



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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Stakeholder Meeting 2: Discussion of I&E Workflow and Person-centered Components

12.17.2014

In-person

Note taker

Andrew Cieslinski

Attendees

Tim Cortez, Brittani Trujillo, Kelly Wilson, Chandra Matthews, Abigail Walda, Charlene Willey, Carrie Schlinger, Heather Jones, Pat Cook, Erin Fisher, Sarah Haburn, Kathy Martin, David Bolin, Danielle Dunaway, Julie Farrar, Julie Reiskin, Jose Torres-Vega, Gary Montrose, Barb W-C, Sam Murjillo, Dyann Walt, Carol Meredith

Overview

- Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input.

Intake & Eligibility (I&E) Workflow Discussion

- The presentation for this section contained a discussion of the purposes of the I&E Screen and the proposed methodology for implementing each of these purposes. These included:
 - Utilize Intake Screen to determine whether the Eligibility Screen would be appropriate;
 - Screen for whether a Full In-home Assessment would be appropriate;
 - Make sure financial eligibility process has been started;
 - Identify high risk individuals for expedited eligibility determinations;
 - Determine whether the IDD or non-IDD Assessment route is appropriate.

Determine Whether Eligibility Screen Would Be Appropriate

- This portion of the discussion focused on the initial conversation that will occur with the participant using the I&E Screen. Staff will be using this initial conversation to identify whether the caller has an LTSS need. The proposed introduction for the telephone calls that are taken by the agency intake staff is, "How may I help you today".
 - Pat Cook said that this introduction needs to be focused and guided, and cannot be as open as the proposed language. She recommended a short introduction of the staff's title and what they are able to help with.
 - Chandra Matthews said that she thought that providing an initial, consistent script across agencies would be beneficial and help in standardizing processes.
 - Julie Reiskin had a concern that the agency triage process is something that is functioning properly, and that changing it may do more harm than good. Steve Lutzky explained that while this may be working well at the individual agency level, consumers are having different experiences and getting different determinations between agencies. The I & E Screen will create a standardized process in which all consumers have a similar experience, regardless of where they enter the system.
 - Pat Cook said that information about the county where the consumer will be served should be collected during intake so that he/she can be directed to the most appropriate agency.
 - Pat Cook said that her agencies teach seniors not to talk to strangers on the phone, and there should be a way to allow the consumer to call the staff back. Currently the SEPs show up as "unknown" on the caller ID. Stakeholders suggested that an actual number or identifier was needed.

Determine Whether A Full In-home Assessment Would Be Appropriate

- This portion of the discussion focused on the next section of the I&E Screen, which will use items similar to those in the 100.2 to identify participants who should be referred to for a further assessment. These items will assess ability and performance around ADLs, Behaviors, and Memory/Cognition.
 - Consumers can choose to continue with an assessment regardless of the Screen determination. The process flow has been updated to inform individuals who may not trigger an additional assessment that they do have the right to an assessment and help them understand why they did not trigger within the Screen and the potential outcomes of the assessment.
- Julie Reiskin suggested that when people call in and request to go to a specific LTSS program but are not currently enrolled in services, they should be scheduled for a full assessment to see if there is another need or if another program may be better suited to meet their needs.
- Jose Torres-Vega said that people already enrolled in services and know what they are calling about should not have to go through the full process in order to decrease the workload on both the consumer and staff.

Financial Information

- In order to keep the I&E Screen brief, financial information will not be collected. Staff will inform participants that of the financial requirements of the programs and determine if the individual has Medicaid or if the Medicaid application process has been started. If the process has not been initiated, staff will assist the client in beginning the application process.
- The stakeholder group did not have any additional questions or considerations for this section.

Meeting Minutes

Risk Triggers for Expedited Determinations

- This portion of the discussion focused on the proposed risk triggers to establish individuals who were at the greatest risk of spend-down, institutionalization, and loss to health/welfare in order to provide expedited functional eligibility determinations. A complete list of these triggers can be found on slide 11 of the I&E Screen Presentation on the blog.
- The group felt that the triggers were appropriate, and had a few suggestions for additional information that could inform the decision for expedited determinations.
 - Julie Reiskin suggested to include lease violations under risk of homelessness, as this may help identify those individuals for whom finding housing would be more difficult.
 - There was the suggestion to add homeless in addition to risk of homelessness to determine how soon the individual may need services.
- Pat Cook said that along with the expedited functional eligibility process, there also needs to be an expedited financial process or else the expedited process is not really effective.
 - Tim Cortez said that they are looking to address this through the No Wrong Door Planning grant.

Decision Tree for IDD/Non-IDD Assessment Route

- With the Department's continued use of the SIS assessment, or individuals with an I/DD, there will be an I/DD version of the new assessment tool that works in conjunction with SIS so that duplication of items is minimized. As a result, the I/DD version will be developed separately from the non-IDD version so that there is a careful look at what the SIS includes, what information is needed for support planning and how the new tool and SIS should work together.
 - Some concerns around the decision to continue using the SIS assessment are:
 - Potential duplication in assessment information between the new eligibility determination assessment and the SIS assessment, which could create a burden for individuals with an I/DD and/or their family/guardian;
 - While the SIS assessment is effective in Support Level determination, the Department has not yet expanded its use to Service Plan development; and,
 - Individuals with an I/DD who may be eligible for a non-I/DD waiver may have to go through two different assessment processes, due to the potential of being placed on a wait list for an I/DD waiver while receiving services through a non-I/DD waiver.
 - Steve Lutzky said that if the Department does decide to move to another resource allocation methodology in the future, the parallel process for IDD and non-IDD can be simplified.
- The stakeholder group and the Department confirmed that individuals may go on the non-IDD route to receive services while on the waiting lists for IDD programs.
 - Julie Reiskin said that consumers should know that they can take the non-IDD route to avoid the SIS if EBD or other waivers would cover their service needs.
 - Pat Cook said that her agency is using YouTube videos to help explain program options to seniors, and that this could be a helpful resource for explaining services and routes to clients under this process.
- Stakeholders agreed that staff need to provide consumers with all of the information needed to make informed decisions about which route and programs to choose. Some stakeholders said that agencies have standardized language around program guidance at their agency.
 - Steve Lutzky asked stakeholders to provide guidance about how to assist workers in guiding individuals on which route to take and program to choose.
- There was the suggestion that IDD vs. Non-IDD may not be appropriately named because it may deter individuals with IDD from following the non-IDD pathway.
- Carol Meredith had a concern that individuals with both mental health and LTSS needs are not being appropriately integrated into the screen and long term care. Steve Lutzky said that individuals who may require mental health services will be identified through the behavior and cognition triggers in the I&E Screen and receive appropriate mental health referral(s) in addition to being assessed for LTSS needs.

Summary Of Suggested Changes For The I&E Workflow

- Add more focused language, such as staff title and agency function, to the opening line of, "How may I help you today?"
- Collect information about the county where the individual will be served.
- Provide an option for individuals already enrolled in services to bypass the I&E Screen and receive an assessment if appropriate.
- Expand risk trigger on homelessness to include lease violations and whether the individual is currently homeless.
- Inform consumers that they can bypass the SIS by following the non-IDD assessment pathway.

Meeting Minutes

Person-centered Component Discussion

- This discussion focused on the contents of several items that will make up the person-centered component, the CMS requirements that will be addressed and/or used to direct the items, and examples. The items include:
 - The personal profile, which could be modeled after New Hampshire's Look Back, Plan Forward tool, to provide framework for the participant to share information about his/her personal history and to track changes that occur over time;
 - People important to the participant;
 - Establishing the structure for the support planning meeting;
 - My Future, which will be used to obtain information about what things the participant wants to see happen in the future and as a result of services; and
 - Preference for how services are delivered.
- Julie Reiskin suggested that the person-centered tool be available electronically so individuals will not need to talk to someone to complete it, and Steve Lutzky said that this is part of the vision and may be attached to the Personal Health Record (PHR) effort.
- Kelly Wilson said that the vision for the PHR is to allow the consumer to give permission to others to access the record, and also to be able to specify the length of the access period.
 - Jose Torres-Vega said that it would be good to have the ability to allow access to specific sections within the module.
- Julie Reiskin added that it would be helpful to be able to upload and track forms within the electronic record.
- Julie Reiskin said that training for clients around revoking permissions will be very important. Also important will be to identify individuals that should never have access or be communicated with concerning the participant.
- Julie suggested adding items about people the consumer may be responsible for in addition to those who may support the consumer.
- David Bolin emphasized that the electronic program needs to be very user friendly for both consumers and doctors or else people will not use it.
- Carol Meredith suggested adding "do you want to be connected to places where you can interact with others and make friends" as an item.
- There was a recommendation to allow for flexibility how the annual review of the support plan is completed for those in stable situations (e.g. established caregivers who have been in place for years). This could include a conference call or communication via group email. Tim Cortez said that this could improve the load for case managers, and will be explored.
 - The initial assessment should include preferred methods of communication to facilitate this flexible process. Shirley York said that this could be included in the preferences section.
 - Chandra Matthews suggested having automated telephonic check-ins with the option to talk to a case manager.
- There was a suggestion to add volunteering to the work and education component and to change the term work to employment.
- Carol Meredith said that adding questions on place/environment will be very important to obtain information on potential needs and triggers (e.g., noise level, lighting, predictable environment, other stimulation issues, prefer roommates, etc.). Tim Cortez suggested adding where the individual wants to receive the service.
- Julie Reiskin suggested prioritizing wants vs. needs to ensure that the items most important are met and other wants are worked toward. This would include informing the consumer about issues or conflicts that may arise as a result of their decision (e.g., preferred service is very expensive and may not allow for much money for other services).
- Julie Farrar said that having notes/open ended areas to fully capture the preferences of the individual is important. Shirley York said that this is part of the planned tool, and that the current design of MnCHOICES delves into the deeper support preferences around ADLs/IADLs.

Summary Of Suggested Changes/Updates For The Person-centered Component

- Add items about people consumer may be responsible for.
- Add question about avenues for social interaction
- Evaluate methods for enhanced support planning (phone, in-person, email, etc.)
- Add volunteering to work/education. Change work to employment.
- Add questions on place/environment triggers.
- Help consumer prioritize wants vs. needs.

Next Steps

- During the next site visit we will plan to discuss the Employment, Self-direction, and Person-centered modules, the Intake and Eligibility flow, and the Level of Care Tool.
- Next stakeholder meetings will occur on 1/27 & 28 from 9-12.