

# *MOVING TOWARDS RELIABLE AND VALID ASSESSMENT PROCESSES IN ALASKA AND COLORADO*

Presentation for the 2017 HCBS Conference

# Agenda and Speakers

- Key issues in redesigning assessment and support planning, including reliability and validity
  - *Steve Lutzky, President, HCBS Strategies*
- Colorado and Alaska initiatives to redesign their assessment and support planning processes
  - *Colorado Department of Health Care Policy and Finance:*
    - Tim Cortez, Manager, Community Options Section
    - Brittani Trujillo, Case Management Services Coordinator, Office of Community Living
  - *Alaska Department of Health and Social Services:*
    - Duane Mayes, Director, Division of Seniors and Disabilities Services

# Steve Lutzky

HCBS Strategies



# Most Frequently Forgotten Truth about Assessment Processes

Collect information



Make Decisions

# Best Approach for Designing Assessment & Support Planning Process

Clarify Decisions

ID Info Needed  
to Support  
Decisions

Design  
Assessment  
Process

# Types of Decisions Assessment Helps to Make

Eligible?

Complying with  
rules?

How much money?

Process and plan person-centered?

Are supports  
working?

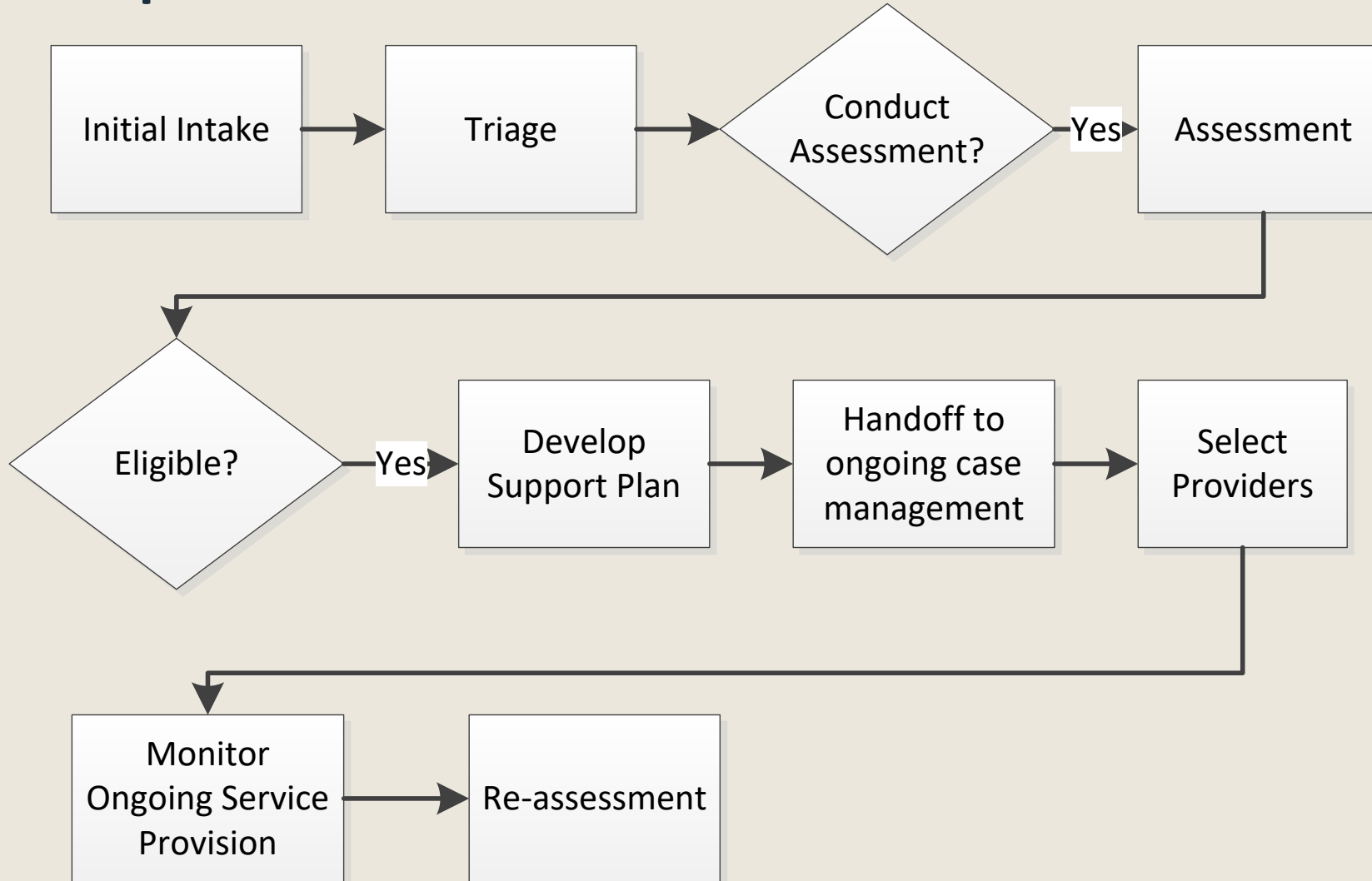
What should be in the Support Plan?

Last slide has suggestions (will review if we have time)

# Assessment Process vs. Tool

- Assessment process will support a series of decisions made by a number of individuals
- Includes tools or modules that support these decisions and collect necessary information
- Also includes decision trees and workflows

# Example of Work Flow





# Understanding Reliability and Validity

# Reliability and Validity of Assessment Items

- If we use the same item twice on the same person and nothing has changed, will we get the same results?
- Are we studying what we think we are studying?

# Reliability of the Item

Extent to which an assessment item yields the same results on repeated trials

- *Test-Retest reliability: collect same data at two times and measure correlation between two results*
- *Inter-rater reliability: collect same data by two people at same time and measure correlation or % of agreement*
- *Internal consistency: measure correlation across similar items within test using Cronbach's alpha*

# Validity of the Item

Does the item measure what you think it is measuring?

- *Face Validity: subjective judgment by “non-expert”*
- *Content Validity: subjective judgment by subject matter experts*
- *Criterion Validity: predictive validity between 2 variables or correlation with “gold standard” (factor analysis)*
- *Construct Validity: theory-based predictive modeling of practical examples*
  - Convergent : similar results when comparing similar concepts
  - Divergent: distinguishes between different concepts

# Value of Using Standardized Items



- Capitalize on existing evidence-based items with known reliability and validity
- Compare your state's HCBS to:
  - *Other states HCBS*
  - *Institutional care*
- Enhance operations using tools and protocols developed for other states or countries using standardized data:
  - *Individualize budgets/resource allocation (e.g., RUG-III-HC)*
  - *Protocols for guiding support planning and/or care management (e.g., Clinical Action Plans or Collaborative Active Plans (CAPs))*
  - *Normed Quality/Performance Indicators*

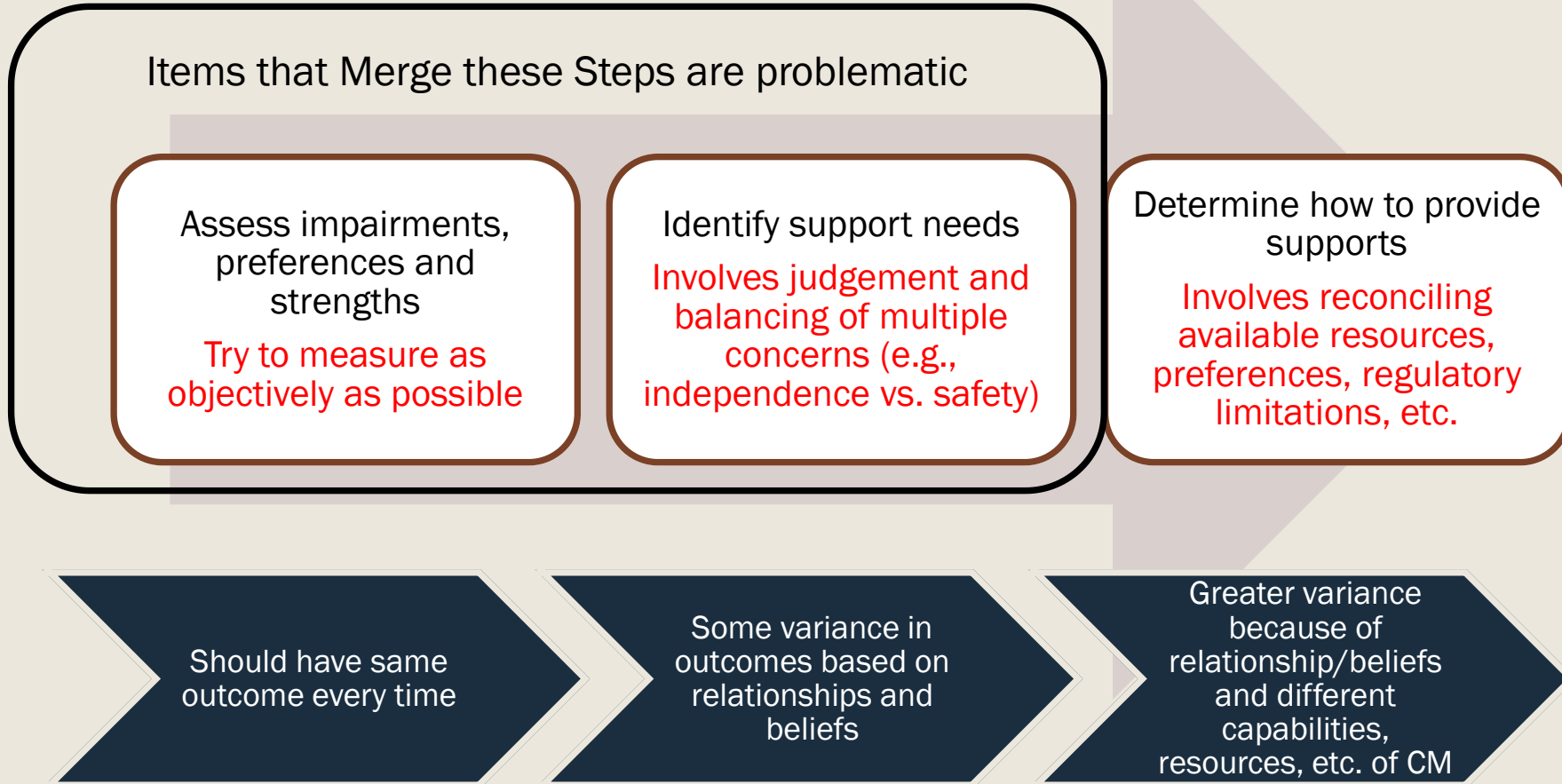


# Reliability and Validity Challenges Found in Home Grown Tools

# Why Poorly Constructed Assessment Items Can Undermine a System

- Difference across assessors that get amplified over time
  - *In the absence of clear guidance, assessors come up with their own interpretations*
  - *Leads to regional discrepancies*
- Increases opportunities for assessment creep and assessor shopping
- Diminishes the ability to make reliable financial and policy choices

# Challenge 1: Items assess need for support rather than underlying impairments, strengths and preferences





# Examples of Problematic Items

- Does the individual need support to describe pain, signs of illness or where it is located?
  - *Answers will vary depending upon how assessor chooses to factor in:*
    - Presence of pain
    - Verbal/cognitive abilities
    - Whether pain is significant enough to justify an intervention
    - Personality/culture
  - *Examples of opportunities for unreliable coding. How do you code:*
    - Someone who has no pain, but is non-verbal and cannot report pain if it occurs?
    - Someone who has pain but prefers to be stoic?
    - Someone who appears to have pain and cannot report it, but the pain appears to be mild and only occasional – assessor makes a judgement call regarding whether this is significant enough to justify additional support

# Challenge 2: Items Potentially Confound Multiple Underlying Issues

- An item is problematic if assessors need to make sub-judgements about multiple different areas
  - *Reliability issue because answers may differ depending upon what areas they consider and what weight they give to each area*
  - *Validity issue because it is not clear what is being measured*
- **Example:** Does the individual need support to add items to cart/basket, make choices from available options, load/unload groceries?
  - *Confounds:*
    - Physical ability (add items to cart/basket)
    - Cognitive ability (determine what needs to be purchased)
    - Behavior (making inappropriate choices)

# Challenge 3: Item Language Construction

- Even when measuring a single construct, problematic items may hurt ability to code consistently (reliability) and interpret what the responses mean (validity)
- Inexact or unclear prompts :
  - *Not including enough relevant information (e.g., does bathing include getting in and out of the tub or shower?)*
- Inexact or unclear response options
- **Example:** Does the individual need support to get in or out of vehicles?
  - *Response Options: Never, Always, Often, 1/2 Time, Sometimes*
    - Does not measure amount of support needed
    - Options include two vague measures (often and sometimes) and one that is overly specific (½ time)
    - Question whether item might typically be a yes/no, possibly with an intermittent option

# *Designing a New Assessment Process for All LTSS Populations*

The Perspective and Lessons Learned from Colorado

Tim Cortez and Brittani Trujillo



# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



# *Current Assessment Tools*

- The current tools used to assess LTSS populations include:
  - ULTC 100.2
    - Home-grown tool
  - SIS for IDD populations
    - Standardized, nationally used tool
  - Over 30 supplemental tools created by Department and local staff to support access processes
- Assessment and access processes vary significantly across populations and programs



# *Limitations to Legacy Tools*

- ULTC 100.2
  - No set timeframes (e.g., in last 30 days)
  - Definitions and responses are vague and overlapping
  - Collects very little information outside of ADLs
    - Limited use when developing support plan
- SIS
  - Requires agency staff to be specially trained on tool and pay for training/tool
  - Some stakeholders unhappy with the use of the SIS: length of time to complete; concerns that it doesn't capture enough information; concerns about the use for development of Support Levels



# *Limitations to Legacy Tools (cont.)*

- Local agencies have developed 30+ non-standardized tools to collect missing information from legacy tools
- Other issues with tools include:
  - No person-centered information
  - No natural support and caregiver information
  - No screen of other areas of interest/need (e.g., employment, self-direction)
  - Very limited information that is useful for support planning





# *Stakeholder Input into the Development of the Process*

- Stakeholder input during development of the intake and assessment tools included:
  - Input from community members and staff from over 15 agencies
  - 21 stakeholder meetings on adult assessment tool
  - 8 stakeholder meetings on child assessment tool
- Stakeholders were presented with a variety of national and state-specific tools
  - interRAI
  - CMS' CARE (now FASI)
  - MnCHOICES
  - Washington's CARE



# *Stakeholder Input into the Development of the Process (cont.)*

- Developed a blog to share information and collect feedback:  
[Colorado Assessment Blog](#)
- Made major changes to the modules and process as a result of stakeholder input
- Now conducting meetings throughout state to share progress and gather feedback



# *Tools Selected as Starting Point for the Assessment Process*

- After careful review, Department and stakeholders decided to use components of the following tools:
  - CMS' CARE tool (Later changed to FASI)
    - Standardized items throughout the tool (e.g., functioning, health, etc.)
  - Minnesota's MnCHOICES comprehensive assessment
    - Modular format would serve as basis for CO process
    - Person-centered items and modules (e.g., Personal Story)
    - Items CARE/FASI did not contain (e.g., Psychosocial/Behaviors)



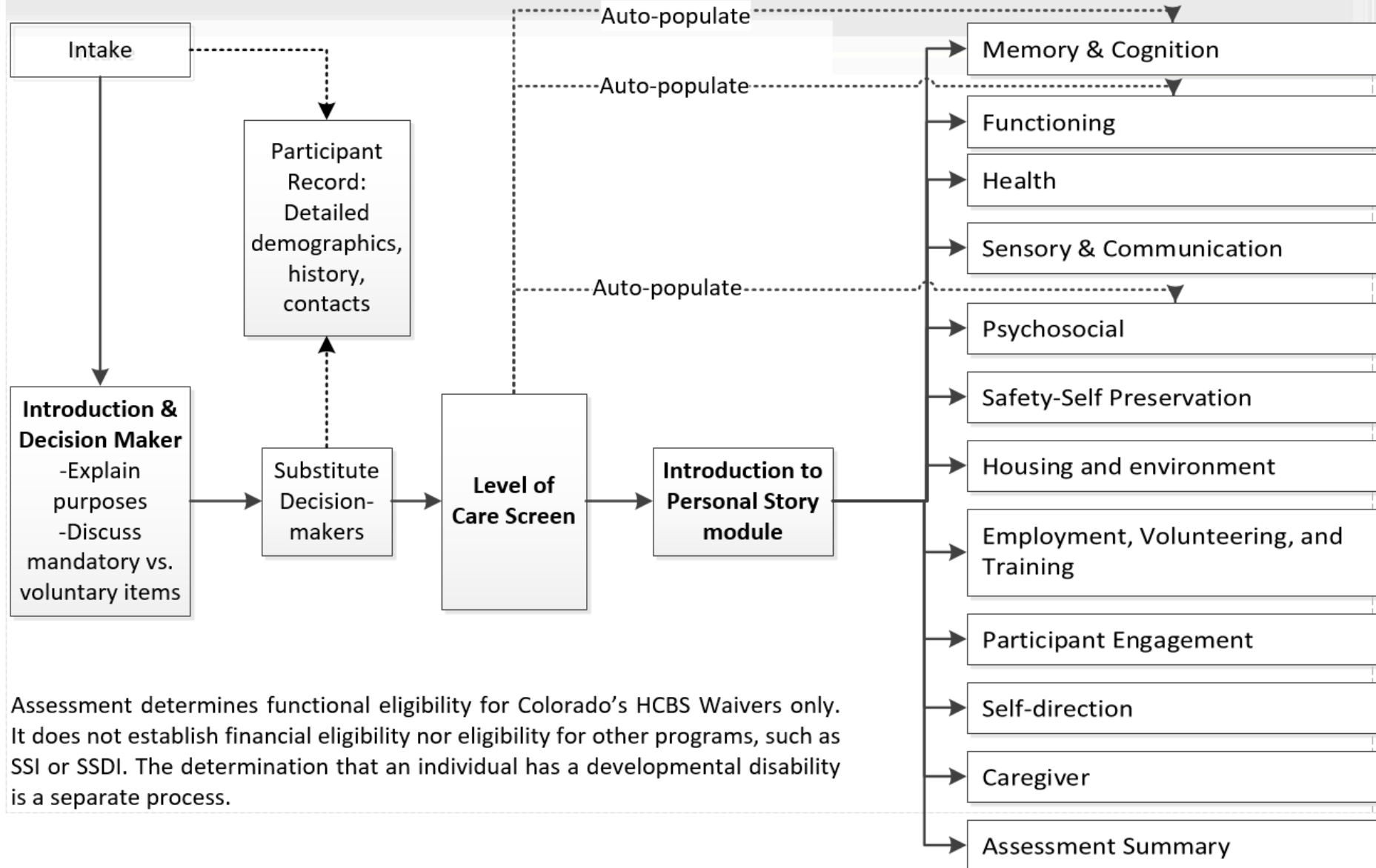
# *Approach for Developing the New Assessment Process*

- Understand current LTSS assessment process
- Identify how processes can be improved (redesign goals and outcomes)
- Identify existing tools to be included in the new assessment process
- Customize the tools to meet Colorado's needs
- Pilots for components of the process
- Adapt process for children
- Develop plans for Person-centered Support Plan, automation, full-scale testing, and statewide implementation



# New HCBS Assessment Process Flow

Revised 4/27/17



# *Testing the New Approach*

- The assessment process will be tested as part of a larger TEFT pilot effort:
  - Alpha testing- User acceptance
    - Summer 2018
  - Beta testing- Comprehensive pilot
    - Fall 2018
- Upon the conclusion of Beta testing, will conduct analyses to:
  - Establish and improve reliability and validity
  - Refine tool contents, flow, and automation



# *Testing the New Approach (cont.)*

- After the Alpha and Beta testing, Department will run pilot to test time it takes to complete process
  - Pilot staff will be familiar with tool, providing realistic estimate
- Results of this pilot will inform updates to case management reimbursement structure
- Buy-in and volume from pilots will inform rollout approach



# *Other LTSS Systems Changes New Assessment Process will Support*

- More person-centered system
- More informed choice about self-direction
- Restructuring case management including being able to tailor amount and type to participant preferences and needs
- Foster competitive employment
- Support emerging separation of eligibility assessment vs. support planning and ongoing case management



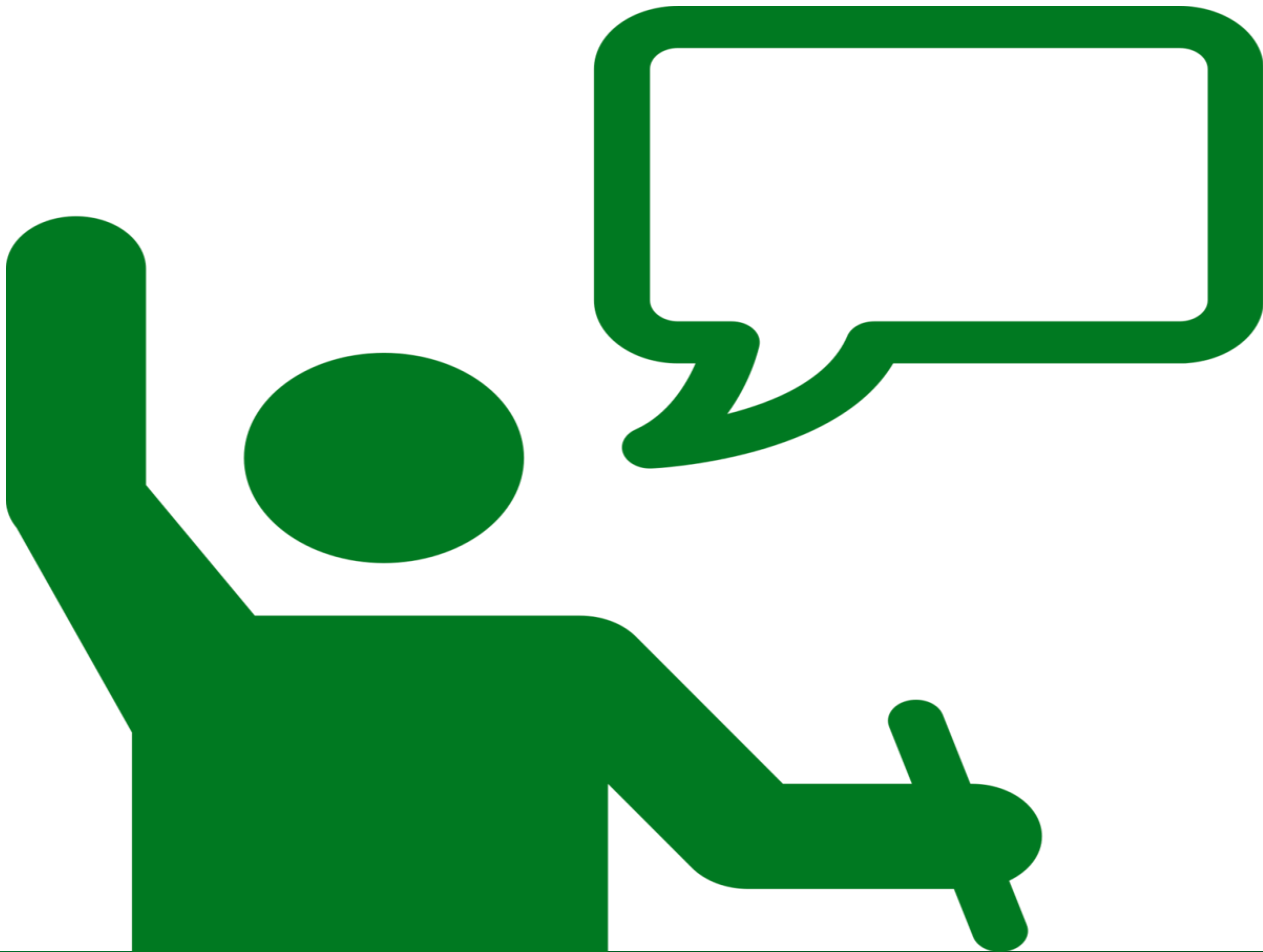


# *Other LTSS Systems Changes New Assessment will Support (cont.)*

- Objective and empirically-based person-centered budgets
  - Give people more choice and control over services
  - Allows expansion of consumer directed principles to other services
- Enhance quality management efforts, including quality of life/participant experience data



# Questions?



**COLORADO**

Department of Health Care  
Policy & Financing

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*Thank You!*



# State of Alaska Division of Senior and Disabilities Services

## Assessment Process Redesign





Duane Mayes, Director

Alaska Department of Health and Social Services  
Division of Senior and Disabilities Services



# Current Assessment Tools

- Alaska's current LTSS assessment tools include:
  - **Consumer Assessment Tool (CAT)** for all adult waivers, excluding IDD, and Personal Care Services (PCS)
    - Home-grown tool
  - **ICAP** for IDD waiver
    - Standardized, nationally used tool
- Assessment and access processes vary significantly across populations and programs



# Limitations of the Legacy Tools

- Limitations include:
  - Lack of person-centered information that can be used to inform goals and preferences
  - Lack of established reliability and validity within the CAT
  - Issues with using tools to justify individual budgets
  - Do not comply with CMS person-centered and settings requirements
  - participants may need to receive two assessments depending on service preference





# Efforts to Obtain Buy-in on New Process

- SDS presented a report on the national assessment tool landscape to stakeholders
- Stakeholders selected the interRAI suite of tools
  - SDS took into consideration and agreed to adopt interRAI as the core tool
- Ongoing stakeholder involvement as LTSS reform efforts that will utilize the new assessment process occur
  - September stakeholder meetings to focus on vision and functions for new assessment process



# Structure of New Assessment Process

- interRAI tool suite will be the core of the assessment process
  - Grew out of MDS
  - Created and refined by a research collaborative
  - One or more tools adopted in 20 states and several other countries
  - Established reliability and validity
  - Suite includes tools adapted for a variety of populations
  - Tool being used to support a wide variety of business processes
    - Collaborative model allows states to benefit from work done in other states and countries
  - Not endorsed by CMS



# Structure of New Assessment Process (Cont.)

- SDS is adding items to the interRAI core that will allow it to:
  - Meet CMS person-centered and settings requirements
  - Collect sufficient information to develop detailed person-centered support plan
- New assessment process will:
  - Establish level of care for waivers and other services
  - Include Clinical Assessment Protocols (CAPs) for support planning
  - Utilize RUGS-III case mix algorithm
  - Result in person-centered support plan that includes goals and action steps



# Testing the New Approach

- New assessment process will be piloted in two phases:
  - Alpha testing pilot- User acceptance
    - Winter 2018
    - Subset of State and local staff
  - Beta testing pilot and Level of Care verification
    - Spring 2019
    - All State staff and subset of local staff
- interRAI items have established reliability and validity
  - Additional items will be evaluated as part of pilot process



# Initiatives Supported by Assessment Process

- Alaska is undertaking a major LTSS systems reform effort, including:
  - Implementing Community First Choice (CFC) and a new waiver targeted at participants with IDD
  - Shifting grant funded services to Medicaid
  - Enhancing care coordination (case management)
- Assessment process will assist by:
  - Establishing eligibility for programs
  - Providing a reliable resource allocation methodology
  - Ensuring participants and staff have a consistent experience



# Questions?

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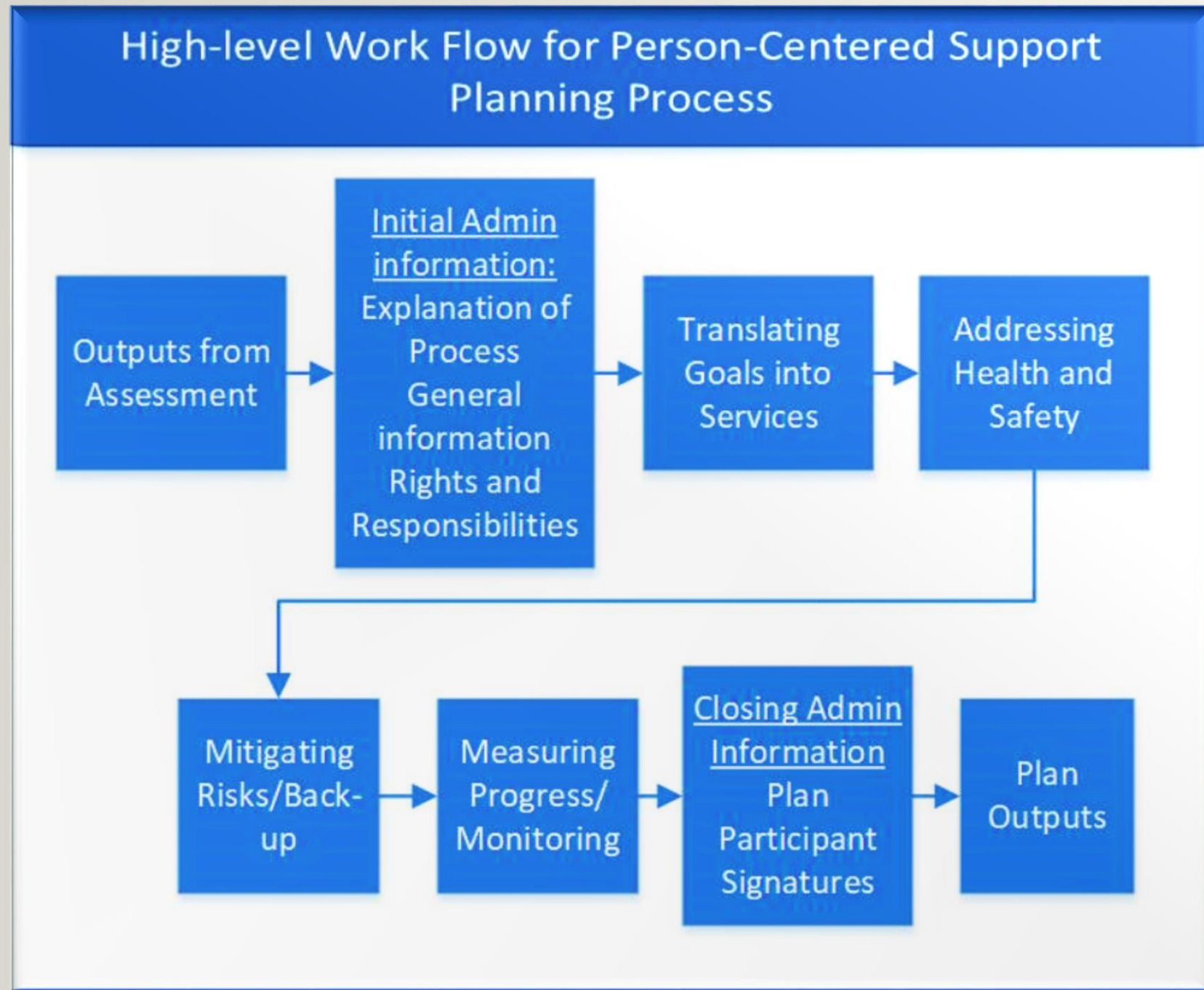
(907)269-3666

*Thank You!*



# One More Thing...

If time permits. We should give some thought to constructing support plans.





# Other Comments or Questions?

# Presenter Contact Information



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