



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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August 4th Stakeholder Meeting

8.4.2014

In-person

Note taker

Andrew Cieslinski

Attendees

Tim Cortez, Brittani Trujillo, George Culpepper, Chandra Matthews, Julie Farrar, Jennifer Martinez, Sam Murillo, Sara Sarrar, David Bolin, Carol Meredith, Donna Zwierzynsk, Charlene Willey, Carrie Schllinger, Teja Sin, Heather Jones, Kendra Carpenter, Barb Wilkins-Crowder, Pat Cook, Gary Montrose

Overview

- Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input.
- There have been no decisions made regarding which tool(s) should be adopted for use in Colorado.

Introduction and Opening Discussion

- A major function of the two days of stakeholder meetings was to discuss the relationship between the assessment process and other system change initiatives the State has engaged in. While all of these initiatives will take the State in a positive direction, the State could benefit from better coordination across the initiatives. The assessment tool development process must align with these other efforts.
- There will be further discussion with the State team around the person-centered practices report, and this material will then be shared with the stakeholders in advance of the next stakeholder meeting.
- Julie Farrar said that she wanted to make sure that anecdotal evidence is not discounted when evaluating the results and successes of tools and other initiatives.

Principles for Support Delivery

There was a presentation and discussion about the principles that should guide the efforts to reform Colorado's LTSS system

Person Centered

- Julie Farrar said that she thought the definition was appropriate.
- David Bolin said that the individual receiving services, even if he/she has a guardian, should be accommodated to respond to the plan and decisions that are being made.
- Sam Murillo made the point that there needs to be an examination of person centered practices on both the individual and organizational level.
- Tim Cortez said that there may be the possibility of providing a bonus for providers who properly utilize the person-centered approach.
- Pat Cook said that she wants to make sure there is a plan for educating both the case managers and individuals in order to empower them to make the most informed decisions.

Maximum Personal Control

- David Bolin said that there needs to be some sort of mechanism for portability of budget, funding, and services and supports across county lines.

Fair Distribution of Available Resources

- Shirley York made the distinction between fair and equitable distribution. Fair distribution means that individuals will receive resources based on their needs and circumstances. (Equitable distribution means everyone would receive equal amounts.)

High Quality

- Julie Farrar was concerned that the recommendations might not be realistic and was concerned about the State's ability to live up to them. Tim Cortez said that these recommendations will be used to establish a long-term plan, and that even if they seem like they are setting the bar too high right now, Colorado should continue to work toward those goals in the future as the process moves forward.
- Jose Torres-Vega said that there needs to be measures in place to take into account the voice of the consumers, otherwise there really is not a true measure of quality. He said he would like to see a governance body that will consistently take into account the consumer's experience.

August 4 and 6 Stakeholder Meetings Meeting Minutes

<p>Goals for Reforming Support Delivery</p> <ul style="list-style-type: none"> • In order to really empower individuals, David Bolin said there also needs to be recognition of success and not always have a focus on deficit. <ul style="list-style-type: none"> ◦ This is part of a significant paradigm shift, and it will be put under further consideration for addition to the goals. • Under ability to control overall costs, Charlene Willey said that there needs to be more flexibility. She suggested the ability to allow individuals to manage their own budgets, which would make individuals more responsible and accountable to the services they are purchasing. • Carol Meredith said that having transparency for all costs, including medication, should also be a part of the development. <ul style="list-style-type: none"> ◦ Under TEFT efforts to develop a personal health record, Tim Cortez said that there will be more transparency. Gary Montrose requested a copy of the document that outlines a more transparent process.
<p>Current System Change Efforts</p> <p>Opening Discussion</p> <ul style="list-style-type: none"> • Under CFC, the federal matching rate increases by an additional 6% and the State's share drops by a corresponding 6%. Assuming that the State expenditures remain at current levels, the overall effect on the budget available for LTSS is a 13.64% increase (total federal and state dollars). There is a feasibility study occurring right now in the State to evaluate this. <ul style="list-style-type: none"> ◦ A presentation from Mission Analytics' on firewalls around agencies acting as both assessors and providers has been posted to the blog. • HCPF applied for an ADRC planning grant from Administration for Community Living (ACL) and is still waiting on a response. This could potentially assist entry point work related to LTSS. • Gary Montrose suggested adding a slot for the Provider Accessibility Process effort. Currently a team of national experts and RCCOs are looking at the cultural competency and accessibility of physician's offices. <ul style="list-style-type: none"> ◦ This may be a crossover related to PHR to enhance consumer's ability to access services, and Julie Farrar said that it would be helpful to mention in the write-up. <ul style="list-style-type: none"> ▪ Steve Lutzky said that this can be included under the RCCO section of the paper. <p>Olmstead</p> <ul style="list-style-type: none"> • Steve Lutzky recommended looking at Minnesotahelp.info for an example of a web-enabled tool that includes a self-assessment, information on potential eligibility, and providers in an area that can be obtained by the individual on their own. • Jose Torres-Vega said that he has an issue with the word "perceived" under quality management because it is such a subjective word. He wondered who would be "perceiving" the effectiveness of a support plan, State staff or the actual consumer. He reiterated that the consumer must have a voice, and the State cannot just look at the numbers and "perceive" that everything is going well.

August 6 th Stakeholder Meeting		
8.6.2014		In-person
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, Brittani Trujillo, George Culpepper, Chandra Matthews, Julie Farrar, Sam Murijo, David Bolin, Charlene Willey, Pat Cook, Gary Montrose, David Bolin, Lauren Stanislao, Dyann Walt, Sara Avrin, Sarah Serrar, Donna Zwierzynski, Carrie Schllinger, Carol Meredith, Danielle Dunaway, Heather Jones, Kelly Wilson	
Overview		
<ul style="list-style-type: none"> • Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input. • There have been no decisions made regarding which tool(s) should be adopted for use in Colorado. 		
Other Systems Change Efforts		
Waiver Simplification		
<ul style="list-style-type: none"> • David Bolin said that if the State plans to implement greater overall fiscal controls in exchange for greater individual service flexibility, they also need to be able to have tighter timeframes for approval responses so that people can be effectively diverted and receive services in a timely manner. • Carol Meredith said that in her mind the point of the assessment is to identify a consumer's needs, strengths and preferences and ensure that they are not just put into a diagnoses category. • Pat Cook said that she wanted to make sure that the assessment process in which the person tells their story happens only once and that the information follows the person. 		

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Community First Choice

- Under this effort, training is available for consumers but not required.
- Julie Farrar said that under CDASS they developed core competencies that would be meaningful across populations. *Julie Farrar said that the Workforce Advisory Group could share the related PowerPoint.*

CDASS/IHSS Changes

- Julie Farrar said that there are a few complications, namely case managers do not always share whether the person is eligible for CDASS/IHSS and a physician's signature is required to determine if an individual can direct their own care. Need to ensure that individuals are being referred and given the opportunity to choose those programs.
- Julie also said that they used to have a fund for additional services where individuals were able to set aside 50% of leftover funds for future use, and this incentivized cost savings. This has since been taken away and has had a disincentive effect.
 - Steve Lutzky said that this will be a crucial program design decision when resource allocation is discussed.
- Charlene Willey said that it is important to be able to have ongoing support for managing services and flexible options for revisiting service and support options as individual situations change.
- Julie recommended looking at the PDPPC document that describes the consumer direction choice policy development process.

Entry Point Redesign

- David Bolin said that redesigning funding for entry points and case management agencies needs to be added to the crosswalk.

ADRC

- The SEPs, ADRCs, and ILCs need to be able to interact with one another.

Assessment Tool Redesign

- Charlene Willey asked about whether there would be prioritization in terms of the things that the assessment tool is trying to do. She said she felt the SIS was trying to do more than it was capable of when used for both budget allocation and support planning.

Discussion of CLAG Recommendations

- There was a question about whether the current scope would include the development of a tool for children. For the current scope, there will be a focus on adults and in the future there will be related efforts to modify the process for children. The group voiced that it will be very important to build in components for children.
 - HCBS Strategies will develop specific guidance around the children's tool, but developing the tool for children does not fall under the current scope of work.
- The group requested more guidance about licensure requirements for agencies that provide HCBS (slide 64). *Steve Lutzky said that there is a related presentation from Illinois that can be shared.*
- Pat Cook said that there needs to be fluidity around level of care and caregiver criteria, particularly around requirements for RNs to perform care, as people improve and decline in status.
 - Steve Lutzky said that this would require a much deeper look at what treatments and medical conditions the person is currently experiencing. There has been concern voiced by the group previously that this deeper delving would make things too medical. Pat suggested creating a complex care threshold and then involving the RCCO, which would have more expertise.
- Carol Meredith said that she had concerns that there will not be enough information collected under IADLs to determine executive functioning levels.
 - Steve Lutzky said that executive functioning may come more into play under support planning rather than within the assessment. Carol had concerns that since the assessment is used to develop the budget that taking executive functioning into account during support planning may be too late.

Comprehensiveness

- The group agreed that the current 30+ tools really do need to be condensed. This effort needs to support the concept of only telling the story once.
- **Steve Lutzky asked if the group was comfortable with developing a comprehensive assessment that was guided by the following principles: 1) there would be an emphasis on only have to tell your story once; 2) to the extent possible, the tool would be designed to allow people to skip sections that are not relevant to them; and 3) with the except of items that are needed for eligibility and resource allocation, individuals could choose to skip sections.** There was strong agreement and no dissent about this proposed approach.
- The group agreed that it would be important for the assessment to be comprehensive, support flexible services and supports through a fluid system, support resource allocation, be transparent, and that information can be shared and used by others, such as physicians or service providers.

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Budget Control Discussion

- David Bolin said that they want to take the time to pilot the tool well and make sure that it is used in multiple circumstances. Pat Cook said that multiple pilots may be needed; Tim Cortez said that there would be pilots around this tool, children's, and resource allocation. However, the children's pilot will be a part of a future development effort.
- Steve Lutzky noted that the interRAI tool is the only option that has a validated resource allocation methodology that the State could choose to adapt. This was something that stakeholders said was important during the April meeting. He acknowledged that the stakeholders had previously expressed a preference to use other tools as the base tool, notably MnCHOICES. The stakeholders thought that this was unfortunate, but still expressed a preference for MnCHOICES.
 - There is concern about building the system based on current claiming data, which may not reflect unmet service needs or other system related issues which cause unmet needs to not be reflected.
 - Building a state specific resource allocation system will be costly, however David Bolin described this as an investment and said that this is the foundation for the entire system.
- A strong and timely exception process is an important consideration moving forward and will be included in the write-up.

Next Steps

- HCBS Strategies will be developing a draft paper that will be sent to stakeholders for review and comments in September.
- Steve Lutzky requested that additional comments about the documents discussed during these meetings be submitted by Monday, 8/18.
- State has the goal of making a decision about the tool selection in mid-October. They have heard the stakeholder's preference for MnCHOICES and concerns about other tools.
- During the October 27-29 site visit there will be meetings about the person-centered write up and discussion of the draft paper on tool guidance and overlap of other change efforts.