

**Adult IDD Waiver Redesign Stakeholder Meeting**  
**July 25, 2019**  
**Draft Stakeholder Notes for Review on 09-24-19**

**Stakeholder Attendees:**

Bob Lawhead	Carol Meredith
Heidi Haines	Pat Chamberlain
David Bolin	Gerrie Frohne
Jodi Walters	Rob DeHerrera
Shawna Boller	Kidron Backes
Matt Barnert	Leslie Rothman
Charlene Willey	

**Staff Attendees:**

Lori Thompson	Candace Bailey
Rebecca Spencer	Matt Baker
John Barry	

John Barry opened the meeting at 12:00 p.m. and reminded everyone that this is a "Call-in/Webinar Only" meeting. There will be a list of Parking Lot items from this meeting and the Stakeholder Co-Chairs agreed to help keep track of those. John took attendance and reiterated the HCPF Mission and Vision statements.

The meeting notes from the May 30<sup>th</sup> IDD Adult Waiver Redesign Stakeholder meeting were approved and will be available on the [Adult IDD Waiver Redesign Stakeholder webpage](#) on the Department website.

**Co-Chairs Report:**

Bob Lawhead mentioned the need for the entire Bolton Actuarial Study to be made available. He also requested that the whole list of Parking Lot issues be addressed at a stakeholder meeting as soon as possible.

**Open Forum #1:**

1. Gerrie stated the issue of policy decisions being made during the Co-Chair meetings, an example being John Barry's criticism of Bob Lawhead's requesting input from Bob's family stakeholder constituency for meeting agenda items. John is making a policy

decision in disallowing this input. Candace clarified that any Co-chair can solicit input from their network or constituents regarding suggestions for meeting agendas and that there is no rule or policy to the contrary.

2. Pat listed five concerns: one, that the Parking Lot has become a “cemetery” with no “how or when” it will be addressed. Two, more adequate time is needed for all this waiver redesign work. Three, we need the full copy of the Bolton Actuarial Report. Four, we need case studies of how people will be affected by waiver redesign. Five, we need full discussion of how people are affected by the rates, the caps on day programming, and are we creating more dependent people because of waiver redesign. Candace responded that the Parking Lot is on today’s agenda and HCPF can handle that in a meeting or with written responses. HCPF will release the full Bolton report by the end of summer. Lori provided information on Case Studies: HCPF did aggregate case studies of a representative sample of 432 people at various Support Levels and applied the algorithm to these cases. Beginning in October, the Department will build on this aggregate trending analysis and begin teasing out more specificity to individuals as to how their services would look like in the redesigned waiver.
3. Pat requested that stakeholder families be involved in this Case Study process and Lori confirmed families will be a part of this process. Pat announced that Charlene Willey is now on this phone call.
4. Gerrie added that she forwarded more Parking Lot items and regretted that she could not send these to all stakeholders due to not having access to all stakeholder emails. Candace confirmed that all Parking Lot items are on the list for later this meeting.
5. Bob asked if the full Bolton Report would be available to all stakeholders for comments before this report was released to legislators and to the executive branch? Candace clarified that the report would be sent out first to John Barry’s contact list and be added to the HCPF website. Policymakers like legislators, the Office of State Planning and Budget, and the Governor’s office would request this report before it would be sent to them.

## **Residential Habilitation Service Coverage Standard Live-Edits:**

Matt Baker resumed from the prior meeting, on "e", Emergency Assistance Training.

1. Pat asked if all services listed here are covered by the provider's daily rate, and Matt confirmed.
2. Bob: Nationally, when people with IDD have emergencies, they get housed in segregated facilities like Nursing Homes. Can we add language here to ensure consideration for people to remain in integrated living?
3. Carol: "e" includes all items that providers need to do; changing residences seems to be a different conversation.
4. Pat suggested identifying here what will happen if a provider is unable to continue providing care.

Matt continued with "e" Life Skills Training, a new service added along with Transitions Services, transitioning from an institution or a change in life circumstances. So, a good plan can be developed combined with Emergency Assistance, to deal with these life changes.

1. Shawna: Please rule out any possibility of duplication of services as 20 CCBs will be interpreting the service delineated here.
2. Carol requested clarification of "occupational and skills development". Matt explained that this refers to staff implementation and follow up during the regular day, of skills developed via Occupational therapy, for instance.
3. Carol: I would not want CDPHE requiring direct staff to record data on normal, natural lives, when the act of that recording becomes a barrier to a "normal, natural life". For example, training on a medication reminder system needs to occur during the natural medication time for the individual rather than as a separate event. Matt agreed that this section can be reviewed against the ADLs delineated earlier in this Residential Services document, to eliminate any confusing duplication. Candace emphasized that this section ensures that all Residential Services providers have this list of their required responsibilities. But HCPF can add Life Skills "Support".
4. Carol: The essence of this training is Independent living. People who qualify for 24/7 Residential Services cannot do these things on their own, but they learn by actually doing. Let's get rid of this Medical Model which implies training will ensure independence somehow which is not logical.

5. Bob: This list is needed and helpful for training providers due to turnover.
6. Gerrie: Keep the list here as the list in IADLs has been removed.
7. Shawna: Add "to include but not exhaustive" to the list; and consider "teaching" instead of training.
8. Kidron: The Service Plan includes the inventory of needs so service providers know they are providing what is in the individual's Plan. In addition to tying closely to the Service Plan, it needs to tie closely to the Bridge and the new Aerial System.
9. Pat suggested adding "integrated life skills support, modeling and teaching what is designed and identified in the Service Plan." Candace stated that more people want to retain the list and she reviewed the comments thus far as referencing the Service Plan plus that the list may not be all inclusive.
10. Carol clarified that the lists in the ADLs and IADLs, above, give provider expectations for the person who cannot do these activities for themselves, whereas in "f", "educating, modeling, and supporting" the person goes toward increasing independence. Candace confirmed that is the intent.
11. Pat reiterated her suggestion to add "integrating life skills, supporting, modeling and teaching."

Matt moved on to "g", Implementation of recommended follow up counseling, behavioral or other therapeutic intervention by staff under the direction of a professional (OT, PT, Speech). People need daily therapies in their home or out in their community.

1. Shawna: Please replace "staff" with "provider". Lori added that HCPF has been using the term, "residential direct supports" to replace "staff".
2. Pat added that it is a huge responsibility for Host Home providers who are not qualified to implement OT, PT, and Speech.
3. Gerrie: Therapists give extremely detailed instructions to the direct provider so they can be very effective.
4. Bob dittos.
5. Carol suggests changing the culture and attitude to integrate these actions into regular daily life, not as some medical model, "rehab" task. Best practice would be that therapies need to be integrated into normal activities and routines. Relate using mindfulness for de-

stressing during the ride to a stressful activity like Elitches, rather than at a separate time and place.

6. Pat suggested substituting "strategies" for "therapies".
7. Bob suggested "service responsibilities could be integrated into the natural rhythm and routines of the day."
8. Gerrie: Need to ensure that professional therapists still have stated responsibility in Residential Services to train direct support providers to implement their professional recommendations.
9. Charlene: HCPF has a confusing tangled web of Personal Care definitions in various waivers that causes restrictions for members and agencies.
10. Shawna: Add the words, "plans", "plans of care", "recommendations", after the word, "therapies."
11. Pat: Remove the word, "therapies" and replace as Shawna suggested.

Matt continued to "h", Community Access Services that explore community services available to all people, unpaid supports available to the member and develop methods to access additional services, supports and activities received by the member. This definition is blurred with the definition of Day Services (more goal or outcome focused like employment, volunteering, membership) in the community and HCPF needs to clarify.

1. Shawna: Add "explore community beyond the Service Coverage Standard for Community and Personal Engagement." Ensure that if the person is not fully in Day Program, the direct residential provider helps them access the community during other days and weekends so they are not sitting at home.
2. Carol suggested that these services are not because the person needs to do something but because the activity is something they enjoy. We need to get way from "fixing" people and observe what they enjoy (example: nature shows with birds); then the service provider can seek activities that reflect what the person enjoys. Lori added "important to" the member.
3. Pat suggested "valued by."
4. Carol: Avoid being so prescriptive.

Candace suggested that stakeholders may email any additional input to HCPF as the meeting time is running short.

1. Gerrie objected to HCPF soliciting emails outside of meetings as stakeholders would never be able to comment or give input or even know these emails had been submitted. Candace clarified that the offer of emails was to allow stakeholders to be able to submit ideas/language as they thought of it. It was meant to be helpful and an additional avenue to gather input. Candace stated all information would be shared with the group, but the idea was merely to allow those stakeholders that did not have a chance to comment, or did not want to in the meeting an opportunity to still be heard.
2. Charlene dittoed that stakeholders need to be heard. She also emphasized that we need to reference the Person-Centered Plan here in the Residential Services document as this will describe what is important to the person.
3. Pat asked that Residential Services retain the option to have actual RN care included.
4. Bob thanked Candace for confirming that stakeholders will continue to dialogue rather than having an email generated monologue.
5. Gerrie asked for clarification on Residential Services tasks that might need a professional RN to accomplish such as PDN access.

### **Parking Lot\*:**

1<sup>st</sup> Parking Lot items from today's meeting.

- Further request for the full Bolton Actuarial Report. Bob added that a stakeholder review is needed on this full report. Candace informed that once the Bolton full report is released by HCPF, it goes to the whole general public audience at the same time.
- How to address the Parking Lot issues
- More time for Waiver Redesign discussion in general
- How Waiver Redesign affects rates, caps, dependency, etc.
- Role of licensed nurses
- Carol added that the last section of our discussion was very biased toward physical health and does not address needed mental health interventions. Residential Services needs to focus on the WHOLE health of the person and not ignore mental health concerns.

Further discussion continued about the full Bolton Actuarial Report.

1. Bob asked for a meeting to review the full Bolton Report before the report is distributed outside of HCPF. Candace: Once the report is made public, HCPF cannot control where the report goes after that. All stakeholders will have access to the report at the same time.
2. Bob: Stakeholders' intent is to have some impact on the assumptions in the final Bolton report that goes out to policyholders. Candace: There was opportunity for input in May, but HCPF cannot amend the completed work of the contactor. Stakeholders are welcome to provide comments.
3. Bob: I am very disappointed that stakeholder comments cannot be incorporated into the final Bolton report.

### **Open Forum #2:**

1. Gerrie suggested that as soon as the full Bolton Actuarial Report is available, HCPF schedule a stakeholder meeting dedicated to stakeholder input on that report, and the details comprise a formal attachment to the report so stakeholder input will not get lost and receive its proper value. Gerrie requests that HCPF agree to schedule this stakeholder meeting within ten days to two weeks after the report is released. Candace questioned if that would be enough time for stakeholders to access and review the report.
2. Pat asked that HCPF have their internal staff look at the final Bolton report's data, assumptions and scenarios in a different way.

### **Next Steps:**

1. Candace said we need to complete the Residential Services document, then address the Parking Lot issues; the HCPF Q & As from 5/30; and calendar a meeting to discuss the final Bolton report.

John asked the Co-Chairs if they noted other Next Steps.

1. Carol encouraged stakeholders to read through the other Service Coverage Standards and have a future agenda item for those.
2. Bob emphasized the need for more meetings.

John closed the meeting at 3:00 p.m.

Respectfully submitted, Gerrie Frohne, family member