

**ADRC Intake and Assessment Tools Work Group Call
3/10/05**

Participants:

Ginny Felice, Balit Health Purchasing, NH
Steve Lutzky, NH
Mary Anderson, IA
Heather Johnson-Lamarche, MA
Jennifer Gilespe, NASHP
Barbara Braswell, NC
Kelli Killian, AK
Peter Holguin, AoA
Robyn Linen, GA
Elaine Smith, PA
Kelly Nolan, CA
Sarah Stout, Lewin
Caroline Kuo, Lewin

Background: Massachusetts Real Choice Functional Assessment Tool

Heather Johnson Lamarche, Massachusetts (MA) ADRC provided a brief update on functional assessment tool being piloted in MA's Real Choice Program.

- MA developed a functional assessment tool for the Real Choice Program over the past three years and is currently piloting the tool. The design of the assessment tool was informed by an "eye chart," a chart comparing the MDS homecare tool with various tools used in other programs. The eye chart allowed Real Choice staff to capture redundancy in tools. The pilot assessment tool is modular in nature; based on a core set of questions, staff assesses functional status and depending on how individuals answer particular questions, the assessor may be prompted to explore additional modules to meet individual patient needs. Currently the tool is used in paper form; later, MA hopes to move the tool to an electronic format.
- The MA ADRC staff is considering using this same assessment tool to streamline the assessment process across aging and disability organizations. Since the tool was designed to address several populations, the ADRC staff is currently gathering input from stakeholders and an advisory board on the applicability of the tool to the ADRC program.

Questions: Massachusetts Real Choice Functional Assessment Tool

Kelley Nolan, California (CA): Who is participating in pilot of the tool?

Heather Johnson Lamarche, MA: The MA Real Choice Programs are following a case and counseling model. The tool is being piloted on individuals with two or more IDLs or ADLs who are now currently in the Massachusetts Health Program. The tool is focused on catching people who fall through the cracks and allows the assessor to pull together information in a

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useful way at the end of the assessment so that they can inform the consumer how to get adequate funding and match them with the correct services.

Ginny Felice, New Hampshire (NH): How long does it take to complete the tool?

Heather Johnson Lamarche, MA: One pilot, an Independent Living Center, estimated that the entire assessment tool took 45-60 minutes, and another pilot site, Elder Services, estimated that the tool took from 1-1.5 hours to complete. The tool is used to assess individual from their mid-twenties to their mid-eighties with various disabilities. The difference in assessment times did not have to do with the difference in target populations. Rather, the difference in assessment time was likely due to the assessor's comfort level with performing the assessment, as well as who was answering the assessor's questions. In the case of the assessments at the Independent Living Center, two cases involved caregivers providing answers on behalf of the clients.

Mary Anderson, Iowa (IA): Are you using this tool on people with mental illness?

Heather Johnson Lamarche, MA: The pilot project is limited to 20 people. However, we do want to pilot this in the ADRC so we can see how it works with the population on individuals with mental illness.

Sarah Stout, The Lewin Group: Who is evaluating the pilot of the tool?

Heather Johnson Lamarche, MA: I will be assisting in the evaluation of the pilot. Our team is working closely with the Center for Health Policy and Research at the University of Massachusetts to track cost data, set up a database, and compare outcomes before and after the use of the assessment tool, quality of life measures, and clinical measures.

Ginny Felice, New Hampshire (NH): How will you know which clients were in the system before and after the pilot of the new tools? How will you compare outcomes over time?

Heather Johnson Lamarche, MA: We are able to do before and after comparisons of outcomes on individuals who we know were also in the Massachusetts Health system previously but are no longer in that system. Three assessments are performed over three months' time, and this allows us to compare outcomes.

General Discussion

Sarah Stout, The Lewin Group: How many of you plan to incorporate caregiver assessments into your tools?

Heather Johnson Lamarche, MA: Massachusetts incorporates caregiver assessments into the tool.

Steve Lutzky, NH: In Washington, they are incorporating a caregiver burden assessment into their tool. Washington also assessed how the tool should be changed. In Minnesota, their automated assessment system prompts the case manager to give some tools to caregivers. In the Texas HMO program, they also incorporate a caregiver assessment into their tool.

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Robyn Linen, Georgia (GA): Our staff at the AAA uses an assessment for the mental retardation waiver program; the assessment is performed by an outside company. Also, if individuals are placed on a waiting list, we contact caregivers to see if they need help.

Kelly Nolan, CA: Our AAA just completed a Senior Needs assessment in January of 2005, and I am trying to incorporate this information into our advisory board's goals for the program.

Barbara Kelley, South Carolina (SC): In SC, we use many assessment tools because these tools are driven by separate funding streams. We are simply not ready to move to one assessment tool. Are other states also facing this issue or is everyone combining their intake and assessment into one tool?

Heather Johnson Lamarche, MA: We combined both intake and assessment into one tool because this design fit well with our Virtual Gateway Program. However, the tool can be split up in several ways; Care 1 level of the tool gathers basic information that would be collected on every sort of tool, Care 2 gathers information on service needs, and Care 3 gathers additional detailed information.

Mary Anderson, IA: We are looking at creating a common intake tool, but we have not yet defined the questions that will be in that tool.

Sarah Stout, The Lewin Group: What sort of challenges do grantees face when trying to create a universal assessment tool?

Barbara Kelley, South Carolina (SC): It is difficult to create a universal tool if you have to satisfy multiple funding streams and political needs.

Sarah Stout, The Lewin Group: How can states overcome these barriers?

Heather Johnson Lamarche, MA: It is hard to say because we are in the pilot phase. However, I can say that the universal assessment tool only goes so far. For example, if you use the tool to assess individuals with mental retardation, you may need someone to perform an additional evaluation. We hope that the universal assessment tool can be used by a computer system that prompts the assessor to use more specific modules when necessary.

Next work group meeting:

Thursday, May 12th
2:30 EST