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Stakeholder Meeting 2: Review of the Training Manuals

8.13.15		In-person
Note	Andrew Cieslinski	
Attendees	Tim Cortez, Chandra Matthews, Charlene Willey, Dyann Walt, Liz Phar, Laurie Woods, Delaine Dunning, David Bolin, Jose Torres-Vega, Aileen McGinley, Deanne Major, Renee Hazelwood, Genie, Carol Meredith, Melissa Emery, Pat Cook, Lori Williams, Erin Fischer, Robin Bolduc	

Overview

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

Discussion/Review of Level of Care and Next Steps

- Steve Lutzky discussed the workflow document that depicts the proposed process for developing and implementing the new assessment process in Colorado.
  - Steve said that the Department is currently waiting on CMS to procure a contractor and release the FASI items prior to finalizing the Level of Care pilot tool and other assessment tool items. There is not a public release date available for the FASI items.
  - As a result of the delay in releasing the FASI items, the Level of Care pilot has been delayed. The Department is prepared to conduct this pilot with local agency staff shortly after the FASI items are released.
- Given the extension of the CMS timeline, the September HCBS Strategies will be delayed.
- Pat Cook said that the tool needs to be accessible by individuals who speak a variety of languages. Steve said that this will be added as a recommended change to the automated system requirements document.
- Tim Cortez said that financing, capable IT, and CMS are all potential barriers in implementing this process in a timely manner.
  - The Department is working with their IT contractor to try come up with the best solution possible.

Review of Training Materials

- Shirley York provided an overview of the Personal Story, Psychosocial, and Sensory and Communication training manuals.
- Shirley emphasized that the manuals are meant to be training manuals for the content, and not operational manuals. They may be incorporated into operational manuals for the automated system, but these manuals currently focus on item information.
- The manuals have each been set-up in a similar fashion, and will be posted to the blog after the Department has had time to complete their review.
- Renee Hazelwood asked if there was a timeline for when the intake, eligibility, assessment, support plan and provider selection. Steve Lutzky said that this has not been established yet, but will be an important policy discussion to ensure that immediate needs are able to be met.

Meeting Minutes

Personal Story Manual Review
- David Bolin suggested ensuring that the opening conversation covers the access and sharing privileges for the module.
- Pat Cook said that ensuring transparency will be very important in getting trust for this process. The training manual should include assurances of privacy and appropriate data storage.
- Shirley York said this guidance will be incorporated into the manual.

Psychosocial Manual Review
- The group agreed that flagging behaviors for follow-up, especially those for transitory behaviors, should be something that should be included in the manual and module to ensure that all applicable behaviors are addressed through support planning.
    - Laurie Woods said that case managers currently flag transitory behaviors for a 30 day follow-up to see if they are still present and need to be addressed.
    - Heather Meizis suggested adding a prompt for case managers to document new behaviors in the notes.
    - Carol Meredith said that there should be a flag for new or escalating behaviors.
    - Heath Meizis suggested adding a flag for additional follow-up necessary for each behavior, and an opportunity to describe why follow-up is necessary.
    - **Steve Lutzky proposed adding a flag to address these issues, calling it "not adequately addressed in the support plan" under "intervention type" for each behavior issue so that the additional follow-up would occur.**
        - The group approved of this suggestion, and it will be incorporated into the next iteration of the Psychosocial module.
- The group had issues with the term "formal program" that is used within intervention type for each behavior issue. They said that "Program" is a term that is used for the some components of the DD waiver, but wouldn't necessarily apply to older adults or individuals with DD who are living at home.
    - **The group suggested "planned intervention",** and Shirley York said that she will expand the definition for planned intervention, discuss this change with the Department, and post the flagged changes to the blog.
- Pat Cook requested that the term "protective oversight" be added as a key defined term in the training manual so assessors are familiar with it. Laurie Woods said that she would caution against putting in protective oversight because it is ill-defined. Shirley York said that she will give this additional consideration prior to releasing the next iteration of the manual.
- Shirley York highlighted that the case management workgroup suggested changes to the "Intervention Frequency" column, including the change of the time frame for evaluating behaviors from 90 days to one year.
    - The stakeholder group agreed with these changes.
- Robin Bolduc said that there needs to be additional directions for how to code if caregivers are providing environmental management; a behavior may occur only once per month, but caregivers are providing environmental management 5-6 times per day. Shirley York said that this is covered in the training language, but she will look at it again to ensure how to code this item is clear.

Meeting Minutes

Sensory and Communication Manual Review
- Shirley York asked about whether the Sensory Integration Disorder diagnosis language should be updated to use the most recent nomenclature of Sensory Processing Disorder and related conditions.
  - Jose Torres-Vega suggested the Autism Society of Colorado, and will provide an electronic introduction with their executive director and HCBS Strategies to review these items.
- David Bolin said that for the item on Hypersensitivity Diagnosis, not all individuals are officially diagnosed and live with the condition. May need to update language to incorporate individuals who have but have not been diagnosed.
  - Charlene Willey said that it would be important to ensure that individuals will not have to provide formal diagnoses, and rely more on more descriptors of the condition.
  - **Steve Lutzky said that the word "diagnosis" will be removed from this item.**

Health Manual Review
- Andrew Cieslinski provided an overview of the Health training manual.
- Andrew stated that the only change to the Health module was making Dentist a mandatory item under health care providers. The stakeholder group agreed that making it mandatory to document whether the participant has a dentist makes sense, as there are a number of detrimental health outcomes that can occur if oral health is not addressed.
- There were no additional changes or feedback on the remainder of the Health training manual.

Discussion of Email Feedback Received on the Functioning Module
- Julie Reiskin submitted comments about the assessment process to the Department, and Tim Cortez from the Department responded to these comments. These responses were shared with the group prior to the August stakeholder meetings.
- One of these comments was that the strengths around the ADLs in the Functioning module were patronizing. The group reviewed the strengths/challenges/preferences for bathing during this conversation.
- The group agreed that the items were inappropriate as phrased, and Pat Cook said that having checklists and asking an individual what he/she does well is not person-centered.
- After discussion, the group agreed to pull the strengths and challenges response options into what was called Support Instructions.
  - **"Support Instructions" was relabeled as "Guidance for Workers", and the item directions now ask for "Factors to consider when assisting the participant with (the ADL (e.g., bathing))".**
  - The group agreed that these combined response options would allow individuals to tailor their supports and services the way they want.