COLORADO
Department of Health Care Policy & Financing

DETAILED SUMMARY OF THE MEETING OF THE

ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) WAIVER REDESIGN STAKEHOLDER MEETING

303 East 17th Avenue, 7th Floor Conference Rooms A, B, C
Denver, CO 80203

November 28, 2018
1:30 P.M. – 4:30 P.M.

1. Meeting Attendees

A. Stakeholders Present:

In room: Pat Chamberlain, Donna Dawning, Marilyn Fausset, Tamara French, Rob Hernandez, Mike Hoover, Bob Lawhead, Sara Leeper

On phone/chat: Shawna Boller, Regina Dipadova, Jessica Eppel, Kevin Graves, Kendra Kettler, Carol Meredith, Jeff Newman, Stephen Shaughnessy, Sara Sims, Jodi Walters, John (last name not provided)

B. Department Staff Present:

Alicia Ethredge, Josh Negrini, Lori Thompson, Rebecca Spencer, Scott Nelson

C. Resources Present - Supporting Waiver Redesign:

Elle Dornan (Steadman Group), Michelle Hoffner by phone (Bolton Health), Luke Rodgers (Bolton Health), Michelle Rogers (HMA), Cathy Rudd by phone (Steadman Group), Sharon Steadman (Steadman Group)

2. Welcome and Introduction

The Department introduced Sharon Steadman from the Steadman Group as the contracted facilitator for this meeting.

Sharon explained that her role is to keep the discussion on track, to ensure that the Department receives input from everyone and that the input is appropriate to the

already established Working Agreement. She reviewed the content of the Working Agreement:

- 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
- Respect accommodations needed by others to participate.

The facilitator described the ways to provide input:

- Directly through meeting participation
- Index cards are available to write comments
- Group breakouts
- For those participating through the chat function, use the chat box
- Speak over the telephone

The facilitator reviewed the agenda.

- 1:30 PM Overview of Today's Meeting
- 1:45 PM Review October 15th Meeting Summary
- 2:00 PM Behavior Services Draft Review
- 2:30 PM Intensive Supports Draft Review
- 3:15 PM Break
- 3:20 PM Discuss Final Report
- 3:30 PM Actuarial Work Discussion
- 4:15 PM Wrap-Up and Adjourn

3. Review October 15, 2018 Meeting Summary

- The facilitator asked those present if they had any comments or revisions to make to the October 15, 2018 Meeting Summary.
- One stakeholder asked if there is any clarification on page 12 because there was confusion last time around the assumption that people would retain their current level of service under the waiver.
  - The Department responded that this issue would be addressed during the second part of the agenda.
- No other comments were made about the meeting summary.

4. Behavioral Services Draft Review

The facilitator introduced Josh Negrini, HCBS Policy Advisor, to discuss the Behavioral Services Draft Service Coverage Standard. She asked the group to think about the

following questions as they formulate their comments on the draft policies:

- What do you like?
- What don't you like?
- What would you like to see changed?

The facilitator also reminded everyone that the meeting is being recorded; be aware of this when sharing personal information.

The Department explained that the focus of today's review is on the risk assessment subcomponent of the service (pages 8-13) and to provide people with an opportunity to provide feedback in this venue. The Department is continuing to accept comments from email and the associated tracking numbers are indicated on the right side of the document.

The Department provided an overview of the policy explaining that the idea of this benefit is to provide a risk assessment and therapeutic support that may assist the courts in potential adjudication for individuals exhibiting violent, stalking, sexually violent, predatory and/or opportunistic behavior to determine the need for psychological, medical or therapeutic services.

In reviewing the draft, it was noted that the scope of the assessment data used was expanded to include interviews with other paid and unpaid supports, but only with permission of the member (page 9). This change was made as the result of earlier comments from this group.

After completing an overview of the benefit, discussion was opened up to comments:

- One stakeholder asked whether the service would be limited to individuals with IDD facing adjudication and whether if they are entitled to legal counsel this benefit would pay for that.
  - The Department responded that the benefit pays for a risk assessment, not legal counsel and that it is available both prior to and during adjudication.
  - The stakeholder expressed the view that they should have legal counsel since they may not fully understand their situation. He stated that there should be a competency evaluation. He noted that other states are supporting a right to legal counsel by implementing a Wards' Bill of Rights (e.g., Nevada [SB 360], New Mexico, Missouri, Texas) and noted that this occurs before the individual is charged or ends up in court. He believes this issue (paying for legal counsel prior to court) should be taken to the Joint Budget Committee (JBC) as a policy issue. He is concerned about making sure the individual's civil rights are protected before going to court.
- Another stakeholder asked whether the term "violent" refers to a separate category or if this benefit is available only for individuals involved in sexual violence. She

suggested that a different evaluation may be appropriate if the issue is violence without a sexual component because some of the information sought is intrusive. She also suggested that the information in the coverage standard should be presented in a logical, sequential fashion.
  - The Department responded that the assessment would guide consultation and acknowledged the policy needs more sequencing and clarity around behavioral services. The intention is to have better sequencing in the document by February, including possibly using some graphics to illustrate the process.
- Another stakeholder asked whether sexual offender related assessments could include planning on supporting the person to safely engage in mutual consensual relationships of their choice. He noted that often recommendations tend to focus on chastity rather than support for healthy relationships.
  - The Department responded that it wants all services, even when employed in a crisis state, to wrap around and inform preventive thinking, so the comment about further enhancing and developing skills around healthy relationships is appreciated and noted.
- Another stakeholder commented positively about the service, noting that we want to avoid having people end up in jail because of their disabilities. She believes it should include other issues, such as theft. She asked if individuals would be identified as possibly benefitting from the service before there is court involvement.
  - The Department noted that this service would be offered as an option (if approved and added to the waiver), for an individual identified who might benefit from the service and elects to include it in their plan. There was a discussion about creating a clear pathway and clarity between a behavioral assessment and a risk assessment. The existing behavioral assessment may address issues like theft whereas the proposed risk assessment in this service is focusing on a gap that's been identified where there is sexually violent behavior. The Department must make sure this service does not duplicate other services. This service is modeled on a similar service that's been successfully offered in Washington for a number of years.
- Another stakeholder commented that damage in the home, bringing unsafe people into the home are also risk factors that may not fall into this service.
  - The Department asked the stakeholder to send him an email about this issue. Many of these kinds of issues should be prevented through existing behavior assessment, consultation and supports. The Department needs assistance articulating when one benefit ends and another one begins.
- Another stakeholder asked about the evidence-base and whether the Department can send the supporting documentation. He said he wanted to know about the evidence (e.g., allegory, narrative, solid data and evidence) and noted it needs to have a high confidence level.
  - The Department indicated it would reach out to Washington to find out what they presented to CMS as evidence. The first step is to see if the proposed

service resonates. If it does, then a defendable packet will be put together at the next stage.

- Another stakeholder asked (via Chat) if anyone can ask for this service, or is it only the courts that can ask for it?
  - The Department said that right now this is being intended to be a preventive tool to work with courts. A behavioral assessment should be prior to court involvement and we need to clearly define where the behavior assessment benefits ends and where this risk assessment begins.
- Another stakeholder suggested broadening the definition to include all types of risk (e.g., theft, drug abuse, criminal history) not just sexual violence.
  - The Department noted that substance use disorder (SUD) treatment is offered through the RAEs and that this service cannot supplant or duplicate an existing service.
- Another stakeholder asked about the definition of "opportunistic behavior" and suggested that the policy include a glossary.
  - The Department said there is a 40 page centralized glossary for all service standards and while this term is not currently defined, the Department will look at adding it. The glossary was removed for purposes of this review so that the document would not be overwhelming.
- Another stakeholder said that it seems the discussion is focusing on broadening the use of this service to any legal involvement and protect people from getting involved in the legal system. He asked whether HCPF is interested in expanding the service.
  - The Department said that depends on whether other services are preventing problems. If existing benefits could be better refined to reduce court involvement, he would prefer to see a better continuum and keep this benefit as designed. But if the Department gets examples and sees that there is an unmet need, expansion might be considered. The Department is reluctant to add additional types of behavior if the right assessments, credentials and evidence-based practices do not exist. The Department does not want to over commit to something and wants to focus on having a good continuum.
- Another stakeholder asked whether CMS/HCPF prohibit paying for legal counsel. He also said he supports the change that requires getting permission from the member for interviews of other people. He asked for more clarity on the term "other."
  - The Department responded that the goal is to avoid getting into editing as the policy is still at the conceptual level, but this will be noted.
- The stakeholder also asked a question about how the second evaluation described on page 18 is triggered.
  - The Department responded that more clarity would be added to this in the next iteration.

The facilitator closed the discussion and encouraged further comments be submitted via index card or email.

5. Intensive Supports Draft Review

The Department said the Intensive Supports draft review would focus on the Service Specification section on pages 12-16. This benefit was designed following development of the Children's Habilitative Residential Program (CHRP) Intensive Support Services draft benefit. He said that the focus is intended to help the case manager look holistically at the person and all the supports around them. The goal is to develop an enhanced support plan around the individual that may be self-identified in a crisis state A self-directed option is not available for this service because of the level of professional oversight that the Department wants to see. In addition to what the RAE may be providing (e.g., case managers), the wrap around facilitator authorized under this service would be the main person to coordinate with other entities that are helping to support the client. It was noted that the staff qualifications are fairly typical, but with an emphasis on experience working with the IDD population. The Department wants this service to be preventive in nature. The whole idea of these two positions (wrap around facilitator and in-home coach) is to employ people outside of the usual team with IDD experience and not to replace or supplant existing services.

- A stakeholder indicated her support for this service and noted this was missing in her son's case. She asked who employs these staff.
    - The Department said this is a new service. If things were going smoothly, the provider agency would not need it. This service is viewed as almost an independent consultant. For example, there may be a good plan, but it may not be implemented properly. Addressing the poor implementation is one component for which this service is designed.
- Another stakeholder noted that one concern she has is how much funding is retained by the provider agency. Line staff that is responsible for implementation is often only making $12 per hour. To have an effective model, a lot of thought needs to be given to who is in the trenches, and how to encourage them to be there. We need to think about other ways to fund these services, as well as, providing adequate funding for direct service workers.
- The Department asked for comments about the qualifications for the in-home coach. The Department is looking at this and wants to know if the qualifications are sufficient.
- Another stakeholder said people come out to the home and say here's the plan and somebody is available for two hours a week. Development of a plan isn't where money should be invested. It should be invested at the time and place where behavior is trying to be changed.
- Another stakeholder recommended eliminating "meets competencies established by the CCB" to set provider qualification standards (page 13). He believes the CCBs have a vested interest in who qualifies. He suggested HCPF should set these standards and that there should be consistent application.

- Another stakeholder commented (via Chat) that given the increasing high prevalence of autism diagnoses, which is different from mental health and can be different from IDD, should awareness of autism be added as a training requirement. Further, the stakeholder noted that she did not see anything that requires providers to understand environmental factors.
    - The Department indicated it would look at environmental factors affecting the client and incorporate that point in the next version. The Department explained that an agency can provide intensive supports, but cannot provide them to an individual they are already serving. The agency could develop a unit to provide intensive services to others but they can't provide both residential and intensive services to the same client.
- Another stakeholder asked whether there would be residential services after the redesign.
    - The Department responded that it wants to build out planning, data and best practices, and get good ideas from the stakeholder group. The Department noted that the stakeholder is correct, the services may look very different. The goal is to address how services meet unmet needs rather than delay the discussion until the redesign is complete.
- Another stakeholder asked whether intensive supports could provide oversight and accountability. She expressed that oversight and accountability is necessary and thinks someone outside the case manager should provide this.
    - The Department said that is the goal. Case managers can't be in the home as frequently as the behaviors may warrant, so this is an additional tool. Intensive supports would include ongoing monitoring to see how things are going.
- Another stakeholder agreed that CCBs establishing competencies is not a good way to get consistent services statewide. She said she thought CDPHE establishes competencies for PASAs.
    - The Department said that CDPHE surveys to the Department's rules.
- Another stakeholder asked whether this was similar to the intensive team from the CCB in Grand Junction, which comes to assist providers.
    - The Department said that this approach is similar to the Grand Junction pilot.
- Another stakeholder agreed that competencies should be defined in rule or waiver, not by CCBs. She asked if the purpose of Intensive Supports is to be for individuals not receiving residential at all.
    - The Department asked the group to help identify core competencies around solid training or skills relating to working with the IDD population. The Department will take a closer look at this issue given the concerns raised about CCB establishing competencies. Intensive supports could be for anyone on the spectrum of services (not just for those receiving residential or non-residential services).
- Another stakeholder asked if the Department would be willing to listen to agencies from other states about these issues.

  - The Department said it has worked with national experts and other resources, but is open to hearing from other sources. There was some discussion about whether providers have to be CCBs and the Department responded that they do not.
- Another stakeholder asked for additional explanation about the staffing ratio for in-home coaches.
  - The Department indicated it does not want more than one in-home coach for three people in a house or site-based location. It may make sense for all three people to have one in-home coach. More specificity around this will be added because it is not clear.
- A final comment submitted by the chat noted that the stakeholder's most significant concern on the wrap around qualifications is the absence of IDD competencies. Providers need both mental health and IDD expertise. IDD by itself is very complicated and diverse and can greatly influence behaviors.

Final Report

The facilitator introduced Michelle Rogers, Health System Restructuring Consultant from Health Management Associates (HMA). Michelle expressed her enthusiasm about working on the project. She also briefly explained the scope of the project and what HMA will be doing. There were no questions.

Actuarial Work Discussion

The facilitator introduced Luke Rodgers and Michelle Hoffner from Bolton Health who is the actuary for the project. Luke explained that the Department engaged Bolton to complete cost impact analyses associated with combining the HCBS-SLS and DD waivers into a single waiver, serving individuals with IDD. He noted that the work would build on previous work Bolton has done for the Department, but will also be informed by the Department's goals for the project. Those goals are:

- Members getting the right service, the right amount, at the right place, and right time
- Providing Residential Habilitation continuity
- Minimize member disruption
- Improve where possible (e.g., more flexible, additional services)

Bolton Health's main deliverable will be a cost model the Department can use to put a price of the combined waiver. The model will have the flexibility to allow modeling of various scenarios and program parameters.

Questions were invited from the stakeholders.

A stakeholder suggested that the task at hand is a communication intervention and that it could start with a small group of stakeholders and focus groups from which questions and a survey could be developed. He suggested this approach could identify the top three or four things that are most important. He also said these are the types of questions coming up in front of the JBC (Joint Budget Committee). He suggested that the Department should be prepared to have a plan to show what it is doing.

The facilitator said that she is hearing from the group today that the feedback the Department solicits should be broader than this group and open up the process for additional stakeholder input.

Another stakeholder said he had concerns about disbanding the Waiver Implementation Council. Although the intent was good, there are seven people in the room (four were part of that group), and if the intent was to expand stakeholder involvement, it has potentially been reduced. The Department then asked to confirm if there was additional representation on the phone or attending via webinar.

Another stakeholder commented that the program is trying to deal with 3,000 (or 6,000) on the waitlist. This group is familiar with the components of what we are trying to do, but there is no way to do it without more money.

The facilitator said she hears these concerns from those in the room: need more stakeholder input and more money.

Another stakeholder noted that making the case for more money means providing evidence to the JBC. Good evidence might come from other states, although other states relied on should be similar to Colorado, such as those with a similar cost of living and housing challenges.

There was a discussion about budget usage. One stakeholder noted that sometimes a client's budget isn't used because agencies are unable to hire qualified people to provide the services. The Department should be cautious about assuming that because the budget isn't used, the person doesn't need the services. The client's needs should drive the budget, not their actual utilization of services since other factors may influence utilization (or lack of utilization).

It was suggested that using Prior Authorization Requests (PAR) rather than utilization data would be more accurate. There was a discussion about various challenges: provider capacity, and rural/urban (geographic) issues.

The Department asked what services are difficult to obtain. One stakeholder noted fluidity of services is in the Department's mission statement, but this is not happening

now, and it is unclear how to change this. She provided a case example to support the need.

The Department agreed this is important. One of the reasons for the waiver consolidation is so the Department can be more nimble in serving clients. As the client's needs change, they should not have to wait for DD waiver enrollment, but be able to move into the services they need as their needs change.

A stakeholder said that a huge concern is continuity of services. There is a concern about diluting the pool of dollars and taking away services from people because, for example, a new tool is used following the transition. It was suggested that the changes should start with new people and make sure the new model works before applying it to people who are already on services.

There was a discussion about client directed services and how it might be more cost effective than using an agency since overhead could be reduced. It was noted that the January meeting would be about self-direction models including implications on the Nurse Practice Act related to delegating specific medical tasks to unlicensed staff.

A stakeholder said the new assessment tool should be able to help us understand the criteria for 24-hour care. What we see on the ground is that some people do well with individually determined alone time, but need that "home base" to assist with planning, executive functioning and problem solving - especially social problem solving. Some individuals do not need intensive supervision and support during all awake time, while others need 24-hour intensive support all day and all night. The current daily rate works well for many residential providers because they can then provide services on an "as needed" basis. We need to understand that sometimes people get sick and need someone to care for them if they cannot go to work or a day program and do not have the capacity to care for themselves. With respect to comparable programs worthy of research, she said she would not compare to the ACFs in the EBD and other waivers. The standard of care within the IDD system is much less of a medical model, which is where we are moving with the settings rules. The stakeholder also said that what is not working well in the current system is that it takes a long time to find a provider. Specifically, finding living situations other than Host Homes is challenging.

A stakeholder added that sometimes families cannot even find a provider to provide the service to set up the Prior Authorization Request. Another stakeholder agreed.

The stakeholder noted that when the rates for the current waivers were set, the rates had a cost neutrality factor applied and ended up being set at something like 84 percent of what was the modeled cost at that time. When looking at the true cost it is important to keep this history in mind.

Another stakeholder, a Program Approved Service Agency (PASA) representative, took issue with a previous statement that all PASA's take 40 to 50 percent of the Medicaid rate.

Another stakeholder referred to the statement individuals get the right service in the right amount in the right place. It was suggested that the "right time" should be added.

Another stakeholder asked what would it cost to help a client find a job and provide job coaching. It was suggested this could be a temporary services. A job could solve other issues because the client would have something to do all day.

The Department said what the stakeholder is describing should be available now. He asked whether the issue is that a provider isn't available in your area, or is there truly a gap? He noted that there are improvements in supported employment that the Department continues to address.

Another stakeholder said competent job coaches are needed who can focus on matching the client to the right job. The Division of Vocational Rehabilitation (DVR) is doing a pilot on customized employment in January. Supported Community Connections is not done appropriately in this state. Right now, it is a group service and is ineffective for self-determination.

A recommendation was made to have the ability to have 1:1 staff ratios for Supported Community Connections, similar to how Community Connector Service is done in the HCBS-CES waiver.

Another stakeholder asked whether there is some assurance that people using the waiver will not face resource reduction as a result of waiver redesign. This question has been asked for the last 18 months.

The Department indicated its intent is not to reduce services for residential services.

The stakeholder said the issue is not about intent. Can you assure us that clients will retain the amount of funding they have now?

The Department responded that the commitment communicated recently has been to say not only is the intent not to reduce services, the commitment is that people receiving Residential Habilitation won't have an adverse impact, will see minimum of disruption, and people receiving Residential Habilitation will not see a reduction in their services. But we don't know what we don't know yet. Actuary work must be finished and stakeholder input completed. What we have so far are a set of recommended Service Coverage Standards and some of those are enhanced. Taking all of those services, recommendations, combining populations and how scenarios play out, while not harming people, is our challenge. If there is a huge budget impact to hold clients

harmless then likely the budget would not go forward. The work that has to be done is to model those scenarios. We are at the beginning stages.

Another stakeholder said that HCPF has to back into the budget allocation and that doesn't work. Property costs and full employment make it difficult to find people who will do this work. Rationing resources will harm people.

The Department said that continuity of Residential Habilitation is the Department's mandate. We have the ability to look at the criteria for new enrollment in the DD waiver. If we combine these populations into one waiver and create that fluidity, then we also have to have needs based criteria. Those are the things we have to work through.

The stakeholder agreed that these issues are very challenging and it is very difficult to figure out who needs 24/7 services.

In closing out the substantive comments from the chat, a stakeholder said that some people in the service system have high medical needs. If the IDD waiver for adults could access existing LTC Home health – nursing, CNA, etc., that could reduce the amount of funding that the waiver is responsible for currently under HCBS-DD. Right now the Res Hab rate is expected to cover a lot of these medical services. Another stakeholder agreed.

Wrap-Up and Adjourn

The facilitator reviewed the upcoming calendar noting that the next meeting is January 16, 2019. Self-direction, the Nurse Practice Act, and individual budgets will be the topics discussed at that meeting. The task groups will meet during January and February with the specific dates yet to be established. The subject matter for the task groups is to get input on the change log items. The structure of the task groups depends on how many people sign up. Those interested should sign up using the sign in sheet in the room or the text box for those participating via chat.

The facilitator thanked the stakeholders for participating.