

# **Missouri's LOC Transformation Final SNF 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**.
2. Use **limited state resources** on those most in need.
3. Ensure individuals able **to live in the community** are not inappropriately placed in a more restrictive setting.

# Why Now?

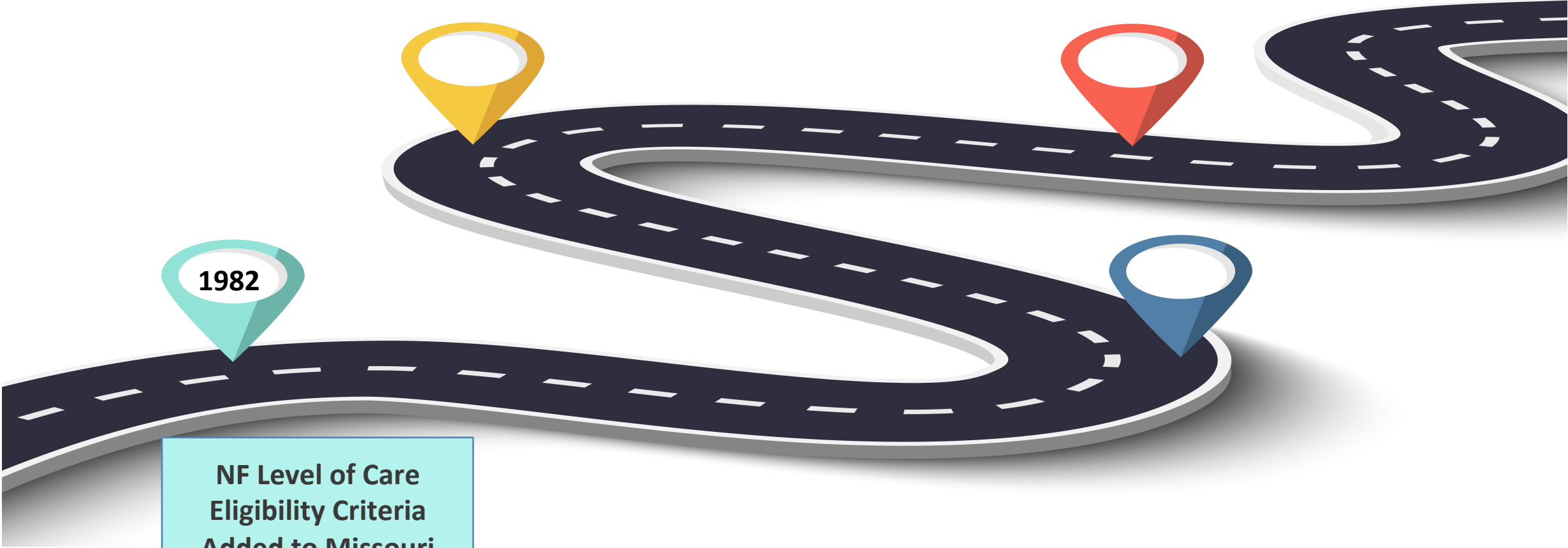
- No substantive updates since 1982
- Inherent problems with current model
  - Exacerbated when moved from 21 to 24 points
- Missouri's aging demographic
- State Auditor's Office recommendation

# 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

**1<sup>st</sup> Significant Change to LOC  
Move from 18 to 21 points**

**2<sup>nd</sup> Significant Change to  
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**January to June  
Research and Discovery**

**July to December  
Stakeholder Engagement  
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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 24 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 24 Meeting Highlights

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

# June 24 Meeting Highlights



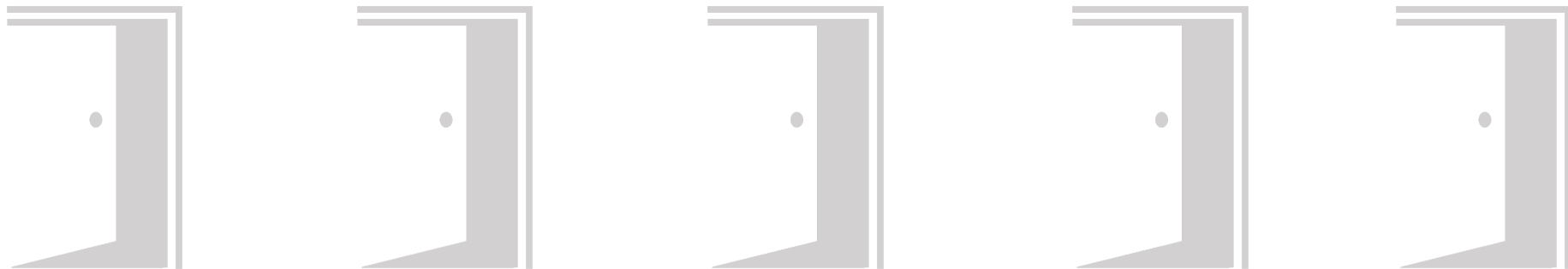
If you could wiggle your nose and make it magically happen, what changes would you like to see implemented in the LOC process in Missouri?



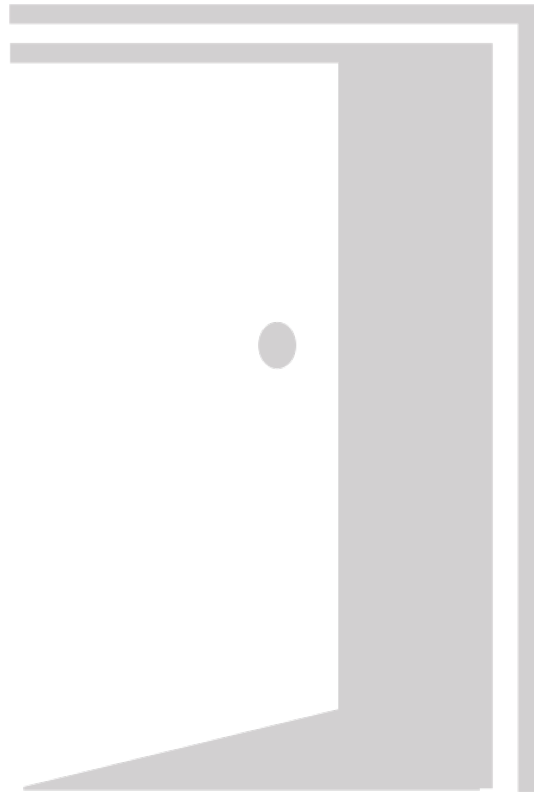
# Missouri's Level of Care Eligibility Criteria

# July 13 Meeting Highlights

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



# Doorway 1: Frail Elderly

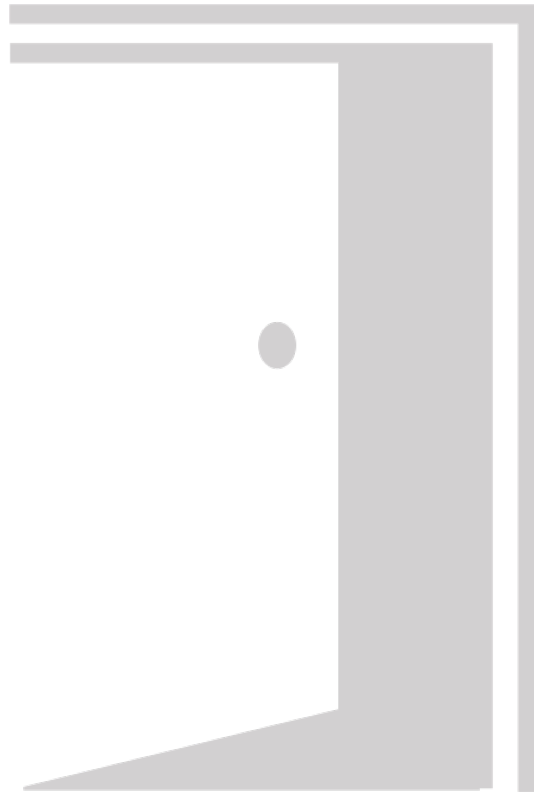


**Definition:** Individuals age 80 and over with a decreased ability for independent living due to chronic health problems, physical limitations, and/or impaired mental abilities.

## 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

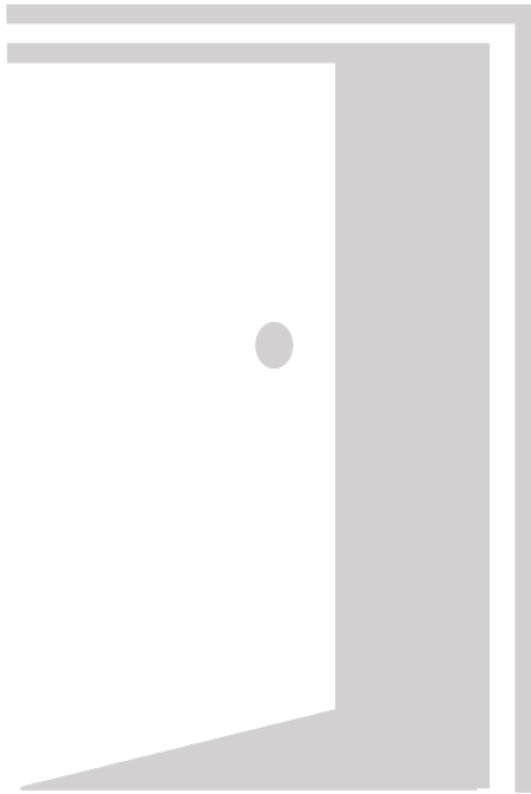


**Definition:** An individual with a physical limitation, medical diagnosis, and/or chronic condition that leads to the need for physical hands-on care.

## Criteria Eligibility

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

# Doorway 3: Dementia

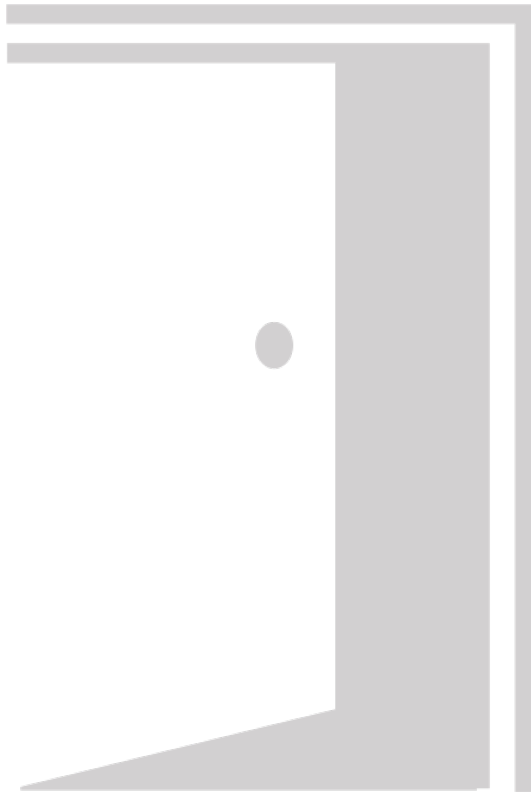


**Definition:** Professional Dementia Diagnosis required.

## Criteria Eligibility

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

# Doorway 4: Mentally III

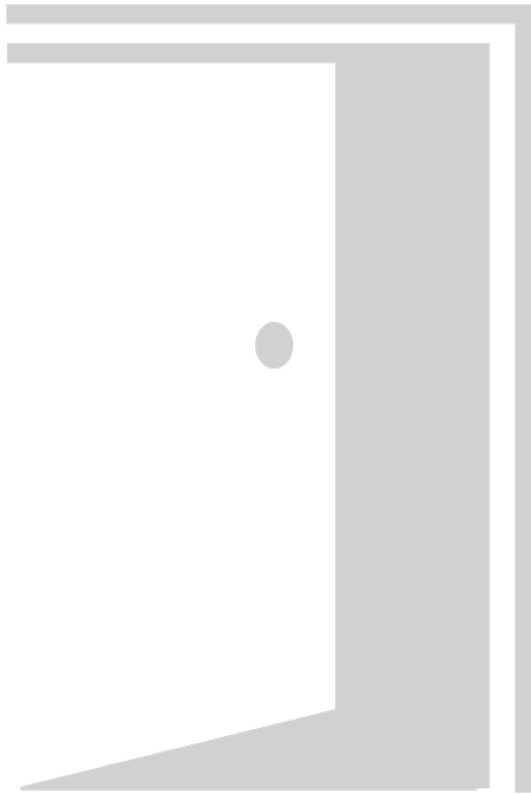


**Definition:** Professional Mental Health Diagnosis required.

## 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
<b>Definition</b>	<b>Change age</b> , 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	✓	✓	✓
	<b>Add short-term rehab door</b>			✓
<b>Indicators</b>	<b>Add ADLs</b> including personal care, supervision, transfers	✓	✓	
	<b>Add IADLs</b> 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	✓	✓	
	<b>Add to Safety:</b> A/N/E, memory, living conditions	✓		✓
	<b>Add Medication:</b> specifically availability and administration			✓

# Physical Limitation Doorway Feedback

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

# Dementia Doorway Feedback

		Staff	HCBS	SNFs
<b>Definition</b>	<b>Change wording:</b> HIV/AIDS could be in this doorway or what kind of dx? Specifically, Dementia word only?	✓		
	<b>Change wording</b> 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		✓	
	<b>Change wording:</b> does a diagnosis of unspecified dementia qualify as professional dementia diagnosis?			✓
<b>Indicators</b>	<b>Add to Safety:</b> fall risk	✓		
	<b>Add to Safety:</b> risk to others		✓	
	<b>Add to Safety:</b> living conditions; add prompting and standby assist			✓

# Mentally Ill Doorway Feedback

		Staff	HCBS	SNFs
<b>Definition</b>	<b>Change wording:</b> Too subjective; vetted by DMH?			✓
<b>Indicators</b>	<b>Define self-care</b> under IADLs	✓		✓
	<b>Add ADLs:</b> All		✓	
	<b>Add IADLs:</b> 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.	✓	✓	
	<b>Add to Safety:</b> self-harm, suicide, poor decisions, medication compliance; <b>Add Cognition</b> for impairment	✓		
	<b>Add to Safety:</b> refusing care, noncompliance		✓	
	<b>Add to Behavioral:</b> medication		✓	
	<b>Add to Safety:</b> A/N/E and living conditions			✓

# I/DD or ABI Doorway Feedback

		Staff	HCBS	SNFs
<b>Definition</b>	<b>Change the wording:</b> 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?	✓	✓	✓
<b>Indicators</b>	<b>Add ADLs:</b> including toileting and bathing	✓	✓	
	<b>Add IADLs:</b> including grocery shopping, laundry, housework, med management, doctor's appointments, transportation, essential communication with others, self-care	✓	✓	
	<b>Define self-care</b> under IADLs and <b>define Behavioral</b>	✓		
	<b>Add to Clinical:</b> medication management, verbal skills		✓	
	<b>Add Cognition</b> and family support/dynamics			✓

# We Learned From Your Valuable Feedback



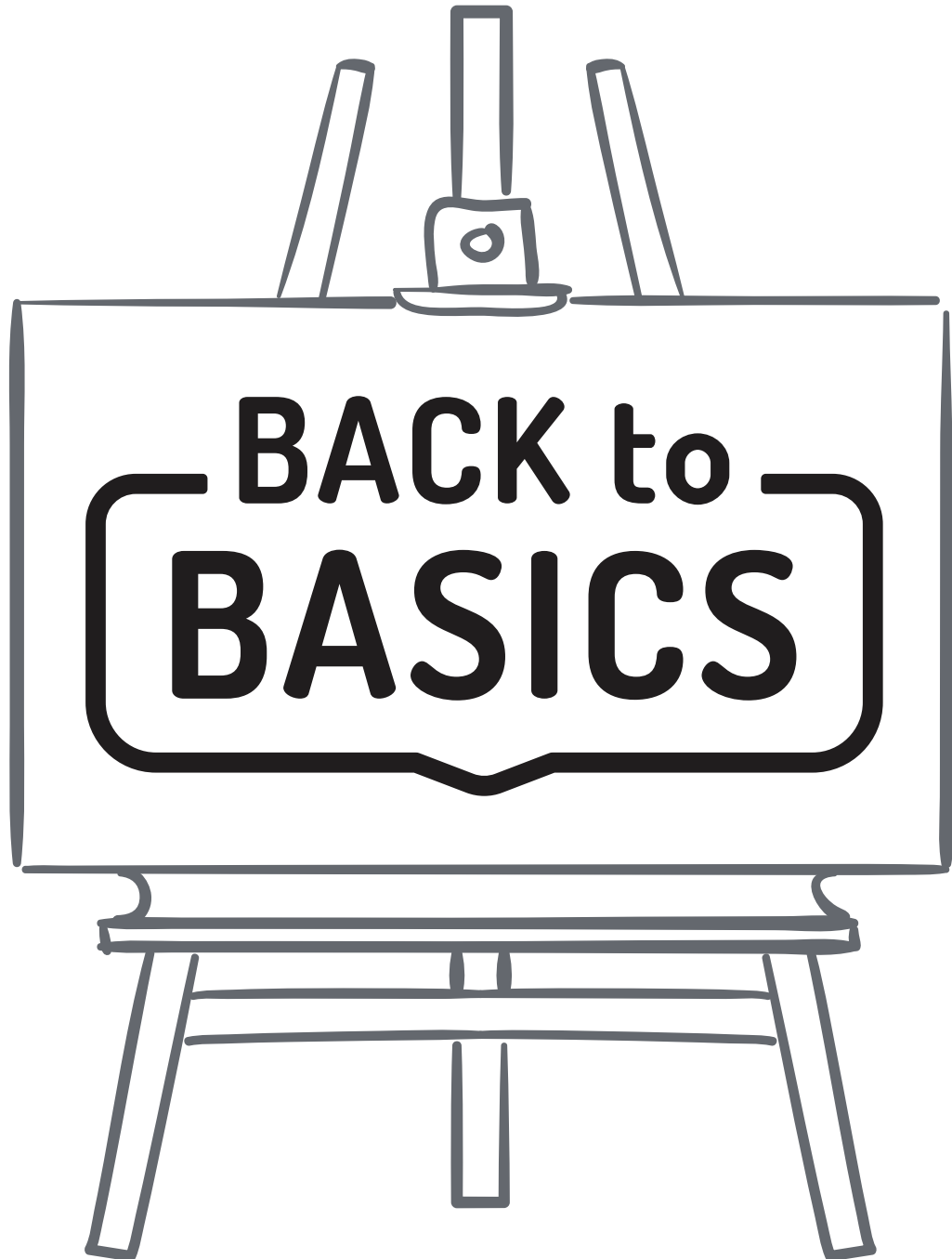
# Key Takeaways from Feedback



- 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
- 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

# 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)**

**2<sup>nd</sup> Significant Change to LOC – Move from 21 to 24 points**

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**Three Phases of  
Development and  
Implementation**

**2020**

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**1982**

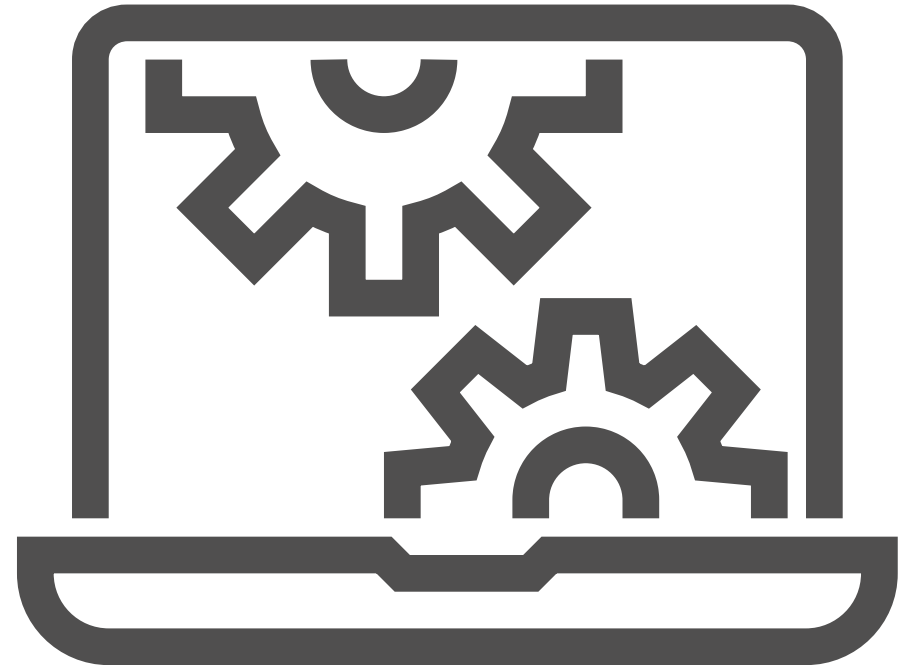
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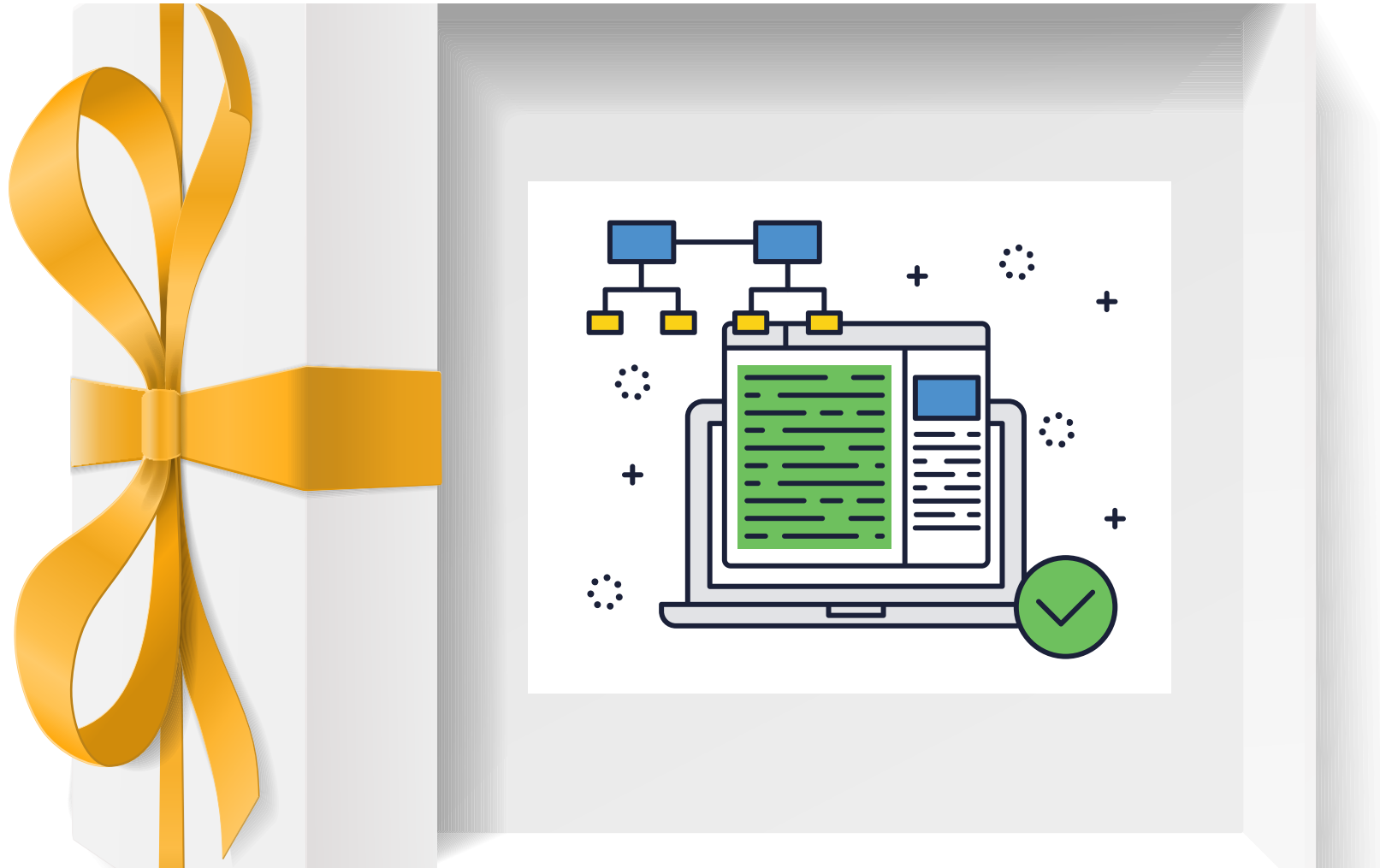
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# SNF Process Changes Needed

- Must address the manual process
  - Goal to be online and automated

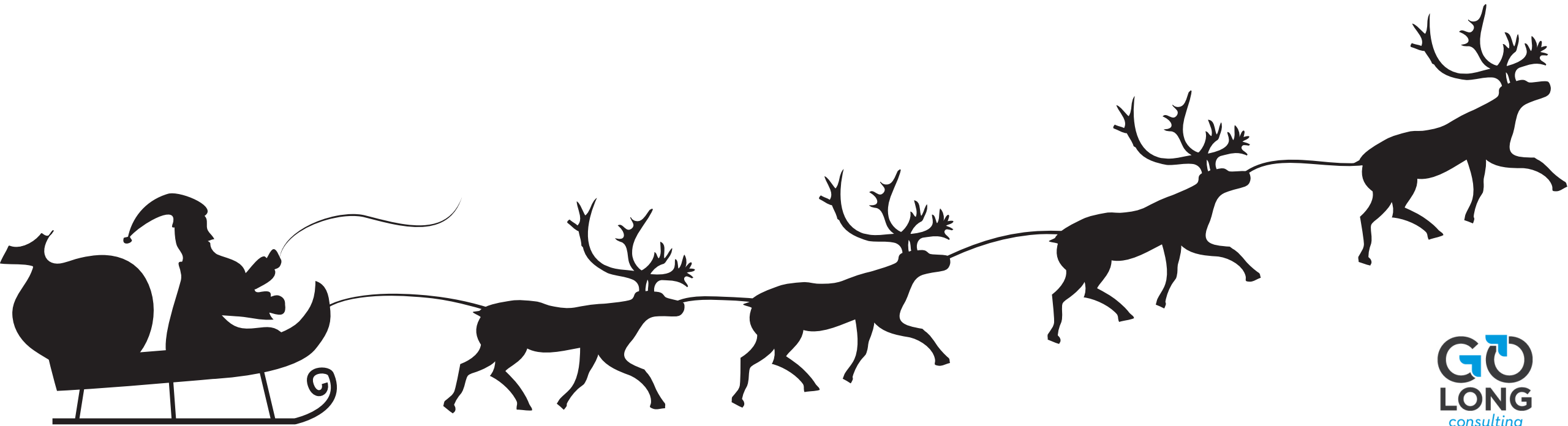


# Your Holiday Gift



# Gift Delivery

- Distributed via listserv and through provider associations



# Homework: Dash Away and Do Case Studies



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- Follow specific process for sharing feedback
- Until March 31, 2019 to provide feedback and actual case studies



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