

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

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2018 MARRCH ANNUAL CONFERENCE

CAVEAT

This is an informational session about the DLA-20. Following this session, you will **not** be certified to use the DLA-20. Therefore the full instrument **cannot** be distributed.



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Focus on Functioning: Better Compliance & Outcomes



- State and federal funding agencies have changed laws and standards that affect funding for services provided.
- 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

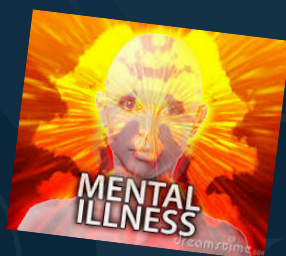


The DLA-20

- 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.



Signs and symptoms of mental illness are not the sole focus of medical necessity – the impact on level of functioning in daily living correlates with intensity of care needed to effect change.



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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



DAILY LIVING ACTIVITIES SCALE (DLA) ANCHORS	1-Extremely severe functional impairment, needs pervasive level of continuous paid supports	2-Very severe functional impairment, needs extensive level of continuous paid supports	3-Severe functional impairment, needs moderate level of continuous paid supports	4-Moderate functional impairment, needs low level of continuous paid supports	5-Mild functional impairment, needs moderate level of intermittent paid supports	6-Very mild functional impairment, needs low level of intermittent paid supports	7-No significant functional impairment, no need for paid supports
Health Practices: Rate independent self-care for physical and mental health, including treatment plan compliance and medication compliance (if applicable).	No self-care and approaching health endangering them, relies on pervasive assistance (e.g. in and out of protective environment).	Marked limitations in self-care and compliance, relies on extensive assistance (e.g. in and out of protective environment).	Limited self-care and compliance, often relies on the continuous assistance of helping persons for health care.	Marginal self-care and compliance, relies on the regular assistance of helping persons.	Moderately sufficient self-care and compliance, relies on the routine assistance (e.g. house visits by helping persons), in private or self-help residences.	Adequate self-care and compliance with minimal support (e.g. some assistance from neighbors, friends, other helping persons).	Optimal self-care and compliance, with no assistance from others.
Housing Maintenance: Rate self-sufficiency for maintenance of adequate housing, management of household.	Not self-sufficient, approaching health endangering them, relies on pervasive supervision in protective environment, does not participate in household maintenance.	Marked limitations in self-sufficiency, relies on constant supervision and extensive assistance in protective environment, participates in household maintenance a little bit of the time.	Limited self-sufficiency, relies on continuous assistance, in private or self-help environment, occasional participation in household maintenance.	Marginal self-sufficiency, often relies on regular assistance in private or self-help environment, participates in household maintenance some of the time.	Moderate self-sufficiency, relies on routine assistance in private or self-help residences (e.g. house visits by helping persons), participates a good bit of the time in household maintenance.	Adequate self-sufficiency with minimal assistance (e.g. some support from neighbors, friends, other helping persons).	Optimal self-sufficiency with no significant assistance.
Communication: Rate continued, effective communication.	Not effective in communicating with others, extremely dependent on assistance.	Very limited effectiveness in communicating with others, very dependent on assistance.	Limited effectiveness in communicating with others, dependent on assistance.	Marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, uses routine assistance.	Adequately effective in communicating with others, uses minimal need for assistance.	Optimal effectiveness in communicating with others, no significant assistance needed.
Safety: Rate assurance of personal safety.	No self-protection, approaching health endangering them, relies on pervasive level of continuous supervision.	Marked limitations in self-protection, relies on extensive level of continuous supervision.	Limited self-protection, relies on continuous supervision.	Marginal self-protection, relies on regular assistance and monitoring.	Moderate self-protection, relies on routine assistance or monitoring (e.g. house visits by helping persons).	Adequate self-protection with minimal assistance needed (e.g. some support from neighbors, friends, other).	Optimal self-protection with no significant assistance from others.

Scoring the DLA-20

- Completed concurrently with client.
 - Using information from previous 30 days
 - Sum of all 20 scores
 - Average scores (total/20)
 - Multiply by 10 for Estimated mGAF
- If functioning varied in the last 30 days, rate the lowest score.
- Once you pick a number, look at the anchor below to make sure a lower rating is not more accurate.
- Consider impairments in functioning due to physical limitations AND those due to mental impairments. Do not consider environmental limitations or cultural nuances (e.g. "no jobs or schools or housing available" - it is still a problem <=4).



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

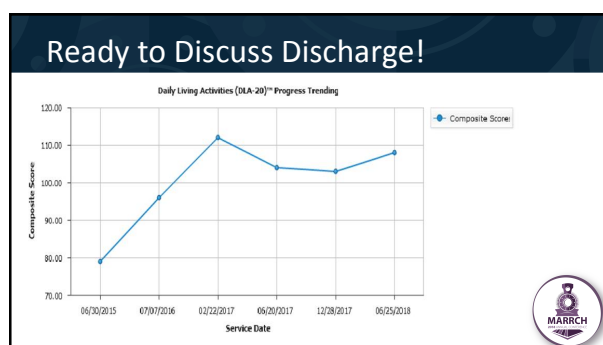
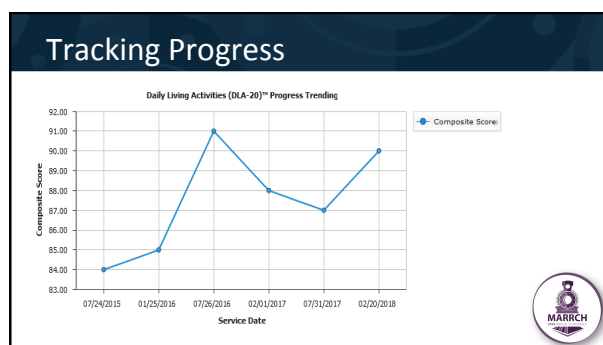
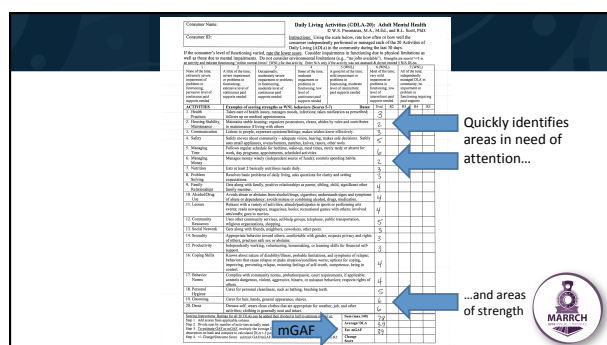


DLA-20 – 1. Health Practices

DLA-20 ANCHORS	1-Extremely severe functional impairment, needs pervasive supports	2-Severe functional impairment, needs extensive supports	3-Serious impairment with serious symptoms; intense supports	4-Moderate impairment; routine, frequent support for DLA	5-WNL/ Strength Mild functional impairment; intermittent support	6-WNL/ Strength intermittent mild impairment, needs low level supports	7-WNL/ Strength Optimal independence with no support
Health Practices: 1- Rate independent self-care for physical health (PH) and mental health (MH), including managing moods, medications, illness management	Evidence of danger to self/ others due to MH. No self-care, evidence of breaks in reality, requires pervasive interventions (e.g. multiple or lengthy stays in crisis, jail)	Marked limitations in self care & may have physical complications, extensive help for very severe mental impairments, concern for danger to self/ others.	Limited self-care & compliance, serious impairments in moods, symptoms, mental status, maybe physical issues prompting continuous help for health care.	Marginal self-care and compliance with health issues or prescriptions, managing moods is moderate problem; requires scheduled low level mental health assistance.	Moderately self-sufficient, manages moods but relies on intermittent support , some assistance or home visits by friends, other helping persons.	Independent self-care, compliant with treatment, meds – minimal support , makes good health care decisions, no friends, other helping persons.	Optimally independent in taking care of physical & mental status; makes good health care decisions, assistance needed in self-care.

DLA-20 – 10. Alcohol/Drug Use


DLA-20 ANCHORS	1-Extremely severe functional impairment, needs pervasive supports	2-Severe functional impairment, needs extensive supports	3-Serious impairment with serious symptoms; intense supports	4-Moderate impairment; routine, frequent support for DLA	5-WNL/ Strength Mild functional impairment, intermittent support	6-WNL/ Strength intermittent mild impairment, needs low level supports	7-WNL/ Strength Optimal independence with no support
Alcohol/Drug Use: 10- Rate self-control with addictive drugs including cigarettes or maintenance of alcohol/drug abstinence	Current abuse or dependence, leading to imminent health and safety threats – pervasive substance abuse, no self-control	Current abuse or dependence, may deny substance abuse problem, does not participate in treatment; extremely limited self-control.	Current abuse or dependence, acknowledges substance abuse problem but shows limited self-control, struggles with treatment plan.	Current moderate problem with use, dependence, compliant with treatment, moderate success over alcohol, cigarettes, drugs.	No current use but recent history of abuse/dependence, adequately aware of risks and seeking help, information, support, treatment to continuously sustain success.	Safe use, not smoking or abstinent with self-help groups. May have had history of substance abuse-related issue.	No history of substance abuse related problems and optimal self-control with substances.



DLA-20 to Minnesota's Functional Assessment Cross-Walk	
Daily Living Activities – 20 (DLA-20)	Minnesota's FA Crosswalk
Health Practices	Mental Health Symptoms
Housing Stability, Maintenance	Housing
Communication	Self-Care and Independent Living
Safety	Self-Care and Independent Living
Managing Time	Vocational/Educational & Self-Care and Ind. Living
Managing Money	Financial
Nutrition	Self-Care and Independent Living
Problem Solving	Self-Care and Independent Living
Family Relationships	Interpersonal (including family relationships)
Alcohol/Drug Use (Including Tobacco)	Use of Drugs and Alcohol
Leisure	Social (including use of leisure time)
Community Resources	Mental Health Services
Social Network	Social (including use of leisure time)
Sexuality	Self-Care and Independent Living
Productivity	Vocational, Educational
Coping Skills	Self-Care and Independent Living
Behavior Norms	Self-Care and Independent Living
Personal Hygiene	Self-Care and Independent Living
Grooming	Self-Care and Independent Living
Dress	Self-Care and Independent Living

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

Minnesota's FA Requirements	DLA-20 Crosswalk
Mental Health Symptoms	Health Practices
Mental Health Services	Community Resources
Use of Drugs and Alcohol	Alcohol, Drug Use & Tobacco
Legal	Behavior Norms
Vocational	Productivity, Managing Time
Educational	Productivity, Managing Time
Social (including use of leisure time)	Social Network/Leisure
Interpersonal (including family relationships)	Family Relationships/Social Network
Self-Care and Independent Living Capacity	Communication, Safety, Nutrition, Problem Solving, Coping Skills, Behavior Norms, Sexuality, Personal Hygiene, Grooming, Dress
Medical	Health Practices
Dental	Health Practices
Financial	Managing Money
Housing	Housing Stability, Maintenance
Transportation	Community Resources
Other	*Added Category along with Interpretive Summary

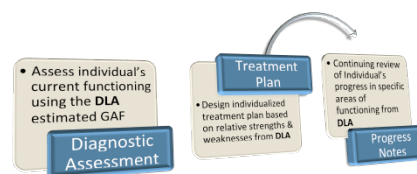


Tying It All Together

The Golden Thread



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 Note-Review
Describing signs and symptoms associated with diagnosis is not sufficient; <u>must also describe specific functional impairments.</u>	Symptom-based plans are not enough; <u>must include functionality-based treatment goals.</u>	Progress reviews cannot be purely subjective; <u>must document specific and measurable improvements in functioning</u>



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?**”

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



Compliant MH Goals *that need measureable 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, skills, 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

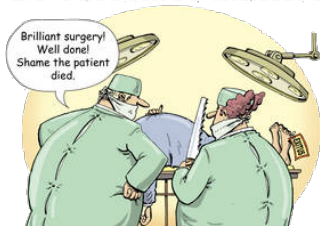


Outcomes & Measures

Do They Matter, What Do They Mean?



Do outcomes matter?



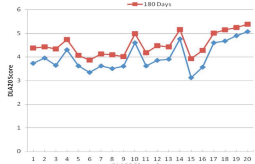
Dot: A Case Study

- 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?

Average Baseline and Final DLA20 Scores Overall Project



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

$$\text{Value} = \frac{\text{Quality of Services} \times \text{Outcomes}}{\text{Cost}}$$



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.



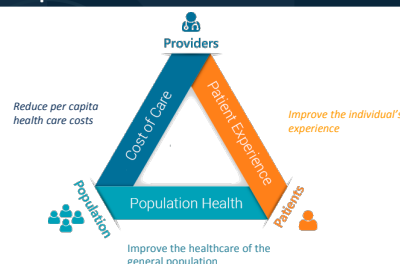
Outcome Measurement Tools

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



"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



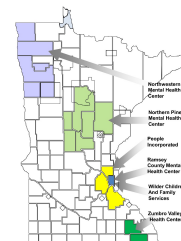
CCBHC

- 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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