

Waiver Implementation Council (WIC) Meeting Summary

August 15, 2018

10:15 – 11:00 am WIC Online Forum Orientation (second option)

11:00 am – 1:00 pm WIC monthly meeting

Adobe Connect:

<https://cohcpf.adobeconnect.com/wic>

Conference Call

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant Code:

869804#

Meeting Attendees		
WIC Member	Department Staff	Guests
Audrey Levy	Alicia Ethredge	Ellen Jensby
Bob Lawhead	Josh Negrini	Jennifer Spencer
Carol Meredith	Kelly O'Brien	Leslie Rothman
Dawn Caldwell	Lori Thompson	Maureen Welch
Gerrie Frohne	Matt Baker	Robert Hernandez
Jeff Newman	Rebecca Spencer	
Jennie Stormes	Scott Nelson	
Jessica Eppel		
Jodi Walters		
Kevin Graves		
Kidron Backes		
Michelle Szydlowski		

Meeting Attendees		
WIC Member	Department Staff	Guests
Pat Chamberlain		
Patrick Hackney		
Paul Malinowski		
Rob DeHerrera		
Roman Krafczyk		
Shawna Boller		
Stephen Shaughnessy		
Tamara French		

Agenda Item	Summary of Discussion	Requests and Follow-Up
<p>Online Forum Tutorial (Josh Negrini) 10:15 - 11:00 am</p>	<ul style="list-style-type: none"> • Example of the home page of the WIC online forum <ul style="list-style-type: none"> ○ How to expand the screen ○ No questions • Review of online forum components <ul style="list-style-type: none"> ○ Online forum is open to members for contributable access and to guests for read only. ○ Navigate from home screen on the left-hand side. ○ The SCS will incorporate active items from the Change Request Log in the Word document, currently in process of resolving comments and adding these to all current drafts. ○ WIC meetings and materials ○ Modified - person that updated it last. ○ Change Request Log - library of all the active and resolved issues. <ul style="list-style-type: none"> ▪ Reviewed different View Modes ○ Review of process to set-up alert for notifications 	<p>Please contact joshua.negrini@state.co.us if you have questions with the Online Forum or issues with access, or would like to request additional orientation opportunities.</p>

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	<ul style="list-style-type: none"> • Question: What to do if members are having trouble accessing the online forum or have questions? <ul style="list-style-type: none"> ○ A: please contact Josh Negrini and he will assist you, joshua.negrini@state.co.us. • Question: How can guests contribute to the online forum? <ul style="list-style-type: none"> ○ A: Guests have view-only access to the online forum, will need to work with a WIC member to have anything added to the online forum. ○ A: Guests can also email comments to Josh Negrini. 	
WIC regular meeting - Intro and Review (Josh Negrini)	<ul style="list-style-type: none"> • Standards of meeting • Agenda • Materials • Council Role • Working agreements • Review Meeting Summary 	Chat Log request: Send out the agenda as a separate attachment to the PowerPoint.
Cross-System Crisis Response Pilot Program Overview (Josh Negrini)	<ul style="list-style-type: none"> • Cross-System Crisis Response Pilot Program <ul style="list-style-type: none"> ○ Developed through JFK Partners ○ To help bridge networking opportunities and help improve coordinated services delivery for individuals with Intellectual and Developmental Disabilities experiencing a crisis. • Enhance system and learn • Background • Pilot Requirements and identified best practices, this informed the Behavioral Services- Service Coverage Standard revision. 	<p>For additional information on the Cross-System Crisis Response Pilot Program (CSCR Pilot), see the most recent legislative report, 2018 HCPF Cross-System Response Pilot Annual Report - July 2018, attached.</p> <p>For additional information regarding the CSCR Pilot, you may contact Cody.Hickman@state.co.us.</p> <p>For information regarding the Colorado Crisis Services, visit the website: http://coloradocrisiservices.org/</p>
Behavioral Services (Josh Negrini)	<ul style="list-style-type: none"> • Behavioral Services <ul style="list-style-type: none"> ○ In-home therapeutic supports ○ Site based therapeutic supports ○ Risk Assessment 	Department to review and ensure all items noted in this conversation are added to the WIC Online Change Request Log.

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	<ul style="list-style-type: none"> ○ Family Peer Supports ● What do you like? ● What do you not like? ● What may be missing? <p>Discussion:</p> <ul style="list-style-type: none"> ● On page 2: The Behavioral Consultation needs to increase and be able to engage in interventions for better training of behavior line staff. ● Behavioral Services as a continuum of services. They need to have a behavioral support plan and this Intensive Supports would come into play when that has failed. Increased provider qualifications- Assessment and training need to be offered in the home or community setting where the behavior is taking place. ● Alarmed at the behavioral line staff training. It says 24 hours of training now, which is not enough training. ● You cannot expect an RBT to do this because they don't have the authority to do so. ● Goal of intensive support is to assist in stabilization of current crisis, as well as, prevent future crisis. There is a knowledge transfer to the person's normal provider/support when they are stabilized, along with a revised plan to help assist with identifying preventive strategies and services. ● From a person-centered standpoint- it is the person who selected the service and is defining the goals. ● We need very clear rules about individuals providing consent to behavioral services and ensuring that the member's preferences are incorporated, they are currently a bit muddy. 	<p>Specifics noted from the conversation and chat log:</p> <p>Page 3 - Certificate, item 1.b. typo, add "r" to "provider". Revised 9.18.18, no active issue needed.</p> <p>Page 5 - b) i) (3) (4) are repeated. Revised 9.18.18, no active issue needed.</p> <p>Page 6 - Definition 1- Ensure this strategy for service requirement and reporting method is consistent to previous service definition. Active Issue 369- Added specifics from Behavioral Plan Assessment to this definition</p> <p>Page 6 - Service Requirements- 2) involved in the plan's development and give input including what has been tried before, what has worked and not worked, and feedback about how the plan is working, with suggestions for changes and... (Language suggestion). Revised language to read, "Unpaid and paid supports should be involved in the plan's development and provide input including what has been tried before, what has worked and not worked, and feedback about how the plan is working, with suggestions for changes and with permission from the member. "</p> <p>Page 8 - Definition, 1): Why are these behaviors the only ones the risk assessment looks at? It seems to me there are additional behaviors that put a person at risk of being placed under SOMB guidance. Wouldn't we want to include those as well or broaden the</p>

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	<ul style="list-style-type: none"> • Current language of this service should be tailored to ensure that the member is driving what services they desire in order to better achieve their goals. Draw more emphasis to the member choosing these services, and walk away from language of “to acquire and maintain appropriate adaptive behaviors” as that is subjective and it is unclear who determines this amongst the team and what mechanism is used to identify maladaptive behaviors. • Comment received that the authorization of this service should be made easy and streamlined. • Basic life skills are not covered under Behavioral Services, these would be covered under Personal Care in SLS and Residential Habilitation in DD. • Interviews with families and other paid/unpaid supports are important, the definition is too long right now. Need to make sure there is consistency. • Ensure there is consistency throughout this document related to strategies under service requirement. An example is on page 6, definition 1, ensure this strategy for service requirement and reporting method is consistent to previous service definition. • Positive Behavioral Supports – back in 2010/2011 we received a lot of input from stakeholders that supported Positive Behavioral Supports modalities. The idea is that Positive Behavioral Supports are attempted first, in the least restrictive approach and then any best practices gleaned inform future preventive planning processes. <ul style="list-style-type: none"> ○ Positive Behavioral Supports should be an example of a type of approach that can be 	<p>definition to any behavior that places a person at risk of SOMB involvement? Resolved language to be more inclusive, “Risk Assessments are professional evaluations of any behavior that may subject someone to involvement with the Sex Offender Management Board (SOMB) to determine the need for psychological, medical or therapeutic services. These behaviors may include violent, stalking, sexually violent, predator, and/or opportunistic behavior as some examples.”</p> <p>Page 9 - Risk Assessment, Service Requirement- #2, C. Expand significant other language to include array of unpaid and paid support that the member chooses. It was strongly emphasized that it must be member’s choice on who is involved in the assessment, with support of legally appointed decision-makers. Ensure there is strong language that supports the member’s privacy in discussing these sensitive areas, especially where they may not want part of their life discussed with a particular unpaid or paid support. Active Issue 366, and throughout any use of IDT should be member’s choice.</p> <p>Page 10 - Risk Assessment- What would the member’s ability to review the assessment and plan developed to ensure they are in agreement, or how they can indicate dissent? Ensure consistency between behavior plans developed and evaluation report of to the risk assessment. Issue ID 370- Proposed Resolution: Incorporated the following language, “The member will be provided a</p>

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	<p>used, not the rule of the only type in the service.</p> <ul style="list-style-type: none"> • Reference the use of evidence-based practices – comments in the change log regarding this issue. Another member had concern with this language, provided additional comments in the chat log. • Any areas on the Service Coverage Standard that may still be blank will be further researched and completed, these areas are primarily provider qualifications and will be completed in more entirety as the draft is further developed. • Need coordinated services under the mental health plan. Need to ensure that information is shared and communicated with all providers on the team. • Need to distinguish if trauma is a mental health related need, and if so they should be getting services from the Behavioral Health Organization. <ul style="list-style-type: none"> ○ Input from a BCBA that reviewed this likes increased focus on engaging family/caregivers as a focus. One suggestion was to incorporate into assessment process more review on trauma informed services. Most recent research refers to Positive Behaviors Supports as well as trauma informed services, even if there isn't a specific identified trauma incident. • We need to have someone to help coordinate these services and the services that are provided under the Capitated Mental Health state plan. This can be a big job - you have to train DSPs, have to train day program staff, share and communicate complete information with all providers on the team. 	<p>copy of the plan to review and provide input regarding the assessment. This input will be incorporated in to the plan to ensure the member has an opportunity to provide any dissenting opinions. “</p> <p>Page 11 - Risk Assessment- Service Requirements- Treatment plan process is detailed, beneficial to have this level of detail where a plan is referenced. Seconded by another. Issue ID 371</p> <p>Page 13 - Behavioral Counseling- Service Specifications- “counseling may be provided in an individual or group setting and may include,” please incorporate language, “may include but is not limited to...” Revised on 9.18.18, now on page 14.</p> <p>Page 15 - Behavioral Line Services- 2)? Enrollment (from?) after leaving? Revised language on 9.18.18 to read, “To include acute, short term behavioral support at the time of enrollment into an HCBS Waiver program from an institutional setting, or”</p> <p>Page 17 - (a) Behavioral Line Staff - need more than 3 days training. Line staff should be required to master best practices in behavioral support, be thoroughly familiar with the behavior support plan, know and demonstrate de-escalation and containment procedures, know crisis management resources, escape plans, how to provide for safety of others in the near vicinity, etc. Issue ID 371</p> <p>Page 17 - Intensive Support- Service Specification- Definitions, include assessment, treatment</p>

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	<ul style="list-style-type: none"> • Counseling should include but not be limited to individual and group settings, individual gets to pick. • Concern about medical issues, it's important for therapeutic support to have a medical personnel who can handle medical issues. For example, type 1 diabetes and feeding tubes. • Make sure that an assessment involves families and guardians, but that the individual should be the sole determinant of who is involved – make sure it is person-centered. • Issue with the term “natural support” should be referred to as “paid and unpaid supports”. • Need to ensure the timely authorization of service to prevent creating a cliff effect of services. Expect a provider to be developing a clear plan towards the end of a therapeutic stay to help an individual stay out of crisis. • The Behavioral Services – Service Coverage Standard draft was not fully reviewed. This topic will be revisited at a future WIC meeting. 	<p>formulation and add “implementation”. Language added on 9.18.18.</p> <p>Page 17 - Eligibility- Concern that requiring a member to go through the Behavioral Health Crisis assessment and service system, may further cause delays in authorizing this service when it may be an urgent need. Review reducing any barriers to authorization when possible. Department requested suggested language for this to be emailed to joshua.negrini@state.co.us. Issue ID 368 - A person centered approach should be used with the person and people who know the person well to determine the most appropriate services and sequence of services.</p> <p>Page 18 - Therapeutic Supports has to have trained medical personnel equipped and able to handle a variety of medical issues as well as behavior concerns. Type 1 diabetes as an example, feeding tubes or wound care. Issue ID 374</p> <p>Page 19 - Intensive Supports - Crisis Mitigation Plan - Include provision for meeting ongoing health care needs and necessary medical interventions. Additional comment, ensure this plan also connects to other types of needed services beyond what may be provided for within the HCBS waiver, such as Mental Health or substance use needs. Issue ID 375</p>

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		<p>Overall- in all standards replace any use of “natural supports” with “paid and unpaid supports.” Resolved 9.18.18, no active issue necessary.</p> <p>More review of aligning services between those aging from a Children’s waiver that may not have behavioral supports, and are receiving them through EPSDT to their experience when they move onto an adult waiver. This transition right now can be very confusing for families and may result in a “cliff” effect where services to bridge this transition could be made more robust and streamlined. Align provider qualifications for that allowed more broadly in EPSDT to all waiver behavior services, reduce focus on BCBA. Issue ID 376</p> <p>Provide more specification between differences of behavioral consultation, counseling, behavioral assessment and risk assessment. Issue ID 377</p> <p>Definition for psychoeducational support? Definition for psychotherapeutic? Issue ID 378</p> <p>Specify in more clarity the role of the individual that coordinates services and develops the Crisis Mitigation Plan. Issue ID 367</p>
New Timeline (Alicia Ethredge)	<ul style="list-style-type: none"> There is still a lot of work to be done, and we have overwhelmingly heard from members of this council that the timeline is too fast. Thus, based on the recommendations of this council and on the contracted work that is yet to be done we are moving the timeline back. We need the help of the WIC to 	The Department is currently reviewing the request for all meetings to be offered in-person. At this time, there is no room available for the meeting scheduled on 9.19.18 from 11:00 am - 1:00 pm. A doodle poll was sent out to review alternative dates that would work for those that want to participate to accommodate an In-Person meeting request.

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	<p>decide what the appropriate target date to move to would be.</p> <ul style="list-style-type: none"> • We are hoping to be able to discuss this at our September meeting. • Question: Do we need to report timeline changes to the Joint Budget Committee? <ul style="list-style-type: none"> ○ Answer: Yes, we will report this in our quarterly update, and the next report is due in October. • Concerns over the number of meetings and the meeting times. <ul style="list-style-type: none"> ○ The Department will take into consideration this feedback as we assess all future meetings. • Comment received in chat box, the phone only/computer only supported platform is not preferred for all members. All future meetings should have an In-Person meeting option. 	<p>Doodle Poll results: Next meeting scheduled for Monday, October 15, 2018 from 12:00pm to 1:30pm. Details listed below, and the Department will send out an additional email with call-in, webinar and In-Person location.</p> <p>At the October 15, 2018 meeting we will discuss the schedule and structure for future WIC meetings. The previously scheduled meeting on October 17, 2018 will also be rescheduled, pending the discussion on October 15, 2018.</p>

Next WIC Meeting

October 15, 2018 from 12:00 pm – 1:30 pm