

# Long-Term Care Assessment

The Heart of Quality Care and Efficiency



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## Long-Term Care Assessment

### Introduction

Traditionally, most long-term care services and supports financed by Medicaid have been provided in institutional settings. However, many seniors and individuals with disabilities prefer to stay in their homes – and, as with most services, costs are skyrocketing. To satisfy demands and control costs, states have changed the models of long-term care by developing Home and Community Based Service alternatives to institutional care where appropriate.

The 2010 Patient Protection and Affordable Care Act provided states new opportunities to further expand HCBS care under Medicaid. As states look to provide more LTC services in HCBS settings, appropriate and comprehensive assessment tools will play a crucial role in LTC program management. A well-designed assessment tool should detect an individual's life situation, burden of care and service needs. Program participants can receive appropriate, cost-efficient assistance, while program managers can reduce the strain of costly institutional care.

### Background

#### Role of an Assessment

There are many ways a state can provide Medicaid HCBS. These include 1915(c) HCBS waivers, home health services (which all states must cover under their Medicaid plans) and the optional state plan personal care services benefit. However, the majority of the spending is on HCBS waiver programs.

In most cases, in order for individuals to apply and receive waiver services, each state program must verify that an individual meets the requirements for “nursing facility level of care”. In addition, each person must have a written care plan. However, states can find it difficult to set this level of care criteria. Using broad measures can create long waiting lists if resources aren't available for the number of people qualifying for services. However, using narrow measures can restrict access to services for those in need.

This is why a comprehensive assessment is the cornerstone of long-term services and supports. It serves as a building block for effective service planning and delivery. It's a multifunctional tool that collects data about seniors and individuals with disabilities. It rates their medical, behavioral, cognitive and functional capabilities and activities of daily living (such as eating, bathing, dressing, toileting, transferring and maintaining continence). The assessment's functions include eligibility determination for programs and services, service plan development and establishing a service budget. Used properly, this tool can help the many states challenged by limited resources available to meet the substantial and growing demand for LTC services and supports. The results of an assessment can also help states determine the priorities of citizens on HCBS program waiting lists.

An assessment is only as good as the person delivering it. It also relies on the accuracy of information given.



### Types of Assessment Tools

Many analysts have urged states to follow the standardized Minimum Data Set as a comprehensive way to assess all LTC individuals. However, assessment tools, methods and procedures vary enormously among states. Some states view their system as more sensitive and relevant to HCBS services and less provider-driven. Most of these tools are “homegrown” and not evidence-based. In general, state LTC assessment tools follow the same patterns of collecting data about health status, physical functioning, cognitive functions and family caregiving.

Some of the newest tools are the modular format, person-centered process and the MDS-HC. States have begun automating their tools, but most collect data and have limited intelligence built into the assessment.

**Modular Format:** The modular format reduces redundancies that occur when a state uses multiple forms and tools across its programs. The assessment includes a core set of questions asked of all participants, regardless of the program to which they apply. These questions prompt further assessment using only those modules that are relevant to the person assessed.

**Person-Centered Process:** This tool starts with a person-centered interview about personal history, preferences and strengths, life satisfaction, and other factors. This particular assessment is intended for younger participants with disabilities who want more control over the activities in their daily lives.

**MDS-HC:** The MDS-HC is an MDS-based method to assessing all home care. Some states are attracted to this spin-off because they can better compare their LTC populations across settings and avoid costly duplications. However, this process can take a couple of hours and requires a great amount of training to administer. It also doesn't take into account individual preferences.

### Problems

#### Who Should Perform the Assessment

Because individual and family preferences should be a contributing factor in long-term care decisions, they need information about which option (nursing facility, adult foster care or home healthcare) is the most appropriate for their situation. Without it, they must rely on the expert judgment of providers.

That judgment usually varies because assessment has become a multidisciplinary process, with each discipline bringing its own interest and expertise to bear. Although most health professionals explain the full spectrum of options available, they tend to recommend the sector in which they work.<sup>1</sup>

Primary care physicians tend to be less enthusiastic about assisted living and home healthcare; nurses others support home health care; and social workers are less likely to recommend adult foster care. Some states have built-in safeguards, such as having state personnel review assessments, to avoid conflict of interest when providers create care plans.

Individual Assessment and Service Management solutions from Conduent™ enable assessors to quickly and easily identify the most appropriate service settings, improving the quality of care and cost savings for a state's LTC program participants.



### **Accurate Assessment and Source Data – Reducing Assessment Variations**

An assessment is only as good as the person delivering it. It also relies on the accuracy of information given. At times, there are problems with health professionals adhering to rules intended to create interpreter reliability. They often feel obligated to help the individual more than is required. Sensitive questions about personal areas may make the assessor and the participant uncomfortable. And assessors may also try to shield someone by not pressing them to answer certain questions and inferring the answer. This type of behavior is often hard to detect, which makes assessor training very important. Program managers should pay special attention to dealing with embarrassing situations and provide the option to skip certain sections rather than make up responses.

Only a few aspects determine an assessment's contents. These include the purpose and group for which the assessment will be used and the way a state structures its LTC program. Adopting a standard assessment tool encourages screening that is more objective and equitable to seniors and people with disabilities. Duplicated efforts and errors occur when people have to complete more than one application for different kinds of LTC services and several administrators have to review applications.

In most cases, the ideal information source is the person who will receive care. Unfortunately, in some circumstances participants are not capable of responding to detailed questions and require a proxy. Family members are usually asked to do this, but assessors should give preference to those frequently around the participant who have had the chance to observe them regularly. Family members who would like extra assistance could overstate the problems their loved one may have.

### **Interpreting Assessment Results**

Assessment should lead to a conclusion that, in turn, leads to an action, such as developing a service plan. Identifying a problem is not as useful as addressing it. The results of an assessment, again, reflect the assessor's skill.

Provider assessments will pay attention to clinical items such as diagnosis and medications. Nurses are interested in an individual's comprehension of their condition and prescribed treatment. Social workers focus on family and emotional support. For assessments to yield an efficient care plan, observations made during the assessment should be designed to generate reliable information and avoid misinterpretation of behaviors.

## **Our Management Solutions**

### **Individual Assessment and Service Management**

Completing care determinations, assessments and service plans accurately and efficiently is vital in managing a LTC program. With Individual Assessment and Service Management solutions from Conduent™, assessors can quickly and easily identify the most appropriate service settings, improving the quality of care and cost savings for a state's LTC program participants, as well as their families and caregivers. We automate current manual assessment processes to reduce administrative costs with functional assessment tools and technologies. We help reduce practice pattern variation, training

costs and labor required to complete assessments, making the best use of state resources. Our focus is on a person's needs – not wants – and establishing processes that combine science with the art of performing assessments.

By increasing data accuracy and objectivity, we help states manage their programs more effectively. Our web-based application helps case managers administer in-home assessments by generating an Individual Patient Summary describing a participant's need and risks. This decision support technology helps determine the most cost-effective and appropriate amount of service participants should receive. And our evidence-based reporting tools help reduce appeals, improve program integrity and decrease program liability. Our solution also provides ongoing assessments and measurements of individuals in all of a state's LTC programs, enabling measurement of total program effectiveness.

Our solutions integrate seamlessly with legacy or third-party systems – including MMIS and HIE – to improve administrative, operational and utilization cost savings while streamlining your workflows. By conserving budgets, states can direct more resources to what matters – serving LTC participants in the most cost-efficient way possible. When you partner with us, you can control your costs and provide better quality service for your members.

#### **Innovative Automated Solution**

Our Conduent™ Automation Intelligence solution is an innovative data population tool used to push data to systems or databases when assessors cannot electronically transmit it in real time. Conduent care coordinators go into participants' homes to conduct functional assessments and determine the service types and number of hours required for effective support. In areas with Internet connectivity, the care coordinators enter the assessment data in real time. However, many states have rural areas with limited or no Internet connectivity. In these situations, the service coordinator uses a data capture page to record the assessment information. Once a connection is available, the tool pushes the data to the appropriate system or database. It eliminates the need for duplicate data entry from one system to another or from a piece of paper to a system, allowing the service coordinator to conduct more assessments in less time.

#### **Item Response Theory Technology**

Many tools measure a person's level of need; but usually each tool is designed for a specific assessment area or care setting, such as a nursing home, home health or inpatient rehabilitation.

In most cases, assessors must ask almost all listed questions. But we use Item Response Theory Technology to reduce their number. Our screening tool provides more than 260 questions that result in asking usually no more than a few dozen questions. Item Response Theory works by adjusting each subsequent question based on the individual's response to the previous question. This smart technology reduces the time needed to complete an assessment as well as the burden on the participant. The tool quickly evaluates an individual's burden of care, establishing evidenced-based criteria for determining hours of care needed to live at home or in the community.

### **Predictive Modeling**

Most predictive modeling uses patient claims data or health records to find people who fall into specific risk categories in order to predict the likelihood of future health problems. Our tools use participant responses to predict both the burden of care and risk. These models identify high risk/high cost individuals and forecast resource allocation for payers such as Medicaid and insurers.

This early intervention process promotes better health outcomes, reducing the burden of care for caregivers, and decreasing the probability of readmission for seniors and individuals, while increasing their functional recovery.

### **Long-Term Care for All People in All Settings**

These long-term care assessment solutions are part of our suite of integrated, end-to-end tools and services that help manage state LTC programs effectively and efficiently while improving outcomes for participants, their families and caregivers, whether in the home, community or nursing facility. Most LTC services and supports help maintain or improve an individual's function and independence in specific setting. Our solutions work across medical and non-medical care environments, acute and chronic illnesses, seniors and individuals with disabilities. By following a person-centered model, we combine the right people, processes and technology to reduce the frustration of families struggling with many options for service and support.

**You can learn more about us at [www.conduent.com/longtermcare](http://www.conduent.com/longtermcare).**

1. Kane RL, Bershadsky B, Bershadsky J. "Who Recommends Long-Term Care Matters." *Gerontologist* 2006 Aug;46(4): 474-482.

