California Universal Assessment Subcommittee Retreat

September 18-19, 2014

Acknowledgements

Design Team

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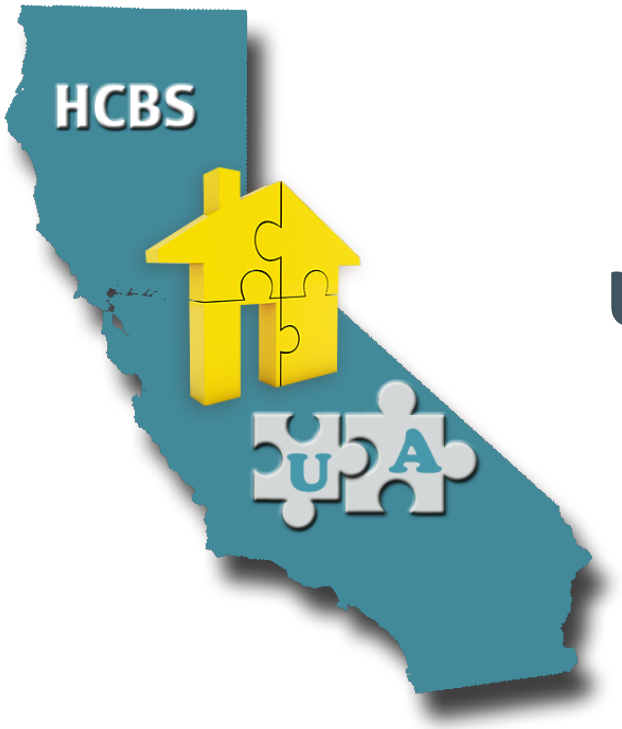
Overview

- Background on Universal Assessments
- Review California Universal Assessment Design activities to date
- Subcommittee Retreat
  - Purpose
  - Identification of candidate items
  - Subcommittee Tasks
- Next Design steps



Background on Universal Assessment

SB 1036

- 14186.36. (a) *"It is the intent of the Legislature that a universal assessment process for long term services and supports (LTSS) be developed and tested. Initial use of this tool may inform future decisions about whether to amend existing law regarding assessment processes in current LTSS programs, including the In-Home Supportive Services (IHSS) programs."*

Why Universal Assessment? Potential to Improve Care & Coordination

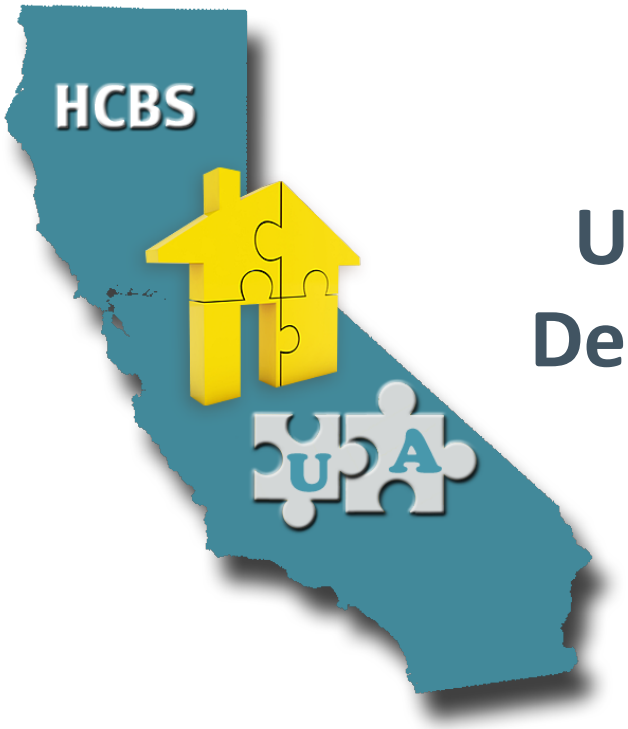
- Can facilitate consistent and reliable identification of the individual's met and unmet need for home and community based services (HCBS)
- Can simplify access to programs and supports
- Use of common assessment language can decrease fragmentation
- Support community living

Why Universal Assessment? Potential to Improve Program Planning and Evaluation

- Can enhance information exchange and data sharing across counties & programs
- Can allow the state to better understand the population requesting long term services and supports.
  - » Particularly important as programs evolve
- Can better monitor quality and health outcomes
- Decrease assessment duplication

Universal Assessment: Potential Challenges

- Change can be costly and requires significant planning
- Served populations are diverse
- Uniform items ≠ reliable
- Perfect can be enemy of good
  - Tradeoff between Comprehensive and Feasible
- Item set constituencies: developers and programs
- Protecting individual voice



California Universal Assessment Design Activities to date

Design Project's Guiding Principles

- Build on California's unique programs, size and diversity
- Consider key goals/values
  - Person centered processes and items
  - Support care planning focused on independent living in the community
  - Not adversely impact current recipients
- Base Universal Assessment on collaborative input from stakeholders

Design Stages: Iterative Process

- Establish Priorities with Stakeholders
- Screen Items
- Stakeholder Feedback
- Candidate Items for pre-testing

Established Priorities

- Reviewed
  - External Standards
  - CMS recommendations
  - Comparator states
  - Current California programs
- Met with Departmental Leads
- Met with Stakeholders

Decisions Made thus Far

1. The goal is to design a person-centered instrument and process that will provide core information to drive coordinated care management, the creation of a care plan and recommended services.
2. Person-centered refers to an approach that reflects the individual's goals, strengths, needs & preferences.
3. The Universal Assessment (UA) is being designed to inform care planning.
4. The UA should not adversely impact the services of current recipients.

Decisions Made thus Far (continued)

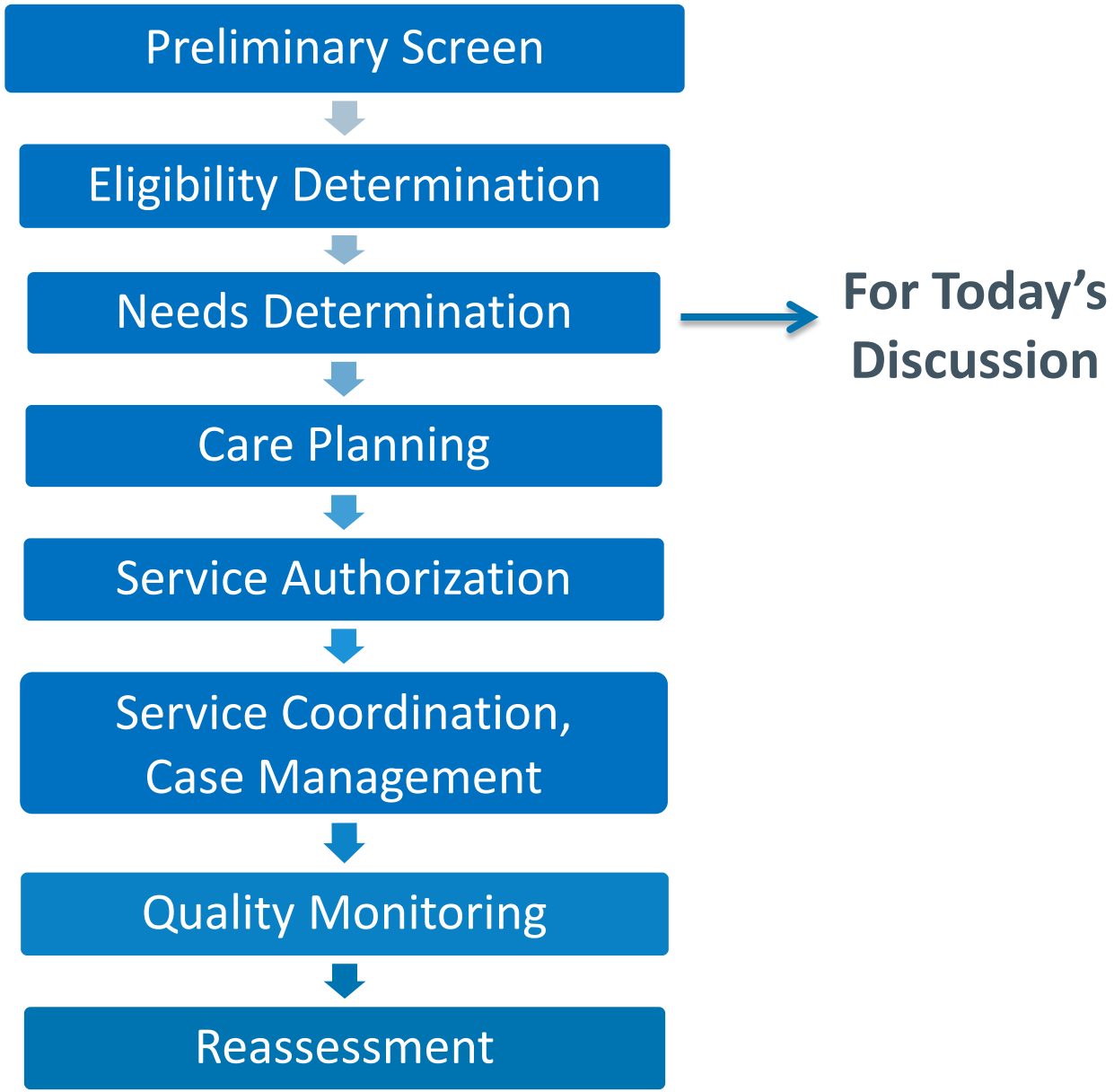
5. The UA creates a core set of items for assessing long-term services and supports (LTSS) needs.
6. The UA development & piloting is limited to age 21 and over population in HCBS programs identified in statute:
   - In Home Supportive Services (IHSS)
   - Multipurpose Senior Services Program (MSSP)
   - Community-Based Adult Services (CBAS).

In the future, core items could be considered for use along with supplemental modules in other California programs.

Decisions Made thus Far (continued)

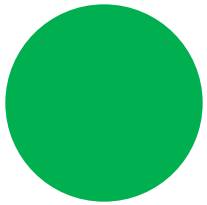
7. The core assessment for testing will include the best California-specific items and supplemental and/or potential replacement items.
8. Supplement and replacement items to be tested will be drawn from other state/federal assessments or scientific literature.
9. The draft UA tool will be pre-tested prior to the larger piloting of the tool in two CCI counties.
10. Medi-Cal financial eligibility is assessed outside of the Universal Assessment.

Components of Comprehensive Assessment



Prioritized Topics

- Obtained 132 Candidate Topics from:
  - External Standards
  - Comparator States
  - California Assessments
  - Stakeholder input
- Stakeholder Input on Priorities



83 Priority topics

Subcommittee Retreat

Why Are We Having This Retreat?

Review potential items and

integrate the knowledge, experiences, and insights of diverse stakeholders into item selection for a UA instrument that supports care planning in the community

What Do We Hope To Accomplish?

1. Obtain a wide range of perspectives
2. Identify the types of items to be considered for the UA item set
3. Discuss the characteristics of potential assessment items
4. Ensure that the UA supports person-centered principles and protections
5. Identify infrastructure and resource considerations of a new UA

How Will We Get There?

- All participants are stakeholders invested in positive outcomes
- The workgroup process is designed to optimize stakeholder input
- The subcommittee process is inclusive and participatory
- Members are respectful of others' points of view and strive for constructive engagement

“Best In Class”

- Current California Items
- Federal Assessment Items
- National Survey Items
- Comparator State Items

“Best In Class”

Current California Items

- IHSS
- MSSP
- CBAS

*Names of forms are included in Item Source List in notebook

“Best In Class”

Federal Assessment Items

- Continuity Assessment Record and Evaluation (CARE): Home Health Admission Assessment
- Minimum Data Set (MDS) 3.0
- Outcome and Assessment Information Set (OASIS)

“Best In Class”

National Survey Items

- Health & Retirement Study (HRS)
- Medicare Current Beneficiary Survey (MCBS)
- Medical Expenditure Panel Survey (MEPS)

“Best In Class”

Comparator State Items

- Arizona
- Michigan
- Minnesota
- New York
- Pennsylvania
- Washington
- Wisconsin

Stakeholder Item Suggestions

Stakeholder Item Suggestions

- Examples:
  - Caregiver Items
  - Alcohol and substance abuse screens
  - Cognitive Items
  - Mobility items

Domain name

Topic					
Subtopic					
Item Category/ Source	Current CA	Federal Assess-ment	State	Nat'l Survey	Stake-holder
Item number					
Item text					
Item Response					

Functional Assessment

Topic:	Stair Climbing			
Subtopic:	Stair climbing independence			
Item Category/ Source:	Current CA CAL-IHSS (AAC)	Fed. Assmt. CARE (Home Health)	Nat'l Survey MN	Stakeholder AD8
Item Number:				
Item Text:	Ambulation/Mobility: Climbing or descending stairs	Please code the patient on all activities they are able to participate in and which you can observe, or have assessed by other means, using the 6-point scale below. 12 steps: The ability to go up and down 12 steps with or without a rail.	(Because of a health problem do you have any difficulty) with climbing one flight of stairs without resting?	CLIMB INDOORS: If coded 2-5, indicate in notes how the Consumer currently manages, any additional help needed, comments or additional relevant information.
Response Options(s):	Rank 1: Independent. (Completion does not pose risk to safety/ With or without device or aid) Rank 2: Able to perform a function but needs verbal guidance or encouragement (No hands-on) Rank 3: Can perform the function with some human assistance Rank 4: Can perform a function but only with substantial human assistance Rank 5: Cannot perform the function with or without human assistance	6. Independent 5. Setup or clean-up assistance 4. Supervision or touching assistance 3. Partial/moderate assistance 2. Substantial/maximal assistance 1. Dependent	1. YES 5. NO, GO TO G008 6. (IF VOL) CAN'T DO 7. (IF VOL) DON'T DO DK RF	1 - Independent. Performs safely without assistance 2 - Uses assistive device, takes long time, or does with great difficulty 3 - Does with supervision, set-up, cueing or coaxing. 4 - Does with hands-on help 5 - Does with maximum help or does not do at all. Helper does more than half.

100s of Items

- Do **Not** expect
  - Agreement
  - Discuss all items

Subcommittees Will Be Asked To Report Out

Development of a Draft Universal Assessment
California's Home- and Community-Based Services

Reporting Out Guide

Major areas discussed: _____

_____

1. What did you identify as the primary goals/objectives and key considerations/priorities for measuring the domain(s)?
2. What were 1-2 major challenges that you encountered? How did you address these?

Reporting Out Guide

1. What did you identify as the primary goals/objectives and key considerations/priorities for measuring the domain?

2. What were the 1-2 major challenges that you encountered? How did you address these?

Subcommittee Feedback Form

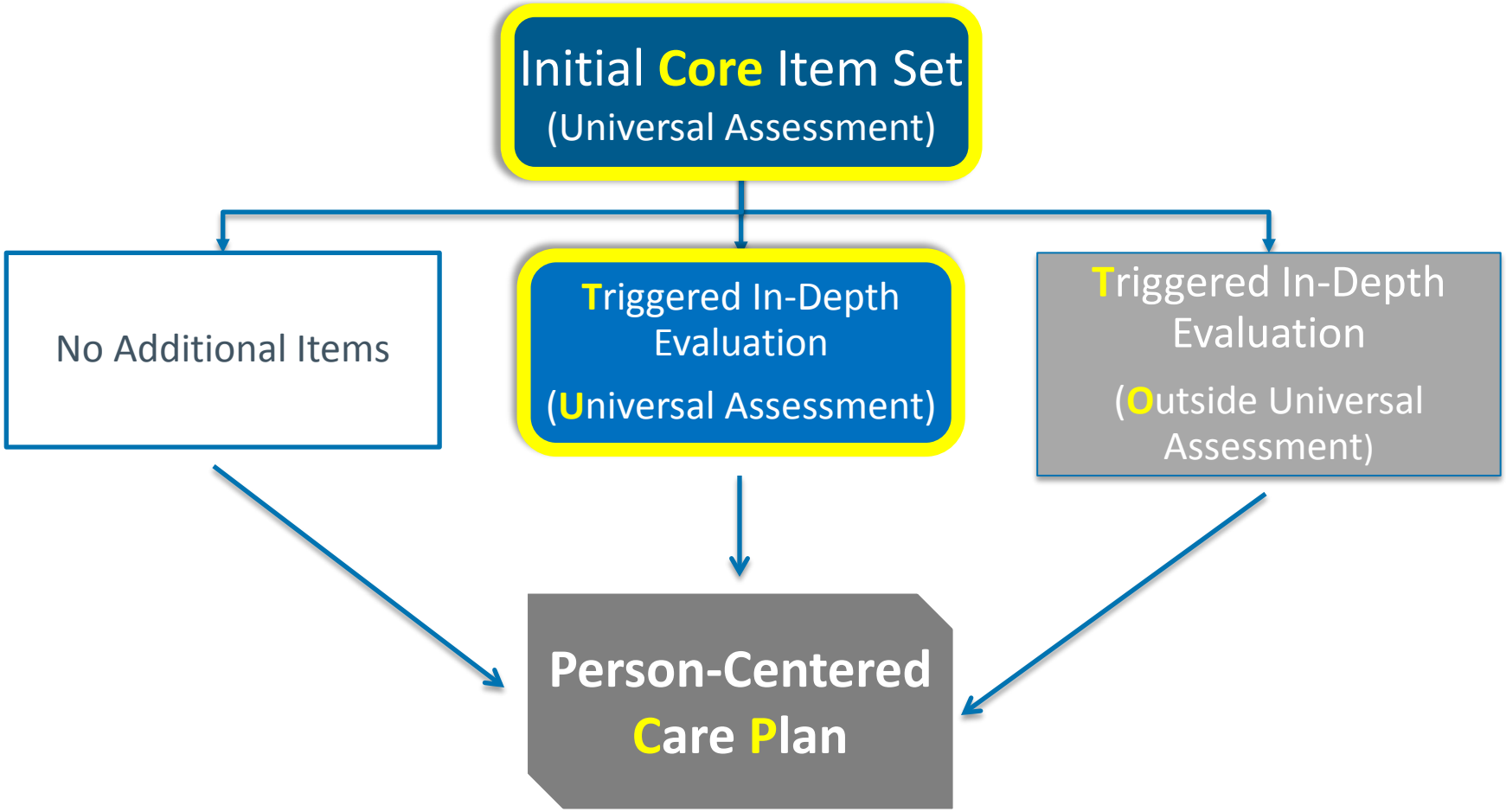
Name _____

Where do items fit? = **C**ore (C); **T**IDE-**U**niversal Assessment (TU); **T**IDE-**O**utside Universal Assessment (TO); **C**are **P**lan (CP)

1 = not relevant or not feasible **5** = very relevant or very feasible

Item #	Item Source	Item Text	Where Do Items Fit? (C, TU, TO, CP)	Level of Clinical Expertise Required (Min, Mod, High)	Relevance for Care Planning (1-5)	Collection Feasibility (1-5)
Ambulating: Walking inside the home						
41001	CAL-IHSS (AAC)	Ambulation/Mobility: Walking or moving from place to place inside the home	C TU TO CP	Min Mod High	1 2 3 4 5	1 2 3 4 5
44001	CARE (Home Health)	Walk In Room Once Standing: Once standing, can walk at least 10 feet (3 meters) in room, corridor or similar space.	C TU TO CP	Min Mod High	1 2 3 4 5	1 2 3 4 5
48001	WI	Mobility in Home: The ability to move between locations in the individual's living environment - defined as kitchen, living room, bathroom, and sleeping area	C TU TO CP	Min Mod High	1 2 3 4 5	1 2 3 4 5

Where Do Items Fit?



Clinical Expertise Required

- **Minimum** =

  motivated assessor trained with instruction manual

- **Moderate** =

  some clinical insights/experience and more than minimal training

- **High** =

  clinically focused degree or training
  (for example, RN, GNP, MD, MSW, PT)

Relevance for Care Planning

- Maintain and support independent living in the community, including diversion from nursing home
- If item is to inform care planning, does it provide useful and accurate information?
  - Does it measure the important concept?

1	2	3	4	5
Not Relevant	Somewhat irrelevant	Undecided	Somewhat relevant	Very Relevant

Feasibility

- Time to collect
- Burden on individual/caregiver
- Acceptability
- “Reliability” Would two assessors answer the item the same way?
  - Want UA to capture individual variation, not assessor variation

1	2	3	4	5
Not Feasible	Somewhat Unfeasible	Undecided	Somewhat Feasible	Very Feasible

Infrastructure & Resources Subcommittee

- During the Item discussion sessions identify aspects of the group conversation that have resource, process, and infrastructure implications.
- List the information and process issues classified by the discussion group as supplemental to the universal assessment and important for care planning.
- The I&R group will discuss the potential infrastructure and resource implications of selected data collection and data sharing alternatives

Getting it Done: Agenda today

11:15 – 12:30	Subcommittee Breakout Session I
12:30 – 1:00	Lunch (2nd floor lobby)
1:00 – 2:15	Subcommittee Breakout Session II
2:15 – 2:30	Break (2nd floor lobby)
2:30 – 4:00	Subcommittee Breakout Session III

- Public comment

Getting it Done: Agenda tomorrow

9:00 – 9:30	Breakfast (Camellia Ballroom)
9:30 – 10:45	Subcommittee Reports (Camellia Ballroom)
10:45 – 12:30	Subcommittee Breakout Session IV
12:30 – 1:00	Lunch (Morgan's Restaurant)
1:00 – 2:15	Subcommittee Breakout Session V
2:15 – 2:30	Break (Camellia Ballroom)
2:30 – 3:45	Subcommittee Reports (Camellia Ballroom)
3:45 – 4:00	Public comment & Close (Camellia Ballroom)

Is this it?
NO

Next Design Steps

Timeline/Next Steps

Draft Set of Candidate Items

- Sept 30, 2014 receive feedback on remaining items
- October → January, 2015
  - Analyze retreat input
  - Follow up on specific items
  - Translate into draft set of items for pre-pilot test
- February 2015
  - Stakeholders review items

Timeline/Next Steps (continued)

- March – August, 2015
  - Pre-pilot testing
    - » Focus groups with consumers, assessors
    - » Clarifying interviews (one-on-one item understanding)
    - » Summarize recommended changes
- Fall, 2015
  - Stakeholder meeting to review pre-pilot results and recommendations

Proposed Timeline/ Next Steps (continued)

- October – February, 2016
  - Demonstration phase
    - » Reliability testing
    - » Feedback from assessors
    - » Revisions to items and instructions
- March – May, 2016
  - IRB & Recruitment/approvals for 2 county pilot
- June 2016
  - Training for 2 county pilot

Proposed Timeline/Next Steps

- July – January, 2017
  - 2 County pilot
- February - May 2017
  - Analysis of pilot
  - Draft recommendations
- June 2017
  - Final report

Summary

- Goal is to develop a person-centered UA for HCBS care planning supporting community living
- Background and priority work has occurred
- We need to hear a wide-range of voices
- The subcommittees will be busy
- Thanks for working with us
- Much more work to do

California Universal Assessment Subcommittee Retreat

Questions?