

# Discussion of the New CO Assessment Level of Care (LOC) & Reliability Analyses

Presentation to Stakeholders

November 2019

# Our Mission

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

# November 6<sup>th</sup> Stakeholder Meeting Agenda

- Introductions and overview of meeting
- Updates on the automation
- NF LOC discussions

# November 7<sup>th</sup> Stakeholder Meeting Agenda

- Introductions and overview of meeting
- H-LOC discussion
- Reliability analysis for items not used for LOC
- Wrap-up and next steps

# Update on Automation

# Current Automation Status

- Department & HCBS Strategies incorporated CM feedback into assessment modules in July 2019
- CarePlanner360 released in August 2019, however, did not include July updates, tables, or offline capabilities
- Department wants to test full, complete process as it will be in the future for the Time Study pilot and as a result of automation-based delays has had to shift the timeframes for the next pilot
- Target for complete CarePlanner360 system is January 2020 (was November 2019)

# NF LOC Discussion

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- Discussion will center on handout and model (outside slide deck)
- Next Steps will be to further analyze data for participants whose eligibility changed
- Examine any adaptations needed for children once that sample is complete

# Hospital LOC Discussion

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- CLLI discussion will occur next year once all the data are collected
- Purpose of this discussion is only for budget neutrality
- Will review the document describing the draft criteria

# Reliability Analyses on Items Not Considered for NF-LOC

# Refresher Slide: Overview of Inter-Rater Reliability

- Inter-rater reliability (IRR): the extent to which two assessors assign the same rating on a given item, which is an indicator that the data collected is an accurate representation of the concept being measured
- IRR is calculated using paired assessments – two independent assessors (in this case, case managers) rate the same participant twice on every item

# Inter-Rater Reliability Sample

- For the LTSS pilot, inter-rater reliability was calculated using a total sample of 107 participants who received dual assessments
- These 107 paired assessments were broken down by population:
  - 30 Mental Health assessments
  - 30 Aging and Physical Disability assessments
  - 30 IDD assessments
  - 17 Children (CLLI/Non-CLLI)

# Refresher Slide: How is IRR Measured?

- Two ways to conceptualize

1. *Percent agreement*: The simplest measure of IRR, calculated as the number of times the assessors agree, divided by the total number of paired assessments, times 100. This is an intuitive way to understand agreement between raters. However there are two drawbacks of examining percent agreement as a measure of IRR:

- a) It does not give us an idea as to the *degree* of disagreement (Independent/Partial Assistance is less disagreement than Independent/Substantial or Maximal Assistance)
- b) It does not take into account chance agreement (if raters were just arbitrarily assigning ratings, they would agree sometimes)
- c) e.g., ratings could agree 90% of the time, but does not distinguish whether when scores disagree, the disagreements are minor (maximal assistance vs. dependent) or major (independent vs. dependent)

# Refresher Slide: How is IRR Measured?

- Two ways to conceptualize
  2. *Weighted kappa statistic*: This measure addresses the issues with measuring IRR by percent agreement only. It is an adjusted form of percent agreement that takes into account chance agreement. Kappa also takes into account the amount of discrepancy between ratings that do disagree.
    - e.g., ratings that agree 90% of the time, but the disagreements are minor (maximal assistance vs. dependent) would have a higher kappa than when ratings are 90%, but disagreements are major (independent vs. dependent)

# Refresher Slide: What is “Good” Reliability?

- We have color coded the reliability analyses to indicate the extent of agreement between raters
- Generally, accepted rules of thumb (Landis & Koch, 1977) dictate that kappas of:

<0.4	= poor agreement
0.4-0.6	= moderate agreement
0.6-0.8	= good agreement
0.8-1.0	= near perfect agreement

# Very Small Samples also Impact Reliability

- The strength of the measure of reliability also depends on the sample size. If the sample size is low, the kappa statistic can be sensitive to even a small amount of disagreement.
- If a certain variable (e.g., Tube Feeding) was not applicable to many participants, the kappa statistic may be unreliable because the sample size was low. We have also color coded these situations:

Low sample size coloring legend

<10

<20

# Majority of Items Were Found to Be Reliable

- 109 items were tested in the Round 2 reliability analysis
- 26 items had a kappa statistic of  $< .6$  for total sample
  - 12 of these items had a sample size below 12
- The population-specific analyses revealed that the following number of items had a kappa statistic of  $< .6$ 
  - **Mental Health-** 28 (10 had sample size below 10)
  - **EBD-** 19 (9 had sample size below 10)
  - **IDD-** 18 (5 had sample size below 10)
  - **Children-** 18 (10 had sample size below 10)

# Refresher Slide: When Might Kappa Not Be Useful?

- Kappa is stable when ratings are relatively evenly distributed across response options
- However, if the majority of ratings between raters are the same (e.g., 95% of the time raters agree that a participant is “Independent”), even couple instances of disagreement can cause the kappa statistic to be extremely low (below .4, 0, or even negative) (Yarnold, 2016)
- In these relatively rare situations, percent agreement is a more useful measure to examine reliability

# Refresher Slide: When Might Kappa Not Be Useful?

- In the current analyses, this occurs occasionally in the subpopulations, when, for the majority of individuals in the population, both raters agree that the participant is Independent or does not have history of a behavior but once or twice the raters did not agree. We have highlighted these instances in **blue**
  - For example, in the Mental Health population, 27 out of 29 times, both raters agreed that the participant had “No history and no concern about this behavior” for Constant Vocalization. However, two out of 29 times, the raters disagreed. Therefore, we see 93% agreement, but the *kappa* is 0
- It may be worth looking into why raters disagreed in these few situations, but overall, the high percent agreement indicates that these low kappa values are not troublesome
  - This may indicate this item is not especially relevant for this population

Refer to Spreadsheet for  
Summary of All Variables

# Low Kappa & % Agreement

- These items generally not likely to be used for LOC or resource allocation
- Want input from stakeholders about whether to keep or remove
- Will also obtain input from case managers

# Refresher Slide: Having Participant's CM as One of the 2 Assessors May Have Impacted Reliability

- The participant's CM has additional information that the second assessor would not have known
- This could impact items that were based on conjecture rather than direct observation or participant/proxy report
- Methodologically, was not possible to have 2 assessors who had the same relationship with the participant (e.g., previously did not know them) given time and resources (and burden on the participant)

# Refresher Slide: Other Factors Potentially Affecting Reliability

- Low levels of direct observation used for scoring participants
- Inconsistencies in how assistive devices factored into scoring
  - Trained to score individuals who use assistive devices safely and without support of others as independent with the ADL
  - Very different than current practices that base the score on the ability to complete the task without the use of an assistive device

# Items with Low Kappa & % Agreement for the Total Pilot Population

# Assistive Device Used for Vision

- **Item Language:** Participant uses assistive devices for vision as prescribed/recommended
- **Populations Impacted:** Overall (.55, 80%), IDD (.50, 75%), Child (0, 67%)
- **Potential Issue:**
  - Small samples sizes across all populations: Overall (n=10), IDD (n=4), Child (n=3)
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Assistive Devices Meet Vision Needs

- **Item Language:** Assistive devices meet the participant's vision needs
- **Populations Impacted:** Overall (.17, 60%), EBD (0, 0%), IDD (.20, 50%), Child (.40, 67%)
- **Potential Issue:**
  - Small sample sizes among all populations: Overall (n=10), EBD (n=1), IDD (n=4), Child (n=3)
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Navigating Unfamiliar Environments

- **Item Language:** Participant can find his/her way in unfamiliar environments independently, including with assistive visual device(s)
- **Populations Impacted:** Overall (.50, 70%), IDD (.56, 75%), Child (-.50, 33%)
- **Potential Issue:**
  - Small sample sizes among all populations: Overall (n=10), IDD (n=4), Child (n=3)
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Propose removing item
  - If not removed, review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Help Using Hearing Devices

- **Item Language:** Participant needs help using hearing assistive devices(s)
- **Populations Impacted:** Overall (.53, 75%), EBD (0, 33%)
- **Potential Issue:**
  - Small sample sizes across all populations: Overall (n=8), EBD (n=3)
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Assistive Devices Meet Communication Needs

- **Item Language:** Assistive device(s) meet the participant's communication needs
- **Populations Impacted:** Overall (0, 50%), EBD (0, 50%), IDD (0, 50%), MH (0, 50%), Child (0, 50%)
- **Potential Issue:**
  - Very small sample sizes across all populations: EBD (n=4), IDD (n=2), MH (n=2), Child (n=2) do not let us draw any meaningful conclusions about this item
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Pain Effect on Activities

- **Item Language:** Pain effect on activities, code “No”, “Yes”, or “Unable to answer or No Response”
- **Populations Impacted:** Overall (.44, 77%), EBD (-.24, 61%)
- **Potential Issue:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item
- **Proposed Remedies:**
  - Remove item

# Safety Control Procedure Frequency

- **Item Language:** If it was identified the participant used safety control procedures in the past year, identify frequency
- **Populations Impacted:** Overall (.43, 75%), IDD (.33, 50%), MH (.33, 50%)
- **Potential Issue:**
  - Small sample sizes across all populations: Overall (n=4), IDD (n=2), MH (n=2)
  - Safety control procedures are a new concept to SEP CMs, however item on safety control procedures had good reliability; only item on frequency impacted
  - CM with ongoing relationship may have reviewed documentation that provides frequency
- **Proposed Remedies:**
  - Only frequency item was impacted, review with CMs why this may be and how to address moving forward (e.g., updates to training)

# Hours Awake

- **Item Language:** Identify the average number of hours spent awake each day
- **Populations Impacted:** Overall (.56, 71%), EBD (.42, 33%), MH (.60, 67%)
- **Potential Issue:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Requires Changes in Ventilation

- **Item Language:** Participant requires changes in ventilation that are not planned at least daily because of levels of oxygenation
- **Populations Impacted:** Overall (.20, 50%), EBD (0, 50%), IDD (0, 50%), MH (0, 50%), Child (0, 50%)
- **Potential Issue:**
  - Small sample sizes across all populations (EBD (n=2), IDD (n=2), MH (n=2), Child (n=2)) with 50% agreement indicates that there was one case within each population that did not agree
  - Only asked for H-LOC so a much more medically complex item
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove
  - Follow-up with individual CMs to see how training for this item could be updated to ensure clarity

# Items for Which Low Kappa and % Agreement Were Population-specific

# Risk for Pressure Ulcers

- **Item Language:** Is the participant at risk of developing pressure ulcers?
- **Populations Impacted:** MH (.52, 90%)
- **Potential Issue:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant. For example, CMs are able to indicate whether their assessments are based on judgment versus clinical record.
- **Proposed Remedies:**
  - Provide additional training examples of warning signs and situations in which pressure ulcers are more likely

# Wounds or Skin Conditions

- **Item Language:** Does the participant have any wounds or skin conditions?
- **Populations Impacted:** EBD (.53, 83%), IDD (.58, 87%)
- **Potential Issue:** If not observed during assessment and/or participant is not able to report on this, CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Pain Effect on Behavior

- **Item Language:** Is there a concern that pain is affecting the participant's behaviors?
- **Populations Impacted:** EBD (.52, 82%)
- **Potential Issue:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items
  - Review item with CMs to determine if issue is related to ongoing relationship or other factor(s) and work with CMs to update training guidance accordingly

# Assistive Devices Meet Hearing Needs

- **Item Language:** Assistive device(s) meet the participant's hearing needs, code “Yes”, “No, describe”, or “Unknown”
- **Populations Impacted:** IDD (0, 0), Child (0, 0)
- **Potential Issue:**
  - Small sample sizes across all impacted populations (IDD (n=1), Child (n=1)) do not allow us to draw any meaningful conclusions about these results
- **Proposed Remedies:**
  - Review training language to see if additional examples should be incorporated

# Participant Has Roommate(s)

- **Item Language:** The participant has a roommate(s)
- **Populations Impacted:** EBD (.32, 73%)
- **Potential Issue:**
  - CMs struggled with identifying who qualified as a roommate.
    - For example, case managers with participants living at an ACF may not see other residents a roommates
- **Proposed Remedies:**
  - Provided clarification during bi-weekly training after receiving this feedback
  - Updated training materials to reflect this clarification

# Would Like to Change Roommate

- **Item Language:** Participant would like to change roommate(s)
- **Populations Impacted:** EBD (0, 75%)
- **Potential Issue:**
  - Small sample size (n=4) means that in one case one CM marked “Yes” and the other marked “No”
- **Proposed Remedies:**
  - Update training with definition of roommate (discussed on previous slide)
  - Ensure that whenever possible this question is directed directly to the participant

# Speaking Up for Needs

- **Item Language:** Speaking up for self/participant about what he/she needs
- **Populations Impacted:** MH (.45, 67%)
- **Potential Issue:**
  - Item allows for a level of subjectivity in which the person must understand what he/she needs, assistance available to meet the needs, and the level of support needed to obtain the assistance
  - MH population may see more variation in this ability and CM with ongoing relationship would likely have a better understanding of this ability
- **Proposed Remedies:**
  - Provide MH-specific scenarios for this item in training

# Unpaid Caregiving

- **Item Language:** Code the level of assistance in the participant's home (both paid and unpaid) during the past month—Unpaid
- **Populations Impacted:** EBD (.46, 65%), Child (.59, 88%)
- **Potential Issue:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Propose removing; FASI item that is redundant across the other caregiving, support need, and supervision items that are asked

# Requires Jejunostomy Tube

- **Item Language:** Participant requires: Feeding at least daily via jejunostomy tube.
- **Populations Impacted:** EBD (0, 67%)
- **Potential Issue:**
  - Small samples size (n=3) indicates that in one instance on CM responded “Yes” and the other “No”
  - Second CM may be unclear if feeding is needed daily vs PRN via J-tube
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove
  - Because this was a very specific case, follow-up directly with CMs

# Requires Licensed Nurse Intervention

- **Item Language:** Participant needs medical interventions that require a licensed nurse at least 2 hours per week
- **Populations Impacted:** IDD (0, 0), MH (0, 0)
- **Potential Issue:**
  - Only one data point for each population impacted does not allow us to draw meaningful conclusions about this item
  - If second CM did not review records would likely not have this information
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove
  - High reliability within EBD (n=3) and Children (n=7) indicate that this may have been a CM-specific issue. Follow-up directly with CMs

# Requires Vital-sign Assessments

- **Item Language:** Medically ordered vital-sign assessments, including taking of pulse, respiration, blood pressure, the assessment of orientation, level of consciousness, size of pupils and auscultation of lungs, are required at least once daily
- **Populations Impacted:** IDD (0, 0), MH (0, 0)
- **Potential Issue:**
  - Only one data point for each population impacted does not allow us to draw meaningful conclusions about this item
  - If second CM did not review records would likely not have this information
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove
  - High reliability within EBD (n=3) and Children (n=7) indicate that this may have been a CM-specific issue. Follow-up directly with CMs

# Low Kappa & High % Agreement

# Items with Low Kappa & High % Agreement for the Total Pilot Population

# See in Adequate Light

- **Item Language:** Ability to see in adequate light (with glasses or other visual devices and aids)
- **Populations Impacted:** Overall (.59, 88%), EBD (.34, 89%), MH (.14, 79%)
- **Potential Issue:**
  - Inconsistencies among CMs in how assistive devices factored into scoring
  - Majority of CMs agree, with few disagreements that may be informed by familiarity with participant.
- **Proposed Remedies:**
  - Update training examples to ensure that the item language and response options are clearly explained, and examples are provided

# Hearing Becoming Worse

- **Item Language:** Has your/your child's hearing become worse in the last 3 months, or since the last assessment?
- **Populations Impacted:** Overall (.38, 94%), EBD (0, 90%), Child (0, 94%)
- **Potential Issue:**
  - Item allows for a level of subjectivity when assessing for changes in participant's hearing and largely depends on participant and proxy report
  - Assumption is being made that assessor can distinguish between changes in assistive device functionality and changes in hearing
- **Proposed Remedies:**
  - Remove item; review with CMs to determine if this information is adequately captured elsewhere

# Harder to Understand or Be Understood

- **Item Language:** Has it become harder for you/your child to understand others or be understood in the last 3 months, or since the last assessment?
- **Populations Impacted:** Overall (.38, 94%), MH (.28, 87%), Child (-.03, 88%)
- **Potential Issue:**
  - Item allows for a level of subjectivity when assessing for changes in the participant's comprehension or ability to be understood by others and largely depends on participant and proxy report
- **Proposed Remedies:**
  - Remove item; review with CMs to determine if this information is adequately captured elsewhere

# Danger of Being Incarcerated

- **Item Language:** Participant is in danger of being incarcerated because of behavior issues.
- **Populations Impacted:** Overall (.50, 93%), EBD (0, 97%), IDD (.46, 93%), MH (.43, 87%)
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by familiarity with participant
  - Subjectivity in responding to this item because it is challenging to universally operationalize danger of being incarcerated
- **Proposed Remedies:**
  - % agreement shows that most case managers appear comfortable with how to score item
  - Not used for any measures beyond support planning, so discuss with CMs whether information is valuable for support plan

# Ability to Socialize

- **Item Language:** Are you been able to spend time socializing, such as visiting with family/friends or attending events in the community that interest you, as you want
- **Populations Impacted:** Overall (.56, 90%), EBD (.39, 76%)
- **Potential Issue:** Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Important item for community integration and support planning
  - Work with CMs to update training materials to improve item clarity

# Go Without Medication

- **Item Language:** Indicate if the participant had to go without any of the following because of lack of money in the past year--Medications
- **Populations Impacted:** Overall (.26, 95%), EBD (0, 97%), MH (.35, 90%), Child (0, 94%)
- **Potential Issue:** Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Very high % agreement shows most CMs understood how to score this item
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# No Access to Essential Transportation

- **Item Language:** Indicate if the participant had to go without any of the following because of lack of money in the past year—Essential Transportation
- **Populations Impacted:** Overall (.56, 97%), EBD (0, 97%)
- **Potential Issue:** Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
- **Proposed Remedies:**
  - Very high % agreement shows most CMs understood how to score this item
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Transitioning to Community

- **Item Language:** Will the participant be transitioning from where he/she is residing currently to a residence in the community?
- **Populations Impacted:** Overall (.39, 93%), EBD (.17, 80%)
- **Potential Issue:**
  - CMs were unclear how to score this item if the participant is moving from one residence to another, not just from an institution (e.g., hospital, NF) to a community residence
- **Proposed Remedies:**
  - During bi-weekly meetings clarified that this item would include transition from one home in the community to another in addition to institution to community residence
  - Updated item language and training as a result of the feedback received from CMs during the pilot

# Concerns for Community Living

- **Item Language:** Are there other concerns that may impact the ability of the participant to live safely in the community?
- **Populations Impacted:** Overall (.54, 94%), EBD (.43, 87%), Child (0, 94%)
- **Potential Issue:**
  - Majority agree, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Include scenarios in training that describe situations that may impact the participant's ability to live safely in the community

# Neglect, Abuse, or Exploitation

- **Item Language:** Is this participant at risk of neglect, abuse, or exploitation by another person?
- **Populations Impacted:** Overall (.58, 85%), EBD (.46, 93%), MH (.60, 87%), Child (.38, 71%)
- **Potential Issue:**
  - Majority agree, with few disagreements that may be informed by familiarity with participant.
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items
  - Include in training that CMs may ask if participant would like to respond to specific items on his/her own

# Change in Supervision Level (At Residence, Awake)

- **Item Language:** At residence, awake time: Is the level of supervision needed likely to change prior to the next scheduled assessment?
- **Populations Impacted:** EBD (.30, 71%), IDD (.33, 87%), MH (0, 91%)
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Change in Supervision Level (Other Community Settings)

- **Item Language:** Other Community Settings: Is the level of supervision needed likely to change prior to the next scheduled assessment?
- **Populations Impacted:** Overall (0, 98%), IDD (0, 96%)
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Requires Nasogastric Tube

- **Item Language:** Participant requires: Feeding at least daily via nasogastric tube
- **Populations Impacted:** Overall (0, 82%), EBD (0, 33%)
- **Potential Issue:**
  - Small sample sizes across populations: Overall (n=11), EBD (n=3)
  - For overall population, majority agrees, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC
  - Provide additional clarifications in training about how an NG tube presents and what assessors should be looking and prompting for

# Requires Weekly Evaluations of Feedings

- **Item Language:** Participant requires: A licensed professional to evaluate feedings at least weekly because of a moderate to severe problem with a J, G or NG tube.
- **Populations Impacted:** Overall (0, 91% ), EBD (0, 67%)
- **Potential Issue:**
  - Small sample sizes across populations: Overall (n=11), EBD (n=3) show that there was one case of disagreement within EBD population
  - For overall population, almost everyone agrees, with few disagreements that may be informed by familiarity with participant.
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC
  - Update training language to include examples of licensed professionals and what he/she would do to evaluate tube feedings

# Has Physician-Diagnosed Bradycardia

- **Item Language:** Participant has: Physician-diagnosed bradycardia
- **Populations Impacted:** Overall (0, 91% ), Child (0, 86%)
- **Potential Issue:**
  - Small sample sizes across populations: Overall (n=11), Child (n=7)
  - For overall population, almost everyone agrees, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove

# Has Required Resuscitation

- **Item Language:** Participant has: Required resuscitation (CPR must include chest compressions or drug resuscitation) for inadequate ventilation or cardiac output within the past year AND the need for resuscitation is likely to recur.
- **Populations Impacted:** Overall (0, 91% ), Child (0, 86%)
- **Potential Issue:**
  - Small sample sizes across populations: Overall (n=11), Child (n=7)
  - For overall population, almost everyone agrees, with few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Part of H-LOC, determine if needed to establish H-LOC. If no, remove

# Population-specific Impact Only

# Ability to Hear

- **Item Language:** Ability to hear (with hearing aid or hearing appliance, if normally used)
- **Populations Impacted:** MH (.49, 93%)
- **Potential Issue:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant
- **Proposed Remedies:**
  - Provide additional examples in training and bring this item to CMs to see if/what was confusing in how to score

# Diagnosed with a Life Limiting Illness

- **Item Language:** Has the participant been diagnosed with a life limiting illness by a medical professional? Note: Life Limiting Illness means a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood.
- **Populations Impacted:** IDD (0, 97%)
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by second CM not reviewing the participant's medical records
- **Proposed Remedies:**
  - Because this issue was limited to 1-2 cases and only in the IDD population, follow-up with specific CMs to see if there was a data entry error

# Requires Greater than Verbal Redirection or Has Constant Vocalization

- **Item Language:** Is the participant under age 18 AND on average requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night across all behavior and health issues OR have a constant vocalization occurring at least 15 minutes of each waking hour
- **Populations Impacted:** IDD (.55, 82%)
- **Potential Issue:**
  - Majority agrees, with few disagreements that may be informed by familiarity with participant.
- **Proposed Remedies:**
  - This item is specific to CES criteria. Will work with Department to refine the item and review the proposed updates with stakeholders and CMs
  - Review data to ensure this item was only answered for participants <18; work with automation to clarify the age constraints around this item

# Emergency Control Procedures

- **Item Language:** Were any Emergency Control Procedures used during the past year? Note: An Emergency Control Procedure is an unanticipated use of a restrictive procedure or restraint in order to keep the participant receiving services and others safe
- **Populations Impacted:** EBD (.46, 93%)
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by familiarity with participant and document review
  - Emergency control procedures are a new concept to SEP CMs, which is likely why this issue is limited to EBD population
- **Proposed Remedies:**
  - Provide additional examples in training language, especially in SEP trainings
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Safety Control Procedures

- **Item Language:** Were any Safety Control Procedures used during the past year?  
Note: A Safety Control Procedure is developed when it can be anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again.
- **Populations Impacted: MH (0, 93%)**
- **Potential Issue:**
  - Almost everyone agrees, with few disagreements that may be informed by familiarity with participant and document review
  - Safety control procedures are a new concept to SEP CMs, which is likely why this issue is limited to EBD population
- **Proposed Remedies:**
  - Provide additional examples in training language, especially in SEP trainings
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Expresses Loneliness

- **Item Language:** Participant expresses feelings of loneliness
- **Populations Impacted:** IDD (.56, 83%), Child (.11, 71%)
- **Potential Issue:**
  - Item really needs to be asked directly to participant or interpreted via conversation throughout assessment. CM with greater familiarity with participant may have more information to inform the response to this item
- **Proposed Remedies:**
  - Continue to emphasize in training that the assessment responses should be informed by conversation throughout the assessment; not intended to be a questionnaire, but a conversation

# Able to Self-Advocate

- **Item Language:** Participant is able to self-advocate
- **Populations Impacted:** IDD (.59, 80%)
- **Potential Issue:**
  - Item allows for a level of subjectivity in how he/she understands what self-advocacy is
  - IDD population may see more variation in this ability and CM with ongoing relationship would likely have a better understanding of this ability
- **Proposed Remedies:**
  - Work with CMs to update training to ensure that self-advocacy is clearly defined
  - Reiterate to CMs the importance of using multiple sources of information to inform item responses

# Need for Alternative Written Materials

- **Item Language:** Participant/parent/guardian needs materials in alternative formats, such as large type or braille versions of written information.
- **Populations Impacted:** MH (0, 97%)
- **Potential Issue:**
  - % agreement shows there was only one case where there was disagreement
- **Proposed Remedies:**
  - In training reiterate that this item should be asked of participant/proxy to ensure an accurate response

# Self-Neglect

- **Item Language:** Is this participant at risk of self-neglect?
- **Populations Impacted:** EBD (.52, 83%), MH (.53, 77%)
- **Potential Issue:** Majority agrees, with few disagreements that may be informed by familiarity with participant.
- **Potential Issue:**
  - Majority agree, with few disagreements that may be informed by familiarity with participant.
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items
  - Include in training that CMs may ask if proxies would like to respond to specific items on his/her own

# Change in Supervision Level (At Residence, Asleep)

- **Item Language:** At residence, asleep time: Is the level of supervision needed likely to change prior to the next scheduled assessment?
- **Populations Impacted:** Overall (0, 98%), IDD (0, 96%)
- **Potential Issue:**
  - There was one instance of disagreement across all populations, indicating that most CMs were clear how to answer this item
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Change in Supervision Level (Employment Site)

- **Item Language:** Employment Site: Is the level of supervision needed likely to change prior to the next scheduled assessment?
- **Populations Impacted:** EBD (0, 92%), IDD (0, 90%)
- **Potential Issue:**
  - There were few instance of disagreement across all populations, indicating that most CMs were clear how to answer this item
- **Proposed Remedies:**
  - Reiterate in training that CMs should be using all sources of information, including participant report, proxies, and documentation review, to respond to assessment items

# Next Steps

- Conduct additional analyses and continue to understand in greater detail the characteristics of the participants who no longer meet LOC
- Update training materials to reflect the updates identified under the reliability slides
- Obtain any additional clarifications around items with low reliability with the case manager group
- Work with Department and stakeholders to finalize the draft NF-LOC and H-LOC

