



Needs Assessments for Medicaid Long-Term Supports & Services

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Webinar based on recent paper:

Medicaid Assessments for Long-Term Supports and Services (LTSS)

Outline

- Assessment Overview
- Trends in assessment design
- Administration of assessments
- Common problems and advocacy tips

The Basics of Needs Assessment

- Two-step process, sometimes combined to one
 - Functional Level of Care (LOC) Assessment for eligibility
 - Comprehensive Needs Assessment for service needs
- Based on survey interview, sometimes with observation
- Varies by state, program and service with little standardization
- Used to support care planning, sometimes to inform service budget or rate setting, prioritize waiting lists

What: LOC Assessment

- To establish eligibility for Medicaid LTSS services
 - Waiver
 - State plan HCBS program
 - State plan service (e.g. personal care attendant, nursing facility)
 - Institutional LOC vs non-institutional LOC
- Common Components:
 - Functional status: Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
 - Behavioral and cognitive function
 - Clinical needs
- Different evaluation methods
 - Weighted scoring
 - Risk of institutionalization

Tennessee LOC Acuity Scale*

Functional Measure	Condition	Always	Usually	Usually Not	Never	Maximum Individual Acuity Score	Max. Acuity Score for the Measure(s)
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only; excludes SS insulin	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum possible AOL (or related) Total Acuity Score							21

Issues with LOC Assessment

- Mental health and cognitive function often undervalued
- Transparency in scoring
 - Evidence for why the numbers are what they are
 - Variation in weight on different domains
- Additional “prescreening” steps

What: Comprehensive Needs Assessment

- Longer evaluation to determine type and intensity of supports needed
- Resident Assessment Instrument (RAI) for nursing facilities
- Supports Intensity Scale (SIS) for adults with developmental disabilities (20+ states)
- Minimum Data Set-Home Care and Community Health Assessment by InterRai (MI, NJ, OR, WA, NY)
- Typically used to support care planning
- Increasingly used for budget allocation

Trends in Needs Assessment

- Standardized Core Data Set
- Electronic data collection
- No wrong door entry system
- Face-to-face
- Including caregiver assessment
 - Capability and willingness/availability
- Including evaluation of HCBS accessibility
 - Available HCBS options
 - Setting evaluation/Transportation

Standardization Pluses and Minuses

- Separate assessments for each program test may be more specific, but also can lead to:
 - Unnecessary duplication
 - Problems identifying best program
- Standardization not necessarily one-size-fits-all
 - Standard way of collecting similar data
 - Modularity
- How sensitive are “triggers”?
- MN Choices – folds in all programs and identifies “best fit” program (Ideally....)

Trends in Needs Assessment: Balancing Incentive Program (BIP)

- BIP meant to promote expenditures on HCBS
- Qualifying states get a 2% boost in federal match for HCBS
- Requirements:
 - No wrong door system to access LTSS
 - Core Standardized Assessment tool; and
 - Conflict-free case management
- [Balancing Incentive Program Implementation Manual](#)

BIP Core Data Set: Required Topics

Background Information

1. ADLs

Eating
Bathing
Dressing
Hygiene
Toileting

Mobility (in/out of home)
Positioning
Transferring
Communication

2. IADLs

Preparing Meals
Shopping
Transportation
Managing Medication

Housework
Managing Money
Telephone Use
Employment

3. Medical Conditions/Diagnoses

3. Cognitive Function and Memory/Learning

Cognitive Function
Judgment/Decision-making
Memory/Learning

5. Behavioral Concerns

Injurious
Destructive
Socially offensive

Uncooperative
Other serious

Financial Information

Key Elements for Good Needs Assessment

- Proper validation and application of tool
- Increased transparency in process and results
- Exceptions and due process
- Adequate training of assessors
- Minimization of conflicts-of-interest

Assessors and Participants

- Assessors
 - Training and testing for validity and interreliability
 - Minimize conflict-of-interest
 - Managed care representatives?
- Participants
 - Protections for when a beneficiary's representative can assist with assessment
 - Accessible formats for those who require it, including oral interpretation and cultural sensitivity awareness

Conflict-of-Interest Protections

- Rules differ across HCBS programs and services
 - 1915(i) and (k) are most detailed
- 1915(i) regulations (42 C.F.R. § 441.730)
 - Generally, providers and persons with an interest in a provider may not conduct assessments
 - Individuals related to or financially responsible for beneficiaries may not conduct assessments
 - Exceptions process for certain providers if “firewall” in place and a dispute resolution process
- Unclear how rules apply to managed care organizations

Other Problems with Assessments

- Less depth on certain topics, like mental health
- Transparency of scoring results and algorithms
- Application of a tool to a task or population for which it was not designed
- Assessment for budget allocation – hours budget driven rather than needs driven
- Pressuring family caregivers and other informal supports to provide unpaid care
- Due Process and proper notification

Advocacy Opportunities

- Push for more transparency in test scores and budget allocation algorithm
- Push for stronger COI standards that extend to MCOs in state contracts
- If the state uses assessment for budget allocation, push for a robust exceptions process
- Push for better training and recurrent testing of assessors
- Develop consumer protections to prevent coercion of informal supports to provide unpaid care



THANK YOU

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