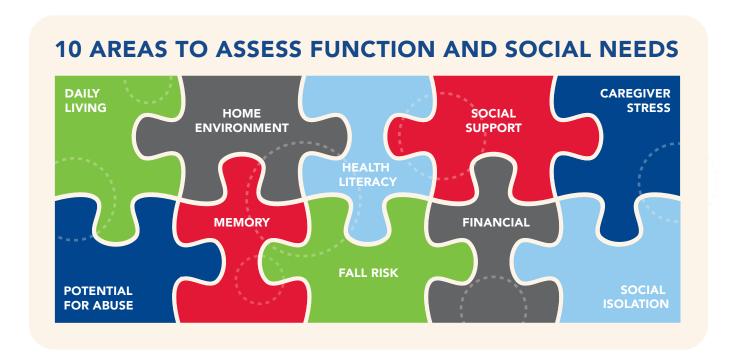


Ten Questions to Better Understand and Serve Your Complex Care Population

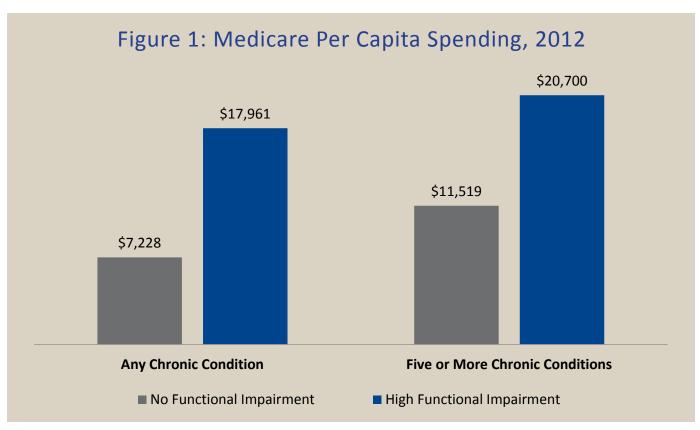
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The <u>CHRONIC Care Act</u> and new CMS guidance promote assessment of functional and social needs as part of delivering more cost-effective, quality care to individuals with complex needs. This brief shares 10 questions required of California's Medicaid managed care plans, which health plans and systems nationwide could consider for their risk assessment instruments.



Overview

Health systems often identify individuals as "high cost," "high need," and/or "high risk" by using administrative and clinical data captured as part of medical billing. These data include items such as diagnoses, emergency department utilization, and prescription drug costs. While this easily accessible, medically oriented information provides an initial snapshot of care complexity, research shows that non-medical factors — how a person functions on a daily basis and the extent of one's social supports — significantly affect overall health care utilization and spending.¹ In fact, it costs twice as much to care for older adults with chronic conditions <u>and</u> functional limitations compared to those with chronic conditions alone (Figure 1).²,³



Source: ATI Fact Sheet: Functional Impairment and Medical Spending, 2012 MCBS Cost and Use File, Analysis on Older Adults Receiving Help with 2+ ADLs²

To better understand the populations they serve and effectively organize care, leading health plans and accountable care organizations (ACOs) are beginning to gather person-level data about social determinants of health (i.e., access to food, housing). The risk assessment is a natural process point for health plans and ACOs to include questions that specifically capture an individual's functional and social support needs. This new knowledge can provide a clearer understanding of a person's total need profile, and how it affects their health status; improve population-level risk stratification; and support delivery system efforts that better match people who have identified needs with high-quality, targeted interventions.¹

Federal policymakers are fueling this trend by promoting more comprehensive assessments and linking those with complex care needs to appropriate services inside and outside of health care.

Recent policy actions include the following:

- In a draft Medicare Advantage and Part D <u>2019 Call Letter</u>, federal officials recognized that health risk assessment (HRA) tools must assess beneficiaries for medical, functional, cognitive, psychosocial, and mental health needs. Medicare Advantage plans will be allowed to offer beneficiary incentives for HRA completion beginning in 2019.⁴
- The <u>Call Letter</u> and the <u>CHRONIC Care Act</u> also expanded the scope of supplemental benefits in Medicare Advantage that beneficiaries could receive based on a comprehensive needs assessment.^{4,5}

California has taken a major step in this regard, as the state recently required all Medicaid managed care programs to incorporate 10 questions in their HRA that evaluate for function and social support needs. As leaders in health plans, ACOs, and other risk-bearing entities revisit their assessment tools for better management of complex care populations, below are the 10 questions to consider for inclusion.

10 Questions to Assess Function and Social Support of Needs*

1.	Daily Living							
	a) Do you need help with any of these actions? (Yes/No to each individual action)							
	_	Taking a bath or shower	Walking					
	_	Going upstairs	_ Washing dishes or clothes					
	_	Eating	_ Writing checks or keeping					
	_	Getting dressed	track of money					
	_	Brushing teeth, brushing hair,	Getting a ride to the doctor					
		or shaving	or to see your friends					
	_	Making meals or cooking	Doing house or yard work					
	_	Getting out of a bed or a chair	Going out to visit family or friends					
	_	Shopping and getting food	Using the phone					
	_	Using the toilet	Keeping track of appointments					
	b) If yes, are you getting all the help you need with these actions?							
2.	Home Enviroment							
	a) Can you live safely and move easily around in your home? (Yes/No)							
	b) If no, does the place where you live have: (Yes/No to each individual item)							
	_	Good lighting	A door to the outside that locks					
	_	Good heating	Stairs to get into your home, or					
	_	Good cooling	stairs inside your home					
	_	Rails for any stairs or ramps	Elevator					
	_	Hot water	Space to use a wheelchair					
	_	Indoor toilet	Clear ways to exit your home					
2	Health Liter	acv						
J.	I would like to ask you about how you think you are managing your health conditions:							
	a) Do you need help taking your medicines? (Yes/No)							
	b) Do you need help filling out health forms? (Yes/No) c) Do you need help answering questions during a doctor's visit? (Yes/No)							
	C)	bo you need help answering questions during a	uoctor's visit! (Tes/NO)					

4.	So	cial	Su	ממ	ort

Do you have family members or others willing and able to help you when you need it? (Yes/No)

5. Caregiver Stress

Do you ever think your caregiver has a hard time giving you all the help you need? (Yes/No)

6. Potential for Abuse

- a) Are you afraid of anyone or is anyone hurting you? (Yes/No)
- b) Is anyone using your money without your OK? (Yes/No)

7. Memory

Have you had any changes in thinking, remembering, or making decisions? (Yes/No)

8. Fall Risk

- a) Have you fallen in the last month? (Yes/No)
- b) Are you afraid of falling? (Yes/No)

9. Financial

Do you sometimes run out of money to pay for food, rent, bills, and medicine? (Yes/No)

10. Social Isolation

Over the past month (30 days), how many days have you felt lonely? (Check one)

- __ None, I never feel lonely
- __ Less than 5 days
- _ More than half the days (more than 15 days)
- _ Most days, I always feel lonely

^{*} Early <u>evaluation</u> of California's Financial Alignment Initiative showed that dual eligible individuals were not being consistently evaluate for and connected to care coordination. To begin addressing this need, the California <u>Department of Health Care Services</u> required all Medicaid managed care plans to include 10 standardized functional and social support assessment questions in their HRA starting on January 1, 2018. These questions were identified, reviewed, and extensively vetted through multiple stakeholder processes.

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