Long Term Services and Supports Stakeholder Engagement Report

Colorado Department of Health Care Policy and Financing

Host:

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Future Regional Forums in Colorado: April 2017 to June 2017.

Greeley	• April 3, 2017, 9AM-4 PM • 23 Attendees
Denver	• April 19, 2017, 9AM-4 PM • 27 Attendees
Pueblo	• April 24, 2017, 9AM-6:30 PM • 21 Attendees
La Junta	• April 25, 2017, 9AM-6:30 PM • 5 Attendees
Glenwood Springs	• May 15, 2017, 9AM-6:30 PM • 4 Attendees
Grand Junction	• May 16, 2017, 10AM- 5:30PM • 16 Attendees
Statewide Webinar	• May 22, 2017, 5:30 PM -8:30 PM • 16 Attendees
Durango	• June 1, 2017, 9 AM- 5:30PM • 12 Attendees
Colorado Cross-Disability Coalition	Document: Assessment Tool Principals : HCPF LTSS Suggestions made by CCDC

Section I: Location and attendees of the Stakeholder Meetings

April 3,2017

Island Grove Regional Park Event Center

501 North 14th Avenue Greeley, CO 80631

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- 100.2 is easy and quick
- Intake/ongoing continuity
- Flexible
- Known
- Person Centered
- Narrative
- Comfortable
- Have control of figuring out needs/wants
- Don't have to maintain budget

What doesn't work?

The current has:

- Lack of uniform judgement
- Difficulty in decision between acute care/disability care
- Definitions are too loose
- Lack of accurate reporting
- Lack on consistent training
- SIS and 100.2 overlap with information
- SIS only looks at support level determination
- Employment section not reflective of reality
- People repeating their stories
- 100.2 mostly focuses on the negatives and that makes people frustrated
- Definitions and criteria in 100.2 are restricted
- Lack of clarity between different Levels of care (LOC)
- Many gray areas especially in the Q/A section of institutionalization
- Inconsistency in training for 100.2
- Lot of subjectivity
- Inconsistency in its application across different agencies

What would you like to see in the new process?

- Consistency
- Easy to understand language
- Providers providing services across waivers/populations
- What happens when an ongoing Case Management finds an individual to be ineligible?
- Accurate reports
- Timely assessments
- Auto populate to Bridge
- Not overburdened
- Consistent tiers especially related to CDASS
- Clear defined role of case managers
- Consistent training
- Timely assessment for high case loads
- Consistent workflow
- Guideline for avoiding tier creeping
- Positive experiences for individuals
- Timing of the new tool
- Modifying re-assessment by not asking the same questions again and again
- Consistent training
- Easy data pulling for all assessments
- PT process- why do they need to be reassessed?
- Concern with reassessment frequency
- Association with tier levels/CDASS
- Format that works well on the computer
- CMAs willing to share information among provider
- Compensation for doing a longer assessment
- Flexibility while using the new tool
- Auto filling into a service plan
- Structuring time to make sure caseloads are appropriate
- Streamlining timing of an assessment
- Reverse DI process
- Minimize reassessment
- Can fluidly move between nursing facilities
- Face to face training
- Want more practice scenarios
- More conversational scenario training

What should we avoid in the new process?

- Avoid lack of communication
- Avoid completing with one region i.e. the Denver region
- Avoid conflict with intake and ongoing case management
- Avoid inconsistent selection of case management agencies
- Avoid inconsistent resources or inadequate resources to guide clients
- Avoid excluding certain SEPs/CCBs i.e. please keep everyone in the loop

- Avoid limiting areas of focus
- Avoid eliminating flexibility
- Avoid a burdensome tool
- Balance of person centeredness and gathering information
- Transition from school-IEP services into HCBS Services
- Communication consistency
- Inefficient tool

Section III: Takeaway from the Greely Regional Forum Meetings

For our further presentation, folks would like to have:

- Copies of power point to take notes on
- Copy of what the assessment tool looks like
- Show couple of examples of skip patterns

Section I: Location and attendees of the Stakeholder Meetings

April 19,2017

Mile High United Way

711 Park Avenue West Denver, CO 80205

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- Able to determine eligibility and serve individuals
- There are individuals thriving with HCBS services; most people are getting services
- Process helps improvement
- Good inter-agency partnerships-have developed work around processes
- Consumer Direction for those who have access to it
- Benefit of allowing individualized services
- Flexibility within IDD waivers
- People can switch between waivers easily

What does not work?

The current process has:

- Inconsistencies across waivers, eligibility and support to families
- Self-defeating
- Lacks conversational aspect
- Case management is robotic
- Too complex for individuals
    - Can be traumatizing
    - Potential to receive the wrong services
    - Too many hurdles/barriers connecting with CCBs/SEPs
    - Delay in timeliness of process
- Intermittent needs not well addressed
- All or nothing
- Intake screeners don't have adequate knowledge
- Confusion with sent materials
- Challenge with deficit based service planning
- Lack of flexibility with the SIS
- Inconsistency with case manager training
- Duplicative/multiple assessments; Information serves a short-term purpose and then becomes lost and the person must retell their story
- Subjective and deficit based
- Multiple hands touching one person
- Lack of tool transparency
    - No understanding of SIS algorithm; lack of trust
- Lack of integration with data system
- Difficulty with financial approvals
- Lack of communication/understanding between agencies and with community partners
- Lack of follow up, quality assurance
- Services are not time sensitive; When an urgent matter occurs
    - E.g. When individual has legal issues
- Reactive rather than proactive
- Lack of over-all data system (cost/benefit)
- Certification doesn't follow the person
- PMIP (more harm than good)
- Lack of universal data system
- The Bridge
- Service agencies burdened by re-collecting information; takes time away from providing care.
- Bad name for the assessment
- Not adaptable (doesn't drive support plan accurately)
- Transition Period (18-21 yrs.)-issues with "turf" and who is responsible for what, lack of training with case managers about school districts / transition programs

What would you like to see in the new process?

- Cross communication/Streamline communication between financial and functional eligibility
- Single assessment for all CMAs
- Less assessing

- Improved access to regulations that drive the system
- Understandable to individuals seeking services
- Universal database; capability to share information
- Personal information does not need to be shared with everyone
    - E.g. Discussing trauma in front of team
- Third party eligibility separate from the CCBs and SEPs
- Same resource allocation tool for everyone
- Realistic expectation and portrayal around natural supports
    - Training for natural supports
    - Clarification (ex. Family goes on vacation and individual is in a host home)
- Simplifications process for which waiver to enroll into
- Waiver simplification
    - Seamless transitions between changing waivers
    - Same service options (supported employment) available on multiple waivers
- Flexibility around reassessing
- Case management expertise
    - Case manager tiers
    - Case manager certifications
    - Soft skills training
    - Active listening training
    - Better pay
- Ability to use skype
- Transparency on information sharing
- Better ongoing training for case managers
    - Develop training based on FAQ's
    - Once process is rolled out-develop a way to problem solve issues.
- LOC Certification follow the person
- Transparent and easy to navigate process
- Helpdesk feature and consistent answers
- State wide trainings for CMA's, Families, School Districts (expanded ITD's)
- Visual aids and flow charts for individuals, families, teachers; Present information in multiple ways
- Consistent modules
- Incorporate mindfulness (get rid of old ways/processes)
- A way for individuals in services to review modules ahead of time
- Transition Period (18-21 year)-capture this in support planning and better communication
- Thorough training about how to use the assessment tool
- What, Where and When to address needs
- SEP/CCB's not being responsible for PASRR
- Awareness of caseload sizes
- Defined appeal process
- Flexibility for reassessment within the year
- Term "case manager" not liked
    - Explore "associates, personal agents"
- Address gap in support pre-intake
    - How do individuals get support with social security, Medicaid application and DD determination?

What should we avoid in the new process?

- Duplication
- Simplification of the process (that avoids capturing important information)
- Don't make it more complicated than it needs to be
- Concerns with training 3,000 + case managers statewide
- Data overload-how will case managers know what to focus on? Is there a way to flag concerns for reassessment?
- Skipping modules-concern that there is a risk of not having informed choice
- Generalizing question/answer biases
- Making the learning curve too overwhelming
- Complex terms/jargon

Section I: Location and attendees of the Stakeholder Meetings

April 24,2017

Robert Hoag Rawlings Public Library

100 E. Abriendo Ave. Pueblo, CO 81004

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- Familiar and comfortable to use
- Like the narrative section. Agencies refer to this narrative for information.
- Ability to shop around for CCB's if not satisfied with first CCB
- Temporary Support Level increases

What does not work?

The current process has:

- It isn't reliable or valid
  - 100.2 is not reliable or valid

  Inconsistency with interpretation of tool
- There are unused units during the length of the enrollment period
- Comprehension of assessment tool items by the client:
  - Client is not as forthcoming as they would be with a home health agency or case manager
  - Under reporting due to fear of not being accepted on the program

- Inconsistent training
- Timeliness during crisis
- Does not reflect behaviors associated with aging
- Not appropriate for children
- Long and repetitive-ADLs and IADL's overlap
- Inconsistent training with SIS
    - SIS training-consistency has been a challenge
    - SIS training doesn't adhere to AAIDD standards
    - Question the reliability and validity of the SIS because of this
- SIS is consuming for people new in the program.
- Inconsistent case manager visits-needs to be audited
- Questions on the SIS and 100.2 don't capture full needs of an individual.

What would you like to see in the new process?

- More fluidity
- Training
    - Trainings that can support more consistency and automation
    - Trainings for case managers, individuals, families, education personal (e.g. pertaining to transitions); consider webinars
- Tier levels that are not based on budget constraints
- Regular quarterly meetings for CMA's and stakeholders
- Streamlined process
- Improved communication and direction from HCPF during the roll out
- Improved auto populating capability
- Make it easier for case managers; caseloads must be manageable
- Have a troubleshooting database during pilot
- Make sure it is person centered
    - Respect/dignity-having the right people at the assessment vs. support planning
    - Opportunity to ask family if individual be present during the assessment in a way that does not trigger outbursts but still gets accurate, consistent information
    - Individuals wants to understand why questions are being asked
    - Ask individuals if they want to involve their supports even if they are out of town
- Quantify needs by collecting data
- Consider changing PMIP requirement for eligibility
- Ensure LEAP/Energy assistance is in the referral section
- Make sure it is ready when released
- Would Department staff to walk through the process with workers
- Establish proper checkpoints. Don't assume it is working.
    - Have customer satisfaction survey
    - Expand who the Department is getting feedback from.
- Training, training, training
    - Hands on training
    - On-site training
    - Pilot the tool
- Make sure to address if supports were removed.
    - E.g. When an individual is doing well because supports are in place the SIS does not reflect this with the support level.

- Some type of appeal process (e.g. with support levels).

What should we avoid in the new process?

- Close ended questions
- Subjectivity
- When rolling out the new assessment:
    - Don't shut off implementation system
    - Create a "sandbox" for people to play in/explore defects
    - Don't roll out the assessment too fast
    - Avoid testing only in specific areas and not having a cross representation
- Duplication in assessment
- Avoid siloed working.
    - How will NWD and CFCM interact with the assessment process

Section I: Location and attendees of the Stakeholder Meetings

April 25,2017

Ontero Junior College

1802 Colorado Avenue La Hunta, CO 81050

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- Narrative boxes-helpful to justify the need
- Division between intake and on-going case management departments
    - Both need to be financed
- Quality Assurance staff being internal to CMA

What does not work?

The current process has:

- Too loose, too many gray areas, too subjective
- Inconsistency in terms of application
- Cumbersome on follow up assessment
- Training-spending resources on this
- Duplication
- Roles of agencies are confusing (SEP/RCCO/NWD/CCB/ARDC)

- Letters to clients from the Bridge are confusing

What would you like to see in the new process?

- Person centered; focus on soft skills
- Certain diagnosis trigger a focus in the assessment
    - Identify diagnosis with a check box
    - e.g. wheel chair bound due to; select diagnosis
- Denials/Decrease in services with better enforcement
    - e.g. Often HCPF over-rides case manager's decision
- Need more providers, resources and case managers
- Assessment that allows case manager to move around within the assessment
- Spend less time completing paperwork and more time assisting individuals
- Valid PMIP have longer time to be considered current
- Ensure reassessment process is streamlined
- Sound budgets-making sure people that need services get services
    - e.g. individuals with substance abuse issues may not be appropriate for services
- Eliminate fraud and abuse
- More check boxes
- Ability to navigate is smooth
- Diagnosis easy to identify

What should we avoid in the new process?

- PMIP tied to eligibility
- Duplication with support planning and entering information
    - e.g. Personal Goals are in the Bridge
    - Two signature pages
- Discussing resources/referrals when the region can't offer those services; makes people feel hopeless
- Assessment burden
- Ensure caseloads are not too high
- Underpaying
- Too many signatures

Section I: Location and attendees of the Stakeholder Meetings

May 15,2017

Hotel Colorado

26 Pine Street Glenwood, CO 81601

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- The SIS is an objective measure to determine support level. Want to continue this consistency

What does not work?

The current process has:

- 100.2 does not capture some needs of people with IDD
- Not consistent how resources are allocated
- Telling a story repeatedly causes trauma
- Lack of consistent implementation of the SIS across the state
- Not much mobilization (transitioning from one place to another)

What would you like to see in the new process?

- Tiered case management rates
- Training
  - keep it anchored
  - Follow up training
  - Training with case studies
  - Training individuals how to lead their process
- Direct service providers have person-centered structure above them-support the providers.

What should we avoid in the new process?

- No comments from the stakeholders.

Section I: Location and attendees of the Stakeholder Meetings

May 16,2017

Central Library

443 N. 6th Street Grand Junction, CO 81501

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- People are getting quality services in their communities versus institutions

- DD Waiver meets individual's needs
- Case managers are trying to do what is right
- Streamlining services
- Willingness to collaborate on the Western slope
    - APS, CCBs, SEPs, DVR are working together
    - Pilot with medical professionals/hospitals; notify case managers when someone is hospitalized and individuals are better supported upon discharge

What does not work?

The current process has:

- Case manager turnover
    - Over loaded with paperwork and information
    - Clients will have five case managers in one year
- Inconsistency with:
    - Information
    - Processes when clients move from one place to another
    - Within agencies
- SEP's taking seeing an increase in individuals with substance abuse problems that are homeless
    - Individuals may meet LOC with a 100.2 that captures a snapshot of time, but don't have an HCBS need;
- Physician shortages;
    - Makes it difficult to get SSI or PMIP to be eligible for services
- Lack of mental health resources; Very few or no treatment facilities and providers
- Lack of supports and resources in rural areas
- Self-reporting; Some individuals take advantage of the system; Need collateral information from doctors because not everyone is honest
    - E.g. PMIP does serves the purpose of validating need
- Bridge does not work well
- ULTC 100.2
    - Lack of consistent guidelines with 100.2
    - Nursing home LOC is vague
    - Not person-centered
- Inability to collect data for future planning and identify trends (BUS)
    - E.g. Younger individuals with chronic conditions
- Transition to adult services is confusing
- Person centeredness is not valuable if the system does not change
- Does not have flow charts to show process overview
- Clients don't really know all the services available
- Clients are eligible but there are not services available
- Dire need for patient liaison
- Individuals have frustration with repetitive questions from case manager and providers;
- Provider agencies are provided limited information about individuals and the individuals must re-tell their stories
- Integration of services across waivers
    - E.g. Supported Employment
- Provider agencies are siloed; only provide services to EBD recipients
- Lack of funding for ADRC (e.g. individuals under 60 years old)

What would you like to see in the new process?

- Simplification, less duplication and more streamlining
- Training
    - Training mentoring; better training for case managers
    - Pre-training; test the system and don't roll out live systems without training (like the BUS)
- Less narrative in the assessment
- Case managers need to feel better supported
- Decreased caseloads; Increase quality of case managers
- See consistency with the assessment
    - Assessment tool is valid and objective
    - CDASS allocations applied consistently
- Quality and client choice
- Systems that work together and that minimize repetition of basic information
    - e.g. BUS talking to the Bridge
    - e.g. CBMS is a broken system; don't want to duplicate information
- Care Coordination; Collaboration with other entities
    - e.g. communication between hospitals and CMA's; access to hospitalization alerts
    - Mesa County is currently doing this to improve communication and decrease duplication
- Person centered
- Eliminate the SIS; incorporate into the new assessment process
- Initiatives tied together
- Provider agencies need access to the information in the assessment to avoid individuals retelling their stories
- Standardization and clarification to what is required by rules/regulations
    - E.g. Currently provider agencies are being asked by CCB's to submit Service Plan packet with goals and PAR units requested; this is not a Department requirement
- Flow charts and visual aids for individuals in services, families, teachers, etc.
- Start discussing transition into adult services earlier
- Accessibility to DD Waiver-currently there is misinformation amongst case managers
- Adopt strategic, methodical rollout that occurs in stages
- Final Rule site visits; person-centered

What should we avoid in the new process?

- Inadequate training
- Avoid more paperwork
- Large unmanageable caseloads
    - Will naturally avoid client frustration
- Do not roll out without sufficient testing and training
    - E.g. Bridge roll-out was overwhelming
- Too much narrative; allow for some so that person centered planning can be developed
- Disconnected systems; Agencies need shared access
    - e.g. CIRs in DDDWeb
- Individuals opting out because system is too complex; this leads to urgent situations
- Do not lose sight of families; They are tired of fighting school districts, getting a diagnosis for their child, transitioning, applying for guardianship, etc. Ask how can we lighten their load?

Section I: Location and attendees of the Stakeholder Meetings

May 22,2017

Statewide Webinar

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- Rural communities have strong support with the ULTC 100.2 and PMIP specifically
    - Initial PMIP is important; validates the need
    - Medical community is responsive; medical community makes referrals

What does not work?

The current process has:

- Assessment is not person-centered
- Some individuals have shortened attention spans due to cognitive impairments and this makes going through an assessment difficult
- Reliance on long term home health services

What would you like to see in the new process?

- Consistency of a specialist completing the assessment; not the case manager
- Observation in a variety of settings; Individuals may be more comfortable at home, work, etc.
    - Developing observation reports

What should we avoid in the new process?

- No comments provided by stakeholders

Section I: Location and attendees of the Stakeholder Meetings

June 1, 2017

First National Bank of Durango

259 West 9th Street, Durango, CO 81301

Section II: Summary of the Stakeholder Meetings

What works or doesn't work about the current process?

What works?

The current process is:

- BUS is user friendly; clear units and frequency of services
- ULTC 100.2 can be done quickly
- ULTC 100.2 done at the home puts the individual at ease

What does not work?

The current process has:

- Different assessment tools don't tie in together
    - e.g. The SIS information gets lost as it is not incorporated into 100.2 or service plan; Case managers and providers don't understand the SIS
- BUS times out and does not auto save
- Individuals repeat their stories
- Systems don't talk to each other
    - e.g. CM's cannot access CBMS
- Formula for arriving at support level is vague; families know the algorithm
- Traveling units (specific to homemaker service)
- ULTC 100.2 in the home has disadvantages; some individuals don't want case managers in their home
- ADLs and IADLs
    - IADLs show more need than ADLs
- Client's personal goals are at the end of the assessment; not person centered
- PMIP
    - Data entry on the BUS doesn't work; not alphabetical; not numerical
    - Primary Care Doctor can change diagnosis on PMIP from one year to another
    - Establishing waiver eligibility, targeting criteria doesn't work
        - Why are we asking for this annually for individuals with lifelong disabilities?
- CES application is duplicative
- Re-looking at certain components is time consuming
    - e.g. Annual reassessment of all information is over burdening for some individuals
- Individuals have lack of control over narratives established throughout their life
    - E.g. Individual has no control over what is documented
- During CSR; LTHH information is needed sooner to avoid having to complete a revision
- Difficult to follow service plan revision in the BUS; impossible to follow in the Bridge
- Disparity between allocation of CDASS and traditional services

What would you like to see in the new process?

- The system to allow for self-assessment, self-narrative while keeping in mind the implications for eligibility
- Less complex jargon filled language for individuals seeking services; Information needs to be accessible and delivered in a way that they can understand
- Security of PHI
- No whacky acronyms; Call the assessment what it is and keep it simple
- Smooth integration of data entry
- Ease of use for case managers
- Less margin of error for QIS
- Attach pictures, videos or audio into the assessment and support plan
- Better process for PASRR; outdated and confusing
- One integrated system
    - Including SIS online
    - Give providers limited access to information
- Periodic check ins
- Individuals to be able to export/import information from the system

What should we avoid in the new process?

- "Decision maker" language
- Avoid trainers that don't understand the system
- Gender only options; Female and Male
- Ethnicity options expanded
- Different process for different funding (e.g. State SLS)
- Static system that does not allow changes
- High caseloads with too many administrative tasks
- A fast implementation without adequate training time
- Failing to train clients on the assessment process
- System that cannot be used by people with disabilities (E.g. Visiually impaired)
- Methodizing disabilities

Feedback from Colorado Cross-Disability Coalition

Assessment Tool Principles: HCPF LTSS

These principles are not an exhaustive list. Rather they are a baseline.

What would you like to avoid in the new process?

- Tool must not make HCBS harder to access. If someone needs human assistance for any disability related reason, including assistance that is not hands on such as cueing, reminding, coaching, etc., that counts.

- There must not be assumption that family members of people age 14 and above are available to do care for free. Do not obsess on so called 'natural supports'. Example if someone says they need extra aid visit at work for help with lunch and restroom do not suggest coworkers should do this--totally inappropriate. If client has spouse that works full time do not assume spouse can be full time caregiver

What would you like to see in the new process?

- The tool should be in two parts. The first part a simple set of questions to identify level of care for LTSS. This will show only that someone needs human assistance regularly.
    a. People should be able to qualify for HCBS even if assistance is not needed daily. If someone needs assistance at least once a week on average that should qualify person.
    b. If assistance needed is minor but important, it must count (example, if person gets help putting on prosthetic arm he is then independent he should qualify because without it he would need help in all ADLs). Some people may only need homemaker and help with errands or new situations, but without this little bit of help they are at risk.
    c. Especially with MI and BI--consider "service dependency". If someone is functioning well using services (no hospital, no crisis, increased independence) as long as the person requires any service they should stay eligible. No one should be forced to decompensate to "prove" that they need assistance.

- The tool should then split off into a part two that will be for service planning. Service planning should identify the amount, duration and scope of services needed. After this is determined, then the service delivery method and provider should be identified.

(Example, if someone needs 5 hours of skilled care a day and 5 hours of unskilled care a day the result is the same whether the client uses CDASS, IHSS or agency care.)

- There should be a place on the tool to document un-met needs (services that do not exist in the waiver but may be needed such as handyman services) so state can continually assess which services are appropriate for the waiver.

- Client must be able to decide who will be in assessment and who the case manager talks to regarding collaterals. If the CM does not have enough info to find someone eligible the case manager should tell the client this and inform the client that sometimes others have different perspective.

- Current case manager should do annual reassessment --otherwise it is one more stranger in our homes. Because they do not provide services no conflict.

- If client has used fewer services, and seems to be OK do not cut services, instead support client in using only what is needed. If client has not gone to ER or hospital congratulate client, do not assume the client has no need. This is HCBS success story.

- Allow re-assessment whenever there is a significant life change, change in condition or if "natural support" is unavailable.

- Re-assessment should be done when financial re-assessment is done unless the client waives it and says nothing has changed and services are meeting needs. This means that the tool must not be so cumbersome or complicated that redoing it when needed is a problem.

- If the client or guardian/advocate is not happy with the results the client should be allowed to appeal to the Administrative Law Judge.

- The tool must be completely transparent, including any scoring instructions, algorithm, etc. Trainings given to assessors must be made available to clients, advocates and the general public.

- In order to reduce services, the burden of proof must be on the assessor to show that there was a change in the client condition or circumstance. Simply having a new person do the assessment should never be a reason to reduce services. If there is a change of law or regulations that has gone through the public process using the Administrative Procedure Act that applies to everyone, then services can be reduced without proving a change in the client situation.