common domains and items across these programs/plans responsible for conducting assessment, facilitating interdisciplinary care coordination, and supporting care planning.

Defining “Common Language”: A common language approach establishes a core set of assessment items that any entity doing assessment for long-term services and supports (LTSS) care planning would complete. This is not necessarily a comprehensive assessment as there are specific programmatic features within each of the HCBS programs/health plans that will require specific information not necessary across the board. Each program (IHSS, MSSP, CBAS) will need information to develop a care plan that may go beyond what is in the core assessment. For example, CBAS may require in-depth evaluation of physical therapy or occupational therapy needs (among others) that would be beyond the scope of assessment for either IHSS or MSSP. There are also examples of assessment activity that is specific to IHSS and MSSP that would not necessarily apply across setting (or at least would not be required at the same level of

depth and detail). Again, the intent here is to develop a core assessment that can be conducted and shared to support interdisciplinary care coordination.

The approach to developing a common language core assessment would involve developing a set of “California-specific items” (CA-specific) drawn from existing California HCBS assessments and “supplemental items” as defined by CDSS/DHCS/CDA, Academic Partners, and Stakeholders. The major distinction between “CA-specific” and “supplemental” items in this taxonomy is that the CA-specific items are derived directly from existing assessments already in use in California while supplemental assessment items may come from other sources including other state or federal assessments as well as the scientific literature. There may be additional program-, provider-, and/or plan-specific assessment items (as suggested in the previous paragraph) that are not included in the core assessment and these would be completed by the specific entity as needed to form a more comprehensive assessment. Figure 1 summarizes the concepts of “CA-Specific”, “Supplemental”, and “Program-/Provider-/Plan-Specific” items. The core assessment envisioned to be used for HCBS assessment will be the union of the “CA-specific” and the “Supplemental” items.



CA-Specific Assessment Items: The CA-specific item set will include items already used for assessment in IHSS, MSSP, and in the eligibility screening tool used by CBAS (CEDT). This item set will reflect the functional domains for which there was consensus among stakeholders about inclusion in the assessment (identified during the Stakeholder Workgroup meeting held on March 14th). As part of the assessment development process, the academic partners will review these items and their constructs and determine what alternative approaches to measuring these items might exist in the literature or in other “model” assessments. These would be evaluated as “supplemental” items (see below).

Supplemental Assessment Items: Any items that are to be considered for the core assessment that are not already in use by IHSS, MSSP, and/or CBAS would be labeled as “Supplemental” for the time being. This would be a limited list of items – the Supplemental items do not include all the items used in comprehensive assessment. The result of these efforts would be the “Core Assessment” platform for all parties to incorporate into their usual assessment processes.

The items to be considered as CA-specific and Supplemental will have, as a starting point, critical measures of functional status unanimously agreed upon for inclusion in the assessment from previous Stakeholder engagement including the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functional matrix in the IHSS assessment. In addition to ADL/IADL items, other candidate items would be considered that are of import to CDSS, DHCS, CDA, and the Stakeholder Workgroup. These would include, but are not necessarily limited to the following: cognition, memory, judgment, caregiver screening, understanding care goals/“person-centeredness”, etc. The sources for these items could be: 1) the IHSS/MSSP assessments and/or the CEDT; 2) other state/federal assessments; and/or 3) the scientific literature.

All items selected that are CA-specific or supplemental would still go through the same process of review by the Stakeholder Workgroup and sub-committees, Academic Partners, and CDSS/DHCS/CDA. Furthermore, all items will go through a process of

validation and ultimately, recommendation for modification or replacement, as relevant.

Distinguishing Assessment from Care Planning: A care plan is a written document that details a plan of action tailored to the needs and preferences of the individual who has LTSS needs. The care plan is directly informed by the assessment conducted by a social worker, nurse case manager, or other qualified individual. The care plan contains details about the services and supports an individual needs to maintain and/or improve function and independence. A good care plan cannot be completed without having done a thorough assessment of need. The care plan ultimately serves as the roadmap for putting services and supports in place for the individual.

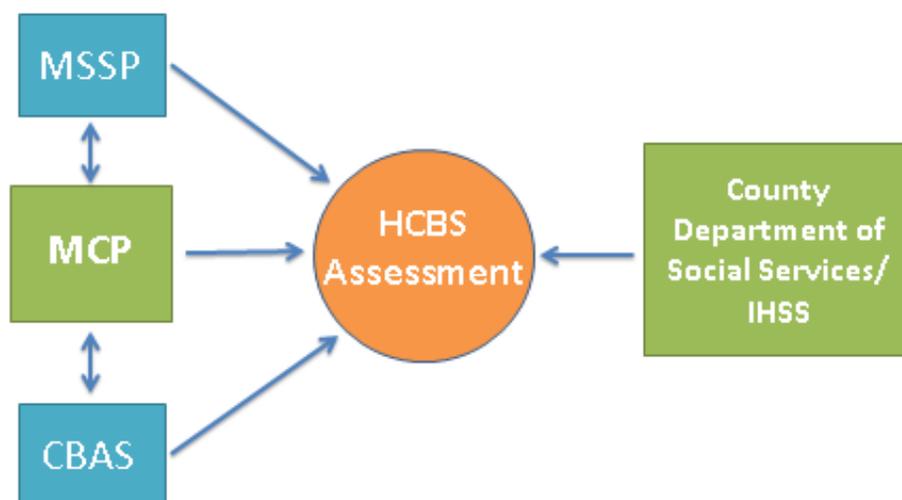
Engaging in Process: A critical part of the larger discussion around the development of a core assessment is the process in which individuals might move through the system to be identified as needing an assessment for LTSS needs. The intent here is to develop a common language of assessment that supports care planning through the sharing of the core assessment items. Creating a common language for assessment is the first step to minimize duplication of assessment and burden on the individual, but the processes by which assessment occurs and the assessment information is shared will also need to be addressed. The process described here focuses specifically on the eight Coordinated Care Initiative (CCI) counties in which Medi-Cal managed LTSS is or will be operational in the near term.

We assume a “no wrong door” approach to assessment. The two critical “doors” an individual may pass through to get LTSS benefits would be County Social Services to access IHSS or the Medi-Cal managed care plan or Cal MediConnect as relevant (referred to going forward as the managed care plan or MCP). While the MCP may be the primary door one passes through to access LTSS outside of IHSS, there may be multiple avenues one may pursue to get to assessment. At the current time, a single screening tool to identify those who are in need of a more in-depth assessment for LTSS does not exist. As a result, we describe the multiple pathways that may lead one to the HCBS assessment in lieu of a single screening tool.

Figure 2 provides an overview of the potential pathways by which an individual might access the HCBS assessment. In this figure, IHSS via the County Department of Social

Services is one potential pathway to getting to assessment. An individual may directly request an assessment for IHSS, which would incorporate the core assessment. Alternatively, an individual may be identified by the MCP as needing an HCBS assessment. This determination may be made directly by the MCP based on the health risk assessment (HRA) completed upon enrollment into the plan, by any other kind of wellness screening that is conducted, by plan utilization review, etc. Alternatively, a physician, hospital, or SNF may make a referral recommending that an enrollee be assessed for HCBS need. In addition, a plan member or their family could potentially directly request an assessment from the MCP. Lastly, a request for specific services including CBAS or MSSP may lead to an assessment. The double arrows in the figure reflect that the initial request for assessment could come to either the MCP or the provider and the entity that ultimately conducts the assessment could be either the MCP or the provider as well. Although MSSP will eventually be eliminated as a separate waiver program and absorbed by the MCP in the CCI counties, the core assessment will eventually be required statewide. MSSP may still operate as a separate waived service in other non-CCI counties and could be a “door” in its own right through which an individual receives an assessment for LTSS. Important questions regarding how assessment information is shared across settings/providers that will facilitate interdisciplinary care planning still need to be addressed.

Figure 2. Pathways to HCBS Universal Assessment



Distinction Between HRA and LTSS Assessment: In the CCI counties, the HRA is required to be completed for all individuals who enroll in a MCP for Cal MediConnect. The HRA can be used as a tool to identify those who may have LTSS needs; however, it is not sufficiently focused on LTSS needs to be the primary information source for LTSS care planning. Those who are identified as having LTSS need based on information collected in the HRA will require additional assessment in order to complete a care plan that includes LTSS. This further assessment would incorporate the core assessment.

Summary of Key Assessment Considerations:

- The final “Universal Assessment Tool” will be comprised of some combination of assessment items already existing in California HCBS program assessments and assessment items drawn from other state/federal assessments and/or the scientific literature.
- The draft assessment tool will go through a process of validation and reliability testing prior to and during the piloting of the tool in a small number (2-4) CCI counties.

- Until existing law is amended, individuals will have the option to request an additional assessment using the previous assessment process and receive the services according to the results of the additional assessment.
- The core assessment (and any other program-/provider-/plan-specific assessment) will be conducted for individuals already identified as needing LTSS through one or more of a variety of pathways.
- The intention is that an individual's assessment will include the core assessment and identify needs for care planning purposes while being of reasonable length to minimize burden.
- The assessment drives care planning, which in turn, drives service allocation, including hours of personal care for IHSS where relevant.
- The assessment will be designed to align common assessment domains and items across settings and providers to ensure that regardless of which "door" an individual passes through first, their assessment is built off of a common foundation for care planning.
- Changes in assessment and process will necessarily require individuals responsible for assessment in all settings (i.e., IHSS, CBAS, MSSP, health plans) to go through training on use of the assessment tool.
- Assessment development during this current planning phase will necessarily involve discussion of process by which assessment will occur.