



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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May Stakeholder Meeting

5.7.2014		In-person
Note taker	Andrew Cieslinski	
Attendees	Brittani Trujillo, Tim Cortez, Tiffani Rathbun, Julie Reiskin, Robin Bolduc, Katey Castilla, Kathy Hill, Gary Montrose, Chandra Matthews, Pat Cook, Penny Cook, Carrie Schillinger, Cori Robinson, Donna Zwierzynski, Charlene Willey, Sarah Adams, David Bolin, Dan Mills, Dyann Watt	
Overview		
<ul style="list-style-type: none"> • HCBS Strategies provided a summary and facilitated the discussion of potential assessment tools that could be adapted for use in Colorado. • Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input. • Tim Cortez highlighted that the focus of the project is on an assessment process that is person centered, identifies goals, and emphasizes quality of life. The assessment tool will support this process and document necessary information. • The State is not planning to adopt one tool off of the shelf; there will be adaptations and customizations to meet the specific needs of Colorado. 		
General Background Discussion		
<ul style="list-style-type: none"> • Julie Reiskin expressed concern that modifying validated tools might impact the reliability/validity of the tool. Steve Lutzky clarified that the customization changes would not necessarily affect the tool integrity. Tool customization would primarily add additional components to existing tools and modify the content of validated tools as little as possible. • Julie also said that it is important to have a tool that is strength-based and does not take services away when someone is doing well as the result of having services. This would result in individuals having to deteriorate or be in crisis to receive services <ul style="list-style-type: none"> ○ Steve said that this may mean that the tool needs to be supplemented with a past history to view where a person is at and what supports they need to maintain their positive state. • Gary Montrose asked whether a caregiver assessment could be incorporated into this process. Steve Lutzky said that caregiver questions could be added assessment, but the individual receiving care is the focus under this scope of work. Instead, a more extensive caregiver assessment could be developed at a later time. <ul style="list-style-type: none"> ○ MnChoices has a caregiver module that could serve as a model. • Julie Reiskin asked whether there would be a process to prioritize tools based on the criteria used to select sample tools. Some specific criteria might be more valuable than others. Steve Lutzky said that the handout of the crosswalk of each tool using the preliminary criteria begins to lay this out. • It was recommended that the "reasonableness" be addressed when evaluating the tools to make sure implementation is feasible. For example, if a tool required a nurse to perform the assessment, it would be unlikely that enough nurses or funding could be made available for statewide implementation. • A question was raised about the State's intent to eliminate use of SIS. Brittani Trujillo said that at this time the assessment tool will not be replacing the SIS. • Tim Cortez said that even though some of the proposed tools appear to be longer, there may actually be a time savings and less redundancy if the new process is able to eliminate other assessment tools required by the State or used by local entities. Julie Reiskin pointed out that this would depend on whether an individual needs to go through the complete process again during reassessment in domains that do not change. • Gary Montrose asked about how a tool like interRAI would be used across populations. Steve Lutzky said that the interRAI suite has common items across the population-specific assessments and also asks questions that would be pertinent to the specific programs and resource allocation. • A stakeholder asked by CMS did not use interRAI tools when developing the CARE items. Steve Lutzky responded that CMS decided early on that they would not use proprietary tools. This ruled out interRAI. • David Bolin said that there are some very specific services within the Brain Injury (BI) waiver that are not available anywhere else and is concerned about maintaining access after waiver simplification. Steve Lutzky said that the assessment process would play an important role in identifying needs for these services and supporting appropriate resource allocation for accessing services. However, determining the structure of the service package is not part of this scope. • Chandra Matthews had a question about whether there would be a centralized database that would eliminate the need to collect new information for individuals who move within the State. Steve Lutzky said that this would be an important consideration for the automation process. This will likely a recommended capability for automation. 		

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Meeting Minutes

- There was a question regarding whether the State could receive enhanced federal match a tool other than CMS' CARE tool is selected. The match tied to the federal 90/10 match is not contingent on using the CARE tool.
- Julie recommended that the program eligibility, such as NF Level of Care, should be revised as part of developing this tool. Steve responded that while the new tool will support developing and implementing different eligibility criteria, developing new criteria is not part of the current scope and would require a considerable amount of work and stakeholder input.

interRAI

- Julie Reiskin stated that an important consideration under the interRAI tool will be additional costs that will come from ordering multiple user manuals and training materials for all of the state agencies, providers, advocacy agencies, and any other stakeholders who may need a copy. She recommended that the State make these manuals available.
- Julie also said that she was concerned that the interRAI tool does not address health maintenance; it looks at issues and deficiencies instead of keeping people well. Steve Lutzky said modifications would need to occur to address this during the customization process.
- Tim Cortez pointed out that the tool is not simply based on the questions, but also on the conversation. The assessors will need to use their own skills to create a picture of an individual instead of just checking boxes.
- Julie said that the Checklist for Change will be important in evaluating the effectiveness of resource allocation in whichever tool is selected.
- Gary Montrose asked about the ability for independent researchers to access data from this tool. Tim Cortez said that the State data could possibly be made available, but data that researchers would need to work through interRAI to access data from other states.

CARE

- Gary Montrose and Julie Reiskin said that the fact that CARE does not include care planning components could rule it out.
- Tim Cortez said that he likes that the whole tool is not required to be used; individual items can be selected.

SIS

- Julie Reiskin said that she had concern that the SIS doesn't take into account supports that, if eliminated, would affect the individual's ability to maintain their current status.

General Discussion on Assessment Process and Tool

- Steve Lutzky urged stakeholders to share any additional tools or concepts that they think would be valuable in moving forward.
- There was a comment on the phone that starting with a person-centered tool would make more sense. She said that using MnChoices as a basis and then perhaps incorporating interRAI would be preferable.
 - She also said that the term post-acute was a red-flag for her.
 - Steve said that a concern about MnChoices would be resource allocation, as the tool is tailored to Minnesota's specific system. This might create some challenge in adapting for CO.
 - Instead, it may make sense to use the overall format from MnCHOICES, but replace the functioning and health items from a validated tool, such as interRAI or CARE.
- Gary Montrose asked if the 5% elimination of interRAI questions was negotiable. Steve Lutzky said that it might be to some extent.
 - Gary said that this is a major selling point and that he is very impressed with interRAI and thinks it would work well as the core that could then add person-centered items.
- Julie Reiskin said that people who are not looking to access specific types of publicly funded services should not have to answer questions related to those services.
 - Robin Bolduc had a similar concern around opting out of questions, and also thought that there should be an option for opting out of ongoing case management for people who know the system well.
 - Steve Lutzky pointed out that we want to enable both those familiar with the system and those new to the system to have their needs met, and this will be an important consideration moving forward.
- Julie Reiskin said that much more training will be necessary for staff assisting individuals new to the system; currently they are just providing options about providers, but not giving any further guidance.
- Chandra Matthews said that the training around the assessment process is going to be very important; staff assessors have not utilized their conversational assessment skills under the ULTC 100.2.
- Charlene Willey said that it is critical from a parent/caregiver perspective to have an assessment tool that triggers options and that lays out these options in a way that people unfamiliar with the system can understand and to do so in a timely manner.
 - Tim Cortez proposed using the WI decision-tree model to help intake staff and case managers provide the best package for an individual based on eligibility criteria from the eligible "branches".