James R. Hine, Commissioner

Status of Legacy DHS Rider 31 Activities

December 20, 2004
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DHS Rider 31

DHS Rider 31, HB 1, 78th Legislature (General Appropriations Act) directed the Department of Human Services (DHS) to develop a new functional assessment instrument for community care eligibility (see Appendix 1). The new instrument is to replace the current Form 2060 (see Appendix 2), taking into account instruments used by other agencies and states and other factors. As directed in the rider, this report provides an update on the status of activities related to the rider, plans for testing the new instrument, and implementation of the new instrument.

The Form 2060 is currently used to measure the nature and extent of an individual’s need for assistance with activities of daily living. It serves the following purposes:

- To determine eligibility for non-waiver community care services provided by legacy DHS, including Primary Home Care, Emergency Response Services, Family Care and Home Delivered Meals;
- To determine need for certain services provided by Area Agencies on Aging (AAAs);
- To develop service plans (hours of service and specific tasks) for personal assistance services in both waiver and non-waiver legacy DHS programs; and
- To determine need for personal care services and develop service plans in the STAR+PLUS program.

Form 2060 is not used to determine eligibility for legacy DHS waiver services, since those services have a medical eligibility requirement.

Responsibility for DHS Rider 31 transferred to the Department of Aging and Disability Services (DADS), which is responsible for all services for which the 2060 is currently used, with the exception of STAR+PLUS, which is operated out of HHSC. Even in STAR+PLUS, DADS is responsible for the policy direction for the long-term care services.

Community Care Assessment Tool (CCAT)

Legacy DHS considered various options for a new instrument, including development of an original instrument, use of instruments developed in other states or by other agencies, and use of instruments developed by national organizations. The time constraints of the rider did not allow for the development and testing of an original instrument, since testing the reliability of a new instrument normally takes several years.

DHS decided to adapt the Minimum Data Set—Home Care (MDS-HC) instrument developed by InterRAI, an international organization that has developed a family of assessment instruments for use with aged and disabled populations in institutional and community settings. The instrument is being adapted to Texas’ specific needs, but will retain most of the characteristics of the original MDS-HC. It will also retain the MDS-HC’s proven reliability and validity.
The department contracted with the Texas A&M University (TAMU) School of Rural Public Health to make the necessary adaptations. TAMU is also developing an algorithm for scoring the instrument, establishing eligibility and determining the number of hours of service an individual needs. The new instrument is called the Community Care Assessment Tool (CCAT). Per rider direction, the CCAT and its related algorithms will take into account client resources and assistive devices.

While Form 2060 is a questionnaire, specifying the language and order of each question, the CCAT is an interview guide and does not specify how workers will ask questions, nor the order in which they are to be asked. The CCAT gives workers more flexibility in the way they conduct the interview, while collecting more precise information about individual needs.

As directed by Rider 31, the CCAT will be used for legacy DHS services, including eligibility determination for non-waiver community care services, assessment for AAA services, and for care planning in waiver and non-waiver services. It will also be used in STAR+PLUS.

**Instrument status**

TAMU staff drafted an adapted instrument, prepared a training manual and developed a sampling plan to test the instrument for validity. Experienced staff from five regions (El Paso, San Antonio, Houston, Beaumont, and Tyler) were trained to use the instrument and collect dual assessments (2060 and CCAT) on clients for purposes of gathering data necessary for developing other components of the new instrument and assessing the form. More than 1200 clients were assessed using both the draft CCAT and Form 2060. The completed assessments were provided to the contractors at TAMU, who are now analyzing the data.

TAMU is developing the algorithm that will convert scores on individual items into an overall “level of need” and a tool for determining the number of hours of service an individual needs. This process involves detailed statistical analysis of the data from the pilot test. The algorithm will produce a score for a particular level of need, with a corresponding range of appropriate service hours. Workers will authorize services within the range of hours appropriate to the client’s level of need.

**Implementation status**

Implementation of the CCAT will require multiple components and steps, including:

- Completion of instrument, the algorithm and hours guide;
- Development of instructions and training materials for DADS’ case managers and other users (i.e., STAR+PLUS care coordinators, AAA counselors, etc.);
- Assessment of the full impact on policies and procedures in the DADS and elsewhere;
- Modification of program and policy handbooks;
- Development or modification of the automated systems needed to record the results of the assessments and authorize services;
Training of all DADS staff involved in legacy DHS community care assessment, plus staff and volunteers involved in assessment at the Area Agencies on Aging (AAAs); and

Printing and distribution of the forms.

Federal Medicaid law requires that the CCAT be implemented simultaneously statewide, so that all applicants and clients are treated equally. Hence, all staff who perform functional assessments must be trained on the new instrument and have access to an automated system to receive the data before any implementation can take place.

Implementation Issues

Staff training

Approximately 1000 DADS staff and 300 staff and volunteers in the AAAs will be affected by the change from the 2060 to the CCAT. Experience with the pilot test training showed that the concepts behind the CCAT require a significant change in the way staff conduct assessments. Full training in the use of the CCAT—including the difference in theory, the use of an interview guide rather than a questionnaire, and the details of applying the scoring and service planning algorithms—will require at least three to four days per training class.

DADS training resources are limited. With only five trainers available at the DADS, training will require several weeks to reach staff statewide. Since there is no federal mandate for statewide consistency in the use of the assessment instrument for Older Americans Act services, implementation by the AAAs can be phased in gradually.

Automation

In the legacy automation system, data from Form 2060 is entered directly into the computer system. This information feeds directly into the service authorization and billing systems. The new integrated eligibility system (TIERS) also includes data from the 2060. TIERS currently is being used in two counties for all new cases. The timing of statewide implementation of TIERS for long-term care clients is not yet determined.

In order to implement the CCAT statewide, the DADS needs to modify both the existing (legacy) and new (TIERS) systems to accept the new instrument. This will require significant planning and programming work.

Cost and workload impact

No fiscal note was attached to DHS Rider 31, and no estimates of costs or savings have been made. The exact effect of the CCAT on eligibility and service authorization, and thus its ultimate fiscal impact, is not known. Although field-testing will provide more information in this area, it is likely to be a year after implementation before the full impact is known.

Staff who were involved in the pilot test reported that the CCAT took longer to administer than the 2060. With familiarity, this may improve, but it is likely there will be a workload impact.
**Use of the assessment in other programs**

While the largest and most fiscally significant use of the 2060 is in Primary Home Care, the form is used in several other areas.

- Staff in the AAAs and in STAR+PLUS use it as an assessment, eligibility and care-planning tool, as noted above;
- DADS staff use it as a care-planning tool for certain waiver services, including personal care in the Community Based Alternatives (CBA) waiver program; and
- Contract providers use it to develop service plans for other waiver programs.

It would be confusing and disruptive to continue using the 2060 in some programs while replacing it with the CCAT in legacy DHS programs. Implementation will, therefore, involve procedural changes in waiver programs, STAR+PLUS and the AAAs. These changes may conflict with other priorities. For example, bidders on the STAR+PLUS expansion are anticipating that they will use the 2060, not the CCAT.

**Field testing**

When delivered to the DADS, the algorithm and hours guide will be statistically tested, but there will have been no field test or opportunity to fix identified problems. The DADS is planning to test the instrument, the algorithm, the hours guide, and supportive materials. Analysis of field-test data on the algorithm and hours guide will ensure that they are working properly and may provide some initial information regarding the impact of the new instrument on the system. A field test using a varied group of DADS regional staff will also provide a test of the various supporting mechanisms surrounding the assessment. Supporting mechanisms include automated systems, referral techniques, handbook modifications and even the physical layout of the form.

**Next steps**

This section presents a timeline of the activities the DADS expects to carry out in order to implement the CCAT with a minimum of risk.

**December 2004—January 2005**

**Receive deliverables from Texas A&M University**

Texas A&M University has agreed to provide the instrument and training guidelines by mid-December, with the algorithm for scoring and estimating hours available by the end of December.

**Begin analysis for automation changes**

Using the completed instrument, DADS and TIERS automation staff will develop strategies to modify the systems to accept the CCAT data.

**Begin development of curriculum for staff using the CCAT**

Using the training materials provided by TAMU, staff will begin developing the full curriculum for use in the field test and implementation. Training will cover all aspects of the CCAT, the ways it differs from the 2060 and the best ways to use it.
January 2005—March 2005

Prepare for field testing
In consultation with TAMU, the DADS will select one or more sites for a field test of the instrument, the algorithm, the hours guide and supportive materials.

Complete training package and train staff
Using materials developed by TAMU, the DADS will develop a full training package. Staff in the field test sites will be trained.

Modify automation systems
TIERS and the DHS legacy automation systems will be modified to accept the data from the CCAT, calculate the level of need and hours, and enter that information into the service authorization mechanisms.

Develop supportive systems
Handbooks, policies, forms and other materials must be developed or modified to ensure successful implementation.

Late March 2005—Early May 2005

Conduct field test
The field test will provide two important kinds of information: data about the reliability and validity of the algorithm, and information about the practical aspects of implementation, including automation and operating procedures.

May 2005—July 2005

Analyze field test results
Texas A&M University and the DADS will each review the results of the field test, making modifications as necessary in the algorithm, handbooks, training materials and automated systems.

Train remaining staff
The DADS will train all remaining legacy DHS staff in the use of the CCAT. Training or training materials will be provided to contractors who currently use the 2060, including some community care providers (who use it for care planning, not eligibility), STAR+PLUS and AAA staff.

Receive formal documentation from Texas A&M University
Texas A&M University will provide a formal report that describes all aspects of their findings and documentation of the validity and reliability of the instrument.

Mid-July 2005—October 2005

Implement new instrument
The principal uses of the CCAT will be in place, statewide, no later than September 1, 2005. All legacy DHS services, STAR+PLUS in Houston and contractors for legacy DHS services will all begin using the instrument on the same day. The AAAs will begin using the CCAT in the early summer, and all AAAs will be using it by October 1, 2005.
Future opportunities
The implementation of the CCAT may be a part of future improvements in the long-term services and supports system. Some possibilities under preliminary consideration include:

- Incorporating the CCAT into a new access and intake system that provides a more streamlined “front door” for persons needing long-term services and supports;
- Development of handheld automated technology for workers using the CCAT;
- Capitalizing on the similarities in data collected using the CCAT and the MDS forms used in nursing facilities to better understand the characteristics of the long term care population and;
- Using the structure of the CCAT to increase consumer input into service plans.

Summary
By January 1, 2005, the DADS will have a new Community Care Assessment Tool, the algorithm for scoring and service planning, and related training material. Automation and staff training to support the CCAT, and a formal field test will occur in the spring and early summer. The CCAT will be used statewide by September 2005 for DADS Primary Home Care, Emergency Response Services, Family Care and Home Delivered Meals programs. Full implementation of the CCAT will result in an assessment instrument that is scientifically valid, understood by the staff who will use it, and usable in existing automated systems.
Appendix 1

DHS Rider 31 Text

Community Care Assessment Tool: Out of funds appropriated above, the Department of Human Services shall develop a new functional needs assessment tool for eligibility for community care programs for aged and disabled clients, which takes into consideration any other evaluation/assessment tools utilized by other state agencies and other states. The tool shall take into consideration innovations in technology with assistive devices. The assessment tool shall be evaluated for validity by an independent third party as an assessment tool for ensuring that clients with the greatest functional needs are identified for services. The assessment tool shall ensure that a client’s family resources, monetary, community resource and otherwise are taken into consideration in calculation of hours of assistance needed. The scoring instrument will be used in conjunction with program services to ensure that clients with scores identifying the greatest needs are prioritized for services. It is the intent of the Legislature that the department provide a status report on progress in developing the tool to the Legislative Budget Board and the Governor by September 1, 2004, and that the tool be fully implemented by January 1, 2005.
Appendix 2

Form 2060
PART A FUNCTIONAL ASSESSMENT (Boxes related to priority factors are in bold.)

1. Do you have any problems taking a bath or shower?
   ¿Tiene alguna dificultad para bañarse en la tina o regadera? 
   (Max.=45)  x = *

2. Can you dress yourself?
   ¿Puede vestirse sin ayuda? 
   (Max.=30)  x = *

3. …………………………………………………………………………………….. Exercise (walking only)

4. Can you feed yourself?  
   ¿Puede alimentarse sin ayuda?  
   (Max.=30)  x = *

5. Can you shave yourself, brush your teeth, shampoo and comb your hair?
   ¿Puede rasurarse, lavarse los dientes, lavarse el pelo, peinarse? 
   (Max.=45)  x = *

6. Do you have any problems getting to the bathroom and using the toilet?
   ¿Tiene alguna dificultad para llegar al sanitario y usarlo?
   (Max.=30)  x = *

7. Do you have trouble cleaning yourself after using the bathroom?
   ¿Tiene dificultades para limpiarse después de usar el sanitario?
   (Max.=30)  x = *

8. Can you get in and out of your bed or chair?
   ¿Puede cambiarse de la silla a la cama y de la cama a la silla?
   (Max.=30)  x = *

9. Are you able to walk without help?
   ¿Puede andar sin ayuda?
   (Max.=30)  x = *

10. Can you clean your house (sweep, dust, wash dishes, vacuum)?
    ¿Puede hacer el aseo de la casa? (sacudir, barrer, lavar trastes, usar la aspiradora)
    (Max.=45)  x = *

11. Can you do your own laundry?
    ¿Puede lavar la ropa? (x in box if has):  
    Washer  Dryer  
    (Female=45; Male=30)  x = *

12. Can you fix your meals?
    ¿Puede prepararse las comidas?
    (x in box if purchased):  Breakfast  Lunch  Supper  HDM  
    (Max.=45)  x = *

13. Escort
    Acompañante  
    (Max.=90/wk.)  x = 

14. Can you do your own shopping?
    ¿Puede hacer sus compras?
    (Max.=45)  x = *

15. Can you take your own medicine?
    ¿Puede tomar las medicinas sin ayuda?
    (Max.=45)  x = *

16. Can you trim your nails?
    ¿Puede cortarse las uñas?
    (Max.=45)  x = *

17. Do you have any problems keeping your balance?
    ¿Tiene alguna dificultad para mantener el equilibrio?
    (Max.=30)  x = *

18. Can you open jars, cans, bottles?
    ¿Puede abrir frascos, latas y botellas?
    (Max.=30)  x = *

19. Can you use the telephone?
    ¿Puede usar el teléfono?
    (Max.=30)  x = *

20. During the last month, have you often been bothered by little interest or pleasure in doing things? Have you felt down, depressed, or hopeless?
    Durante el último mes, ¿a menudo le ha molesto sentir poco interés o gusto en hacer cosas? ¿Se ha sentido triste, deprimido o sin esperanzas?

If the answer to either question above is yes, ask the following:

In the last two weeks, most of the day, nearly every day:
Durante las últimas dos semanas, la mayor parte del día o casi todos los días

Have you had problems sleeping?
¿Ha tenido problemas para dormir?

Have you lost the ability to enjoy things that once were fun?
¿Ha perdido la habilidad de disfrutar cosas que antes le divertían?

Do you feel that you have little value as a person?
¿Siente que tiene poco valor como persona?

Have you had a significant change in your appetite?
¿Ha cambiado drásticamente su apetito?
21. During the last two weeks, on how many days have you had trouble concentrating or making decisions?
Durante las últimas dos semanas, ¿cuántos días ha tenido dificultad para concentrarse o tomar decisiones?
22. Does the client have the ability to make decisions independently?
¿Puede tomar decisiones independientemente el cliente?
23. Does the client appear to have short-term memory impairment?
¿Parece tener el cliente problemas de memoria a corto plazo?

TOTAL SCORE

A & A CALCULATIONS:

<table>
<thead>
<tr>
<th>Monthly Amount of A &amp; A</th>
<th>÷ 4.33 =</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

÷ Max. Attendant Care Rate:
(subtract amt. of last line from hours needed)

TOTAL SCORE

PRIORITY STATUS

Signature—Caseworker

Signature—Supervisor: Extra Time

Comments:
1. Bathing
- Drawing water in sink, basin, or tub
- No washer or dryer
- Hauling/heating water
- Laying out supplies
- Assisting in/out of tub/shower
- Sponge washing and drying
- Bed bathing and drying
- Tub bathing and drying
- Standby assistance for safety

2. Dressing
- Dressing client
- Undressing client
- Laying out clothes

3. Exercise
- Taking client for a walk

4. Feeding
- Spoon feeding
- Bottle feeding
- Assistance with using eating & drinking utensils, adaptive devices
- Standby assistance/encouragement

5. Shaving, Oral Care
- Shaving
- Brushing teeth
- Shaving underarms
- Shaving legs

6. Routine Hair and Skin Care
- Washing hair
- Drying hair
- Assisting with setting/rolling/brushing
- Permanent, cutting or chemical processing of hair
- Shaving
- Applying nonprescription lotion to skin
- Washing hands and face
- Applying makeup

7. Toileting
- Changing diapers
- Changing colostomy bag/empty catheter bag
- Assisting on/off bedpan
- Assisting with use of urinal
- Assisting with feminine hygiene needs
- Assisting with clothing during toileting
- Assisting with toilet hygiene; includes use of toilet paper and washing hands
- Changing external catheter
- Preparing toileting supplies and equipment

8. Transfer and Ambulation (Walking)
- Non-ambulatory movement from one stationary position to another
- Adjusting/changing client's position in bed/chair
- Assisting client in rising from a sit to a standing position
- Adjusting client in position to use walking apparatus
- Assisting with putting on and removing leg braces
- Assisting with ambulation/using steps
- Standby assistance

9. Laundry
- Doing hand wash
- Gathering and sorting
- Loading and unloading machines
- Using laundry machines
- Hanging clothes to dry
- Folding and putting away clothes

Maximum WEEKLY times for laundry

<table>
<thead>
<tr>
<th>CLIENT HAS</th>
<th>No Special Laundry Needs</th>
<th>Special Laundry Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washer &amp; Dryer</td>
<td>60*</td>
<td>120*</td>
</tr>
<tr>
<td>Washer No Dryer</td>
<td>90*</td>
<td>180*</td>
</tr>
<tr>
<td>No Washer or Dryer</td>
<td>120</td>
<td>240</td>
</tr>
</tbody>
</table>

* Up to 30 minutes per week may be added if a manual wringer washer is used.

10. Cleaning
- Cleaning up after other personal care tasks, e.g., bathing, meal preparation, toileting
- Emptying and cleaning bedside commode
- Dusting
- Making bed
- Cleaning floor
- Carrying out trash
- Cleaning stove-top
- Cleaning refrigerator and stove

11. Meal Preparation
- Cooking full meal
- Warming up prepared food
- Planning meals
- Helping prepare meals
- Cutting client's food
- Serving food
- Grinding and pureeing food

12. Escort
- Arranging for transportation
- Accompanying client to clinic, doctor's office
- Waiting in the doctor's office
- Waiting for medical diagnosis or treatment
- NOTE: If companion case is also receiving some cleaning tasks, the maximum time allowed is 3 hours per week for each client.

13. Shopping
- Preparing shopping list
- Going to store and purchasing items
- Picking up medication
- Putting food away

14. Assistance with Medications
- Reminder Only

Note: Although this task can be purchased, time is not allotted for this.