



Functional Assessment Standardized Items (FASI): Steps Toward Adoption

February 18, 2021
2:00–3:00pm EST

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Today's session is being moderated by Heather Johnson from The Lewin Group. The session is also being recorded. The archived recording is available upon request from HCBSMeasures@Lewin.com. Today's slides are available to download directly from the platform.

Webinar Logistics

- You can connect to the audio portion of today's webinar using your phone or computer.
 - Click the dropdown arrow next to the phone icon to choose your audio connection method
- Please use the Q&A feature to ask questions or make comments throughout today's presentation.
 - Our moderator will respond to your questions and send out important messages in the Q&A box.
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- We will ask you to complete a short feedback survey at the end, which will appear automatically on your screen directly following the event.

Welcome and Introductions

Heather Johnson, The Lewin Group

Agenda

2:00-2:05pm	Welcome and Webinar Logistics	Heather Johnson
2:05-2:25pm	<ul style="list-style-type: none">- FASI Overview- Information Systems/Interoperability- FASI Considerations- Stakeholder Engagement- Training	Ken Harwood Ken Harwood Heather Johnson Heather Johnson Heather Johnson
2:25-2:45pm	FASI Early Adopter: Oregon	Fred Jabin
2:45-2:53pm	Q&A	All
2:53-3:00pm	Helpful Resources Next Webinar Focus: Interoperability Systems Mapping	Heather Johnson Kathleen Woodward

Today's Presenters



Heather Johnson, MSW, MPH
Managing Consultant
The Lewin Group



Fred Jabin
Assessment Unit Manager
Oregon Office of Developmental
Disability Services



Ken Harwood, PT, PhD, FAPTA
Professor and Dean, Malek
School of Health Professions
Marymount University



Kathleen Woodward, MSPH
Senior Consultant
The Lewin Group

Learning Objectives

1

Identify concrete steps to FASI adoption

2

Understand the process states use for FASI adoption, including how one state, Oregon, made that decision

3

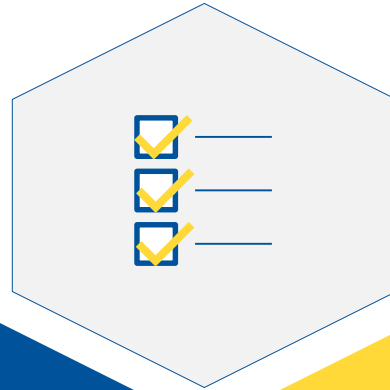
Understand the resources and TA available to FASI adopters and how to access this support

Steps Toward FASI Adoption

Ken Harwood, Marymount University
Heather Johnson, The Lewin Group

What is FASI?

**Person-centered,
standardized item set**



**Identifies personal priorities
for functioning**



**Assesses for functional status
and need for assistance in
daily activities**



Align and standardize core HCBS functional assessment items with corresponding items within Medicare and Medicaid programs



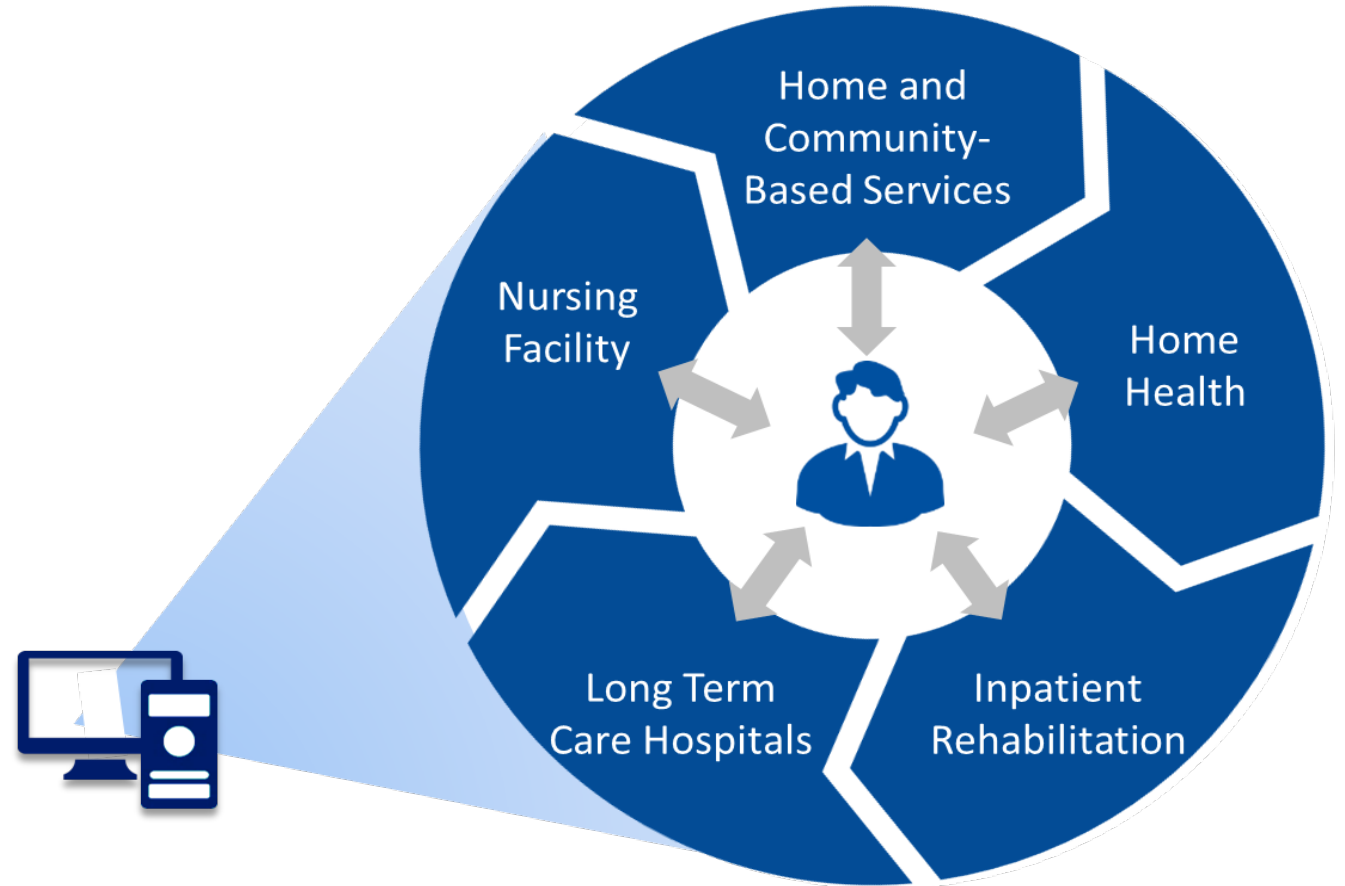
Utilize FASI within the CMS Data Element Library (DEL)



Receive National Quality Forum (NQF) endorsement of related FASI performance measures

Why Standardize LTSS Assessment Items and Measures?

- It harmonizes data elements and allows standardized information capture with other Medicare and Medicaid sponsored post acute care assessment items
- It can align person-centered data across all sources and requirements
- It allows data to follow the individual
- It enables electronic exchange of HCBS data across the continuum of care



FASI and Interoperability

Supports real-time understanding of a person's functional assistance needs

Aligns with other assessment items in other functional assessments (e.g., MDS-3.0, OASIS)

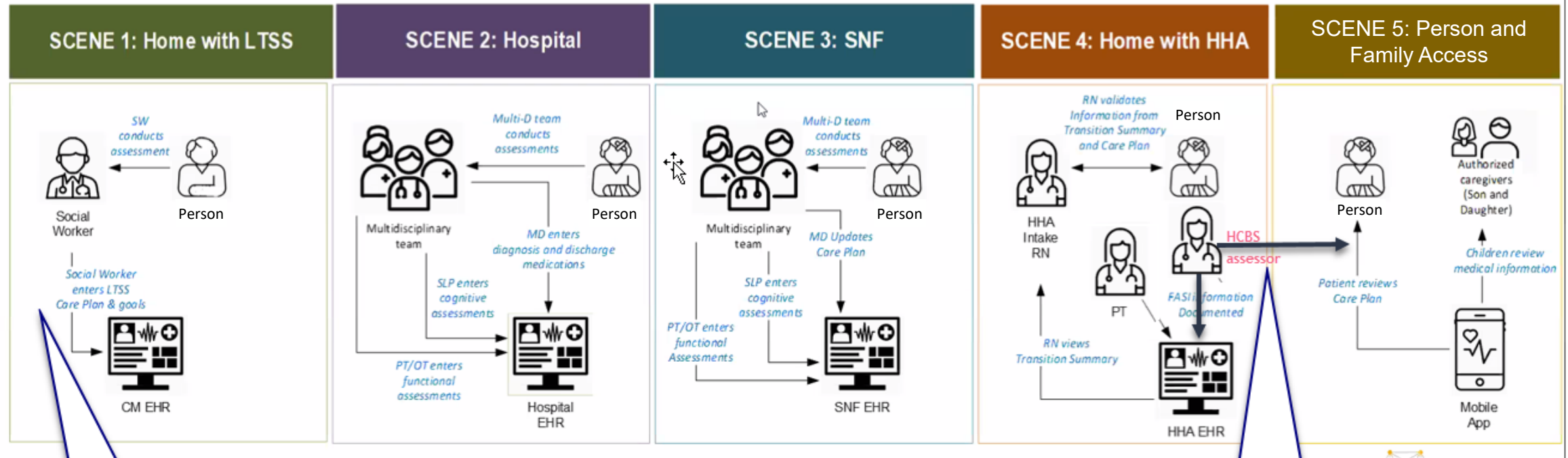
All updates are included and present an important historical picture of the person as they transition across the continuum of care

Care coordination enhanced by on-demand access to important patient functional status and service plan information

HCBS care managers able to access mobile app for timely information on acute and post-acute episodes

Person, family, and caregivers able to follow consistent information across their care in support of critical informed decision-making

Use Case: FASI and Interoperability

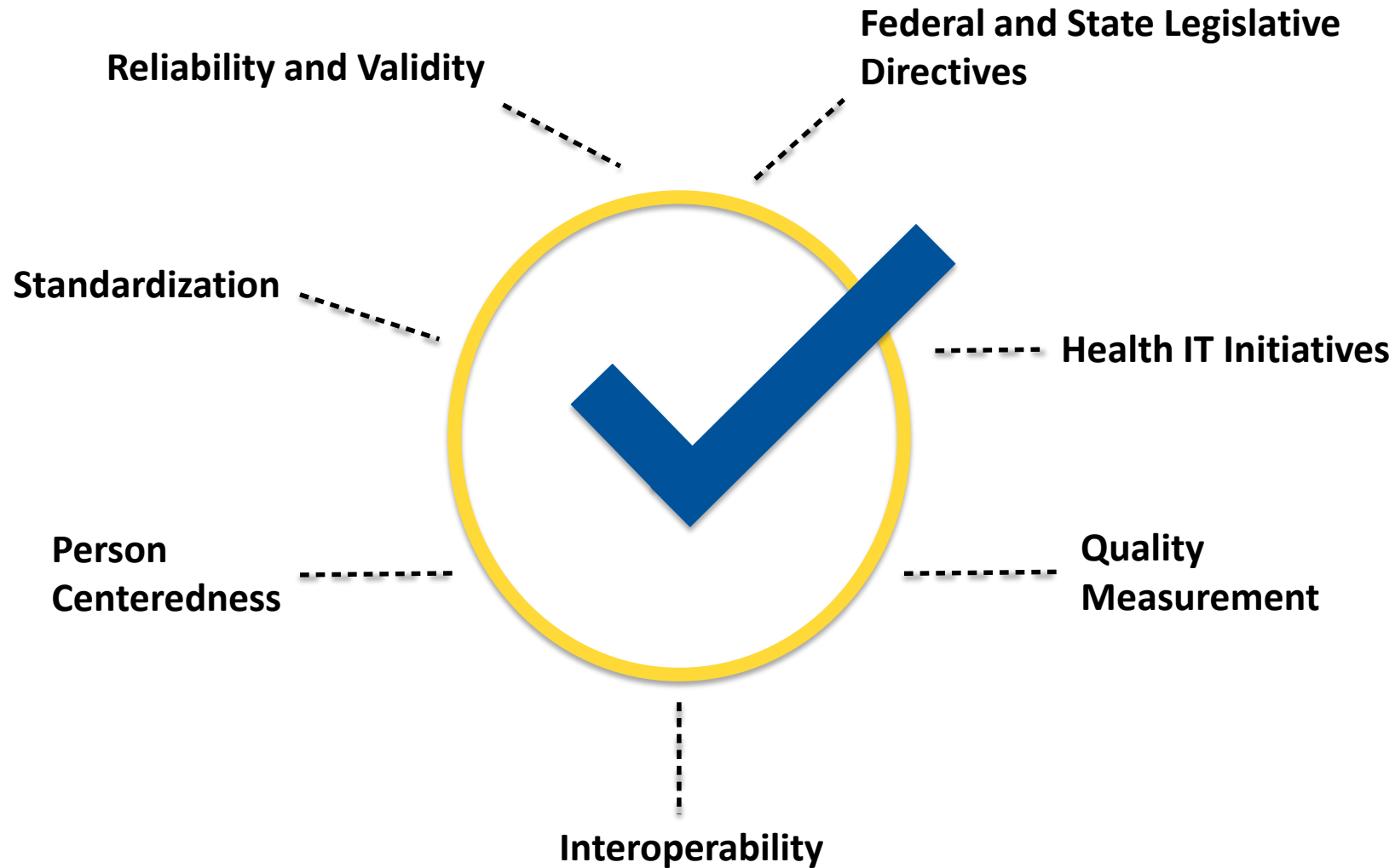


This could include FASI, which would be entered into CM EHR and available for Scene 2 upon hospital admission.

HCBS Assessor conducts level of care assessment including FASI. New service plan developed. FASI items available for sharing with other systems. HCBS service plan also available to person and family via mobile app.

Source: PACIO Use Case Example

Selection of FASI: Key Considerations



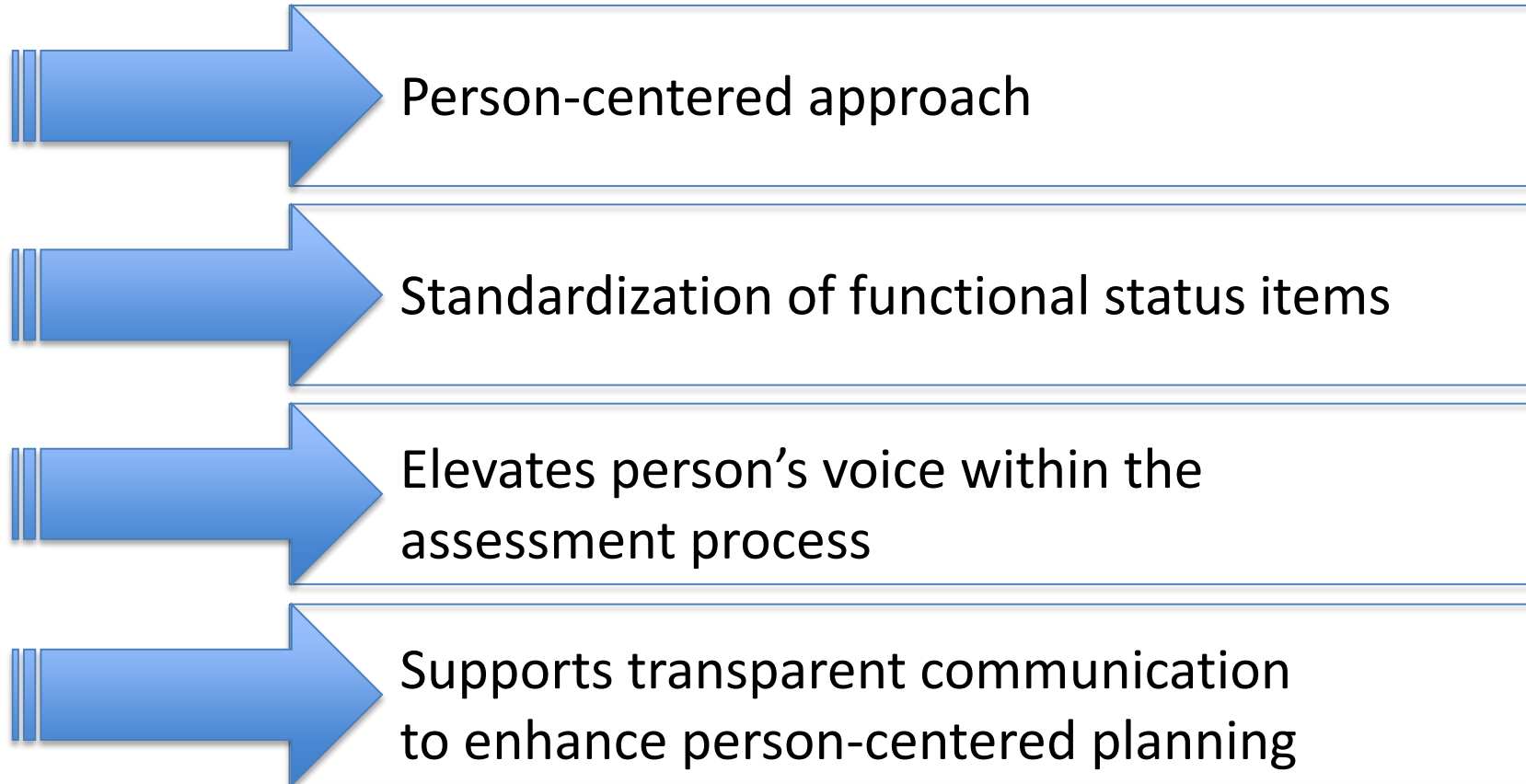
Stakeholder Engagement: Key Participants

- Stakeholder* engagement plays a vital role in the successful implementation of new practices
- States continuously engage and collaborate with a wide range of HCBS organizations, groups, and individuals who have an investment in comprehensive assessments that are used for eligibility determination and service planning. Typical FASI stakeholders include:

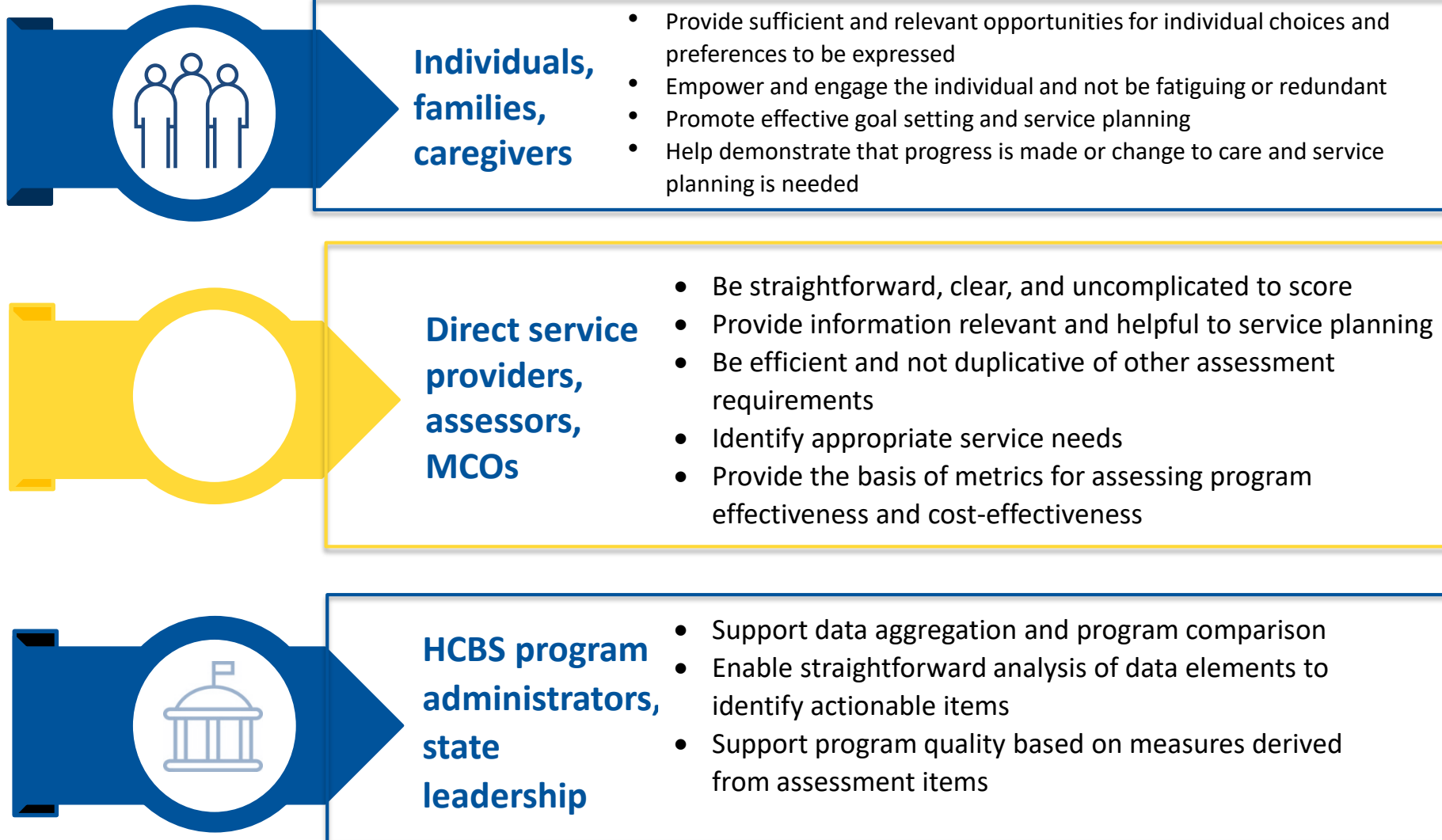
Persons using HCBS and their family and caregivers	Advocacy organizations (e.g., legal aid, disability and elder rights organizations)
Direct service providers, assessors, case managers	Community organizations and service providers (e.g., Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), Aging & Disability Resource Centers (ADRCs)
State program administrators who manage HCBS waiver and other service programs and budgets	Healthcare providers (e.g., home health agencies, hospitals, nursing facilities, post-acute care providers)
Insurers and managed care organizations (MCOs)	State legislators

* Any individual or group that is involved in or affected by a course of action

Stakeholder Engagement: Build Value Propositions



Stakeholder Engagement: Value Proposition Examples



FASI Training Considerations

- There are no mandatory training requirements for FASI
- FASI may be completed by a variety of assessors from different backgrounds
- FASI does not currently have a formalized training curriculum but states adopting FASI are building training to include how to use FASI
 - For example, Colorado developed a detailed training curriculum that includes a user manual on how to ask FASI items and definitions of each of the responses. They also included examples for assessors to understand what the best response may be based upon the person's functional needs
- Consider:
 - Who needs to be trained?
 - Do you already have a training curricula for your current assessment?
 - How easy will it be to add training on FASI items to your existing training?

Oregon's FASl Adoption Experience

Fred Jabin, Oregon Office of Developmental Disability Services

WHY WAS THE OREGON NEEDS ASSESSMENT (ONA) DEVELOPED?

- CMS required that everyone receiving I/DD services receive an annual functional needs assessment
- Oregon legislature required that ODDS (Oregon Developmental Disabilities Services) use a single assessment tool for all services



CURRENT ASSESSMENT TOOLS

Supports Intensity Scale (SIS)

- Used for group homes, vocational services

Support Needs Assessment Profile (SNAP)

- Used for Foster care homes

Adult Needs Assessment (ANA)

- Used for adult's in-home services

Child's Needs Assessment (CNA)

- Used for children's in-home services



STAKEHOLDER INPUT

Stakeholders did a national search and narrowed it to four assessment tools:

- But eventually rejected all the tools
- ODDS decided to adapt the Adult Needs Assessment/Children's Needs Assessment (ANA/CNA) to be used for all service elements



BACK TO THE DRAWING BOARD

- ODDS determined that it would adapt the ANA/CNA tools to be used for all the service elements

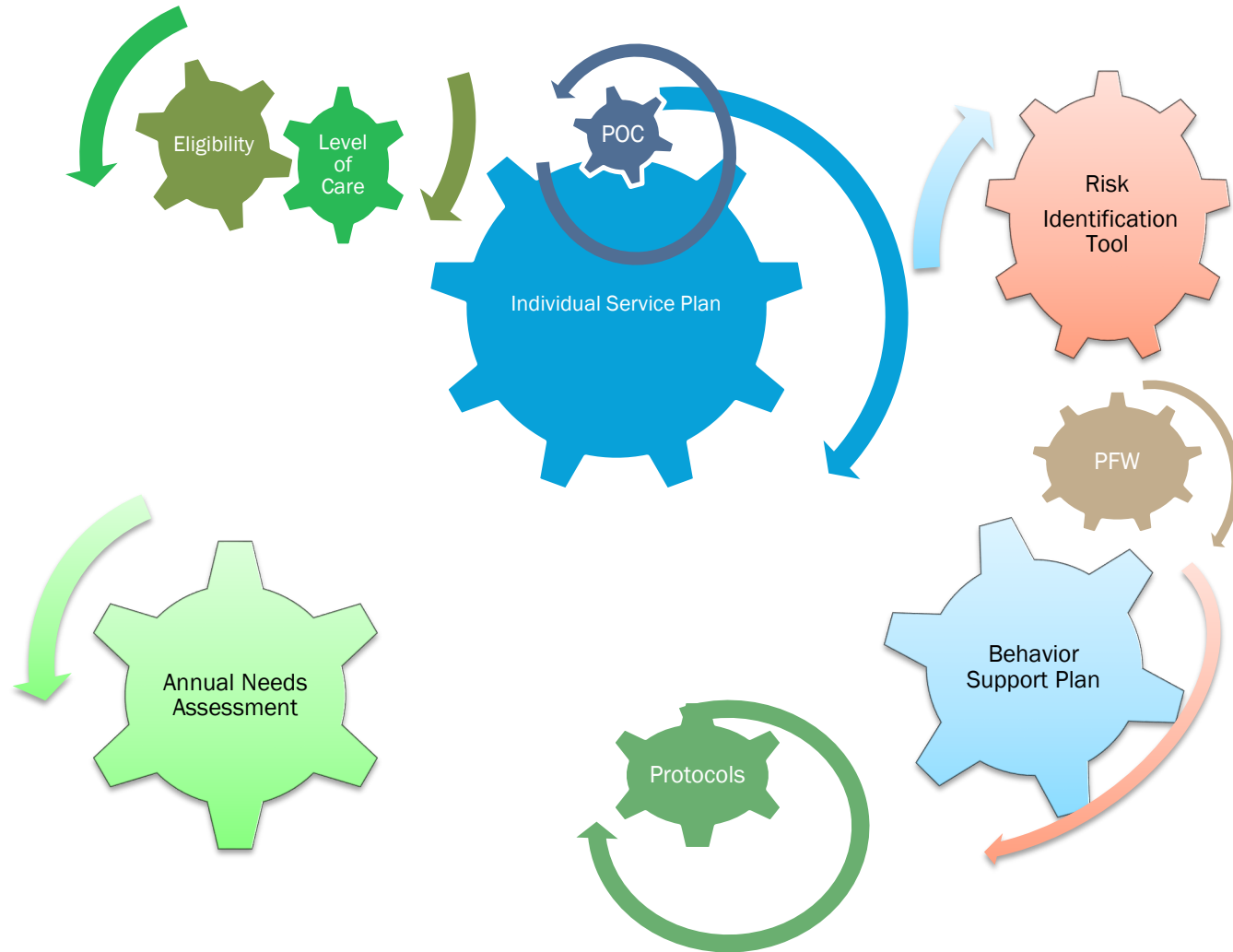


ANA/CNA NEEDED REVISIONS


- ODDS knew that there were some items in the ANA/CNA that weren't reliable or valid
- ODDS held focus groups around the state to determine what stakeholders wanted changed in the ANA/CNA




CONSUMER VIEW



TOP REQUESTS FOR THE ASSESSMENT PROCESS

1. Avoid Duplication
 2. Get rid of repetitive answers
 3. Don't make us do the same thing over and over again
 4. No need to reproduce similar responses
 5. Remove repetition
 6. Take out redundancy
 7. Reiteration isn't necessary
- 

COMMON ISSUES AND CONCERNS

- Person Centered
 - Avoid Duplication
 - Simple to Use/Easy to Understand
 - Covers the Needs
 - Useful to Service Planning
 - Meets State and Federal Requirements
- 

HOPEFUL GOALS

- Free up time for Services Coordinators and Personal Agents.
- Less Probing of individual who receive services
- More accurate capturing of support needs
- Smoother more streamlined process



THREE TOOLS

Copy of ANA_Adult_In-home.xls [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

O7 f6

A B C D E F G H I J K L M N O P Q R S

1 **Adult In-Home Support Needs Assessment**

2

3 (Legal Name) _____ Date of Birth _____ Age _____

4 Name of Individual _____ Height _____ Weight _____

5 Prime # _____ Gender _____

6 Did the individual participate in the _____

7 Assessment Type Annual _____ Date of Assessment _____

8 CDDP Services Coordinator or Brokerage Personal Agent _____ CDDP County or Brokerage _____ Phone _____

9 Assessor's Name Fred Jabin _____ Phone 503-363-0762

10 Name of Assessment Participants _____ Relationship to Individual _____ Phone _____

11 1. _____

12 2. _____

13 3. _____

14 4. _____

15 5. _____

16 6. _____

17 Start Time _____

18 Print Summary of the In-Home Care Assessment

19 Print the In-Home Care Hours Summary

20 Print the Entire In-Home Care Assessment

Print Blank Assessment

Save Assessment to a New Document

Reset Assessment

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Name: _____ Date of birth: - -

Level of Care Assessment
(To be completed by SC/PA/CM) after file review and during or after face-to-face review; must be reviewed annually within 12 months.
See instructions for further details.

Level of Care Assessment

Vision function with correction, if needed (check one):
☐ 1 full vision ☐ 2 difficulty at level of print ☐ 3 difficulty with obstacles ☐ 4 blind
☐ other: _____

Hearing function with correction, if needed (check one):
☐ 1 full hearing ☐ 2 difficulty at level of communication ☐ 3 difficulty with alarm sounds ☐ 4 deaf
☐ comments: _____

Self care (check one):
☐ 1 no assists needed ☐ 2 occasional assists needed ☐ 3 daily assists needed
☐ 4 frequent assists needed ☐ 5 total assists needed
☐ comments: _____

Personal mobility status (check one):
☐ 1 no assists needed for mobility
☐ 2 occasional assists needed for mobility but mobile
☐ 3 adaptive equipment but no assists needed for mobility
☐ 4 adaptive equipment needed and some assists needed for mobility - Needs assistance
☐ 5 adaptive equipment needed and full assists needed for mobility
☐ comments: _____

Communication—Expressive (check all that apply):
☐ 1 speech easily understood ☐ 2 speech difficult to understand
☐ 3 uses sign language ☐ 4 uses gestures and/or some signs
☐ 5 uses alternative communication device ☐ 6 has no functional communication
☐ Comments: _____

Communication—Receptive (check all that apply):
☐ 1 other's speech easily understood ☐ 2 other's speech difficult to understand
☐ 3 can understand sign language ☐ 4 can understand gestures and/or some signs
☐ 5 can understand others using alternative communication device
☐ 6 has no functional understanding of communication
☐ comments: _____

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2-Risk Identification Tool FINAL.pdf - Adobe Reader

File Edit View Window Help

Risk Identification Tool

Person's legal name: _____ Date of last update: _____

HEALTH AND MEDICAL ☐ No risk identified in this section (skip to next section)

1. Aspiration (check all that apply)

☐ a. Diagnosis of dysphagia, or has been identified to be at risk for Aspiration by a qualified medical professional

☐ b. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica

☐ c. Has a feeding tube

☐ d. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration

☐ e. Complaints of chest pain, heartburn, or have small, frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet) and the physician has identified the person at risk of Aspiration

☐ f. Someone else puts food, fluids, or medications into this person's mouth

If the person experiences any of the following symptoms, a current evaluation by a qualified professional is required to determine if the person is at risk of Aspiration. (Check all that apply)

☐ g. Food or fluid regularly falls out of this person's mouth

☐ h. Coughs or chokes while eating or drinking (more than occasionally)

☐ i. Drools excessively

☐ j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication

☐ k. Regularly refuses food or liquid (or refuse certain food/liquid textures)

☐ l. Needs his/her fluids thickened and/or food texture modified

☐ m. Eats or drinks too rapidly

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (see comments)

Yes Possible No History

Comments: _____

Person receiving services: _____ Date of last update: _____

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SIDE BY SIDE COMPARISON

Risk Identification Tool	Adult Needs Assessment	Level Of Care
Enters into contracts that he/she may not be able to complete	Shopping and Money management	Independently manages finances to ensure basic necessities are met?
Unsafe medication management	Medication Management Supports	Medical management
Significant risk of exploitation	Safety	Will take action to protect self from threatening acts or gestures?
Self-Injury	Behavior Supports -- Formal Plan	Observed behavior support needs

NEXT STEPS

- Combined all items into one large spreadsheet.
- Returned to stakeholders for additional input

**“It is too long, and you missed _____
And you should add it”**



RELIABILITY AND VALIDITY TESTING

- ODDS contracted with Mission Analytics
- MA determined that many of the items were unlikely to meet reliability and validity the way they were written
- Suggested using FASI items that had similar intent when available and used items from other tools if there weren't FASI items



STAKEHOLDER REVIEW

- Stakeholders didn't think the 3-day look back was a good fit for our services
- Items were changed to consider supports needed over the previous 30 days



THREE COMPONENTS

1. Documentation review
2. Face-to-face observation of the individual
3. Interview with individual and those they invite



PILOTING THE ONA

ONA was tested using Inter-rater reliability


Focus groups of ONA participants were interviewed and items cut



FASI ITEMS USED

Eating Oral Hygiene Toileting hygiene Shower/Bathe self Upper Body Dressing Lower Body Dressing Putting on/Taking off Roll left to Right Sit to Stand Chair/bed to chair transfer Toilet transfer Car transfer	Does the person walk? Walks 150 feet 1 step curb 12 steps Wheels 150 feet Light shopping Medication mgmt. Oral Medication mgmt. inhalant Medication mgmt. Injectaable	<u>Adapted items from FASI</u> Does the person use a W/C? Makes a light meal Housework Money management
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TRAINING

- ONA assessors attend a 2-day training to receive a certification to conduct ONAs.
 - ONA assessors are also required to attend quarterly trainings (usually 4 hours) that address changes, error trends, and facilitation techniques.
 - ONA assessors have a monthly call ins to address additional issues and ask questions
 - ONA assessors are assigned a Quality Assurance & Training (QAT) staff who can help them with difficult coding decisions.
- 

QUALITY ASSURANCE

- Assessments are processed through a “flagging tool” that flags items that show possible inconsistencies in the ONA.
QATs review flagged ONAs and make recommendations about needed changes to assessors.
- Assessors will be required to have a QAT review them conducting an ONA annually and will receive a certification to continue conducting ONAs if they meet coding requirements.

SERVICE GROUPS

Adult 18+		Adolescent 12 – 17		Child 4 – 11	Infant/Toddler 0 – 3
1	Very Low	1	Very Low	3	5 5(b) 5(m) Infant/Toddler Supports
2	Low	2	Low		
3	Moderate	3	Moderate	4	
4	High	4	High		
5 5(b) 5(m)	Very High	5 5(b) 5(m)	Very High	5 5(b) 5(m)	
				High to Very High	

EXCEPTIONS


An exception process is available for those whose Service Group does not meet their support needs.



AUTOMATED SYSTEM



LESSONS LEARNED

- It is very difficult to find objective criteria to determine support needs for human beings with diverse issues in a person-centered manner
 - Flexibility and the ability to use professional judgment for outliers is key
 - The funding algorithm should be considered at the same time the items and coding are chosen
 - Don't have an international pandemic during the final steps of implementation
- 

Comments and Questions

Please type into the Q&A box to “Presenters”

Helpful Resources and Next Event Thinking

Heather Johnson, The Lewin Group

Kathleen Woodward, The Lewin Group

Helpful Websites

CMS Data Element Library: <https://del.cms.gov/DELWeb/pubHome>

FASI V1.1.: <https://del.cms.gov/DELWeb/pubDataEleAsmtInstrRpt?asmtId=1&asmtVrsnId=1.1>

Electronic Long Term Services and Supports (eLTSS):

<https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>

Post-Acute Care Interoperability Project (PACIO):

<https://confluence.hl7.org/display/PC/PACIO+Project+Functional+Status>

Testing Experience & Functional Tools (TEFT) Demonstration:

<https://www.medicaid.gov/medicaid/long-term-services-supports/testing-experience-functional-tools/index.html>

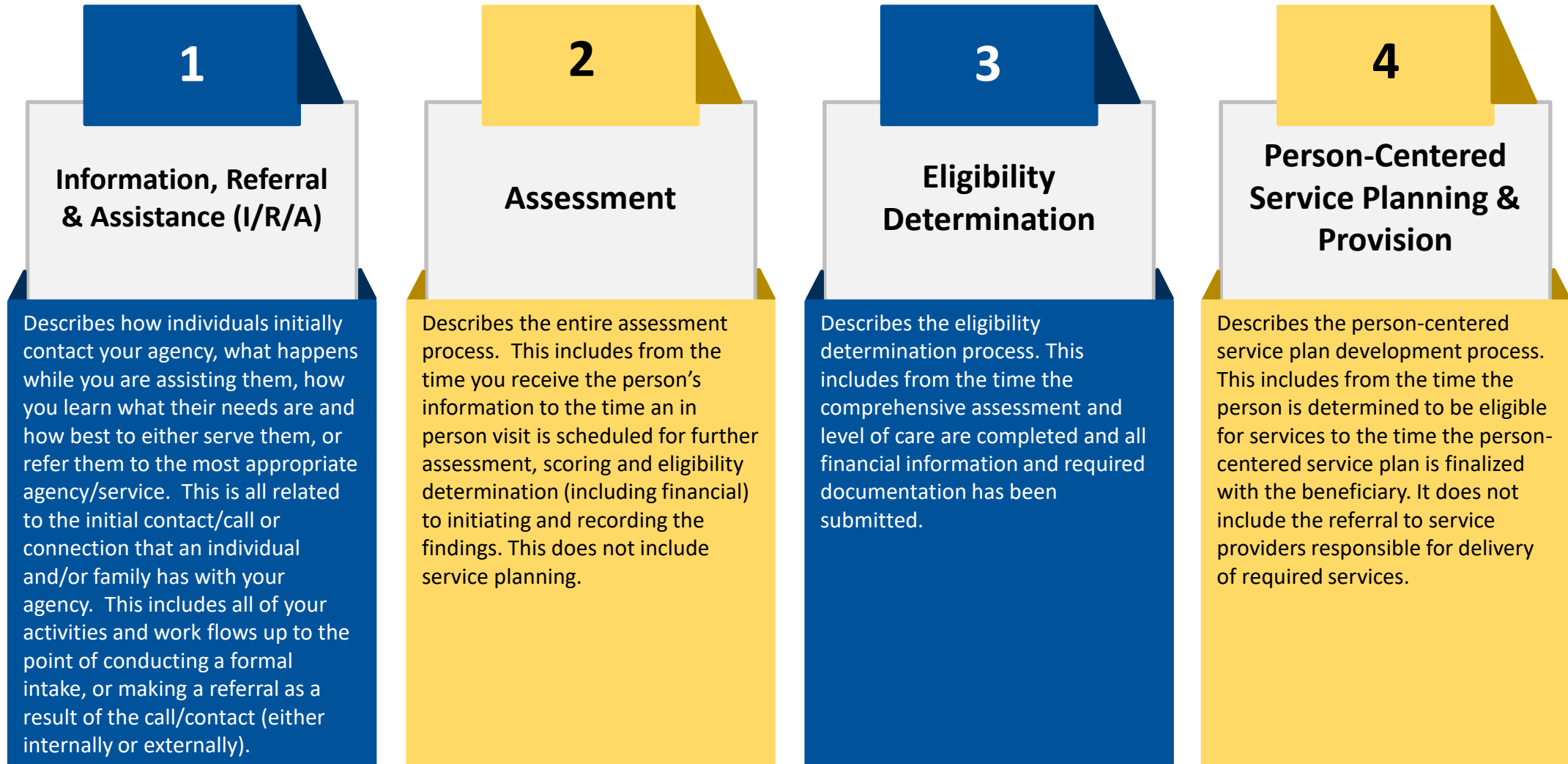
Frequently Asked Questions

FASI Systems Map

- Each state has a unique set of information technology (IT) systems, processes for eligibility, service planning and case management, as well as its own services list and provider network
- A current or “as is” HCBS systems map is presented as a general view pre-FASI adoption, as experienced by the Testing Experience and Functional Tools (TEFT) demonstration states between 2014 – 2018
- A future or “to be” HCBS systems map is presented as a general view post-FASI adoption for states working to reconfigure operational work flows using FASI as part of overall HCBS assessment and service planning design

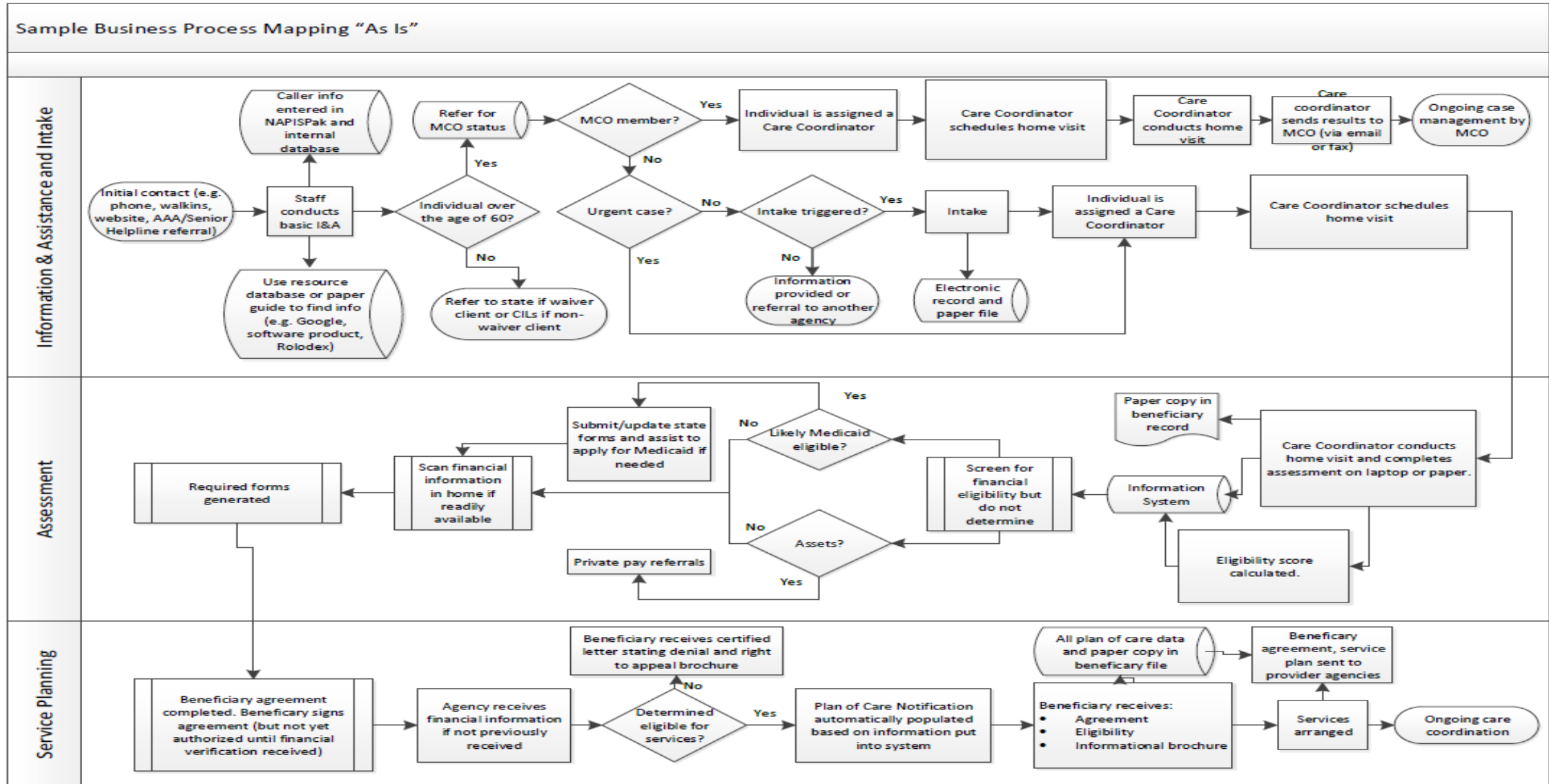
FASI Systems Map: Consider Creating an Inventory

FASI Business Process Mapping Inventory*



* Please note this is a selection of key business process mapping inventory steps. A full set of steps is included as a supplemental resource.

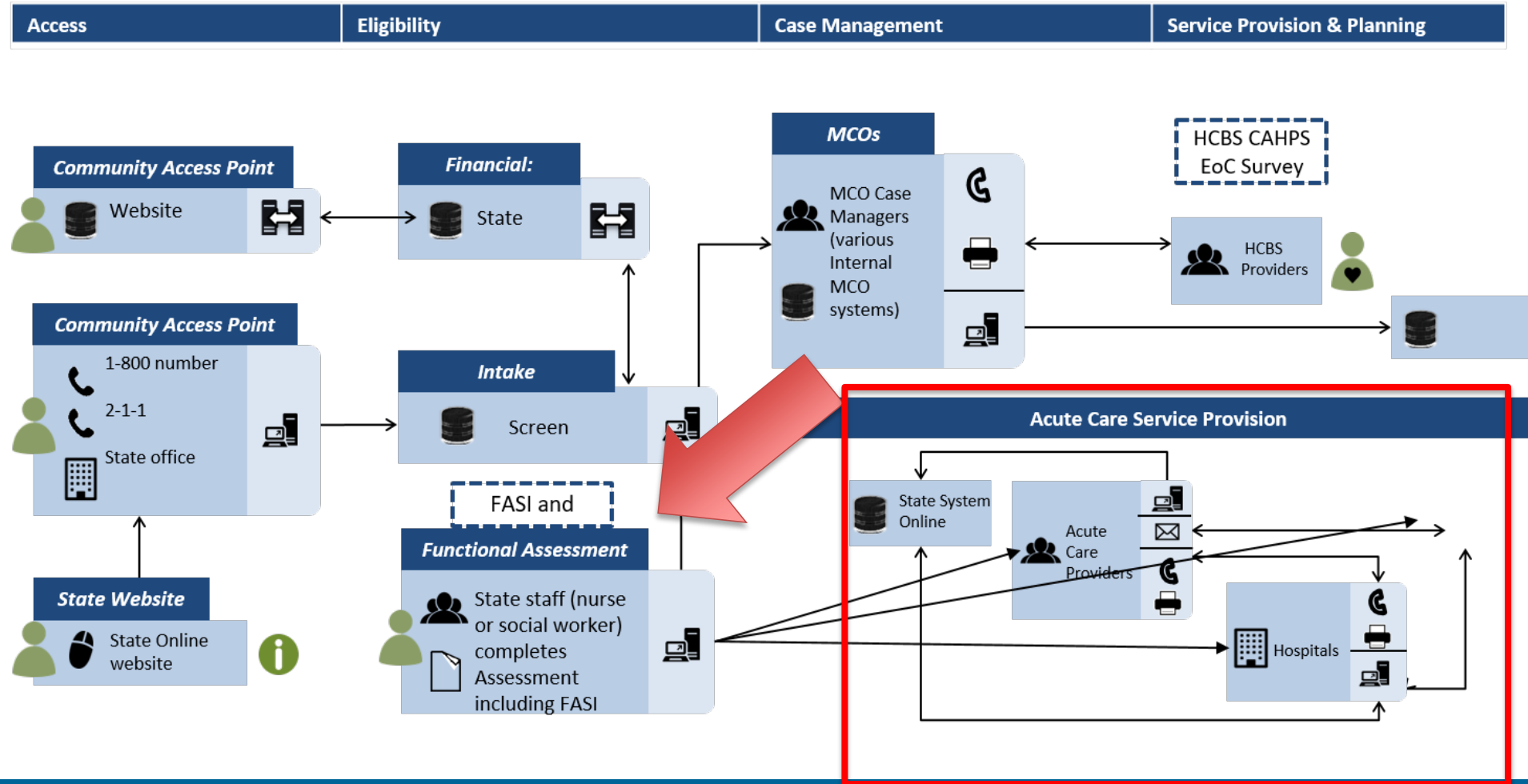
FASI “As Is” Systems Map



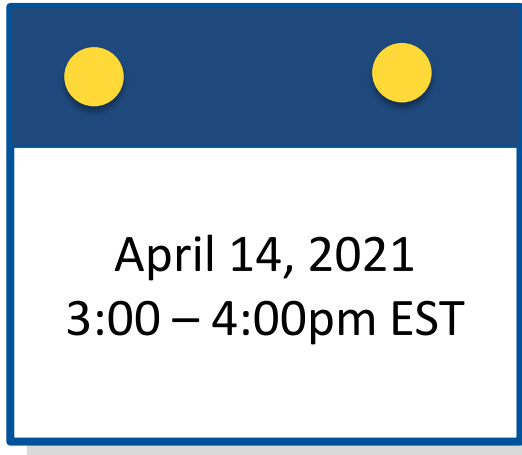
FASI “To Be” Systems Map

Sample State “To Be”

HCBS and FASI Systems Map



Future Learning Opportunities



FASI Early Adoption Work Group
Register [here](#)

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<https://app.smartsheet.com/b/form/32b48be3da904615aacc344e57c96f9c>
- For questions and TA related to FASI, please email HCBSMeasures@lewin.com