Uniform Assessment Tool:

Another Step for San Mateo County Towards an Integrated Service Delivery System for Adult Home Care Programs

MARILYN REMARK

EXECUTIVE SUMMARY

Introduction

Public Social Services agencies provide a variety of services to disabled and older individuals that are designed to support them living in their own homes. These services are based on a client assessment of functional abilities and needs. When an individual participates in more than one home care program at a time, the same assessment is completed for each program. Recognizing the duplication of time and effort, Assembly Bill 786 was passed in September 2003, designating San Mateo County as California's pilot county for the development of a uniform assessment tool.

Key Elements

For over a decade, work has been done at the state and local level to integrate the delivery and financing of services to disabled and older individuals. When the categorical funding sources and reporting requirements presented roadblocks to the blending of program funding, San Mateo County focused its efforts on integrating direct service delivery. The uniform assessment tool pilot is an integral element that moves the county closer to this goal. Another key element is an automated data system to organize and manage data from program to program.

My BASSC internship allowed me to observe and participate in the assessment tool development and planning for the actual implementation of the pilot. With the assessment tool and implementation plan developed and in place, San Mateo will initiate the pilot project this summer.

Recommendations for Monterey County

Monterey County is in a good position to participate in a "partial pilot" of the uniform assessment tool. I recommend our pilot involve one MSSP worker and occur over a three-month period.

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Introduction

Monterey County Aging and Adult Services Division provides a variety of home care service programs for elderly and disabled adults that support individuals' ability to live in their own homes rather than in a nursing home. These programs include:

- Adult Protective Services (APS)
- In Home Supportive Services (IHSS)
- Linkages
- Multipurpose Senior Services Program (MSSP)
- AIDS Case Management (AIDS)

Each of these programs uses a separate assessment instrument to determine a client's functional abilities and the types of supportive services necessary to maintain independence in the home. Many clients participate in more than one service program at a time, and each program has a worker complete a separate assessment instrument on that same client. These "common client" assessments can at times occur within a few days of each other.

Over the years that I have worked in the Aging and Adult Services Division, I've many times thought, "there must be a better way" to complete the required client assessments without duplicating worker effort and causing redundancy for the client. While researching possible solutions, I heard about Assembly Bill 786, a home care assessment pilot project for San Mateo County. This bill was introduced in May 2003, by then Assembly Member Lynn Daucher, and required the County of San Mateo to develop and adopt the use of a uniform assessment instrument. I learned that this bill evolved over a decade of work on the part of the State and local agencies toward an integrated delivery of service programs, which included a uniform and unduplicated client assessment process. AB 786 was passed in September 2003 and called for an independent evaluation to be reported to the Legislature by May 31, 2009.

History

San Mateo County was a participant in California's Long Term Care Integration Pilot Project (LTCIPP) that was established through Assembly Bill 1040 (Chapter 875, Statutes of 1995). LTCIPP was introduced as an opportunity to define an integration model at the local level that incorporated local expertise and networks of services. It called for integration of service delivery and program financing to provide a full continuum of medical, social, and supportive services.

San Mateo created the Long Term Supportive Services Project (LTSSP) in response to this legislation. LTSSP evaluated ways to blend the funding for all long-term care services, and establish a capitated rate per person per month for client services—regardless of the service program and funding source. LTSSP ran into roadblocks with the funding issue because of the categorical nature of the home care program funding and the individual program reporting and monitoring requirements

As a result, San Mateo County decided to focus on its internal infrastructure. Within organization, they placed all direct service programs listed below in one office:

- Adult Protective Services
- Public Guardian
- 24-Hour Response Team
- Case management programs:
  - Multipurpose Senior Services Program (MSSP)
  - Linkages
  - AIDS case management
  - In-Home Supportive Services (IHSS)

Additionally, San Mateo County created a Centralized Intake Unit, the TIES line 24-hour information and emergency response line, that enabled a more systematic access into the wider network of home-based services. Having all these programs together allowed staff to stretch program requirements and better coordinate services for their common clients.

While communication between program staff was good, duplication of worker effort was still an issue. It became evident that a uniform, automated screening and eligibility assessment tool would increase staff's ability to work together and serve clients more efficiently. The tool would also assist in assuring that individuals would be assessed in a consistent manner. With this in mind, San Mateo County worked with Assembly Member Daucher's office on AB 786. As a result of this legislation, their efforts then centered on two key elements:

1 Development of the uniform assessment tool; and
2 An automated system to manage data from program to program.

Key Elements

Uniform assessment tool (UAT):

One of the requirements of AB 786 is use of the InterRAI Minimum Data Set for Home Care (MDS-HC) assessment tool. InterRAI is a respected international organization with a collaborative network of researchers who have developed evidence-based assessment tools. Their assessment tools have been developed for particular populations and are designed to work together to form an integrated health information system. Skilled nursing homes in Cali-

fornia currently use the InterRAI Minimum Data Set (MDS) to assess their clients. The Outcome and Assessment Information Set (OASIS) instrument is used by home health agencies. These tools have common language that refers to the same clinical concept across all instruments. The assessment information is used for individual clinical case management and provides opportunities for aggregate data collection at the policy decision-making level.

The MDS-HC assessment collects standardized information related to the individual's functional abilities and needs within home environment. Similar to the assessments already used in San Mateo County home care programs, the MDS-HC assessment elements include:

- cognition;
- communication/hearing;
- vision;
- mood and behavior;
- social functioning;
- informal support services;
- physical functioning;
- continence;
- disease diagnoses;
- health conditions;
- preventive health measures;
- nutrition/hydration;
- dental status;
- skin condition;
- environment/home safety;
- service utilization;
- medications; and
- socio-demographic/background information.

This information is the foundation for home care programs to provide necessary services that support the individual's care in his or her home.

Data Management System:

San Mateo County looked at an already-existing case management software program being used in MSSP as an agency wide data management system. The county decided to implement this system for all programs, and conversion took place in February 2007. Next they worked with the software company,

CH Mack, to build the InterRAI assessment tool in the software program.

The Uniform Assessment Tool (UAT) User's Work Group was created and consisted of workers and supervisors from each home care program (APS, IHSS, Public Guardian, MSSP, AIDS, Linkages), and Information Technology staff. The purpose of the group was to examine each page and each field of the InterRAI tool for worker usability and client friendliness. Recommended modifications were communicated back to CH Mack. Use of the tool in written paper form, and laptop or tablet use in the field with clients was evaluated. While electronic note taking avoids dual data entry, clients may not be comfortable with their worker using a computer in their presence.

San Mateo selected MSSP to pilot the assessment tool. They established a dialogue with the California Department of Aging (CDA), the contract authority for MSSP, to assure that the InterRAI assessment tool met MSSP program and Medi-cal waiver requirements. CDA looked toward at an eventual possibility that all 41 MSSP sites would be able to utilize the tool. This would allow for the collection and dissemination of statewide aggregate data to aid in their quality assurance mandates and policy decision-making. With this in mind, CDA called for an extended pilot option for other MSSP sites to volunteer for the pilot using the CH Mack/Care Access software, as well as the other major MSSP software program named MSSPCare.

Successes

In the past three months, San Mateo has taken major steps toward launching the UAT pilot, including:

- All client data have been converted to the CareAccess case management system and staff has been trained to use the system.
- The InterRAI assessment tool has been developed and added to the CareAccess case management software.
- Parameters have been established regarding the length of the pilot, programs and staff involved, and phase-in plans beyond the MSSP Unit.

- Issues have been identified that affect the parameters and plans that will be developed to resolve issues.

Next Steps

The pilot was planned to begin May 1, 2007, but has been extended until the following activities are completed:

- Staff training from InterRAI regarding use of the assessment tool.
- Additional user group review of recent changes by InterRAI to the assessment tool.

Recommendation

Monterey County Aging and Adult Division is in a good position to participate in the UAT pilot. Its organizational structure of home care service programs, staff, client and program size is very similar to San Mateo County. Also, MSSP and Linkages staff already utilize the CareAccess case management software in which the InterRAI tool has been developed. This tool simply replaces the already existing assessment tool used by the workers. Therefore, there is no additional cost involved to participate in the pilot.

I recommend Monterey County participate in the uniform assessment tool pilot with these conditions:

- Participation in a "partial pilot". One worker from the unit would have the InterRAI tool added to his/ her CareAccess software and utilize the tool.
- The length of the pilot would be limited to three months with the following schedule:
  - **First month:** 1 intake and 1 re-assessment;
  - **Second month:** 2 intakes and 2 re-assessments; and
  - **Third month:** 3 intakes and 3 re-assessments.
- Provide feedback to San Mateo County and CDA for pilot evaluation purposes.

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