



Children's Habilitation Residential Program (CHRP) Support Need Level Assessment Tool Stakeholder Meeting Closed Captioning Transcript January 22, 2019

Disclaimer: Below is the closed captioning dialogue captured during the CHRP Support Need Level Assessment Tool Stakeholder Meeting held on January 22, 2019. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio during the meeting. Should you have further questions or comments please email Michele.Craig@state.co.us or Justine.Miracle@state.co.us.

[Please stand by for realtime captions]

>> Good morning, everybody. This is Michelle Craig. We are getting settled in the room and we will be starting shortly.

>> We will get started. This is Michelle Craig. I have with me today, Candace Bailey and Justine Miracle.

>> I want to give you some housekeeping items, we have a small group in the room and on the phone. For participants on the phone make sure that you are on mute using *6. We will pause periodically to give you a chance to ask questions. In the meantime, make sure you are on mute.

>> The purpose of the meeting is to follow up on what we said we would do at the previous meeting, through those meetings there was discussion the comments about what support tool we should use for the CHRP waiver, we will take the varying comments and suggestions back and look at the options and reconvene and meet to talk about what the decision is to move forward with the support need assessment tool. And that is what we will do today.

>> Any questions in the room or on the line?

>> We will proceed.

>> The first couple of slides, this is where people have not engaged about what we are doing, with the truck waiver and that is the children's debilitation rehabilitation program waiver, just quickly, we have authorization last session to make some changes to the CHRP waiver including removal of the child welfare requirement, transfer the administration from the Department of human services to the department of health care policy, transfer of case management, specifically the community center boards and the addition of two services to support children to stay in the home.

>> This is a reminder, the timeline which I am pleased to say we are on track with so far, we had to move this quickly starting to work in July 2018, and submit the waiver application by March 1.

>> We have been moving at a fast pace, we're on track and had a couple of updates for people to know, some other opportunities for public comment on the overall changes.

>> We held a stakeholder meeting in December to talk about the CHRP waiver in general, the changes that need to be made and we will have a public notice early February if not late January.

>> We are required to have 30 days of public notice so we put out on the website, it goes out to newspapers, [Indiscernible] if there are other changes, or if you want to send positive feedback we would welcome not to.

>> The other the piece is we have to do rulemaking We have to write the rules for the new services and we need to make changes to the rules We will be putting out an informational memo in the next couple of weeks

announcing the engagement meeting, and what the plan is to do the draft rules and send those out to people who are interested in advance and meet with stakeholders.

>> Any questions?

>> This is Kevin from Children's Hospital, Colorado. Are you expecting a backlog in terms of CNS approval of anything by virtue of government shutdown?

>> No. As of right now, they are working and moving things. The longer it goes on, the more likely that could happen. [Indiscernible] they are trying to prepare for the situation but it is after about six weeks of a shutdown is when it will impact them. [Indiscernible] so keep your fingers crossed we do not hit six weeks. As of right now, we are not having anything in the backlog, if we were to run into an issue, CMS is working with us and we can ask for an extension, but it would make we could not make any changes so the extension would be for the service as is and we have four waivers that are up for renewal.

>> CHRP is one of them. [Indiscernible] the children's support waiver, and the truck waiver, those of the four that are up for renewal.

>> Thank you.

>> You're welcome to submit comments to encourage the federal government to reopen.

>> The rest of the presentation, we may not go the full two hours, it is a short PowerPoint. In the webinar you should be able to find the PDF version of the PowerPoint to download.

>> What I want to talk about is what is going on between the different departments, the counties, in terms of children's assessment tools, also to let you know where trying to stay on top of the sketches that are happening in different areas so we are working as much in concert with the Department of human services and other people working on [Indiscernible]

>> Where is the downloadable version?

>> It is in the files to download box on your webinar screen.

>> We will go over what has been happening in the other youth and child serving systems, what made this change ramp up recently, for those of you who are not aware, there is a new federal act that came out, this act requires children and child welfare to be placed into a Q RTP, they need to have a age-appropriate evidence-based functional assessment tool to assess the strengths and needs of the child to determine whether or not the child's needs can be met with a family member or Forster home.

>> They are a resource for the child and participate in the assessment and placement decision-making process, the state must document the preference of the family and the permanency, recognizing children should be placed with their sibling. Anyway, this act, Colorado has created the delivery of child welfare services task were Scott, one of the main objectives of our charges is to identify a single statewide assessment tool for child welfare level of care assessments.

>> Different agencies, the Colorado Department of human services, the child welfare behavioral health entities, and the RCC, NPR's EF have been looking at what assessment tools we can take up on a statewide basis.

>> As we have done this, we looked at two tools that have been used, the CANS and the GOP, meanwhile the RTS office has been working on a streamlined tool for people accessing long-term supports, that is where this conversation has been held and CHRP, we have talked about LTS, and the child system world, I would want to do is make sure kids do not need to be assessed if they have to have to toggle both worlds.

>> What we tried to do is assess what is the best way moving forward knowing we are on the super tight deadline and the rest of the sorting systems are not necessarily ready to make a decision on which tool they will take up, [Indiscernible]

>> Also wanting to know, these tools are used for a variety of things, one is the level of care, that is what the CANS has been used for, it can be used for quality improvement, activities, monitoring of outcomes. And what we tried to replace, but we need is to determine the level of care need for reimbursement levels, that is what

we need and the CANS has been not been used in Colorado, we are trying to figure out how we can best use whatever we can use and meet the needs of the waiver.

>> Any questions?

>> [Indiscernible] this is Michelle. We have looked at three different types of assessments used for the waiver, we look at the inventory for client and agency planning or the ICAP, the child and adolescent's needs and strengths, the CANS, and also looking at the new long-term services and supports assessment.

>> We looking at all of those, and looking at what other youth and child systems are doing, and where they are at, we decided we will continue the use of the ICAP during the first 6 to 12 months, the reason for that was we need more time, when we started to look at the implementation of another tool, that determines reimbursement, we could be facing a significant budget impact, we just do not have enough time to that that in the time we have to submit the renewal.

>> Additionally, some of the other systems have not come to a decision so we did not think we were ready to embark on an assessment not knowing the course that the department of human services are going through. We want to do that in concert with them, additionally continued to take a look at the new LTSS tool, we are looking at the development of the tool to incorporate the waivers, and CHRP that ties it to the reimbursement assessment, and that will be incorporated into the new assessment tool but we do not know how. There are a lot of moving pieces. Was responsible decision is to continue the use of the ICAP as we look at the other assessments.

>> Looking at next year some type of trials if we find some way of conducting some test, to see if the results are similar we do not have any of the data.

>> To drive the point home, the biggest pieces to make sure there is no unintended consequence and to implement the tool that is new, we have to make sure that it would work well so the only way to do this is to pilot to make sure the results we receive as far as the support levels, they would match that individual, there are all sorts of things we have to do, we have to pilot to make sure the results work well and we're doing this in the right way. That is the whole idea. We have not had the time to do that.

>> We can pause to see if there are any questions or comments in the room.

>> I helped develop a tool for clients with IDD that were in behavioral crisis. I would be happy to share when the time comes. I am not familiar with the CANS or ICAP. Those may be fine I just do not know.

>> We will reach out to check with you about that.

>> Are CCBs prepared to do the ICAP? Will that require training? Since they are already trained in doing SIS, would it make sense to think about the SIS?

>> Yes. We will do training with the case managers to do the ICAP, the ICAP is a simple assessment tool, especially with the CCB doing the supports, [Indiscernible] they will be familiar. We will do training. It will not involve, you have to have a certified trainer, the ICAP does not have that. We think it will be fairly simple and we will start to work on the timeline in announcing the training will be. It will likely be early spring.

>> It will be incorporated into the training we will have to provide to the CCBs either way. To follow up on the question about if we are considering using the SIS, no, that has to do with costs. It is expensive to operate. It was now within the fiscal budgetary line items that we have to implement the SIS for another population.

>> With the SIS, none of the other services are considering that, we tried to stay in lockstep what everybody else is doing. Hopefully we will get to that.

>> Part of the SIS is being reworked and that is going into the new assessment tool.

>> If we find that the ICAP is not sensitive enough, when might we look at adding to it?

>> If if you like the ICAP is not working well, we will look at that, it will be an ongoing process, for the application and the rulemaking, we will continue the use of the ICAP at the same time, we will participate in the various meetings that are going on state wide about the assessment tool and bringing it back to us, we

will be offering input where appropriate, through this process, within the next, 12 months we will make the decision whether we pilot the CANS or if we focus on the new assessment tool, whatever that is.

>> Any thoughts in the room?

>> Does anybody have any major concerns with this course of action?

>> I'm trying to understand, is it the concern about not covering behavior health issues thoroughly enough that would motivate considering something besides the ICAP? Is that what started this?

>> Not necessarily. The number one factor is feedback we are hearing across all the systems to have a core assessment. The second one is that the policy of finance, we are looking at some piloting of a new assessment tool the tool that we used this for the level of care to determine the waiver services that people need.

>> We want to figure out how to incorporate the supports and intensity scale, to come to one assessment that can be used for the level of care and as a reimbursement assessment for the few waivers that need it.

>> The services are unique in that, the assessment tool ties reimbursement to provider, we have to be thoughtful and my fault because we want to make sure the kid is place where ever it is appropriate and the provider gets the money they need to provide such support.

>> That is the unique position we are in that the other people are not. It is unique in that We have to make sure the reimbursement is validated, it is a tool that works well for placement we need to make sure we can tie money to that, which no one else in Colorado is doing.

>> That is part of the research process, what other states are doing that and doing that well, the ICAP has historically been tied to what it has been tied to.

>> There are issues with comorbid issues with many clients on those issues can be difficult to capture in standardized assessments.

>> The next steps, continue to participate in the discussion for other child and youth serving systems, training case managers want ICAP, testing of the CANS, and comparison of the CANS with the new LTSS tool.

>> We are working to get a call with the person who developed the CANS, there are different modules, you get different modules based on what the needs are, we are working on that, continuing to research.

>> The call we are trying to do in concert with the Department of human services.

>> Any other concerns/comments? If you're on the phone, if you want to say something over the phone, feel free to do so.

>> Is there an option for CCBs to submit a review request for a higher level if the comorbidity issues are not captured in the ICAP?

>> In general, when it comes to the services, if there is something that is not captured because of a method that needs to be addressed, we always allow or request our managers to submit the information because we want to get the full picture.

>> If there is something that can be captured, then we expect the manager to reach out and submit the additional information, that should be captured as well and we will figure out the process for that.

>> That is for all of the services.

>> I appreciate how much you are coordinating with agencies, it is clear you have done a lot of work. We want to commend you for all of your effort. I'm sure that folks at human services feel the same way. Thank you.

>> That was all we have for today. Another update I want to share, we have been talking with the centers for Medicaid services for the last couple of months about the changes we will propose so they will not be shocked. We sent them benefits to look at, and they came back with a lot of good questions. The main one mirrored what we heard, with the new services, maybe it is not clear enough but the distinction is between the services and what is available. We look at the benefits and made some tweaks to some of the language, the substance has not changed. I hope this week I will get this to the department to get them posted on the website.

Instead of monitoring the services we are calling it an evaluation, one big thing I found, we had to remove the referral identification for services, that is the case management function.

>> Even just moving some stuff to make things flow better, that will make sense. So look at that when you get a chance. That should be later this week.

>> It makes a lot more clearer, when you write something like that, you miss words that we had to change and I hope it looks more clear for those that are less familiar. If you have anybody, if you have feedback, let us know.

>> This brings us to the end. Any other questions/comments?

>> When we are summarizing, it seems like the continued use of ICAP makes sense operationally as far as you need time to continue all the groundwork you are doing in terms of making any changes or determinations.

>> What do you envision the stakeholder sharing process will look like during that 6 to 12 months timeframe?

>> What is your latest thinking as far as the assessment tools?

>> It depends on if and when a decision is made on a statewide school, the other systems will use, once there is that, that will affect our decision about which direction we want to go. In the meantime, we will do the research, once we have what we think of the decision, we will do another meeting and we will send out information and give you a chance to talk to us in person or on the phone.

>> If anybody is tracking the delivery of child welfare service task force, they have convened a subgroup from that task force to come up with the resource, once they have an idea we can forge further ahead. We are doing our independent research to see if that can be tied to reimbursement. Until that time, we have to wait. We have shared loud and clear with the stock force, until we can see this is validated, we will not support any other tool.

>> We will still have the monthly call tomorrow. We have been doing monthly calls since August, initially they started with the CCBs. Over the last couple of months, it included more County participants as we have gone out individually meeting with boards. Those will continue for the foreseeable future probably well after implementation as a way of communicating to see how this is going. It is one thing to make the changes, we will try to do as much training as we can, for July 1, when this is effective, will be a lot of technical assistance needed, a lot of stuff to continue to work through the process.

>> We are continuing, we are engaging providers, we are doing provider recruitment, to provide services.

>> This webinar is recorded. We will send out the link so you can have the recording.

>> It will be posted on our website.

>> As far as recruitment, have you had success?

>> We started to talk to people and they are interested, that was in question at first. The next step is to move forward to get people to enroll, we are looking at holding a meeting with provider agencies, sometime in the next couple of months to talk with them about what they need to do to enroll, what that means. It has been unique, we have seen facilities, they are building up their service array, they have been interested in our new services that are home and community based. And some homes are interested in residential. It's a mixed bag. Everybody is enthusiastic.

>> Anything else?

>> No.

>> We are working with the data analysts, they are collecting 30, 40,000 databases of CANS around the country to study family profiles and the how they not to services. This is a long-term undertaking we are doing.

>> I think there is an opportunity to support connecting you and having the conversation in terms of how which modules can be tailored to the efforts, I want to offer support around connecting with them and looking at how that may or may not fit.

>> I will email you to follow up. That's great.

>> We love the opportunity to talk to John Ryan about how we can make this work.

>> Is there a prohibition against residential services mix for adults and children?

>> No. There are some limitations for children in the CHRP waiver, how many children the foster home consent but there is no prohibition.

>> Any other questions?

>> I think you have our contact information. As we continue to say, this is not the end of the conversation, if there are questions/comments, please email us and we are happy to take those.

>> Thank you, everyone for coming. Thank you for joining.

>> The next couple of weeks we will get the information out.

>> Thank you.

>> Thank you, everyone.

>>

>> [Event Concluded]