

Missouri's LOC Transformation Final Stakeholder Meeting

November 27, 2018



Session's Agenda

1. Refresh memory of journey thus far
2. Share feedback results collected from stakeholder groups
3. Offer revised model of the framework
4. Outline next steps including opportunities for input

Begin With The End In Mind

Overarching Goal : Create a new Level of Care (LOC) model that:

1. Ensure **access** to care for **most in need** of HCBS providing **least restrictive** community setting as long as **safely possible**
2. Use **limited state resources** on those most in need of HCBS compared to more costly facility placement.
3. Ensure individuals able **to live in the community** are not inappropriately placed in a more restrictive setting.

Why Now?

- No substantive updates since 1982
- Inherent problems with current model
 - Exacerbated when moved from 21 to 24 points
- Missouri's aging demographic
- State Auditor's Office recommendation

Technical Assistance (TA) Grant

- Robert Wood Johnson funding through Princeton University's State Health & Value Strategies
- Funded to perform following activities:
 1. National landscape scan
 - Deeper dives into specific states of interest
 2. Stakeholder engagement
 3. Co-create the new model
 4. Summarize key learnings and best practices



1982

**NF Level of Care
Eligibility Criteria
Added to Missouri
Regulations**



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2001

1st Significant Change to LOC
Move from 18 to 21 points

**2nd Significant Change to
LOC – Move from 21 to 24
points**

**Awarded Robert Wood
Johnson Foundation Grant**

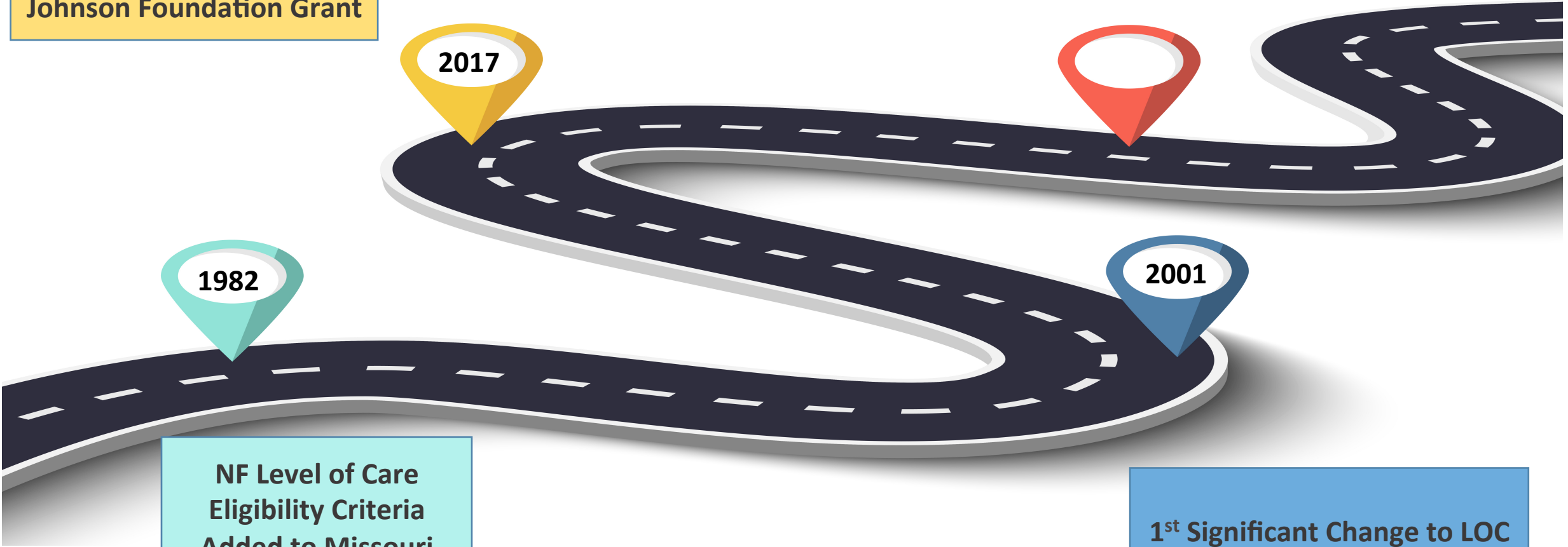
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**January to June
Research and Discovery**

**July to December
Stakeholder Engagement
and Model Formation**

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Stakeholder Engagement Sessions

June 25, 2018

- 161 HCBS Providers, 52 SNF Providers, and 78 Staff

July 13, 2018

- 197 HCBS Providers, 88 SNF Providers, and 84 Staff

November 27, 2018

- 298 HCBS Providers, 111 SNF Providers, and 94 Staff

June 25 Meeting Highlights

- QUESTION – When thinking about the current LOC criteria and process, what are the three to five most significant challenges or issues experienced by the populations you serve?
- Write one idea per notecard
 - No less than 3 cards
 - No more than 5 cards
 - Please write legibly



June 25 Meeting Highlights

- National landscape findings
 - LOC eligibility criteria
 - Functional assessment tools used
 - Assessor/Determinators of services and supports
 - Scoring systems

June 25 Meeting Highlights



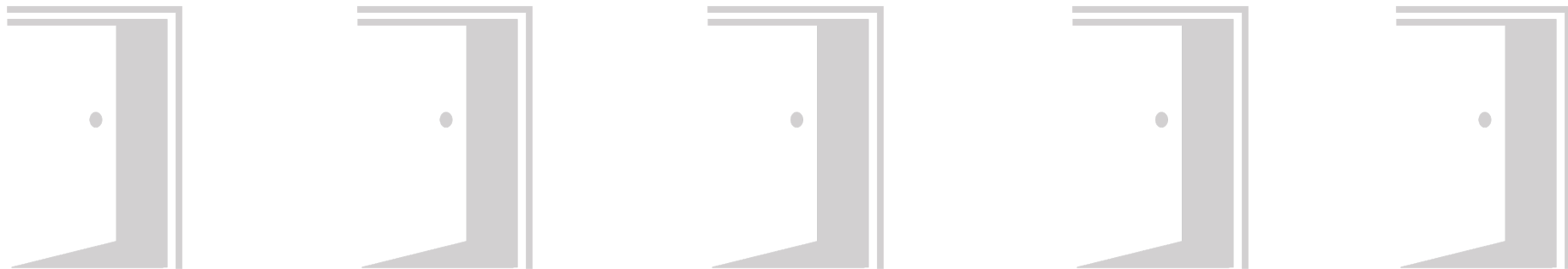
If you could wiggle your nose and make it magically happen, what changes would you like to see implemented in the LOC process in Missouri?



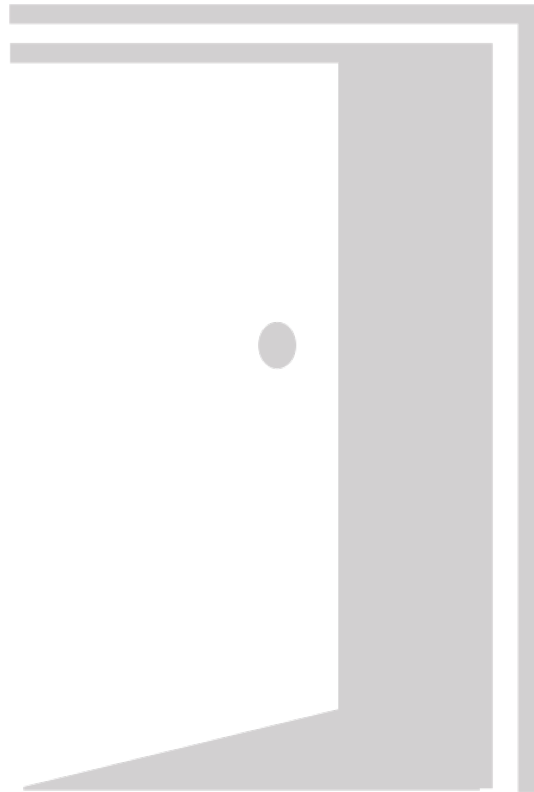
Missouri's Level of Care Eligibility Criteria

July 13 Meeting Highlights

- Reported on process and framework feedback
- Shared first draft of new LOC criteria
 - Five doorways + points



Doorway 1: Frail Elderly

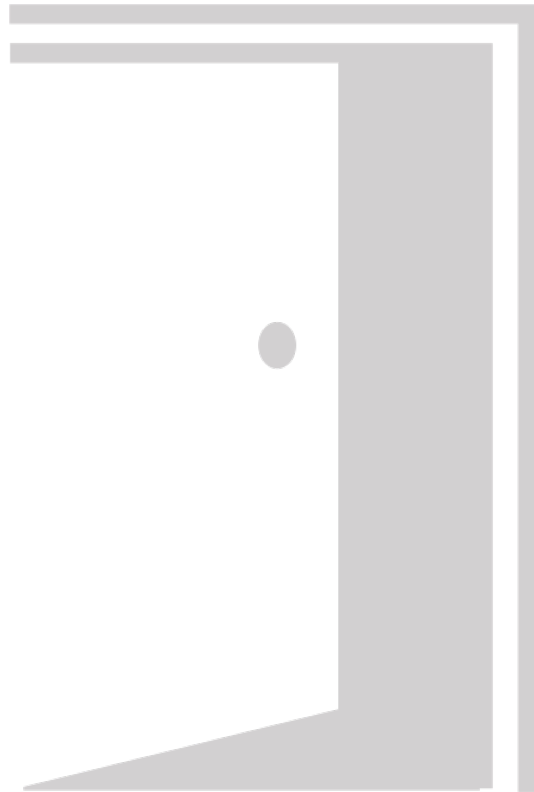


Definition: Individuals age 80 and over with a decreased ability for independent living due to chronic health problems, physical limitations, and/or impaired mental abilities.

Criteria Eligibility

- ADL's (Activity of Daily Living) e.g. Bathing, Mobility, Transfers, Dressing, Grooming, Toileting, Eating
- IADLs (Instrumental Activities of Daily Living)- Meal prep
- Safety-ADLs impacting health, Fall risk (bathing, transfers)

Doorway 2: Physical Limitations

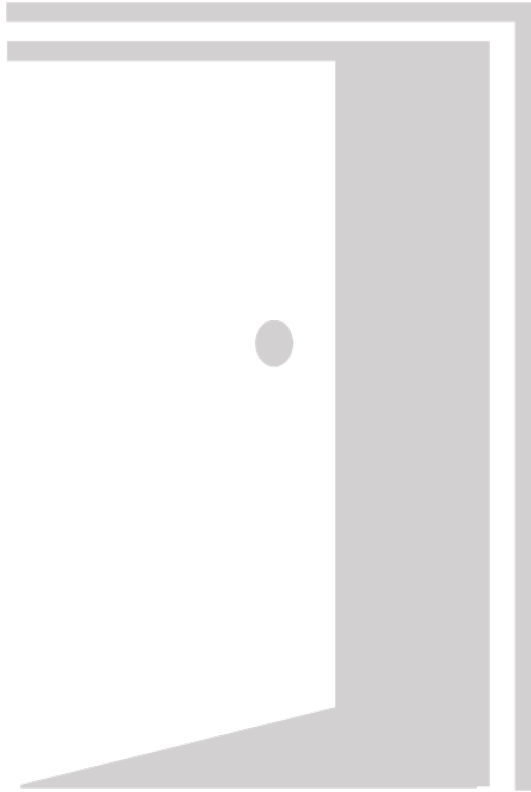


Definition: An individual with a physical limitation, medical diagnosis, and/or chronic condition that leads to the need for physical hands-on care.

Criteria Eligibility

- ADLs-Bathing, Mobility, Transfers, Dressing, Grooming, Toileting, Eating
- IADLs-Meal prep
- Safety-ADLs impacting health, Fall risk (bathing, transfers)

Doorway 3: Dementia

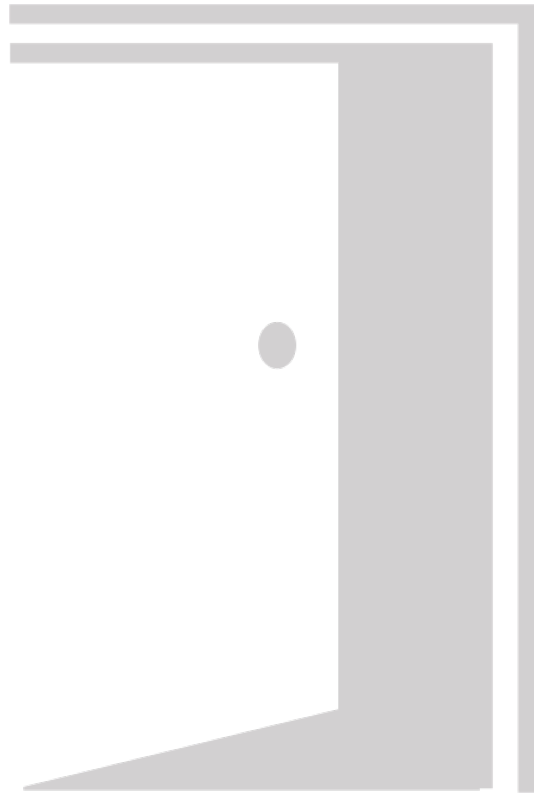


Definition: Professional Dementia Diagnosis required.

Criteria Eligibility

- ADLs-Eating, Mobility, Dressing, Grooming, Bathing, Toileting
- IADLs

Doorway 4: Mentally III

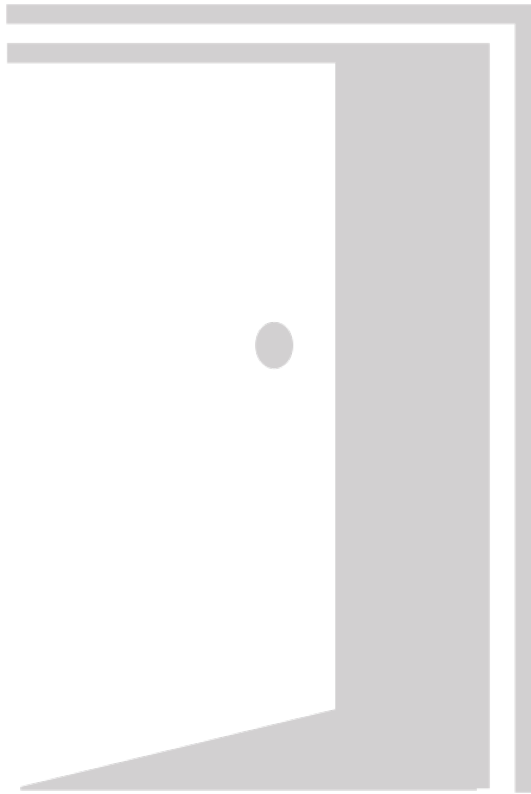


Definition: Professional Mental Health Diagnosis required.

Criteria Eligibility

- IADLs-Self care
- Safety-Wandering/Exit seeking, Behavioral, Fall risk

Doorway 5: I/DD (Intellectual or Developmental Disability) or ABI (Adult Brain Injury)



Definition: Professional Diagnosis of I/DD, Acquired Brain Injury or Traumatic Brain Injury as defined in RSMO-192.735.

Criteria Eligibility

- IADLs-Self care
- Safety-Wandering/Exit seeking, Behavioral, Fall risk

July 13 Meeting Activities



Placed dots by up to six items which should stay the same in the final framework



Placed up to three post-it notes with ideas for improvement (additions, deletions, changes)



Offered suggestions for scoring and provided more information in online survey

Frail Elderly Doorway Feedback

		Staff	HCBS	SNFs
Definition	Change age , could be tiered age: 65-70, 70-79, 80 and up; maybe start at age 75, start at age 70 since many are in poor health, start at age 65, no age limit because discriminatory	✓	✓	✓
	Add short-term rehab door			✓
Indicators	Add ADLs including personal care, supervision, transfers	✓	✓	
	Add IADLs including grocery shopping, laundry, med prep, med management, money management, scheduling medical appointments, light housework, using phone to accomplish tasks, using phone apps, personal hygiene, household chores, bill paying, other shopping tasks, guardian, carrying 10 lbs., reading labels, and transportation	✓	✓	
	Add to Safety: A/N/E, memory, living conditions	✓		✓
	Add Medication: specifically availability and administration			✓

Physical Limitation Doorway Feedback

		Staff	HCBS	SNFs
Definition	Add to wording: HIV, end stage disease, kidney, liver, cancer	✓		
	Add to wording: morbidly obese and diabetes; identify timeframe		✓	
	Add to wording: rehab and hospice; How account for individuals with limb/muscle constriction or amputee who no longer need clinical?			✓
Indicators	Add ADLs including personal care, grooming, bathing, dressing, all ADLs	✓	✓	✓
	Add IADLs including transportation, meal prep, medication prep, money management, household chores, laundry, shopping (for MS or ALS clients)	✓	✓	
	Add to Safety: A/N/E	✓	✓	✓
	Add to Safety: fall risk, transfers		✓	
	Add to Clinical: catheters, ostomies, etc.			✓

Dementia Doorway Feedback

		Staff	HCBS	SNFs
Definition	Change wording: HIV/AIDS could be in this doorway or what kind of dx? Specifically, Dementia word only?	✓		
	Change wording to identify timeframe; is an MD a specialist, no true test Dementia (indicators may be present before diagnosis); Need to address that indicators may come first		✓	
	Change wording: does a diagnosis of unspecified dementia qualify as professional dementia diagnosis?			✓
Indicators	Add to Safety: fall risk	✓		
	Add to Safety: risk to others		✓	
	Add to Safety: living conditions; add prompting and standby assist			✓

Mentally Ill Doorway Feedback

		Staff	HCBS	SNFs
Definition	Change wording: Too subjective; vetted by DMH?			✓
Indicators	Define self-care under IADLs	✓		✓
	Add ADLs: All		✓	
	Add IADLs: including med prep, med management, personal hygiene, meal prep, grocery shopping, light housekeeping, paying bills, money management, ability to maintain a residence, household chores, scheduling med appointments.	✓	✓	
	Add to Safety: self-harm, suicide, poor decisions, medication compliance; Add Cognition for impairment	✓		
	Add to Safety: refusing care, noncompliance		✓	
	Add to Behavioral: medication		✓	
	Add to Safety: A/N/E and living conditions			✓

I/DD or ABI Doorway Feedback

		Staff	HCBS	SNFs
Definition	Change the wording: Too open ended; add a goal oriented aspect with intent to improve capacity; need to include the entire definition of statute to include SCI; identify and expand timeframe; vetted with DMH?	✓	✓	✓
Indicators	Add ADLs: including toileting and bathing	✓	✓	
	Add IADLs: including grocery shopping, laundry, housework, med management, doctor's appointments, transportation, essential communication with others, self-care	✓	✓	
	Define self-care under IADLs and define Behavioral	✓		
	Add to Clinical: medication management, verbal skills		✓	
	Add Cognition and family support/dynamics			✓

We Learned From Your Valuable Feedback



Key Takeaways from Feedback



- Certain types of people everyone agrees needs help
- Easy entry doorway needed for these individuals



- Potential for exclusion of some participants
- Technically difficult and expensive to implement with current assessment and web-based system



Common Sense Approach

Asked ourselves four essential questions:

In the current system,

1. What's working?
2. What's not working?
3. What's missing?
4. What did research say?

What's Working?

- Mobility
- ADLs
- IADLs
- Rehabilitation

What's Not Working?

- Not Measuring the “Root”
 - Monitoring
 - Restorative
 - Number of medications taken
 - Physician ordered diet

What's Missing?

- Looking at cognitive and behavioral separately
- Way to help those that obviously need services easily get into system

What Did Research Say?

- ADLs are what truly matter – all states emphasize this
- Those with updated systems recognize cognitive and behavioral separately
- Blended algorithm models with variable point values makes most sense
- Certified assessors with effective training matters
- Utilize web-based system and world renowned assessment tool
- Updating more than every 30 years helps

LOC Dream Team

- Need the **RIGHT** people to create **RIGHT** solution
- Need **you**, too!

Transparency in Process



Categories of Criteria

Current Category

- Mobility
- Behavioral
- Treatments

Proposed Category

- Moved to ADL category
- Behavioral (modified)
- Treatments (modified)

Categories of Criteria

Current Category

- Personal Care
- Rehabilitation
- Dietary

Proposed Category

- Activities of Daily Living (new)
 - Dietary
 - Bathing
 - Toileting
 - Mobility
- Rehabilitation
- Moved to ADL category

Categories of Criteria

Current Category

- Medication
- Restorative
- Monitoring

Proposed Category

- Modified to medication management only
- Removed category
- Removed category

Two Proposed New Categories of Criteria

Proposed Category

- Cognition
- Safety

Scoring Process

- Category-specific questions in assessment
- Points based on each question
- Common sense trigger questions
 - Late stages of dementia, bedbound, quadriplegic

Administration of Process

- Intensely and deliberately trained assessors
 - Look at all information consistently
 - Use multiple sources of information
 - Client response, health records, provider information and other sources
 - Ensure authenticity of needs

Look at Actual Missourians

- Want to study our own residents
 - Those in the system
 - Those not in the system
- **Right** services for the **right** people at the **right** time in the **right** setting

That's a lot to get **Right!**











**January to June
Research and Discovery**

**July to December
Stakeholder Engagement
and Model Formation**

2018

2020

2019-2020

**Phase 1:
Finalize and Test Algorithm**

**Phase 2:
Predictive Budgeting
Model and Budget Process**

**Phase 3:
Implementation
Modifications
Cyber Access Changes
InterRAI HC Changes
Assessor Certification
Transition Plans
Regulation Changes
Waiver Amendments (4)**

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**Three Phases of
Development and
Implementation**

2020

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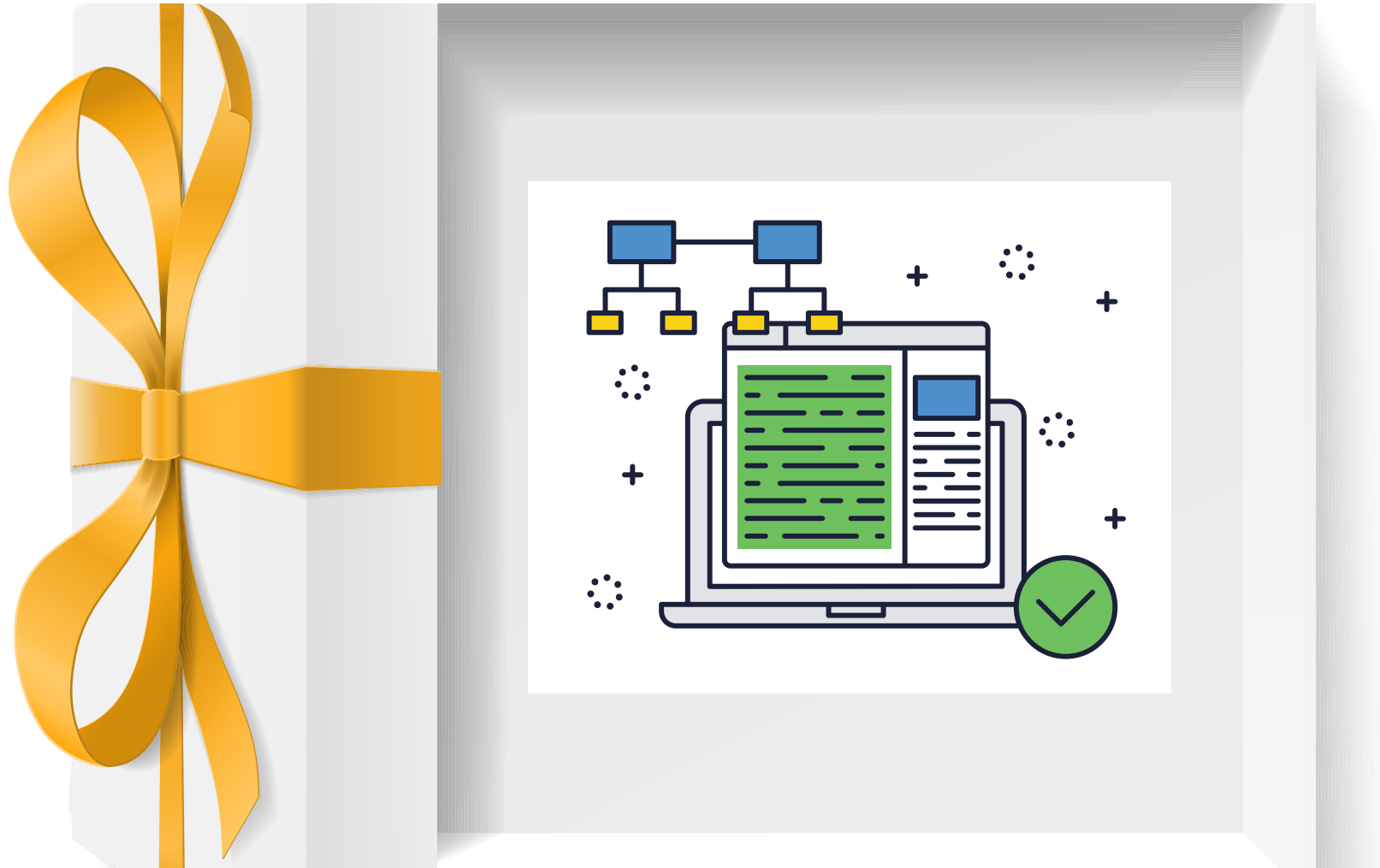
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HCBS Eligibility Process Changes Needed

- Person centered care plans
 - Regional disparities
- Certified assessors
- Mobile assessments
- Service delivery package

Your Holiday Gift



Gift Delivery

- PM/VM announcements
- MHD and MMAC blast
- Association reps
- All feedback welcome!



Homework: Dash Away and Do Case Studies



Homework: Dash Away and Do Case Studies

- New webpage linked from HCBS provider page
- Instructions will be given for feedback
- Until March 31, 2019 to provide feedback and actual case studies



**Missouri's Level
of Care
Eligibility
Criteria
Reimagined**