



# OLTSS CORE ASSESSMENT FOLLOWUP

JILL MORROW-GORTON

AUGUST 2018

CONFIDENTIAL; FOR POLICY DEVELOPMENT PURPOSES ONLY

# OBJECTIVES

- Describe the types of comments received on the draft assessment tool
- Review decisions related to types of comments received
- Illustrate some examples of incorporated comments
- Provide examples of “smart” answering patterns
- High level timeline in next steps

# COMMENTERS

- ADDP/MDHC—Day habilitation
- MADSA--ADH
- AFC/GAFC
- ARCs
- ASAPs
- Elder services
- Providers of multiple services
- SCOs
- And others

# COMMENT TYPES

- Recommendations for changes in wording or timelines for interRAI tool questions
- Addition recommendations including housing options, diagnoses, treatments, etc.
- Proposed additions of “other”, “unknown”, and “does not apply to this population” to multiple questions
- Questions about why some similar questions were asked separately
- Recommendations about order of questions
- Suggestions for “smart” answering and skip patterns
- Questions that helped identify areas with training needs

# CHANGES TO INTERRAI TOOL QUESTIONS

- InterRAI questions are validated and changes could invalidate
- Only allowed <5% changes in tool; changes include
  - Changing the wording or answers in a question
  - Deleting a question
- With changes to meet regulatory definitions have changes in about 4% of questions
- Strategy chosen to add a separate question if important
  - Could use this to gather information in a different timeline if important for eligibility or support
  - Could use to ask same question with different answers (e.g. primary language choices outside of English, Spanish and French)

# ADDITIONS TO EXISTING QUESTIONS

- Housing options
  - Clarified foster care for children from AFC
  - Added funding questions to distinguish type of housing (subsidized, section 8; voucher)
  - Made lists parallel where relevant
- Treatments added
  - Substance use disorder treatment
  - Details about oxygen; continuous or intermittent

# ADDITIONS NOT MADE

- Unknown
  - Add unknown to the question about the longest distance that someone walked in the last three days
  - Diagnoses
- Other
  - Difficulties with gathering “other”
  - Becomes the default answer
- Doesn't apply to this population
  - Gender identity and sexual orientation
  - Physical activity
  - Pain assessment in people that are non-verbal
- What if others need to respond to the question?
  - Questionnaire doesn't assume that only the member can answer the questions.
  - Questions that require the member's participation will either be modified (instructions to be given) or skipped if unable to assess

# EXAMPLES OF ADDED QUESTIONS: TIMING

- Questions about the interRAI timeframes
- 3 day timeframe too short for some treatments
  - Treatments like transfusions, PRN oxygen, IV medications, etc.
  - Added question asking if any of the programs or treatments occurred at a frequency less than every 3 days



# EXAMPLES OF ADDED QUESTIONS: BLADDER CONTINENCE

- Use of clean intermittent catheterization for neurogenic bladder
  - Not included in urinary collection device list
  - Important for people with physical disabilities like spina bifida, spinal cord injury or bladder issues including BPH
  - Multiple groups suggested adding
  - Added as “Person uses a catheter intermittently” — answers address how frequent and who completes
    - Multiple times per day or as needed
    - Who does (self or others)

# EXAMPLES OF ADDED QUESTIONS: DIAGNOSES

- Diagnoses related to the underlying cause of condition or reason for LTSS need did not include those related to ID/DD
- Some genetic diagnoses like Prader Willi Syndrome require specialized approach to support
- Added: “Genetic diagnoses and other etiologic conditions” which include
  - Down Syndrome (Trisomy 21)
  - Fragile X Syndrome
  - Rett Syndrome
  - Other—to gather any that might be missed

# EXAMPLES OF ADDED QUESTIONS: BEHAVIORS

- Behaviors felt not to reflect all types and timing of behaviors so added three categories
  - Other—list of additional questions pulled from the interRAI ID/DD tool
    - Self-injurious
    - PICA
    - Behavior outbursts
  - Any behavior that is present less than weekly
  - Any behavior for which there is court involvement

# SIMILAR SEPARATE QUESTIONS

- Why are there separate questions about similar topics?
- Modifying an interRAI question counts e.g. adding a behavior to the list, but adding a new question does not.
- Behavior symptoms—assess additional behaviors important to the program without changing an existing question
  - Wandering, physically abusive, etc.
  - Other: pattern of disordered thinking, chronic lack of motivation, etc.

# OTHER SIMILAR SEPARATE QUESTIONS

- Transfer
  - interRAI HC 9.1 removed the general transfer question
  - interRAI HC 9.1 added Toilet Transfer
  - Recommendation to add Transfer (general) back
- Walking
  - All walking questions are interRAI
  - Duplication in questions is theirs
  - Stairs got put into IADL by interRAI

# ORDERING OF QUESTIONS

- Clarified with interRAI that questions do not need to be in the same order as on the interRAI tool
  - Move like questions together (e.g. diagnoses)
  - Order in a way to maximize “smart” answering
  - Include additional questions next to similar topic
- Comments that some additional questions could be joined with others
  - Some separate questions are interRAI
  - Many examples of additional information are separate because the original was an interRAI question
  - Some added questions use different parameters e.g. time

# EXAMPLES OF ORDERING

- Co-locate like ADL questions related to locomotion
  - Stairs (interRAI includes as IADL)
  - Indoor and outdoor locomotion
  - Walk test (distances)
  - Wheelchair use (distances)
  - Transfer and bed mobility
- Organize diagnoses by organ system
  - Cardiac/heart diagnoses
  - Pulmonary/lung diagnoses
- Consider
  - Organize treatments with organ system
  - Organize entering medications with disease

# “SMART” ANSWERING AND SKIP PATTERNS

- Multiple suggestions about how could use “smart” answers based on previous answers
  - If there is no informal caregiver, then all other related questions should populate as “no” or “0”
  - Alcohol use question if yes, then populate within standard nutrition questionnaire as yes.
- Recommendations for skip patterns
  - If no medications, then questions related to how medications are taken and managed would be skipped
  - If no medications by a specific route, then those IADL questions would be skipped or never appear



# “SMART” ANSWERING

- Bury questions
  - If yes to pulmonary diagnosis, then respiratory treatments pop up
- Navigation
  - If medications identify a diagnosis, then navigate to diagnosis section to complete.
- For questions that might or might not have the same answer, offer a “same answer” option. E.g. housing.

# SUMMARY CALCULATIONS

- Plan for auto-calculation where possible
  - BIMS (memory scale)
  - PHQ9 appear if PHQ2 is positive
  - BMI based on height and weight
  - # ADLs—differ depending on service
  - # medications
  - # chronic conditions

# SUMMARY AND NEXT STEPS

- Thank you for the great comments and additions to the tool.
- Send tool out for one more look
- Finalize the clinical tool
- Develop the electronic database for the tool
- In process of developing training for the tool
- Implement use of the tool—to be staggered

**QUESTIONS?**