



**New York Public Welfare Association
140th Annual Summer Conference
July 20, 2009**

Presented by Office of Long Term Care, NYS DOH

Neil Roberts, Director, DLTCR Policy Bureau

Karen Ambros, Sr. Health Program Analyst, DLTCR Policy Bureau

David Spaulding, Policy Analyst, DLTCR Policy Bureau

Guy Warner, Director, Bureau of Licensure and Certification, (DHCBS)



A Uniform Assessment Tool
that...

***speaks the same language for
the effective care of older and
disabled persons***



Table of Contents

- Background
- NYS Current Environment
- Time Line
- Research
- Qualities of Assessment Tool
- The Story of Mr. Ellis
- Implementation Realities



Background

- Entering the Long Term Care System can be difficult. Each level of care has different assessment tools.
- The availability of types of service and how to access those services is either unknown or confusing or both to the typical consumer.
- We hope to avoid the following with a common assessment tool:
 - Program placement simply because of the first assessment done.
 - Lack of service choice because of lack of knowledge.

Goal: good placement through knowledge.



Background

- NYS supports the value of strong effective home and community based services (HCBS)
- Nursing home beds in decline, HCBS increasing
- Growth needs planning
- Planning needs comparable and reliable data to forge new programs to support changing needs and desires
- Current assessment tools in HCBS do not offer that comparable and reliable data

Goal: to support planning through knowledge



Background

- Current assessment tools are often used simply because they are available and familiar.
- Most of these tools do not have assessments based on empirically tested and validated means.
- Several of our current tools are being challenged regarding their validity.

Goal: 1) have assessments that are uniform, 2) based on validated means, and 3) the results are useful to those charged with developing care plans.



Multiple Tools Within NY

- Multiple tools for service eligibility and screening: 12 or more used in LTC.
- Lack standardization.
- Not tested for validity and reliability.
- “Death by assessment” (repeated questions and assessments).
- Data is not transferable to MDS-2.
- No “scientific” decision-support algorithms to establish care plans.

Time Line

Uniform Data Set & Uniform Assessment Tool Implementation				
Goal	Begin	End	Status	Notes
Conducted Statewide Stakeholder Sessions & Published RFI for LTC Reform	1/1/2006	6/30/2007	Done	
Conducted Research & Analyses Regarding Choices Available	7/1/2007	6/30/2008	Done	
Defined Domains for a Uniform Data Set	3/1/2008	6/30/2008	Done	
Identified Goals of the Ideal Assessment Instrument	3/1/2008	6/30/2008	Done	
Engaged Fox Consulting, Inc for Validation of Uniform Data Set Domains	7/1/2008	3/31/2009	Done	
Analyzed and Compared UAT Options	1/1/2009	3/31/2009	Done	
Internal Communications	4/1/2009		In Prog.	
Agree on Best UAT Option	4/1/2009		In Prog.	
Create Detail Business Plan	4/1/2009		In Prog.	
Involve Stakeholders	6/1/2009		In Prog.	
Procurement	6/1/2009		In Prog.	
Analyses	8/1/2009		In Prog.	
Configure Test System	10/1/2009			
Conduct System/Field Testing	12/1/2009			
Conduct Training	1/1/2010			
Implement a Pilot Uniform Assessment Business Plan	1/1/2010			



Comparative Analyses

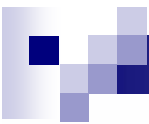
Identified 4 Groups of Key Features for UAT Comparison Model:

- Assessment Functions (i.e., risk triggers and related pathways)
- Assessment Process Considerations (i.e., time to complete assessment)
- Automation Features (i.e., HIT/HIE capabilities)
- Strategic Considerations



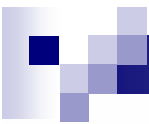
Research Conducted

- Reviewed NYS tools and Assessment Domains
- Studied Literature Sources
- Researched National Tools
- Conferenced with Other States and Canada
- Identified Comprehensive set of Data Domains for NYS



Qualities of an Optimum Uniform Assessment Tool

- Provide assessment for all LTC programs and services with minimum duplication and maximum consistency.
- Determine eligibility for nursing home level of care.
- Offers consistency of data to all LTC settings.
- Assess functional (physical, mental and social) needs through empirically tested and validated means.
- Improve quality and consistency in assessment and service plans.
- Inform care planning and oversight.
- Provide information for state policy making.
- Supports values of the Omstead decision.



What does the UAT Mean for a Real Person?

The Story of Mr. Ellis

- Last year, Mr. Ellis broke his hip. After surgery, he went to a NH for rehabilitation. Mr. Ellis left the NH, but still required home health care for a bed sore and blood thinner monitoring. He also needed PC because he needed help bathing and shopping for groceries.
- For each type of care, Mr. Ellis was assessed using a different tool. Much of his information was derived using instruments that were not tested for reliability or validity, and did not generate care planning options to be discussed with family, care advocates or caregivers.



Characteristics of Mature Tool

- Based upon the science of standardization and attention to reliability and validity testing.
- Standardized and validated embedded scales explore some of the most common problematic domains in elderly persons.
- Results from scales measure change over time in cognition, delirium, depression, pain, pressure ulcer status, and physical functioning.
- More reliable than locally developed assessment tools, or data elements that are answered by report or observation.
- Gives voice to the patient/client by directly asking questions to patient and asking preferences.
- Mature comprehensive assessment across settings lays the ground work for evidence-based assessment and case management.
- States can use mature tools to measure change in status on a yearly basis and when there is a significant change in health status.



Implementation Realities

- Wish to: minimize duplication, administrative burden and maximize consistency. But...
- The goal is achieved through automation.
- Recognize that implementing an automated assessment system will be more work at first:
 - Unanticipated bumps in the road
 - Learning curve
 - Developing different skill sets in personnel
 - It's big change



Implementation Realities (cont'd)

- The implementation will feel like more of an administrative burden for several years
- “At the end of the day,” automation will result in:
 - Efficiency and consistency
 - Less administrative burden
 - More desirable work
 - The information to achieve better outcomes
- It's long overdue
- It has to be done



Questions?



Regional Long Term Care Assessment Centers

Demonstration Program



Table of Contents

- Overview
- Goals
- Program Scope
- Miscellaneous
- Status of RFP



LTC Assessment Center Overview

- Established under Section 29 of Part D of Chapter 58 of the Laws of 2009
- Three year demonstration period
- Two LTC Assessment Centers
- 1st Assessment Center to be established in a county within NYC
- 2nd Assessment Center to be established in one or more contiguous counties outside NYC
- Assessment Centers assume local district's responsibilities for activities related to assessment of need & service authorization - selected LTC services
- Anticipated initiation of Assessment Center services - 1st Quarter 2010



LTC Services Falling Under Assessment Center Purview

- Personal Care Services Program (PCSP)
- Personal Emergency Response Systems (PERS)
- Consumer Directed Personal Assistance Program services (CDPAP)
- Assisted Living Program (ALP)
- Long Term Home Health Care Program (LTHHCP)
- AIDS Home Care Program (AHCP)
- Managed Long Term Care (MLTC)
- Services provided by Certified Home Health Care Agencies (CHHA)



Principal Goals of the LTC Assessment Center Demonstration

- Achieve improved accuracy and standardization of assessments and authorizations
- Identify changes, including recommendations for regulatory or legislative action, to further improve management of such programs
- Ensure that consumers receive the same medical assistance benefits and standards as if authorizations and assessments were made by a governmental entity
- Improve the administration of services
- Ensure consumers receive all of the services they need and none of the services they don't need



LTC Assessment Center Program-Specific Functions

PCSP

- Review physician orders
- Conduct home based nursing and social assessment
- Conduct home based reassessment every 6 months or upon unexpected change in consumer's status
- Conduct home based reassessment every 12 months for specified populations
- Initial service authorization and reauthorization with such authorizations specifying number of service hours to be provided

PERS

- Validate that consumer is in receipt of personal care aide or home health aide services
- Review PERS request and supporting documentation
- Issue service authorization
- Conduct reassessment every 6 months or when an unexpected change in the consumer's status that affects use or understanding of PERS.
- PERS assessment and authorization is conducted as part of the PCSP assessment and authorization process



LTC Assessment Center Program-Specific Functions

CDPAP

- Facilitate and review physician orders
- Conduct home based nursing and social assessment
- Conduct home based reassessment every six months or upon unexpected change in consumer's status
- Conduct home based reassessment every twelve months for specified populations
- Issue initial service authorization and reauthorization specifying number of service hours to be provided

ALP

- Review of physician orders
- Review home based assessment conducted by the ALP's affiliated CHHA
- Review assignment of nursing home RUGS category for consistency with assessments and proposed plan of care
- Review the reassessment conducted by the ALP's affiliated CHHA every subsequent 6 month period or upon change in consumer's health status
- Authorize and reauthorize the consumer's participation in the program



LTC Assessment Center Program-Specific Functions

LTHHCP & AHCP

- Obtain physician order for a nursing and social assessment
- Conduct nursing facility level of care determination
- Conduct home based nursing and social assessment jointly with LTHHCP/AHCP
- Determine Medicaid service costs are within the approved expenditure cap
- Conduct home based reassessment every 120 days or sooner if the consumer's needs require it
- Authorize and reauthorize the consumer's participation in the program with such authorizations specifying number and type of service hours

MLTCP

- Review home based assessments conducted by MLTCPs in order to determine nursing home level of care
- Confirm enrollment in the MLTCP is voluntary
- Authorize enrollment in a MLTCP

CHHA Services

- Review physician orders
- Review client documentation submitted by the CHHA
- Determine continuing need for, and authorization of, services beyond a 60 day period.



Assessment Center

Key Case Management Activities

- Monitor LTC services to ensure such services are provided according to the authorization and that the consumer's needs are appropriately met
- Obtain and review a copy of the orientation visit report and the nursing supervisory visit report
- Obtain and review a copy of the physician signed plan of care as applicable
- Provide access to the consumer of his or her written records, including physicians' orders and nursing assessments
- Receive, review and act upon recommendations from the agency or program providing nursing supervision of the consumer
- Initiate and comply with the procedures specified in regulation, when the consumer's social circumstances, mental status or medical condition unexpectedly change during the authorization period



Miscellaneous

- Medicaid eligibility determinations remain the responsibility of local districts
- LTC Assessment Center assumes responsibility for Notices of Decision, case conferences, Fair Hearings, and court appearances
- Selected contractor(s) will have a 60 day period for “ramp up” activities including education & training of key referral sources -
 - Hospitals
 - Home and community based providers
 - Health plans
 - Physicians
- NYConnects (Upstate Center)
- Biannual reports assessing the demonstration will be prepared
- An annual meeting of stakeholders will be convened to discuss implementation



Request for Proposals

- DOH to issue a Request for Proposals
- Bidders able to propose to serve one or both Assessment Center locations
- RFP likely to be issued in near future
- RFP release - announced in Contract Reporter
- RFP - able to be viewed on DOH website - <http://www.nyhealth.gov/funding/>
(scroll down to Requests for Proposals)



Questions?