The DLA-20 – Finally... a Useful Functional Assessment

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Focus on Functioning: Better Compliance & Outcomes

- State and federal funding agencies have changed laws and standards that affect funding
- How can we comply with state/federal regulations when billing Medical Assistance, Medicare or a 3rd Party Payer?
  - Establish medical necessity
  - Make rehabilitation your treatment goal and outcomes measurable
- Both requirements can be addressed if you focus on client assessed needs:
  - Having the right tools makes it easier
  - Measure impact of symptom severity on ADLs: Mild, Moderate, Severe, Extremely Severe
  - Tie assessed needs to objectives!

Medical Necessity & Rehabilitation

- Appropriately qualified practitioner identifies & targets clinically appropriate services and interventions at appropriate intensity and duration
- As directed by an Individualized Service Plan
- Designed to improve functioning and symptoms or prevent their worsening
- As based upon assessed needs and an approved diagnosis.

Source: Bill Schmelter, Ph.D. MTM Team Consultant
Tracer Model of Review from an Auditor’s Perspective

Functional Assessment Wants

- State and program administrators:
  - Academic, clinical and behavioral health assessments that justify rehabilitative services and support individual recovery.
- Providers:
  - Assessment tools that drive decisions on effective treatment options and help determine goals.
  - Decisions about how to address serious symptoms and impaired Levels of Functioning require specific Levels of Care that are evidence-based and tied to lengths of stay that can be routinely reviewed to ensure progress toward outcomes.

The DLA-20 Functional Assessment
The Daily Living Activities-20 (DLA-20)

- Developed by Willa Presmanes, M.Ed., M.A.
  - MA in Community & Organizational Psychology, Statistics
  - M.Ed. in Counseling Psychology
- JCAHO confirmed face validity (1998)
- CARF currently lists the tool for approved use
- SEMHMR awarded the DD/MR (for moderate-severe diagnoses) version as valid outcomes (2002)
- The National Council has supported implementation for over 13 years.
- Specifically pointed out by Linda Rosenberg during her opening keynote at NATCON 2017!
- Approved by DHS to be used as the FA for CCBHCs in Minnesota

The DLA-20

- Identifies medically necessary data: current and co-occurring symptoms – Level of Functioning.
- Reliably identifies daily living and primary health problems, stresses.
- Accurately targets treatment interventions in appropriate levels of care.
- Records data for prescribing medications.
- Useful for measuring change over repeated measures, and is time-sensitive.
- Valid for reporting outcomes to individuals, providers, payers and administrators.

How Does It Work?
Discussing, Anchoring & Scoring

How it Works....

- 25-30 minute, one page summary functional assessment
- Designed to be an objective tool for use by trained direct-care staff
- 20 specific daily living activities where clients may demonstrate various impairments
  - Nutrition, money, hygiene, productivity
- Level of impairment for each type of activity is rated on a 7-point scale (1-7)
  - Lower numbers indicate more severe impairment
  - A "7" indicates a complete absence of impairment for that activity
- Measures are monitored for change over time – repeat administrations every 3-6 months.

Scoring the DLA-20

- For each of the 20 daily living activities, you will assign a score (1-7) that reflects the client’s LOF for past 30 days.
  - It is a “snapshot” of the past month of your client’s life, based on the general population – not caseload or others with same disorders.
- Scoring Functional STRENGTHS
  - A strength means that, compared to the rest of the population, client’s functioning is within normal limits
    - Score these activities as 5, 6, or 7
- Scoring Functional CHALLENGES
  - A weakness means that, compared to the rest of the population, client’s functioning is impaired and not within normal limits
    - Score these activities as 1, 2, 3, or 4
- Use the Benchmark Anchors
### Scoring the DLA-20

- **Must address at least 15 items. All 20 are always applicable.**
- The score is not necessarily correlated with the client’s self-reported functioning—YOU have the anchors, the answer sheet: trust your own assessment of data described in anchors defining strengths & weaknesses.

### Pay Attention to integrated DLA Health-Care Issues in RED (e.g., scores <= 3)

1. Health Practices (mental, physical)
2. Housing Stability, Maintenance
3. Communication (mental status)
4. Safety (suicidal, homicidal)
5. Managing Time
6. Managing Money
7. Nutrition
8. Better Problem Solving Around Signs, Symptoms
9. Family Relationships
10. Alcohol/Drug Use
11. Leisure
12. Community Resources
13. Social Network
14. Sexual Health
15. Productivity
16. Coping Skills
17. Behavior Norms
18. Personal Hygiene (inability to care for basic self-care, grooming)
19. Grooming
20. Dress

### DLA-20 – 1. Health Practices

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Practices</td>
</tr>
<tr>
<td>- Rate Health Practices: 1 = No/Minimal, 2 = Moderate, 3 = Severe</td>
</tr>
<tr>
<td>- DLA-20: - 1 = Health Practices: Rate/Summation</td>
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</tbody>
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Tracking Progress

Looking Good!!!

Ready to Discuss Discharge!

DLA-20 to Minnesota’s Functional Assessment Cross-Walk

Minnesota’s Functional Assessment to DLA-20 Cross-Walk

Daily Living Activities (DLA-20) Progress Tracking

Composite Score vs. Service Date

Quickly identifies areas in need of attention...

...and areas of strength.

DFLAF

*Added Category along with Interpretive Summary
Tying It All Together

The Golden Thread

The Golden Thread (continued)

Treatment Plans are a **SNAP**: Strengths, Needs, Assets, Priorities

- **STRENGTHS**
  - Pull golden thread for all DLAs >=5
  
- **Assessed NEEDS**:
  - Pull golden thread for all DLAs <=4

- **ASSETS**/Examples:
  - Independent, safe housing
  - Independent income
  - Working or Productive
  - Supportive family
  - No Alcohol/Drugs/Cigarettes

- **PRIORITIES**:
  - What challenge is the individual willing to work on? Pull golden thread for DLAs<=2 or lowest scores and add comments

The Golden Thread (continued)

Linkages through 3 Key Documents

- Linkages must be clear between serious symptoms that impact daily living and assessed needs that focus on improving symptoms and functioning in 3 key documents.
  
  - This is called pulling the “Golden Thread” from the Diagnostic Assessment (1) through to the individualized treatment plan (2) and finally to the progress notes (3)

Diagnostic Assessment

Treatment Plan

Progress Notes/Review

Describing signs and symptoms associated with diagnosis is not sufficient; must also describe specific functional impairments.

Symptom-based plans are not enough; must include functional-based treatment goals.

Progress reviews cannot be purely subjective; must document specific and measurable improvements in functioning.

Service Planning

**Goals**

- **Definition:**
  - A Goal is a general statement of outcome related to an identified need in the clinical assessment.
  - A goal statement takes a particular identified need and answers the question, "What do we (clinician and client) want the outcome of our work together to be, as we address this identified need?"

Compliant MH Goals that need measurable objectives

- I want the voices to go away
- Decrease use of substances
- Manage mental health and avoid hospitalizations
- Reduce anxiety, social phobia, clear criminal record
- Be able to cope with stress (i.e., signs & symptoms)
- Client will have less depression, more energy
- Client will report fewer hallucinations, delusions
Service Planning: From Goals... Come Specific Objectives

- Objectives are observable & measurable (changes in symptoms, behaviors, functioning, skill, knowledge, support level, etc.) that relate to achievement of the goal, and are expected to result from planned interventions.

- The assessment should identify the baseline levels of symptoms, functional/skill deficits and behaviors that constitute the basis for the identified needs. Objectives are stated changes in these baselines.

Bill Schmelter PhD, Senior Clinical Consultant
MTM Services & The National Council for Behavioral Health

Outcomes & Measures
Do They Matter, What Do They Mean?

Dot: A Case Study

- Nationwide DLA-20 Case Study
  - Studied effectiveness of DLA-20 trainings
  - Case Study presented a client case study as a pretest and posttest
- Pretest given using only GAF criteria
  - Pretest Average of 36 with a range of 26-46
- Trained on the DLA-20
- Posttest given using DLA-20 and anchors
  - Posttest Average of 25 with a range of 23-28

What Outcomes can be Expected?

10 programs in 10 states (n=186) saw statistically significant change scores. © Willa S. Presmanes, MTM Services

SCHRC’s Progress

- Initial 1.5 years after implementation of DLA-20
  - Overall improvement in functioning of 4.05%
  - 55.4% of clients demonstrated an overall improvement
  - Showed improvement in 19 domains, with 1 domain (Family Relationships) remaining unchanged
- October 1, 2017 through September 30, 2018
  - Overall improvement in functioning of 5.08%
  - 60.98% of clients demonstrating an overall improvement
  - Showed an improvement in 19 domains, with 1 domain (Sexuality) decreasing 11 points – a 1.02% change.
Why Measure Progress?

• Measure or Perish
• Outcomes Drive the Value Equation

Value-Based Purchasing

• Value-based purchasing is part of Health Care Reform.
• We need to demonstrate that the use of outcome measures (for example, PHQ-9, DLA-20, etc.) increases the quality of care and demonstrates cost effectiveness.

Outcome Measurement Tools

Teams improve and excel by tracking progress
• PHQ-9 – Depression
• GAD-7 – Anxiety
• CAGE-AID – Substance Abuse
• AUDIT & AUDIT-C – Substance Abuse
• DLA-20

The Triple Aim

- Reduce per capita health care costs
- Improve the individual’s experience
- Improve the healthcare of the general population

The DLA-20 has shown that outcomes measurement and monitoring help people with mental illness manage their treatment, which reduces the need for specialized, high-cost services.”

Linda Rosenberg, President & CEO
National Council for Behavioral Health

Operationalizing Health Reform, 2013

CCBHC

Certified Community Behavioral Health Clinics
• 1 of only 8 states in the country in a federal demonstration project
• July 1, 2017 through June 30, 2019
• Redeveloping Community Mental Health Centers into Integrated Care Clinics
CCBHC

- Demonstrating a cost-based per diem rate for behavioral health services
- Demonstrating an integrated model of care that includes:
  - Care coordination
  - Progressive assessment process
  - Integrated assessment and treatment planning
  - Primary Care screenings

CCBHC in MN

- 6 CCBHCs
- 29 service locations
- 18 counties

CCBHC in MN

- In Minnesota, demonstrating services that include:
  - Initial Evaluation and Comprehensive Evaluation
  - Integrated Treatment Plan
  - Expanding Functional Assessment beyond just rehab services (ARMHS/CTSS)
  - Testing the DLA-20 (with a narrative summary) for Functional Assessment for adults

DLA-20 in CCBHC

Early comments:
- Can track progress
- Can show clients a graph of quantitative progress
- Clarity for staff
- Can be used as a structure for treatment planning

DLA-20 at DHS

- The DLA-20 satisfies the statutory requirement for Functional Assessment
- Testing the use of the DLA-20 for functional assessment for adults in CCBHC
- Will be gathering data to:
  - Measure efficacy of tool
  - Measure outcomes for persons served
- Will analyze data and consider allowing use of DLA-20 beyond CCBHC

Conclusion
Trends for the Future

- Accountability
  - By measuring outcomes and cost
- Payment Reform
  - Incentivizing value and not volume
- Care coordination
  - Manage chronic conditions
- Health Information Technology
  - EMR, HIE and dashboards
- Provider and health plan roles
  - Changing

Benefits of Measuring with the DLA-20

- Consistent
  - Different people rate the same client similarly over same period
- Sensitive
  - Not all patients with the same illness will be rated similarly
- Relevant
  - Ratings guide treatment focus
- Service-driven
  - Ratings determine amount of appropriate services/levels of care
- Outcome-driven
  - Document true improvements over time with repeated measures

CAVEAT

This marks the end of this session, please remember you are not certified to use the DLA-20. If you are interested, I would be happy to provide contact information.

Questions

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