

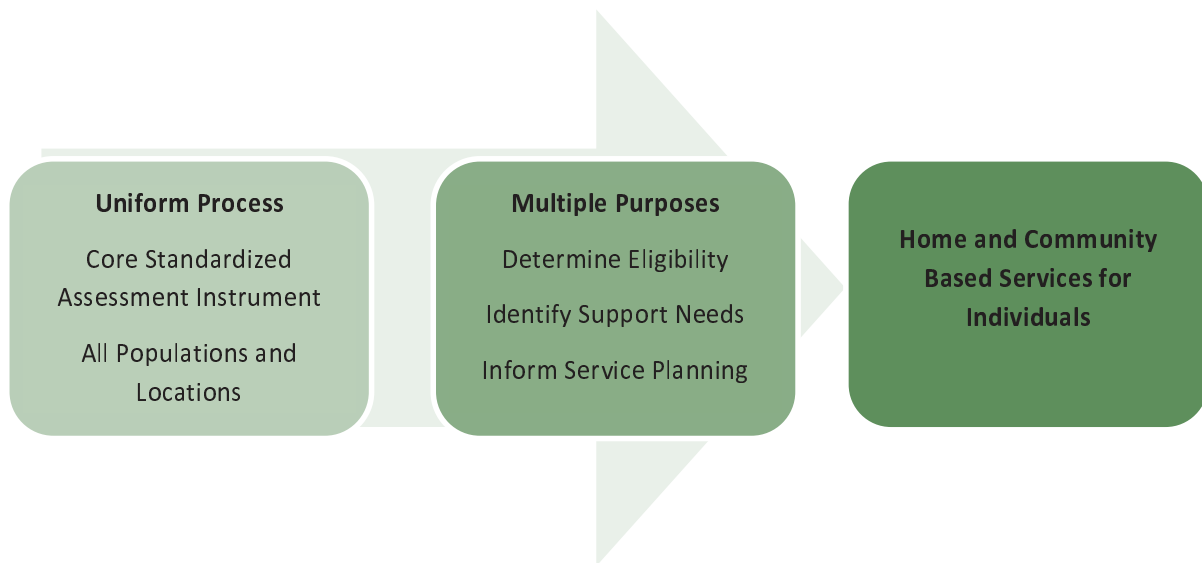
4. STRUCTURAL CHANGE 2: CORE STANDARDIZED ASSESSMENT

The Balancing Incentive Program also requires as a structural change the development and use of a Core Standardized Assessment (CSA) process and instrument(s). The Program requires the following of participating States:

“development of core standardized assessment instruments for determining eligibility for non-institutionally-based long-term services and supports described in subsection (f)(1)(B), which shall be used in a uniform manner throughout the State, to determine a beneficiary’s needs for training, support services, medical care, transportation, and other services, and develop an individual service plan to address such needs.”

In short, the Balancing Incentive Program CSA requires participating States to design a uniform process for: 1) determining eligibility for Medicaid-funded long-term services and supports (LTSS), 2) identifying individuals’ support needs, and 3) informing their service and support planning (e.g., plan of care). The CSA figures into the delivery of community LTSS for eligible individuals as depicted in Figure 4.1.

Figure 4-1: Structural CSA Requirements for Determining Community LTSS Eligibility and Needs



This chapter begins by reviewing various efforts across the country to produce uniform assessment instruments. Next, a model of the CSA that is based upon a more abstract set of data elements is introduced, which is called the Core Dataset (CDS). [Appendix G](#) contains a summary of State and national CSA instruments, while [Appendix H](#) contains the steps States must take to comply with the requirements of the CSA component of the Balancing Incentive Program.

4.1. BACKGROUND INFORMATION AND CONTEXT

To provide background and context for the requirements and recommendations presented in this section, included here is: 1) a discussion of national trends toward uniform assessments and the resulting benefits and 2) key definitions tied to the Balancing Incentive Program Core Standardized Assessment process.

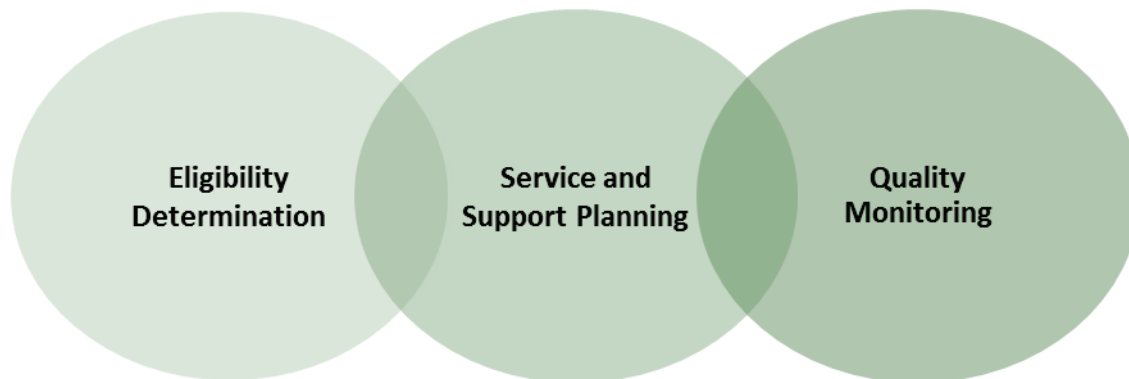
National Trends toward Uniform Assessment

The inclusion of the CSA requirement in the Balancing Incentive Program reflects a current trend nationwide toward the use of universal assessments. A well-designed universal assessment can offer several benefits to a State, such as promoting choice for consumers, reducing administrative burdens, promoting equity, capturing standardized data, and automating data systems to indicate programs for which an individual is likely eligible (Engelhardt & Guill, 2009). Universal assessment information and data systems can also support State efforts to project future service, support and budget needs and prioritize individuals for services when waitlists are present or budgets are limited. New York⁴ and Arkansas⁵, for example, have identified the use of a universal assessment and No Wrong Door (NWD) system as important steps to balancing care and controlling costs within their long-term care service systems.

Review of State and National Efforts to Conduct Uniform Assessments

Several universal assessment tools have been created across the country, designed to collect uniform or standardized data across service programs, populations, or geographic locations. These tools have been developed with three general purposes in mind: eligibility determination, service and support planning, and/or quality monitoring (see graphic below). Some tools are specifically designed to address one function, while others tackle more than one. Within this framework, the Balancing Incentive Program CSA effort focuses on eligibility determination and portions of service and support planning (i.e., identification of support needs and the general support of service planning).

Figure 4-2: Three Common Uses of Universal Assessment Tools



A review of twelve long-term care assessment tools used across the country (Gillespie, 2005) noted that while there is consistency in many of the topic areas addressed across tools, assessments vary by function/purpose, population assessed, level of automation, extent of integration with other systems, administration of the tools, and the specific questions included. The study also noted a movement toward using assessment instruments that could be completed over the internet. Questions were found to fall into the broad categories of background information, health, functional assessment, and cognitive/social/emotional assessments.

To develop a framework for creating a program-compliant CSA, a range of instruments that serve the goals outlined in the Balancing Incentive Program (i.e., eligibility determination, identification of support

⁴ <http://www.hca-nys.org/reformblueprint.pdf>

⁵ <http://www.daas.ar.gov/pdf/RecommendationstoBalanceArkansas'sLong-TermCareSystemFinal-nm.pdf>

needs, and support planning) was reviewed. Some of the tools reviewed were developed for use within one particular State, while others were designed for use across multiple States. Some were designed to assess one particular population (e.g., aging adults, people with developmental disabilities), while others included multiple populations. Regardless, it is recognized that the design of uniform/universal assessment tools is a complex and involved process, requiring many person-hours, negotiations, instrument testing, and stakeholder buy in. Therefore, the logical first step in developing guidance related to a Balancing Incentive Program CSA involved reviewing these existing tools and processes. Presented in [Appendix G](#) are selected results of this environmental scan. They include:

Profiles of Selected State and National Tools

- Descriptions of notable State-specific efforts where work was undertaken to bring uniformity to their processes for assessing needs and making eligibility determinations across programs and populations.
- Descriptions of selected nationally recognized and utilized tools for functional and support need assessment.

Comparisons of Uniform Assessment Tools

- Comparisons of multiple assessment tools used throughout the United States for determining an individual's eligibility and/or needs for long-term services.
- Identification of common domains and data elements.

4.2. CORE STANDARDIZED ASSESSMENT CONCEPT

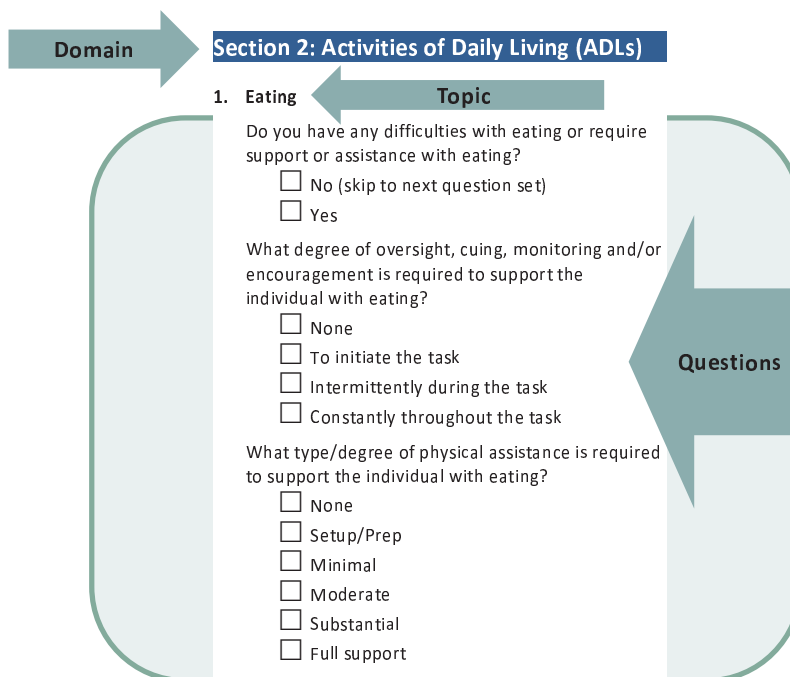
A State could meet the requirements of the Balancing Incentive Program by replacing all of its existing assessment instruments with a single instrument that would be used across all populations and settings. However, given the investment States have made in their existing instruments and the close links between those instruments and eligibility for services (especially Medicaid waiver services), this kind of mass substitution would be practically impossible. Instead, States must ensure that their CSAs capture certain required domains and topics, which together form the CDS. The purpose of the CDS is to promote uniform and comprehensive functional assessments across populations and geographic areas within a State; CMS does not plan to collect client-level CDS data to aggregate across States. Using the CDS, States can make adjustments *to their existing instruments* in a way that will satisfy the requirements of the Balancing Incentive Program *with minimal effort and with little or no change to existing practices*. When a State completes the process of modifying its existing instruments to meet the requirements of the Balancing Incentive Program, it must be able to assure CMS that those modifications will not change eligibility requirements in a way that reduces its maintenance of eligibility (MOE).

A State that applies for the Balancing Incentive Program funding needs to ensure that, for each population served, all topics and domains of the CDS are included. States will be able to choose the specific questions/items collected within each required topic; the only requirement is that those questions capture the data elements in the CDS. In some cases, the CDS may be collected via a single assessment instrument (e.g. the Supports Intensity Scale). In other cases, States may use a combination of instruments to collect the CDS.

Figure 4-3 illustrates the terminology used to describe the Core Dataset. The CDS contains:

- Domains
- Topics
- Questions/Items

Figure 4-3: Example Domain, Topic, and Questions



The remainder of this section is devoted to the required and recommended characteristics of a Balancing Incentive Program CSA process and tools, with the CDS being a primary requirement.

Required Characteristics of a Balancing Incentive Program CSA

This section describes the required characteristics of a CSA tool and process under the Balancing Incentive Program to assure uniformity in data collection process. States can meet the requirements of a CSA by: 1) using their existing tool(s), given that all or part of these tools gather information consistent with the Balancing Incentive Program purposes or 2) complementing the tool(s) already in use with additional items as warranted.

Uniformity in Using a Level I Screen/Level II Assessment Process across Populations Seeking LTSS – As previously described, CMS requires States to implement a two-level assessment process across populations seeking LTSS, involving a Level I screen and a Level II assessment. The Level I screen and Level II assessment are likely to cover at least some of the same domains. This two-level assessment process must be appropriate for assessing individuals across community LTSS populations; be uniform in its use across the State; and meet Balancing Incentive Program requirements by determining LTSS eligibility, identifying individual support needs, and informing service planning.

The purpose of a Level I screen is to identify those individuals who are *likely* to be eligible candidates for Medicaid-funded community LTSS. The Level I screen must be available for completion by the potential applicant and/or his/her representatives in person or over the phone (by calling a 1-800 number with live

support available). CMS also strongly recommends that States develop a self-screening tool that allows individuals to conduct a Level I screen online. It should be as short, concise, and as simple to complete as possible, recognizing that the screening tool might be completed by the individual with support needs themselves or by family members, friends, advocates or others on behalf of the individual. The Level I screen, for those considered likely eligible for community LTSS, provides a foundation of information or springboard for determining if a Level II assessment is appropriate.

The purpose of a Level II assessment purpose is to determine if an individual meets minimum criteria for the State's Medicaid-funded community LTSS. The Level II assessment must be completed in person, as in a face-to-face interview, between a qualified professional and the individual seeking supports (who may choose to have a family member, caregiver, support person or advocate accompany him or her).⁶ Additional information (e.g., physician's records) may also be collected as part of the Level II assessment.

The Level II assessment information, as a whole, can also be used to identify support needs and inform individual service planning. CMS anticipates, however, that States will address individualized care/support need planning with more in-depth assessment tools, obtaining more comprehensive information than what is required in the Level II assessment.

Guidance for designing or choosing Level I screens and Level II assessments are provided later in [Appendix H](#).

Uniformity in Purpose – the Balancing Incentive Program requires that the CSA instrument(s) be used across the State and across populations to determine eligibility, identify support needs, and inform service planning. While the assessment instruments need not be identical, CMS does require that the Level I screen and Level II assessment are targeted to meet the three intentions/purposes of the Balancing Incentive Program CSA.

Uniformity in Collecting a Core Dataset – CMS requires that the Balancing Incentive Program CSA instrument(s) contain, across populations and throughout the State, a Core Dataset (CDS) of required domains and topics. Based on the environmental scan described earlier, this CDS was developed to be inclusive of the key areas of assessment necessary to meet the purposes of a Balancing Incentive Program CSA. CMS recognizes that many States may utilize a more focused set of domain/topic areas for determining program eligibility or a more expansive set of domain/topic areas for developing a service plan. However, the Balancing Incentive Program requires that, at a minimum, the State's instrument(s) capture the data elements in the CDS. Please note that these data elements need not be collected using a single instrument across all populations.

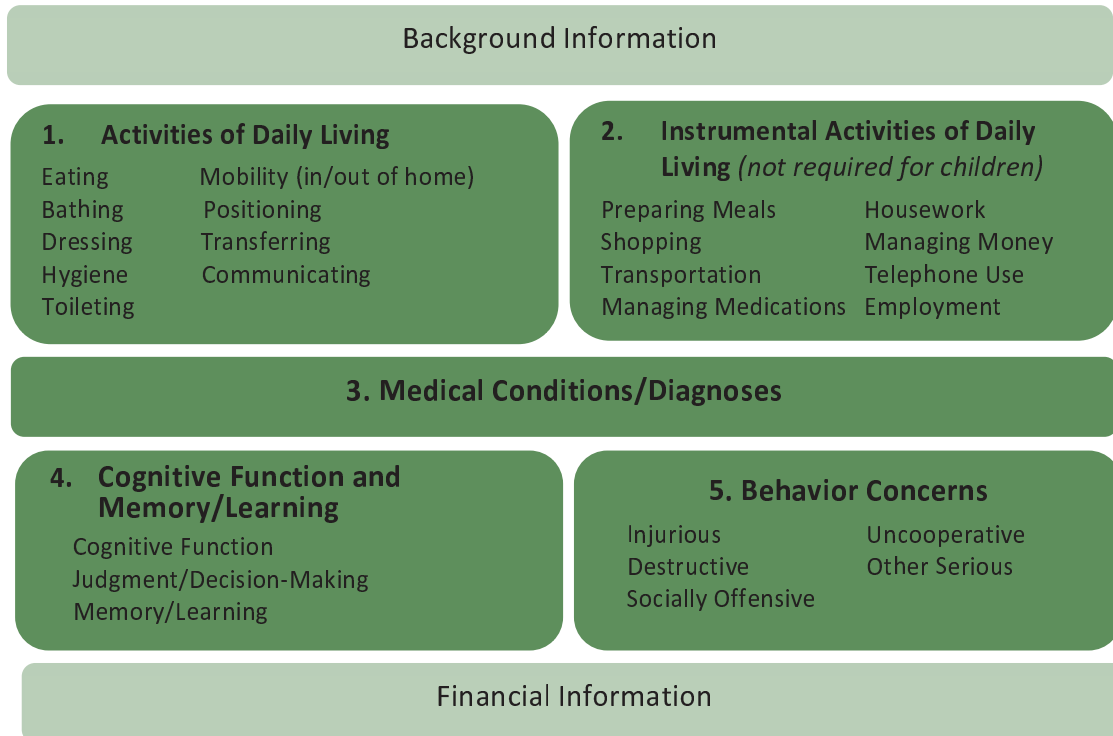
The CDS contains five domains: activities of daily living (ADLs), instrumental activities of daily living (IADLs), medical conditions/diagnoses, cognitive functioning/memory, and behavior concerns. Four of these domains (ADLs, IADLs, cognitive functioning/memory, and behavior concerns) contain topics (sub-domains) that are also required components of the CDS. These topics are listed in the graphic and further detailed below. One domain, medical conditions/diagnoses, does not have topics identified, as specific topics or questions within this domain are left to the discretion of the State. Figure 4-4 illustrates the five functional domains that comprise the Balancing Incentive Program CDS (in dark shading). Also displayed, but not part of the CDS, are background information and financial information (light shading).

⁶ What constitutes a qualified professional should be thought of in broad terms and is not limited to only those holding a clinical degree. Acceptable qualified professionals for the purposes of the Program include, but are not limited to social workers, case managers, and nurses.

States will clearly need to collect this information. But because these data are not requirements of the Balancing Incentive Program in particular, they are set aside for now.

Please note that Domain 2 (Instrumental Activities of Daily Living) is not required for children, and that Domain 4 is altered somewhat for children, replacing memory concerns with learning difficulties. These adaptations to the CDS for children recognize that developmental expectations for children are more directly tied to their age at the time of assessment (i.e., for ADLs, judgment, decision-making) and that there are expectations for adults that do not exist for children (e.g., IADLs).

Figure 4-4: Core Dataset: Required Domains and Topics for a CSA



Domain 1: Activities of Daily Living (ADLs) – For adults, ADLs are those typical tasks or activities necessary for independent, everyday living. They include activities such as eating, bathing, maintaining personal hygiene, dressing, mobility inside and outside the home, transferring, using the toilet, and communicating with others. For children, these activities must be assessed against age-appropriate developmental expectations for children of a similar age.

Domain 2: Instrumental Activities of Daily Living (IADLs) - IADLs are an additional set of more complex life functions necessary for maintaining a person's immediate environment and living independently in the community. IADLs include activities such preparing meals, performing ordinary housework, managing finances, managing medications, using the phone, shopping for groceries, and getting around in the community. Assessment of IADLs is not required for children.

Domain 3: Medical Conditions - Medical conditions or diagnoses (e.g., cerebral palsy, HIV/AIDS, stroke, epilepsy, quadriplegia, autism, schizophrenia) can potentially impact an individual's daily functioning. Common categories of medical conditions/diagnoses for exploration include eating disorders, skin conditions, heart disease, musculoskeletal disease, neurological/cognitive disease or diagnosis, respiratory disease, behavioral diagnoses, gastrointestinal disease, autoimmune disease, and cancer.

Domain 4: Cognitive Function and Memory/Learning Difficulties - Problems with memory or cognitive functioning can interfere at home, school, work, or in the community. Areas to explore might include: limitations with cognitive functioning attributable to a diagnosed condition (e.g., intellectual disability, traumatic brain injury, Alzheimer's disease) or noted difficulties in the areas of attention/concentration, learning, perception, task completion, awareness, communication, decision-making, memory, planning or problem-solving. *For children, these skills must be assessed against age-appropriate developmental expectations for children of a similar age.*

Domain 5: Behavior Difficulties - Challenging behaviors are commonly characterized as those behaviors that are self-injurious, hurtful to others, destructive to property, disruptive, unusual or repetitive, socially offensive, uncooperative, or withdrawn or inattentive.

Non-Required CDS Domain: Background Information - Background information includes basic contact and demographic information for the individual applying for services or supports (e.g., name, address, date of birth, contact information). Inquiries pertaining to insurance coverage, current use of public benefits, and a depiction of the individual's overall support needs are also contained in this section. If the respondent is not the applicant him/herself, additional questions may be included on the respondent (especially about his or her role as a source of natural support).

Non-Required CDS Domain: Financial Information – Financial information typically includes individual or household income (including wages, benefits, and other income) and general assets.

Recommended Characteristics of a Balancing Incentive Program CSA

CMS also provides the following recommendations to ensure that the CSA data collection process is both well-conceived and well-received by respondents. Based upon the environmental scan conducted, it is recommended that, when possible, States incorporate the following best practices in their CSA development and implementation. These recommendations fall into two broad categories: 1) sound underpinning and infrastructure of a well-constructed tool and 2) a welcoming and easy to use process for respondents. Most of these recommendations are easier to implement when designing an instrument from scratch. However, many of these principles can be applied to existing instruments as well.

Sound Underpinnings and Infrastructure

Involve stakeholders – When selecting or designing a comprehensive assessment process, it is critical to have early and consistent involvement from all of the key stakeholder groups (across agencies and populations), including but not limited to individuals who will be assessed using the tool, family members/ caregivers, advocates, front-line administrators of the tool, intake/eligibility specialists, program administrators, policy makers, data analysts, and program evaluators.

Set a clear purpose for the effort – If developing new CSA instruments, State leaders and/or the stakeholder group must determine, up front, the driving rationale and function of the instruments to be developed. What types of assessment (functional, financial, or both) will be accomplished with the tools? Will the tools be used to determine program/service eligibility (for one or many programs/service)? Will the tools be used to inform or develop a support plan? For whom will the tools be appropriate (e.g., age groups, population groups)? Which agencies/programs will be involved?

Automate assessment surveys/data – Automating the survey/interview protocol can potentially reduce data entry errors and facilitate an interview protocol where only those questions considered appropriate for the respondent are asked. For example, both the Massachusetts and Minnesota assessments utilize

“trigger” questions where certain responses either lead directly to an additional line of questioning, or direct the interviewer/interviewee to skip a set of questions (in fact, in an automated system, a respondent might never see the skipped or unnecessary questions). Data automation is also critical for data collection across sites, data sharing, and data analysis. Washington, Georgia, and Minnesota are examples of States that use automated processes to complete both the assessment of functional eligibility and level of care determination. Automation of data collection is discussed further in Chapter 6.

Evaluate the quality and utility of the data collected – Long-term success will depend on the confidence users have in the measures used and the data collection process. States should periodically assess the validity and reliability of the information that is collected, making changes as warranted to maintain the integrity of the process. In addition, the information collected should be analyzed to assess the characteristics of individuals applying for services, their support needs, the rate of successful enrollments, and service use later. Such analyses can help policy makers to improve the efficiency and effectiveness of data collection.

The assessment structure is logical and easy to understand – An assessment tool should be logically structured; that is, questions should appear collectively in content-related groups, and there should be a logical sequence to the content areas and questions presented. Questions should be worded clearly and presented in a way that is easy to understand. When an assessment is complete, there should be clear guidelines or criteria (through scoring or some other means) to determine if an individual is eligible for community LTSS, and the next steps for gaining access to the needed supports.

Questions deliver a summative view of an individual’s support needs – A Balancing Incentive Program CSA should apply a summative approach to understanding an individual’s support needs within each domain and topic. That is, questions should seek to sum up the supports a person needs to complete an overall task, such as shopping, toileting, or getting around town. This approach can result in a need for fewer questions to gather an impression of capability or support needs. The approach, however, may require further inquiry to construct a well-fitted plan of support.

Questions utilize a strengths or supports-based approach – It is recommended that the CSA utilize a strengths or supports-based approach, rather than a deficits-based approach. That is, when possible, questions should be formatted in a manner to assess the extent of supports needed to complete an activity, rather than focusing on the portions of an activity that an individual cannot perform. For example, response options for questions on ADL skills could be: independent, setup or clean-up assistance, supervision or touching assistance, partial/moderate, substantial/maximal assistance, dependent – with their accompanying definitions. This is consistent with assessing levels of “support need” rather than extent of “functional deficit.”

Information gathered is adequate, but not burdensome - There is a need to collect adequate information to make an accurate determination of an individual’s need for community LTSS. Also, assessment processes are often linked with service/support planning and/or referral processes. For these reasons, it can be appealing to include and ask a large number of questions. Individuals, however, should only be asked questions that are relevant (i.e., the questions do not unnecessarily invade their privacy) and requests for information should not be over-burdensome (i.e., the burden of supplying information should not exceed the benefit of receiving the services/supports offered).

Assessment instruments are tested for validity and reliability - To assure that assessment instruments do indeed test what they are testing for (validity), and do so, regardless of the interviewer/rater/respondent (reliability), tools should be tested for both validity and reliability.

A Welcoming and Easy to Use Process

The assessment process should be easily accessible. Easy access may be achieved through a “no wrong door” approach: where many doors in the community (e.g., doctor’s offices, community help-giving organizations, schools) lead individuals to the assessment process and support them once they arrive; or through a “single point of entry” approach: where one door (e.g., a toll-free phone number, a website) is accessible to all. Making both approaches available clearly has its advantages in reaching as many potentially eligible individuals as possible. Whatever the approach, it is imperative that:

Individuals feel welcome and heard - Individuals should feel welcomed by the assessment process, listened to, supported, and not pre-judged. Individuals are the experts when it comes to their own lives. They know their strengths, preferences and needs, and their opinions should be heard and respected.

Practices are culturally competent - No two individuals are exactly alike. Regardless of age or disability, household and support configurations will be unique for each individual. Likewise, individuals will vary in their ethnic origins and the languages they prefer to speak. Some individuals may be very difficult to reach, living in rural areas, or urban areas that are hard to penetrate. The assessment process should be respectful and culturally competent in anticipating and responding to the varying goals, needs and preferences of individuals across cultures, traditions, and beliefs.

Information flows in two directions - The assessment instrument and process require individuals to share needed information about themselves in a timely fashion. The assessment process, too, must be able to communicate back to the individual in a timely fashion about eligibility determinations, potential services/supports available, and requirements for the individual to proceed in accessing needed services.

Family/caregiver needs are considered – Families and/or caregivers often have needs outside of the needs specific to the individual eligible for services. These needs are typically connected to caregiver stress, a need for information and referral, support groups and/or respite care. An assessment process that incorporates components tied to caregiver needs will result in a more well-rounded assessment of the service and support needs of the whole family.

4.3. SUMMARY OF REQUIREMENTS AND RECOMMENDATIONS

The following table summarizes the required and recommended elements of the CSA described above.

Requirements and Recommendations																									
The Balancing Incentive Program Structural Change 2: CSA																									
<u>Core Standardized Assessment</u>																									
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<ul style="list-style-type: none"> • The Level I screen/Level II assessment process is uniform across populations seeking LTSS. <ul style="list-style-type: none"> ○ A Level I screen is available for completion in person and over the phone. ○ Level II assessment is completed in person, with the assistance of a qualified professional. • A Balancing Incentive Program Core Dataset (CDS) is captured Statewide for all populations seeking community LTSS. The CDS is used to support the purposes of determining eligibility, identifying support needs, and informing service planning. • The CSA contains the CDS (required domains and topics), which includes: <ul style="list-style-type: none"> ○ Activities of Daily Living (ADLs) <table style="margin-left: 40px; border: none;"> <tr> <td>Eating</td> <td>Mobility (in-home and out of home)</td> </tr> <tr> <td>Bathing</td> <td>Positioning</td> </tr> <tr> <td>Dressing</td> <td>Transferring</td> </tr> <tr> <td>Hygiene</td> <td>Communicating</td> </tr> <tr> <td>Toileting</td> <td></td> </tr> </table> ○ Instrumental Activities of Daily Living (IADLs) (not required for children) <table style="margin-left: 40px; border: none;"> <tr> <td>Preparing Meals</td> <td>Managing Money</td> </tr> <tr> <td>Shopping</td> <td>Telephone Use</td> </tr> <tr> <td>Transportation</td> <td>Managing Medications</td> </tr> <tr> <td>Housework</td> <td>Employment</td> </tr> </table> ○ Cognitive function and memory/learning difficulties <ul style="list-style-type: none"> ○ Cognitive function ○ Judgment and Decision Making ○ Memory and Learning ○ Medical conditions ○ Behavior difficulties <table style="margin-left: 40px; border: none;"> <tr> <td>Injurious (to self or others)</td> <td>Uncooperative</td> </tr> <tr> <td>Destructive</td> <td>Other Serious</td> </tr> <tr> <td>Socially Offensive</td> <td></td> </tr> </table> 		Eating	Mobility (in-home and out of home)	Bathing	Positioning	Dressing	Transferring	Hygiene	Communicating	Toileting		Preparing Meals	Managing Money	Shopping	Telephone Use	Transportation	Managing Medications	Housework	Employment	Injurious (to self or others)	Uncooperative	Destructive	Other Serious	Socially Offensive	
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Requirements and Recommendations

The Balancing Incentive Program Structural Change 2: CSA

Strongly Recommended:

- Individuals can conduct a Level I self-screen online.
- The CSA data collection process is well conceived and received by respondents, as follows:
 - Sound underpinnings and infrastructure
 - Involve stakeholders when designing the CSA.
 - Set a clear purpose for the CSA, ensuring a focus on eligibility determination.
 - Automate the assessment process.
 - Evaluate the quality and utility of data collected.
 - Ensure the CSA structure is logical and easy to understand.
 - Ensure the CSA delivers a summative view of an individual's strengths and support needs.
 - Ensure the CSA, when possible, utilizes a strengths or support-based approach, rather than a deficits-based approach.
 - Balance the need for adequate data with the burden data collection creates.
 - Test assessment tools for validity and reliability.
 - A welcoming and easy to use process
 - Ensure individuals feel welcome and heard.
 - Implement assessments in a culturally competent way.
 - Allow information to flow in two directions.
 - Ensure Family/caregiver needs are considered.