

Waiver Implementation Council

*Improving Home and Community-Based Services for
Adults with Intellectual & Developmental Disabilities*

August 2018



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Agenda

11:00 am Welcome, Housekeeping & Overview of Today's Meeting

11:10 am WIC Role and Charge

11:20 am Cross-System Crisis Response Pilot Program Background

11:30 am Overview and discussion of Revised Behavioral Services

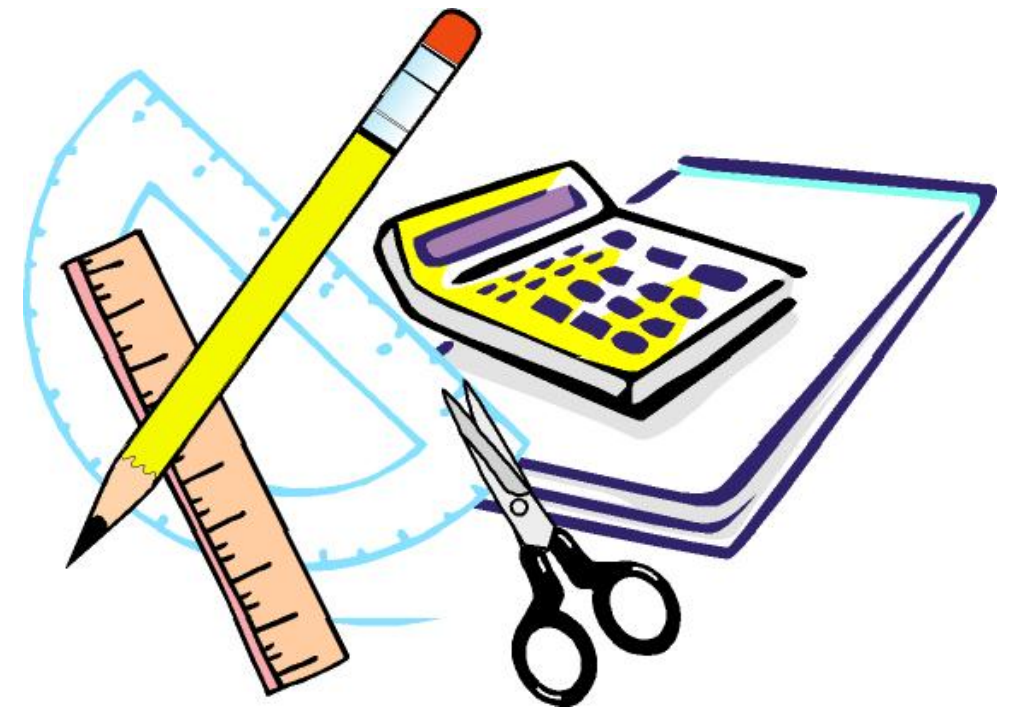
12:30 pm Next Steps, Questions and Public Comment

1:00 pm Adjourn



Materials

- July 25, 2018 Meeting Summary
- Behavioral Services-Intensive Supports SCS
- Appendix A – Site-Based Therapeutic Support pictures for reference



Meeting Scope

Today's Meeting

- Waiver Redesign Update and Recap
- Behavioral Services SCS discussion
- Question and Answer
- Public Comment

Future Meetings

- Participant Direction
- Rates
- Provider Qualifications
- Unit Limitations
- Self-Direction



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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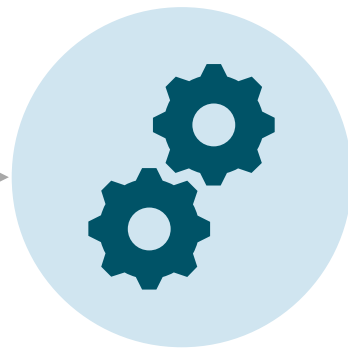
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Office of Community Living Vision



ACCESS

*Streamline Access
to Services*



COORDINATE

*Improve Service
Coordination*



RECEIVE

*Increase Service
Options and Quality*

Council Role & Charge



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Implementation Council Purpose

Provide ongoing guidance and advice on the development and implementation of a redesigned waiver to support adults with intellectual and developmental disabilities.



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Implementation Council Role

- Consultation and advice
 - Examine redesign concepts
 - Suggest improvements through new ideas and perspectives
 - Provide solution-oriented feedback
- Stakeholder ambassadors
 - Identify other stakeholder groups/experts
 - Create partnerships
 - Disseminate and collect information
 - Communicate with a broader audience



Working Agreements

- Treat each other with respect and honor one another as whole individuals
- Value diversity in experiences and perspectives
 - Robust examination and discourse improves our work
- Engage with each other as partners
 - Direct communication
 - Solution-oriented collaboration
- Feedback Options
 - Index cards
 - Group break out



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Review Meeting Summaries

July 25, 2018

Waiver Implementation Council Meeting Summary

For Our Stakeholders →

Committees, Boards, and Collaboration →

Waiver Implementation Council →

Past Meeting Materials →

July 25, 2018



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HB15-1368 Cross-System Crisis Response Pilot Program Background

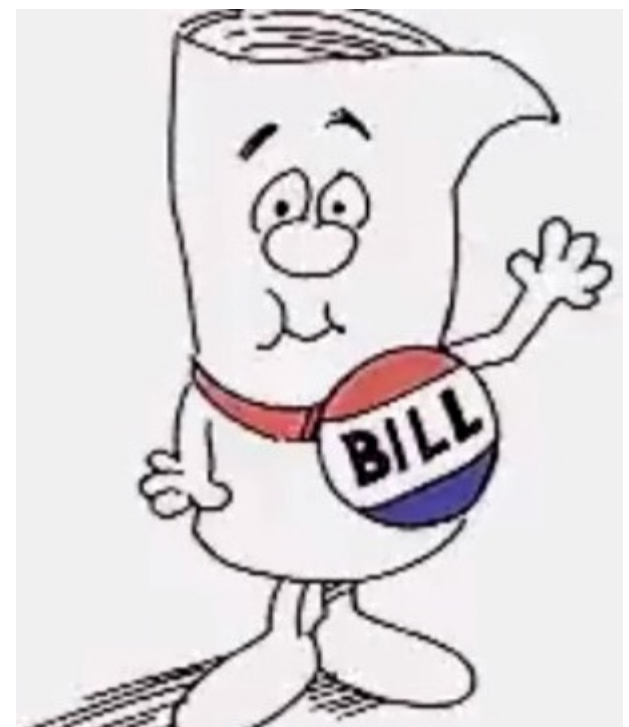


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House Bill (HB) 15-1368 Cross-System Crisis Response Pilot Program

Establish a Cross-System Response for Behavioral Health Crisis Pilot Program to serve individuals with Intellectual or Developmental Disabilities



HB15-1368 Cross-System Crisis Response Pilot Program: Background

- ✓ A statewide analysis of “Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities and Mental and/or Behavioral Health Disorders” was completed in 2014 by the University of Excellence on Developmental Disabilities at the University of Colorado School of Medicine, JFK Partners

- ✓ Recommendations from analysis include:
 - People with Intellectual and Developmental Disabilities (I/DD) should have access to mental/behavioral health services in parity with the general population
 - The capitated mental health system should fully include coverage for behavioral supports and mental health services for people with I/DD
 - Integrated system of monitoring and reporting
 - Specialized cross-training to increase effectiveness of assessment, prevention, intervention, and crisis response



HB15-1368- Cross-System Crisis Response Pilot Program

✓Pilot reimbursement—multiple sites across different geographic regions for cross system response for behavioral health crises for people with I/DD and a mental health or behavioral disorder

✓Pilot requirements

- Written cooperative agreements among state plan providers, Medicaid school based health services, I/DD service providers, I/DD case management agencies and Behavioral Health Organizations (BHOs)
- Timely crisis intervention
- Stabilization
- Evaluation
- Treatment
- In-home therapeutic Support
- Site-based therapeutic Support
- Follow up services



HB15-1368- Cross-System Crisis Response Pilot Program

✓ Pilot requirements (cont'd)

- Must complement and expand on the Colorado Behavioral Health Crisis Response System
- Access to intensive psychiatric, behavioral, and mental health (MH) services
- Offer community based mobile support to persons with I/DD and families
- Offer education/training and follow up supports to individuals with I/DD and families and caregivers



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HB 15-1368 Implementation Highlights

June 2015

HB 15-1368 is signed into law authorizing the CSCR Pilot and Actuarial Study.

May 2016

CSCR Pilot lead agency contract signed with Rocky Mountain Health Plans.

March 2017

Department received 1st program evaluation for CSCR Pilot.

Spring and Summer 2018

Department to receive 3rd and 4th program evaluations for CSCR Pilot.

January 2016

Department received responses to RFP for CSCR Pilot lead agency.

August 2016

CSCR Pilot began providing crisis services.

June 2017

Department received 2nd program evaluation for CSCR Pilot.

June 2019

CSCR Pilot ends.

November 2014

Gap Analysis released by JFK Partners.

June 2016

Department received 1st actuarial report.

June 2017

Department received 2nd actuarial report.

Summer 2018

Department to receive 3rd actuarial report.



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Behavioral Services- Service Coverage Standard (SCS) Review



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4 New Subcomponent Services

- 1) In-Home Therapeutic Supports
- 2) Site-Based Therapeutic Supports
- 3) Risk Assessment
- 4) Family Peer Supports



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In-Home Therapeutic Supports

- Assist people who are in crisis within their natural living environment
- Defines strategies to support the individual and family to prevent the need for out of home placement prior to or during a family identified crisis
- Coordinate with and train the person's current service providers and natural supports



Site-Based Therapeutic Supports

- 24 hour therapeutically-planned and professionally staffed environment
- Provide support for those who need a higher level of care but do not require in-patient hospital based services
- Crisis Management
- Stabilization
- Transition

“Before this program, I didn’t understand how to calm myself down. I would just blow up. I had to have the police called on me multiple times. I was able to go to 181* and learn new ways to calm myself down. I have been more successful in my current setting. When I do get upset, I am able to have staff call one of the staff from 181 and they help calm me down.” - CSCR Pilot participant

* “181” is the name of one of the Site-Based Therapeutic Stabilization Homes.



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Site Based Therapeutic Support Home

Grand Junction



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Interior



Bathroom Sinks also have ligature resistant faucets and plumbing covers



Mirrors are Polished Metal



Where necessary blinds are inside the window panes of the glass.



Risk Assessment

- Modeled off of a similar service found in the Washington: Children's Intensive In-Home Behavioral Support (CIIBS) Waiver
- Will provide additional information for a person that may need assistance with sexually related behaviors that are not socially appropriate or illegal, though may not understand the legal implications of these behaviors
- Will assist the courts in making better informed decisions
- Additional tool beyond the Behavioral Assessment can aid in Person-Centered Planning



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Family Peer Supports

- Establishes a network of Family Support Organizations (FSO)
- Family Support Organizations (FSO's) are family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy and other services to family members of individuals with emotional and behavioral challenges.



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What do you like?

What do you not like?

What may be missing?

Any other suggestions?



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Intervention - Issue ID 161

Do we need to revisit the term “intervention” and rewrite with more supportive/collaborative language, such as support”?

Department’s proposed resolution is to refer more to *“positive behavior supports”* and *“positive behavior support plans”*.

Emphasis is intended to be on learning new skills to account for the functional need being met through this behavior, as opposed to focus on solely reduction or intervention of the targeted behavior.



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Least to most intrusive vs. risk analysis - Issue ID 342

The Department received the recommendation to include least to most intrusive risk vs. risk analysis and evidence based practice from peer reviewed research.

Let's discuss this further.



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Next Steps



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Questions & Public Comment Period



