

# *Level of Care Pilot Comparative Analyses*

Presentation for the Stakeholder Group

May 7, 2019

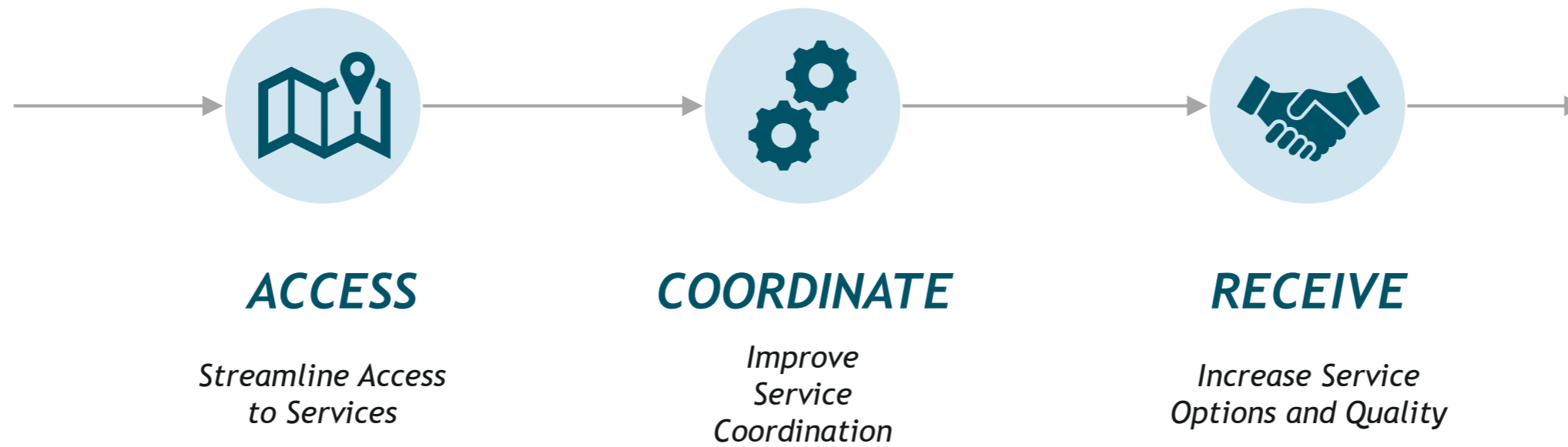


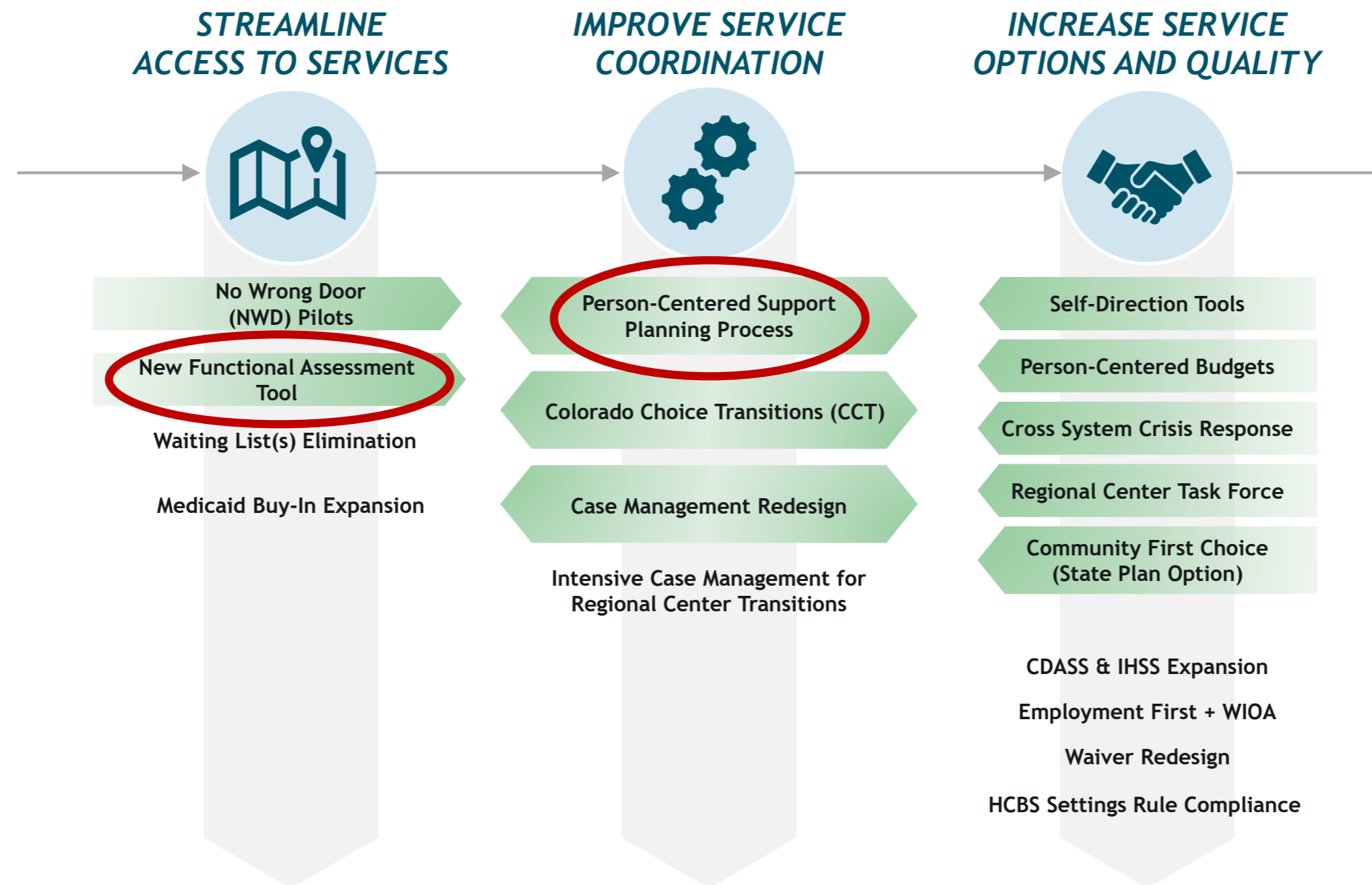
# *Our Mission*

Improving health care access and outcomes  
for the **people** we serve while demonstrating  
sound stewardship of financial **resources**



# Office of Community Living Vision





# *Agenda*

- Approach for LOC discussions
- Review and discussion of Level of Care (LOC) pilot analyses
- Sampling Approach

# *Approach for LOC discussions*



# *Process for Obtaining Stakeholder Input on New LOC Thresholds*

- Types of LOC to be developed:
  - Replicating Nursing Facility (NF) LOC for adults
  - Creating objectively scored LOC that is determine before services are provided:
    - NF LOC for children
    - Hospital LOC (BI, SCI, CHBS waivers)
      - Will likely delaying CLLI until we have enough data
- Up to 6 in-person stakeholder meetings
  - Spread across 3 site visits roughly 2 weeks apart starting in early September
- Prepared to conduct additional web-enabled calls if necessary

# *Approach for LOC Development*

- Will provide summary of reliability findings that compare scoring by the two assessors on each of the items at the end of the next pilot
- Will model the impact of different LOC:
  - Establish a criteria for eligibility
  - Modify criteria to minimize changes
  - Analyze each case where eligibility changed
- Set up a model where we can easily test a wide variety of scenarios



# *Minimizing Negative Impacts*

- Will never be able to have a criteria that recreates ULTC 100.2 LOC determinations with 100% accuracy
  - Different eligibility results were yielded when different case managers assessed the same person using the 100.2, and because of this could not replicate 100.2 LOC determinations
- Department working with Centers for Medicare and Medicaid Services (CMS) to discuss options that will be considered for minimizing the impact.

# *Draft Stakeholder Meeting Schedule for the NF/Hospital LOC & Reliability discussions*

- May change depending upon pilot progress
- Sept. 3, 2019, 1-4pm: Approach, reliability finding, Adult NF LOC initial discussions
- Sept. 4, 9am-12pm: Child NF LOC initial, Hospital (except CLLI) LOC initial, adjusting the plan
- Sept. 18, 1-4pm: Adult NF LOC follow-up discussions
- Sept. 19, 9am-12pm: Child NF LOC and hospital (except CLLI) LOC follow-up, adjusting plan
- Oct. 2, 1-4pm & Oct. 3, 9am-12pm: If needed
- Additional web-enabled calls, if needed

# *LOC Pilot Analyses Summary*



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- Piloted new assessment items that are comparable to the ULTC 100.2 items
- Item-by-item comparison of new vs. ULTC 100.2 items
  - Gives a sense of how similar scoring is
  - Identifies other areas of inquiry during LOC criteria creation
- Major challenge is that inconsistent scoring of the ULTC 100.2 is adding a lot of static to the data
- Will review details in a separate Excel Spreadsheet

# *Sampling Approach*



# *Limitations to Obtaining the Perfect Sample*

- Could not select a random or statistically representative sample because:
  - Could not require case managers to participate
  - Could not require participants to participate
- Had sufficient, but not unlimited, funding to pay case manager and participant stipends
  - Tied pilot assessments to 100.2 assessments to make funds go further and minimize burden on participants and case managers
- Concerned about the placing too much additional burden on current system
  - Did not want to cause delays in assessments

# *Approach for Sampling*

- Convenience sampling
  - Case managers and participants chose whether to participate
- Efforts to ensure sample is representative
  - Extensive efforts to recruit case managers and aimed to have a range of agencies and regions represented
  - Required that the case managers offer the assessment to every participant having a new or renewal assessment (case managers could not cherry pick)
  - Ensured the sample included an array of each of the groups in which we focused on

# Types of Analyses by Population

Populations	Nursing Facility Level of Care	Hospital Level of Care	Reliability	Support Plan Efficacy
Children	X	X	X	X
Other Children on Waivers				
Children w/ Life Limiting Illness		X		
Intellectual and Developmental Disabilities (IDD)	X		X	X
Children-IDD				
Adult-IDD				
Aging and Physical Disabilities	X	X	X	X
Older Adults				
Adults w/ physical disabilities				
Mental Health	X		X	X
X = Need sample size sufficient to understand impact for population				

Sample size for Reliability - 30 paired samples  
 Sample size for establishing Level of Care - minimum of 100



# *What about other sub-populations?*

- Had to balance resources/burden on the current system against the depth of the analyses
- Can examine the impact on smaller populations, e.g., specific medical conditions, but the sample sizes will be small
- Plan to carefully look at each case that met LOC under the ULTC 100.2 but would not under each new LOC variation
  - Determine if any subgroup is being adversely affected
- Will discuss other efforts to minimize negative outcomes as part of the LOC discussions

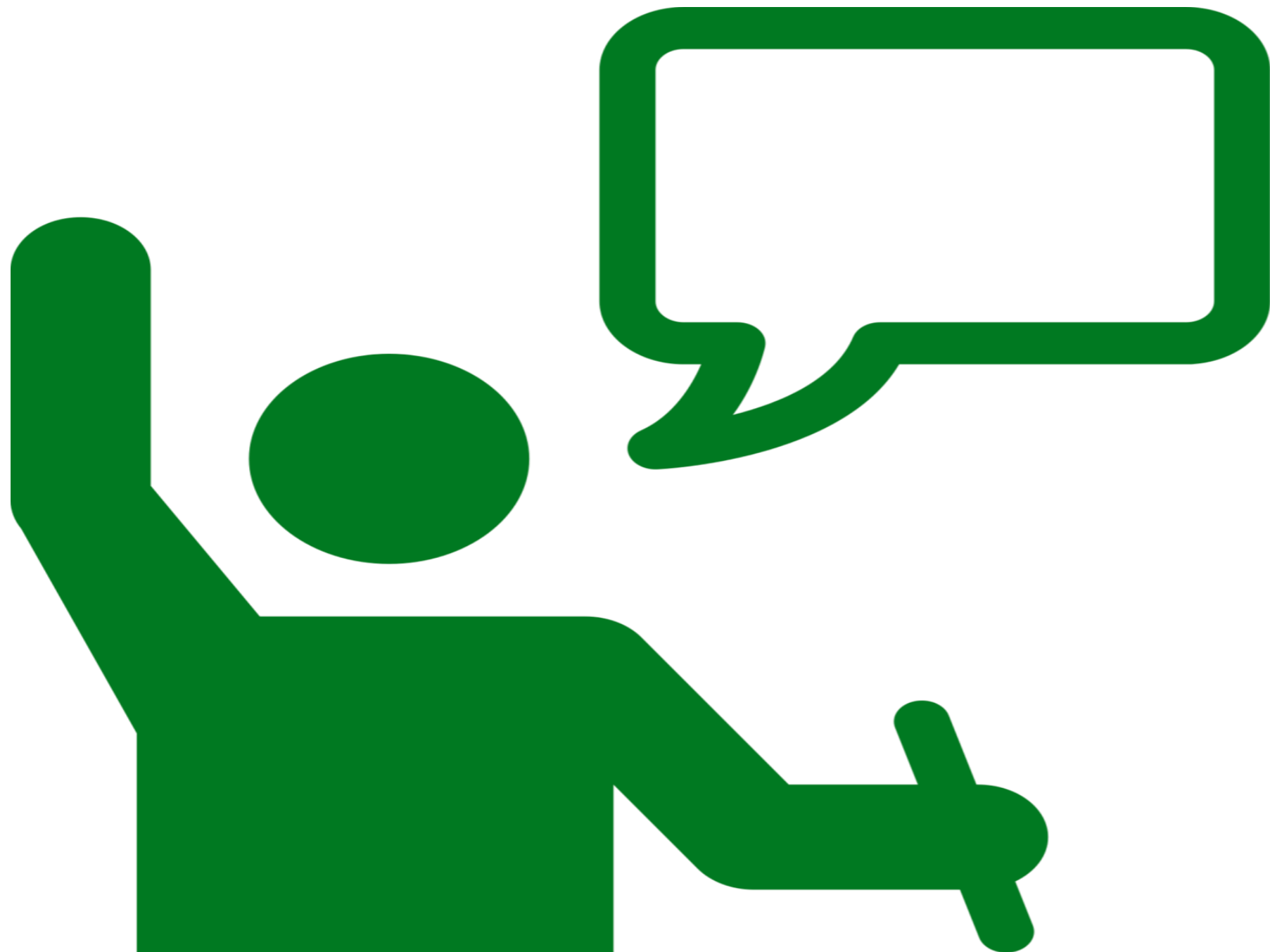
# Proposed Sample Sizes for the LOC Screen and NF/H Reliability Pilots

Populations	Level of Care (LOC) Screen	H/NF LOC/ Reliability Study	H/NF LOC / Reliability 2 assessors	Total	Nursing Facility LOC	Hospital LOC	Reliability
Children	10	140	60	210	210	200	60
Other Children on Waivers		70	30	100	100	100	30
Children w/ Life Limiting Illness		70	30	100	100	100	30
Intellectual and Developmental Disabilities (IDD)	25	45	30	100	100	75	30
Children-IDD							
Adult-IDD							
Aging and Physical Disabilities	25	45	30	100	100	75	30
Older Adults							
Adults w/ physical disabilities							
Mental Health	25	45	30	100	100	75	30
Total	85	275	150	510	510	425	150

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# *Questions or Comments?*



# *Department Contact Information*

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