



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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Session 1 Overview of Site Visit and Review of Draft PC Report

8.4.2014		In-person
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, George Culpepper, Suzanne Brennan, Brittani Trujillo, Barb Rydell, Jennifer Martinez	
<p>Overview of Site Visit and General Discussion</p> <ul style="list-style-type: none"> Steve recommended an overall governance structure that could oversee the various Systems Change Efforts occurring throughout the State. Tim said that expanding the Community Living Advisory Group may be a way to address this. <ul style="list-style-type: none"> Steve also recommended creating a draft plan to address the systems change efforts and have it exist as a living document. George said that the Steering Committee will be in charge of looking ahead and creating a planning structure to implement the systems change efforts. <ul style="list-style-type: none"> Could expand checklist for positive change to make sure that the group has understood the impact on other initiatives and other potential implications. Day hab and res hab are based on SIS rate setting <ul style="list-style-type: none"> Could certainly improve in using the SIS for support planning; some components are not being properly utilized Steve said that it may make sense to get rid of the hospital level of care because it currently serves as a distraction and does not make individuals additionally eligible and there isn't a concrete definition. Tim said that with a tiered level of care, individuals could be in a higher level of care that may not necessarily need to be called hospital level of care. 		
<p>Review of Draft PC Report</p> <p>CO Systems Change Components Chart</p> <ul style="list-style-type: none"> The leadership team said that they are in full support that the ability to control overall costs needs to be addressed. <ul style="list-style-type: none"> Not much mention in the Olmstead or CLAG recommendations. Recommendation that the AAAs be involved in the report; balancing consumer experience and costs. Figuring out how to set up the exception process may be a good start in determining cost control mechanisms. <ul style="list-style-type: none"> There may be conflict between the perception of the current exception process and the actual data; it was said that about 76% of individuals have successful redeterminations. This may be a good point to bring up with stakeholders so that everything is not based on anecdotal evidence. Tim thought that it would be beneficial to add a component under Goals about creating efficiency, especially around combining the 30+ tools currently being used in addition to 100.2. This may be added after the stakeholder meeting depending on what comes up. <p>Systems Change Initiatives to Operations Crosswalk</p> <ul style="list-style-type: none"> Tim said that he wants to make sure that efforts including MMIS and TEFT are considered so that timing and other components including automation are coordinated. <i>IT Recommendations for implementing is currently at the end of the process in terms of deliverables, but Tim asked if this could be moved forward.</i> <ul style="list-style-type: none"> Tim recommended during the next site visit to have time set aside for a meeting with the IT folks. At the stakeholder meetings, Robin Bolduc repeatedly brings up the desire for a universal worker that can perform all tasks. Tim requested that this be addressed in the stakeholder meetings in that this concept is being addressed in another effort outside of the assessment process. Steve recommended for training having a core set of requirements rather than setting very stringent training. <i>Will mention Minnesotahelp.info in the write-up.</i> Tim said that they really need to continue to consider systems and processes outside of Medicaid Discussion of the role of standardization; having standardized tools does not mean that the process cannot be person centered. Need to have certain sets of questions to develop a person centered support plan. Brittani's group is doing a comparison of behavioral health service definitions and other related activities across the various agencies. Oregon is a good model for waiver simplification and pulling activities under CFC. Barb said that she has been hearing that they should carve out certain spots for residential services, and Steve said that this is a practice used in other states. However, should be using a needs based criteria. CDASS is currently more time/paper work intensive in terms of coaching and case management than other HCBS programs. <ul style="list-style-type: none"> Need to look at guidance currently being given to case managers by the State. State wide transition plan will be submitted to CMS in late September. 		

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Meeting Minutes

- Identify a subset of items in the assessment/reassessment process that will be similar or a part of the Consumer Experience survey under TEFT.
- Mckesslin case management tool will pull info from assessment into case-management client record and RCCOs will have access to this. However, issue with the tool is that it is designed for a closed system.
- *Steve will share the requirements for the enterprise development of an IT System that was developed for Texas.*
- Tim said that he thinks Julie would especially like the group to use the Checklist for Positive Change after the pilot.

Presentation of PC Report

- Need to get clarification on when it should be published/released, and Tim said he would like to present it to the stakeholders.
- Have Kelly, who is working with TEFT, look at the work the Council on Quality and Leadership has done in developing specific performance outcomes with person-centered components.
- *Steve will set up a web-enabled call with the Council on Quality and Leadership and their What Really Matters Initiative.*