



The Hilltop Institute

analysis to advance the health of vulnerable populations

The Use of Clinical and Functional Assessment Instruments

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The Goal: Perfect Information



With the vast amount of data available to state policymakers, there is amazing potential to pull individual-level information together to form a complete picture of a program population.

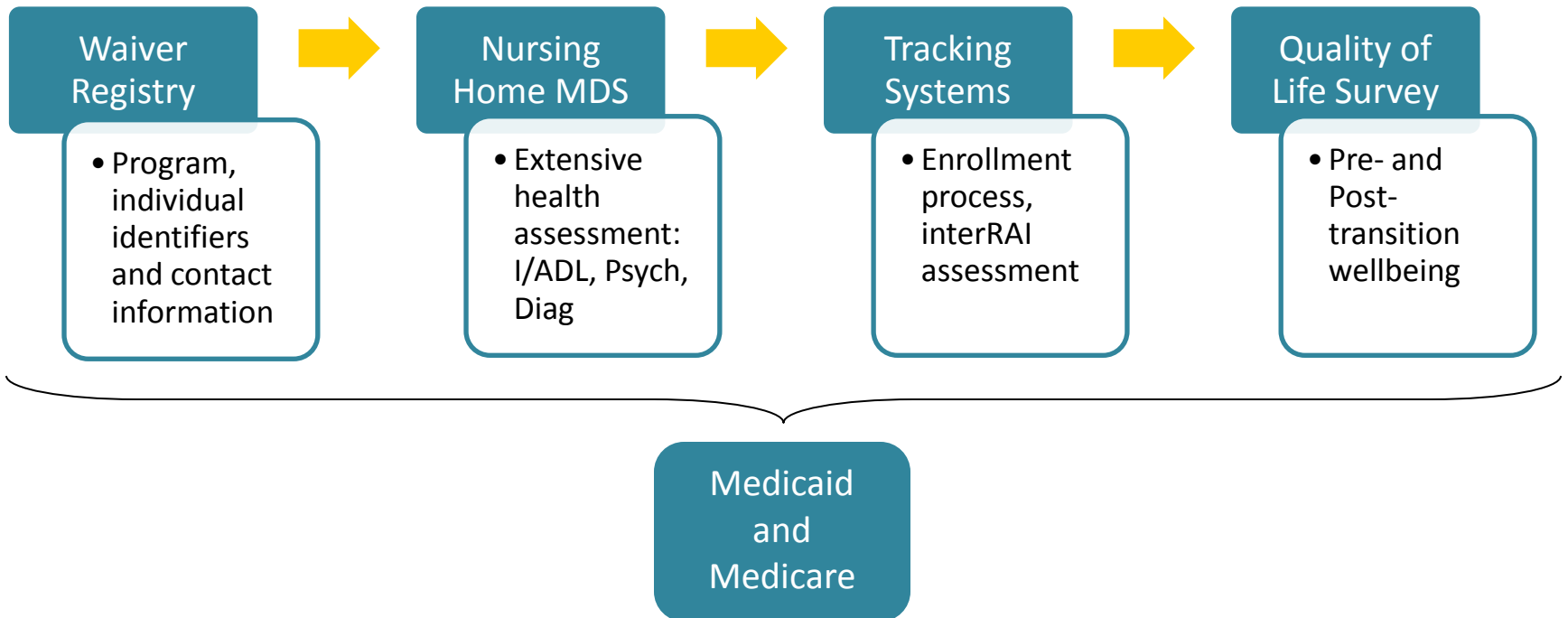
Current Sources: Minimum Data Set (MDS)

- This federally mandated tool gathers a vast array of information on the health and functional status of nursing home residents.
- Containing over 300 variables, the MDS was used to supply information on activity of daily living (ADL) deficiencies, discharge preference, length of stay, and other characteristics.

Current Sources: interRAI HC

- The chosen Medicaid core standardized assessment under Community First Choice.
- The interRAI tool covers much of the same information as MDS, but even similar questions may be worded differently, have different potential responses, or have different assessor coding instructions.

Typical Flow



Level of Care

- States have significant flexibility when defining their Medicaid nursing facility level of care (LoC) criteria.
- Formal, assessment-based LoC criteria can be automated, removing or limiting subjective influence.
- However, it is not clear that a single LoC algorithm can span both institutional and community settings due to differing response patterns.

Risk

- Assessment data can be used to identify an individual's risk of a specific incident or outcome.
 - These risks can inform care coordinators, who can provide the appropriate intervention.
- The determination of relative risk from a cost perspective is key when building a capitated rate structure.
 - This is important for new enrollees because the best cost predictor (prior costs) is missing.
 - Having up-to-date data allows frequent rebasing.

Budgeting

- Program budgets can be population sensitive; upper and lower bounds could reflect different expected case mixes.
- Clients can have individual budgets that reflect their assessed care needs.
 - Pre-implementation modeling can identify individuals who would gain or lose services.
 - Determine the “baseline” and the “spread.”

About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

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