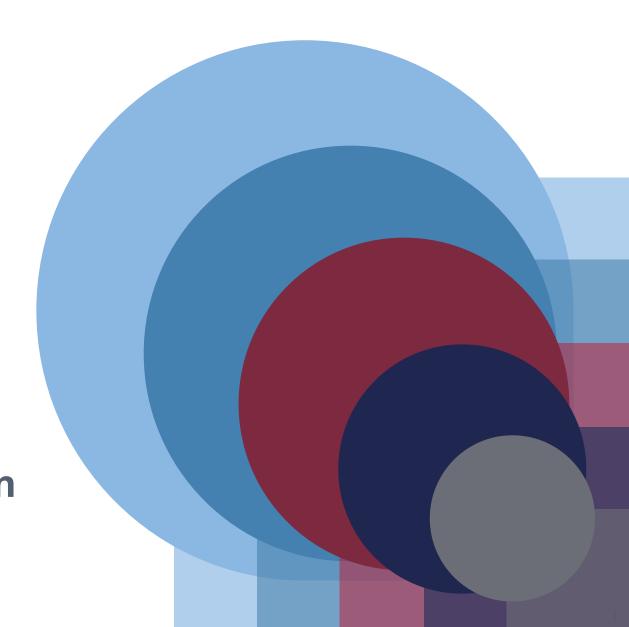


Assessments Provider Discussion

April 2025



# **Agenda**

Discussion topics and meeting goals

# **Discussion Topics**

Assessment Status (15 min)

InterRAI Background (15 min)

Future State (10 min)

Implementation Plan (10 min)





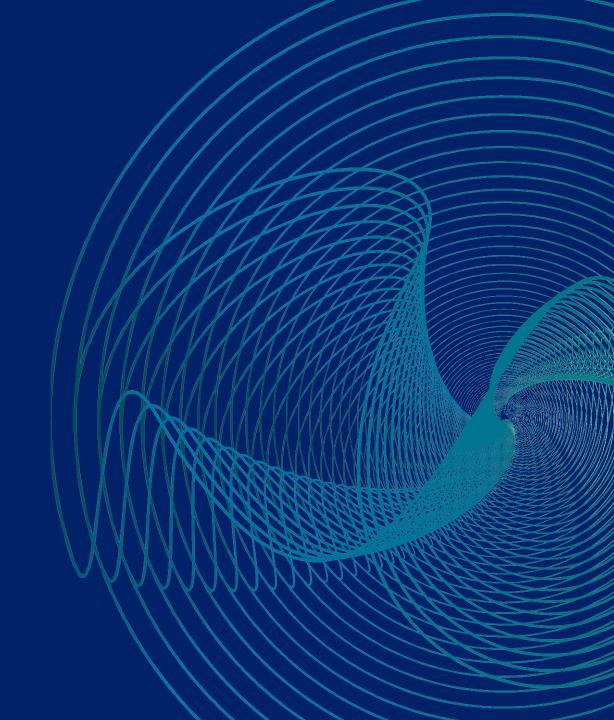






- Assessment Status: Share information on current status of outstanding assessment decision
- interRAI Background: Regroup on interRAI background including assessment logistics and outputs of the assessment.
- **Future State:** Share information on how assessments can be used for acuity rates and service bands in the future.
- Implementation Plan: Share proposed plan for implementation of the new assessment.

# Assessment Status



# **State Partner Feedback - Overview**

**DRAFT** 





Highlighting key takeaways from various stakeholder groups – people served, families, providers, and counties – that drove the initiatives to transition towards a new assessment and acuity-based rates.

#### **KEY STAKEHOLDER FEEDBACK**

Better assess individual support needs



Build **rates** that accurately reflect **support and skills provided** 

Reduce complexity of budgeting and prior authorization process

#### STAKEHOLDER TOWNHALLS

ODDP questions were **not detailed enough** to **accurately reflect the level of support** in the answer

**Sensitivity of ODDP** scores – ranges, budgets, and rates – dramatic shift with 1-2 answers changed

Insufficient assessment questions related to medical and communication tasks and needs.

#### PROVIDER SURVEY FEEDBACK

Large administrative burden associated with **tracking individual funding** and budgets

Desire to implement an assessment process to **update acuity that is less burdensome** than current state

**Prior authorization** process is administratively **burdensome** and **distracts from care** delivery

#### **COUNTY BOARD SURVEY FEEDBACK**

Lack of acuity-based rates drives providers to serve lower needs individuals

Provider **specialists should be paid accordingly** for skills and high-risk behavior management

Rates, budgets, and assessment process is inconsistent across and within waivers which can be confusing and complex for individuals and families

Funding ranges and rates **lack** the specificity or **reflection of the unique needs of children** 







Update on assessment decisions and highlighting key components of the decision process

## Why the interRAI?



Meets DODD goals to implement a **strengths-based**, **standardized assessment tool** 



Positive feedback on the tool in conversations with states using the interRAI



Covers the **breadth of questions** and topics to support **acuity-based rates**\*



**Shorter assessment** than current process and other standardized assessment options



Opportunity to **add components** of other interRAI tools **in the future** 

#### PROPOSED APPROACH

Replace the current ODDP and AAI with **interRAI** standardized assessment tools in an expedited implementation timeline, targeting a go-live of 1/1/27

## Why Now?



There are technological and operational considerations driving the targeted timeline:

DODD is looking to transition away from the current

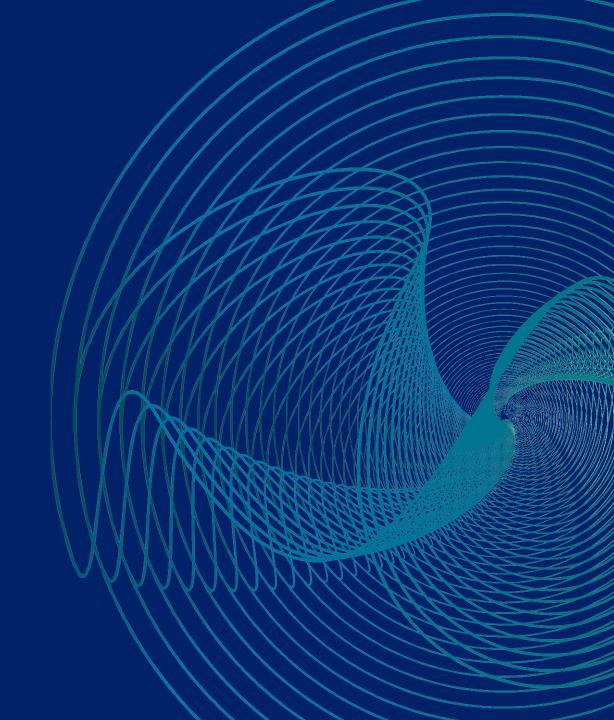
MRC. By aligning assessment implementation with the

decommissioning of the MRC, it will remove the need

for an interim rate strategy and therefore, the burden of

multiple transitions for providers.

# InterRAI Background



DRAFT



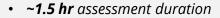


The interRAI – ID is a tool available to assess individuals with IDD.

#### **GENERAL**

01

Assessment Logistics



- Assessors **may use any information available to them** to answer questions, including observations of the individual's behavior
- There are three different assessments that are included in interRAI's suite of tools available based on age for the IDD population: InterRAI – ID (18+ years), ChYMH-DD (3-18 years), Early Years (0-3 years)

02

Assessment Outputs



• Clinical Assessment Protocols (CAPs); Outcome Scales; Case-mix classification

03

Contracting/ Licensing



• All users need to obtain a **free license** to use interRAI assessments (research or user license)

- Licensing requires **royalty payments** for use of intellectual property.
- Licensing requires **de-identified data to be shared** with interRAI for research

04

Assessor Training



• *In-depth training available* for a train the trainer approach

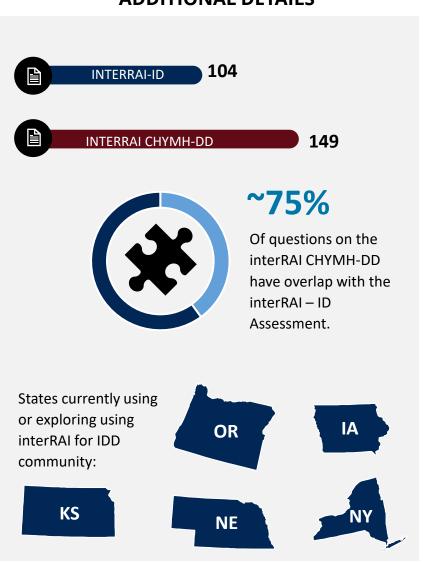
• Stakeholders report training being less time consuming than SIS/AAIDD

05



- InterRAI does not produce software states must license through thirdparty vendors who computerize the system to collect data
- InterRAI provides a list of possible third-party software vendors

#### **ADDITIONAL DETAILS**

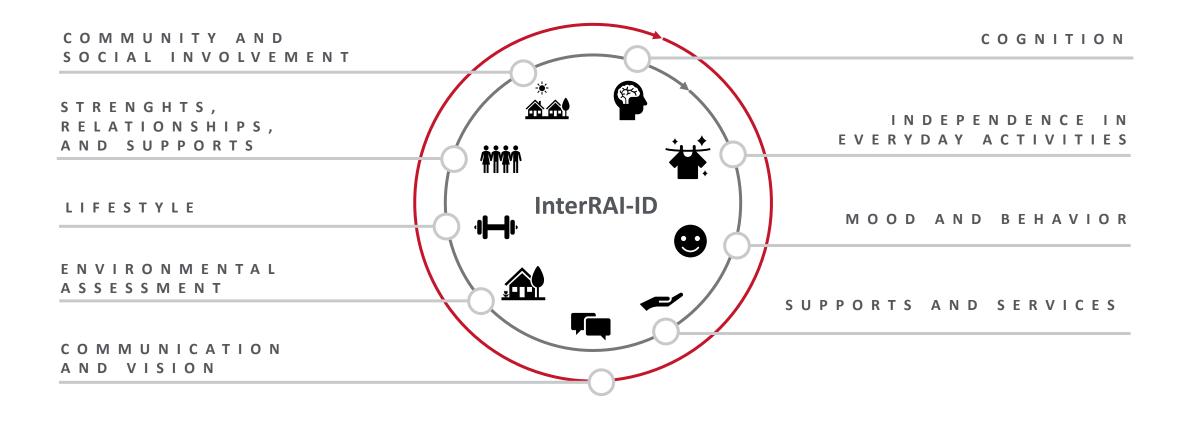


**DRAFT** 

Deloitte.

Department of Developmental Disabilities

Core assessed items of the interRAI-ID tool



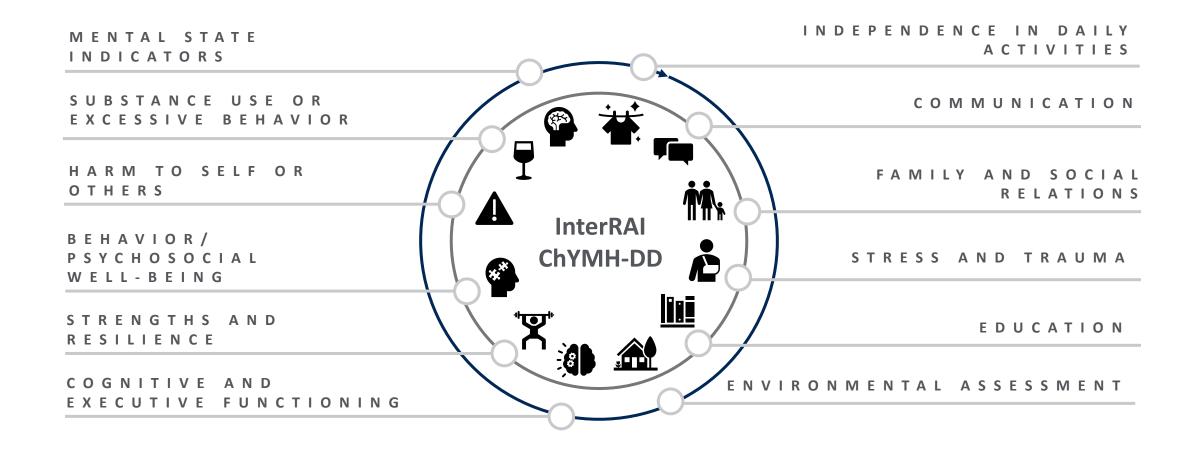
# **InterRAI ChYMH-DD Comprehensive Assessment**

**DRAFT** 

Deloitte.

Department of Developments Disabilities

Core assessed items of the interRAI ChYMH-DD tool





Resources available for Ohio to leverage for acuity tier determination and service allocation management

interRAI instrument systems collect information once and use it for multiple purposes to support clients/patients, care professionals, managers, and administrators.

VERVIEW

**SETAILS** 

# COLLABORATIVE ACTION PLANS (CAPs)

Support **continuity of care planning** by providing **common protocols across settings**. CAPs are based on systematic reviews of international literature and large interRAI data holdings

There are **7 CAPs** imbedded within the ID instrument:

- 1. Abuse by Others
- 2. Communication
- 3. Continence
- 4. Injurious Behavior
- 5. Meaningful Activities
- 6. Mental Illness
- 7. Social Relationships

# STATUS AND OUTCOME MEASURES

Various scales and indices imbedded within each interRAI instrument used to evaluate an individual's clinical status.

#### Summary measures/scales for ID include:

- Cognitive Performance
- Activities of Daily Living
- Depression
- Aggressive Behavior

#### RESOURCE ALLOCATION

Case-mix systems classify people into groups that are homogeneous in their resource use. They also provide meaningful clinical descriptions of individuals in a group. Can be applied to reimbursement, for comparing populations across settings, and for staffing.

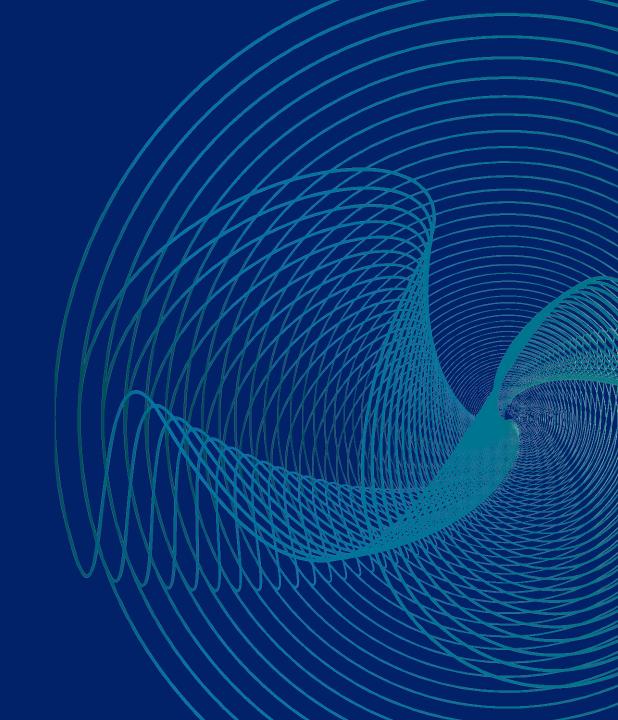
#### **Adults:**

 The Case-Mix Groups for Developmental Disability (CMGDD)

#### **Children and Youth:**

 Resource Intensity for Child and Youth Algorithm (RIChY); Child and Youth Resource Intensity Algorithm (ChYRI)

# InterRAI Tool and DODD Future State





The interRAI assessment tool will inform service bands, acuity tiers (and acuity-based rates), and approaches to service allocation management. There are outstanding decisions that will need to be confirmed as we define the implementation approach. goals

## Purpose

## Methodology



**Acuity Tiers** 

Reimburse providers based on the complexity / intensity of individual's needs

+ Develop **assessment-informed acuity-tiers** to replace the current 9 ODDP Budget Levels



**Service Bands** 

Provide estimated levels of need for individuals based on assessment results to better inform service planning

- + Leverage interRAI outputs & applications to **establish** service bands for IO waiver individuals
- Service bands will be measured in hours over a selected period of time (e.g. weeks)
- Outputs leveraged from interRAI can include raw data,
  status and outcome measures, or case-mix algorithms

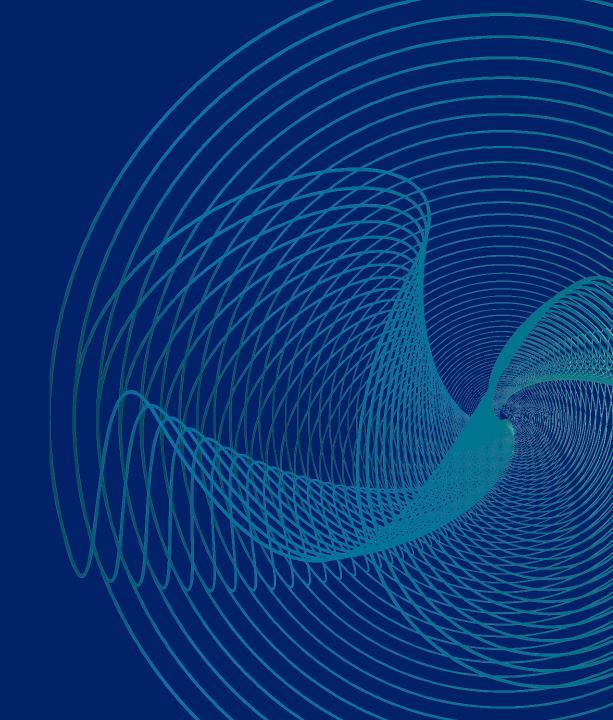


Service Allocation Management

Structure management of individual options waiver costs using information gleaned from assessment results

- Transition from a target dollar amount budget to a service-based budget approach
- Establish **prior authorization** process for individuals a certain percentage outside of their assigned range as well as top spenders
- + Retroactive reviews across acuity tiers

# Implementation Plan



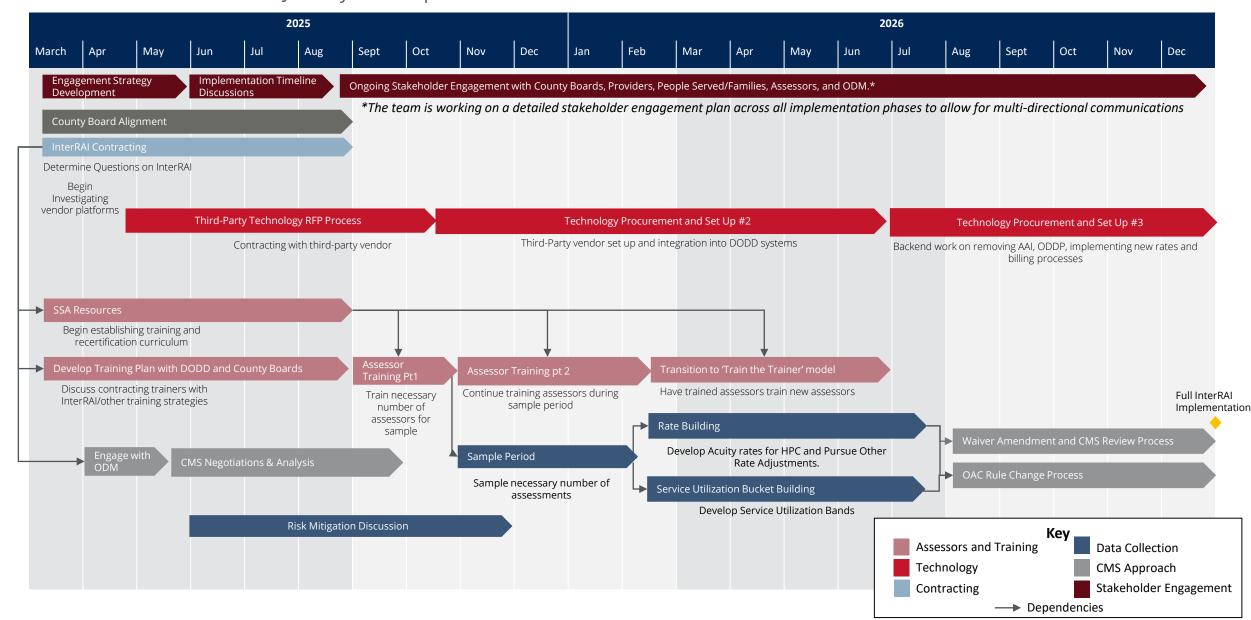
# **InterRAI Implementation Timeline**







Timeline below is based on a January 2027 implementation







# **Assumptions of Implementation**

Determine components of interRAI implementation that may impact timeline and amount of time needed for different components

### ASSUMPTIONS



**Technology** set up **complete** for **sample data collection** 



Standardized interRAI assessment with no supplemental questions for initial launch



**Limited time** for stakeholder **back and forth** on initial decisions and rate building process



Simplified risk mitigation strategies for providers and an effective rate building process



Acuity-based rates will begin with **HPC as a priority service** and then potentially expand to Shared Living, Residential Respite, and other related services.

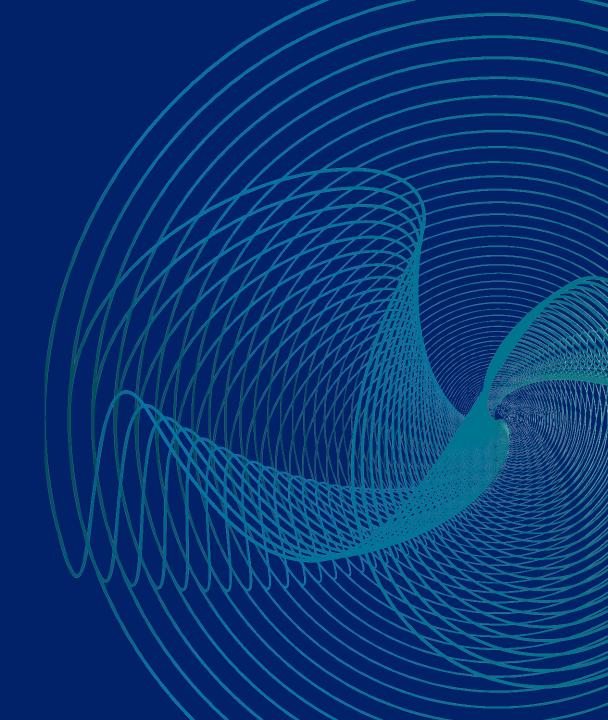


Timely **Training of Assessors** once decision is made for who assessors will be.



**Population assessed prior to go-live** is not the complete population of waiver individuals.

# Next Steps



# **Next Steps**

Discuss DODD next steps and future conversations



DODD is working through contracting logistics with interRAI.



DODD will discuss implementation plan for assessments and acuity rates with stakeholders in the coming weeks.



Next Meeting: TBD