

Elements of a Functional Assessment for Medicaid Personal Care Services

By Marshall E. Kelley and Susan M. Tucker

The Community Living Assistance Services and Supports (CLASS) Plan – a groundbreaking component of the Affordable Care Act – creates a voluntary federally-administered insurance program to help individuals pay for needed assistance in a place they call home if they become functionally limited. Implementation will require knowledge translation from various sectors, including research and existing public and private programs. This Technical Assistance Brief Series seeks to answer questions pertinent to developing and implementing the program.

This brief discusses the results of the identification and analysis of the assessment instruments and data elements states use for determining medical conditions, activities of daily living and cognitive functional ability within Medicaid-funded personal care services programs. It identifies the elements states use for an assessment of a person's physical and cognitive limitations and need and compares these elements to the requirements of the CLASS Plan.

Introduction and Overview of the Elements of a Functional Assessment for Medicaid Personal Care Services

State Medicaid programs provide long-term services and supports for eligible individuals who have been assessed and determined to be in need of these services. Medicaid beneficiaries must meet financial as well as medical/functional eligibility criteria. Included in the array of long-term services and supports are personal care services (PCS), which provide assistance to individuals with their activities of daily living (ADLs), such as bathing, eating, and dressing, as well as assistance with their instrumental activities of daily living (IADLs) such as shopping, preparing meals, and housecleaning.

Medicaid is the primary source of funding for personal care services, also

known as personal assistance services and attendant care. States may offer personal care services as an optional benefit under their Medicaid state plans (as authorized in accordance with a service plan),¹ or through a home and community-based waiver program. For example, section 1915(c) of the Social Security Act provides authorization so that a state may offer home and community-based services, including personal care services, to state-specified target group(s) of Medicaid beneficiaries.²

The states have many years of experience in conducting functional assessments that should inform and provide a variety of choices for the development of regulations for CLASS.³

WHY ARE MEDICAID FUNCTIONAL ASSESSMENT ELEMENTS RELEVANT TO CLASS?

CLASS, as it is written in the legislation, will provide benefits to individuals enrolled in the CLASS Plan who have paid required premiums and who are

determined eligible to receive program benefits. While CLASS is not part of the Medicaid program, it requires regulations to be developed that will address many of the same functional assessment elements as covered by Medicaid state plan personal care services (PCS) and home and community-based services (HCBS) waivers. These include the definition and establishment of a medical condition, disability or chronic illness expected to last for at least 90 days, establishment of physical functional limitations and the need for supervision of services due to a cognitive impairment. CLASS mandates a “benefit trigger” that will require the tasks of defining the data elements for functional eligibility. The practical lessons learned by states resulting in their current assessment instruments are relevant and may be instructive for the development of the CLASS regulations. States’ long-standing experience in Medicaid community-based PCS can provide valuable lessons for CLASS rule-makers to draw upon.

In order to learn how states determine functional eligibility, a review was conducted of the fifty states and the District of Columbia’s Medicaid programs to capture information on PCS offered through the state plan or through a HCBS waiver. This review yielded a basic understanding of the size and design of each state’s program. It was primarily conducted through internet-based research, which captured high-level information on the number of enrollees, expenditures, type of personal care programs offered, policies, instruments used, functional eligibility criteria, prior authorization criteria, and related data on consumer involvement and direction of services.

Based on the review, ten states, representing a cross section of the various program design characteristics, were selected for further examination. The ten states selected for study were: Arkansas,⁴⁻⁵ California,⁶⁻⁹ Florida,¹⁰⁻¹³ Georgia,¹⁴⁻¹⁵ Maine,¹⁶⁻¹⁷ Maryland,¹⁸⁻²⁰ Massachusetts,²¹⁻²³ Michigan,²⁴⁻²⁶ Nebraska,²⁷⁻²⁸ and Oregon.²⁹⁻³¹ For these states, the policy manuals, forms and assessment instruments were obtained to identify the data elements used for a functional assessment. Follow-up interviews were held with Medicaid staff in these ten states in order to verify the documents and processes found and to solicit any additional comments or insight.

The initial review of 50 states and the District of Columbia revealed important details specific to elements of functional assessment.

- Every state has tailored their assessment instruments for determining functional eligibility specific to their programs.
- Only a few states use the same assessment instrument for their state plan personal care program and for their HCBS waiver programs.
- At least six states use or are considering the use of the interRAI© Home Care assessment instrument (sometimes referred to as the MDS-HC), as the basis for their assessment instrument.

Functional Eligibility Assessment Instrument

The assessment instruments and forms provide a focused way to view the common elements and variations that the states use to determine functional eligibility for state plan PCS or services through HCBS waivers.

The functional eligibility assessment instruments used by the states represent different models aimed at gaining an understanding of an individual's physical and cognitive limitations, detailed ADL, IADL deficits and services required, the time per service as well as the daily, weekly, weekend, and monthly frequency of the need for services.

The length of these instruments vary depending upon how much guidance and policy is presented on the form itself (instead of separate manuals or other documents), and how comprehensive the form is with respect to specified ADLs, IADLs, clinical conditions, and other areas covered. The assessment instruments that were reviewed range from succinct two-page versions capturing the necessary information for a care plan and functional eligibility meeting state's policy requirements to instruments that are much more comprehensive with respect to the array of physical, cognitive, and clinical conditions covered.

All states' functional assessment instruments contain sections for gathering information about ADL, IADL, and cognitive functioning. Some states use separate forms for a certification of

medical and clinical conditions, while others include this information on the same instrument used for functional status. Most states include the frequency and hour of service need on the assessment instrument. In a few cases, this information is supplied by automated systems.

The functional assessment instruments have multiple functions depending on the state. Below is a list of the common uses of these assessments.

- Identify the ADLs or IADLs for which a person requires assistance;
- Determine a score or level of need for the ADLs and IADLs;
- Determine how many hours, occurrence per day, or week that assistance is need;
- Document the existence of a Medical condition;
- Document cognitive status;
- Serve as an input document to an automated system;
- Serve to completely establish functional eligibility;
- Serve to establish a level of care determination; and/or
- Serve as a care plan.

CLASS FUNCTIONAL ELIGIBILITY REQUIREMENTS

The basic functional eligibility requirements for receipt of CLASS benefits include:

“Functional assessment of physical limitations related to ADLs represents the most extensive section of the state assessment instruments.”

- Conditions causing a functional limitation that is expected to last for a continuous 90 day period (a qualified health care practitioner must certify the functional limitation);
- Physical functional limitations for a number of ADLs yet to be defined (which may be 2 or 3);
- Cognitive impairment requiring the supervision of services to protect an individual’s health and safety; and
- Functional limitations similar to those described above (physical limitations and cognitive impairment).

However, these are only broad requirements. Before CLASS can be implemented, the Secretary of Health and Human Services must develop specific regulations. These regulations will specify uniform data elements to be included, the forms needed and assessment instruments employed in sufficient detail to determine an individual’s functional eligibility.

States offer a variety of approaches relevant to the eligibility requirements for CLASS, as the examples below will demonstrate.

1. Medical Conditions Expected to Last for 90 Days

CLASS will require the documentation of a condition causing a functional limitation that is expected to last for ninety days. The state Medicaid programs capture the documentation of a medical condition, disability, or chronic illness and need for PCS by a health care provider in several ways; most of these, however, do not include a 90 day requirement.

Some states were found to use a separate form for a health care provider’s signature indicating the existence of a medical condition, while other states capture a statement or information of the medical condition on the functional assessment form itself. These elements range from the acknowledgement of a medical condition requiring assistance for ADLs signed by a health care provider to more information captured on forms that may include a medical diagnosis, diagnosis code, list of medications, or a list of clinical conditions for which the assessor checks yes or no. For example, one state requires that the physician sign a statement indicating that the applicant has been seen in the past 60 days and has a need for PCS. Another state requires a physician or nurse practitioner to certify that the individual has a long-term, chronic disability requiring physical assistance with two or more activities of daily living.

2. Physical Functional Limitations of ADLs

CLASS will require as a benefit trigger for which “the individual is determined to be unable to perform at least the minimum number (which may be 2 or 3) of activities of daily living as are required under the plan for the provision of benefits without substantial assistance (as defined by the Secretary) from another individual.”³² Definitions of the ADLs for CLASS will need to be developed. A review of the ADL definitions used by state Medicaid programs will be very informative.

State requirements regarding PCS services are found in state statutes, administrative rules, and policy manuals and include a

list and definitions of ADLs and IADLs. In some states, definitions from the policy rules or handbook may also be repeated on the assessment instrument itself, and in other cases the definition may be found only in regulations, policy manuals, or programmed on laptops or electronic systems to assist the assessor.

The assessment instruments also capture the extent of functional limitations and the extent of the services required to support an individual with specified ADL or IADL impairments. These instruments provide several options – some provide for a check box containing a description of pre-defined conditions for each functional measure that applies to that individual, while other instruments allow for the assessor to fill in a blank on the form with their own description or notes. Additional elements on the instruments are collected to determine the extent to which each individual may require assistance with each physical deficit noted for each ADL or IADL. Functional assessment of physical limitations related to ADLs represents the most extensive section of the state assessment instruments.

While states have a broad range of ADLs and IADLs, which are captured as elements for assessment, CLASS has a standard list of ADLs. The CLASS list of ADLs mirrors the list from the Internal Revenue Code of 1986.³³ They are:

- Eating
- Toileting
- Transferring

- Bathing
- Dressing
- Continence

A comparison of each of the above ADLs with the elements used by states present a variety of alternatives for development of the CLASS regulations. Keep in mind that states have had the opportunity to revise their lists of ADLs and policy since those developed in 1986. In addition, states may include IADLs or other functions as part of the definition of an ADL.

- **Eating.** While “eating” is one of the more consistently defined elements used by the states, several states use the term “nutrition” or “feeding.” The simple definitions of “eating” focus on the mechanical acts of putting foods and liquids into the digestive system. More complex definitions include activities such as the ability to shop for food, prepare food, cut foods, use utensils, and cleaning the individual, if needed. Additionally, some states use elements to measure nutrition and complicating factors such as medications or substance abuse that may be relevant to nutrition. The requirements for a special diet or tube feeding are elements used by a few states. Assessment instruments vary from those with a simple check box for requiring assistance with eating to others that include numerous questions on nutritional status and functional abilities.
- **Toileting.** States are mixed with respect to the terminology used for this ADL. Many states use “toileting” and others describe this function under “bowel and bladder.” The shorter and simpler

definitions found discuss assistance on and off the toilet and associated cleaning. Other states expand to specifically include use of bedpans, catheter care, ostomy care, and diaper care. The ADL definition focuses more on what assistance a person needs regardless of method of managing bowel and bladder elimination. As a more comprehensive name “bowel and bladder care,” this ADL is used frequently to include functions related to “continence” which is listed as a separate ADL in CLASS.

- **Transferring.** The function of “transferring” is often more broadly termed as “mobility,” which usually includes assistance with ambulation. The basic functions for “transferring” are assistance with getting in and out of a bed and/or a wheelchair. Getting on and off the toilet is sometimes included in this ADL, while it is sometimes included under “toileting.” A few states include repositioning and range of motion exercises in the definition of this ADL.
- **Bathing.** This is the standard name for this ADL, although “hygiene” and “grooming” were also found to be used by states. The descriptions are also in a more narrow range concerning assistance in and out of the shower or tub, assistance with a sponge bath, and associated grooming. Some states include the need for “transferring” to shower or tub under this ADL, while others place this function under the “transferring or mobility” ADL.
- **Dressing.** Most states use the term “dressing,” although “grooming” is found in some cases. The basic definitions include putting on and taking

off clothing. Some states specifically address braces, prosthetic devices, and the need for “cueing” or standby assistance.

- **Continence.** Most states describe the assistance needed in this area under either “bowel and bladder care” or under “toileting.”

3. Functional Limitations Similar to Those Above

The CLASS legislation does not list IADLs or provide more detailed descriptions of the ADLs to be considered in developing regulations. However, the legislation includes in the “Benefit Triggers” section a third trigger which refers to a level of functional limitation similar to the first two triggers – ADL limitations or cognitive impairment. The additional descriptions of ADLs found in state policy and their inclusion of IADL’s are relevant to the development of regulations under this section. Using this authority, the final regulations could include some IADLs to satisfy the requirement of “similar” functional limitations as well as offer some of the more detailed definitions in the examples presented above.

As previously mentioned, some states incorporate related IADLs in their definitions of an ADL; however, a review of states’ assessment forms found some of the more common IADLs or activities specifically included are:

- Light housework
- Laundry

- Shopping for food
- Meal preparation
- Assistance with medications and with self administration of medications
- Medical appointments
- Respiration and oxygen management
- Personal Hygiene

4. Cognitive Impairment Requiring the Supervision of Services

Individuals may meet the CLASS functional limitation criteria if substantial supervision is required because of a cognitive impairment to protect their health and safety. Again, this is a subject that states include on their assessment instruments. States have several different approaches to defining a cognitive impairment, which may include a certification statement of the status or a more detailed check list of cognitive factors or clinical conditions that may apply to the applicant. Some states also include cognitive functioning with an assessment of behavioral or substance abuse factors.

One example that states may list on the assessment instrument is a set of cognitive/behavioral factors for the assessors' guidance and choice. The factors may include: memory for events, memory and use of information, global confusion, spatial orientation and verbal communication for cognition, and sleep

patterns, wandering, behavioral demands on others, danger to self and others, and/or awareness of needs/judgment in the behavior section. Less frequently, states may include factors such as potential alcohol and substance abuse.

An alternative to checking a box representing these cognitive/behavioral factors is a certification of cognitive status that is signed by the assessor or healthcare practitioner. Usually the certification includes the ability and skills to manage "PCA services."

For Medicaid programs using consumer direction as an option, the elements concerning the cognitive/behavioral function become even more useful because a determination must be made of the individual's capacity to direct his or her own services or, alternatively, the need for a surrogate to supervise or direct the services.

Time and Frequency of Services

Some states estimate the frequency of need for each ADL activity and the time per occurrence during the assessment process. This is done for functional eligibility purposes in that a person may be limited to certain eligible hours or expenditures depending on the need; this is also used for their care plan.

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Regulations for CLASS will need to be developed that could use some of the same methods to determine the level of the benefit. Again, there is wide variation among the states. One state places an estimated time by each level of need. In looking at mobility as an example, “transfer” has the guidance of 15-30 minutes, depending on minimal or heavy assistance; “devices, turn and positioning” is allocated 5-10 minutes; and “support/lifting” is allocated 5-10 minutes. There are time estimates for each ADL sub-function. Some states just leave a blank space for the assessor to estimate the time, although there may be guidelines and policies in other documents not on the form. Some states that use automated systems have time frames “pre-loaded” into the system. Another method is to place guidance in the description of the ranking itself. For example, definitions may include under each level of assistance a description such as “limited,” which indicates a range of times in the past week for which assistance was required.

Considerations for CLASS Plan Design and Implementation

This issue brief reviewed state’s functional eligibility assessment instruments and the elements captured, compared these elements to requirements in CLASS, and offers insight for their potential use in the development of specific eligibility requirements and benefit triggers.

While worded slightly differently in each case, the states’ forms and instruments provide CLASS with examples for the requirement to certify by a licensed health care practitioner the existence of a functional limitation expected to last for more than 90 days. CLASS could adopt a certification statement consistent with what is used by and familiar to licensed health care practitioners treating Medicaid patients. With the national scope of CLASS, a standard certification form or process would require a minimum of training or instruction for health care providers.

The review found that although states vary in the detail and comprehensiveness of the data collected, their programs include documentation by a physician or a health care provider of these elements:

- The clinical status and need for PCS;
- A detailed description of ADL and IADL deficits;
- The extent and frequency of services required to overcome the deficits;
- Methods automated and manual to determine hours of services to which an individual is entitled; and
- Periodic review of progress, or reauthorization of services.

As part of the CLASS Plan, elements for the required eligibility assessment system with corresponding benefit levels will need to be defined such that they comply with the benefit triggers described in the legislation. The elements that states use, as described above, are very informative for the development of this system.

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