Benefits Collaborative Questions & Answers: Children's Habilitation Residential Waiver Expansion

This document summarizes:

- Unanswered stakeholder questions received during the Benefits Collaborative Process regarding the Colorado Department of Health Care Policy & Financing's (Department) efforts to redesign the Children's Habilitation Residential Program (CHRP) Waiver; and
- Suggestions made during the Benefits Collaborative process regarding the redesign.

Below each item, the Department has provided an *interim* response.

Important Note: There are several stages of the Benefits Collaborative process through which proposed policy changes must still pass. Any responses in this document represent a snap-shot of the Department's position as of 11/29/2018 and should not be read as a final policy determination.

Item 1

Where can I find the specific service delivery and policy changes proposed in the first CHRP Waiver Redesign Benefits Collaborative meeting, held on 8/24/2018?

- The 8/24/2018 meeting presentation is posted on the Benefits Collaborative webpage; the last 13 slides outline proposed changes.
- The meeting recording can be accessed at this link: https://cohcpf.adobeconnect.com/ptgwsbgk8gx9/

Item 2

Where can I find the specific service delivery and policy changes proposed in the second CHRP Waiver Redesign Benefits Collaborative meeting, held on 10/19/2018?

- Drafts of the Intensive In-Home Therapeutic Support policy and the Intensive Therapeutic Transition Support policy are posted on the Benefits Collaborative webpage.
- The 10/19/2018 meeting presentation is posted on the Benefits Collaborative webpage; the last 13 slides outline proposed changes.
- The meeting recording can be accessed at this link: https://cohcpf.adobeconnect.com/pf9oy2842tjn/

Eligibility

Item 3

In the meeting held on 8/24/2018, a stakeholder who has worked in other states to define what "complex behavioral needs" means for the purposes of similar programs offered his assistance and asked if the Department has thought through the various possible meanings of this term and subsequent eligibility criteria. For example, children can be a danger to self, a danger to self and others, have complex medical needs, and/or require law enforcement involvement. This same stakeholder advocated for the use of a standardized needs assessment tool that captures complex behavioral needs.

- The Department plans to revise the criteria for selection of entrants to the HCBS-CHRP waiver to:
    - Children/youth age birth (0) through twenty (20) who have a determination of developmental disability by a Community Centered Board, meet the level of care criteria for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) as defined in 42 CFR §440.150, and have with extraordinary support needs as defined in 10 CCR 2505-10 8.500, and are at risk of, or in need of, out of home placement.

- Currently, the Inventory for Client and Agency Planning (ICAP) is the assessment tool used to determine need support level.

- The Department's Office of Community Living has been working toward redesigning and aligning the assessment process for all Long-Term Services and Supports (LTSS) programs. The goal of this new assessment process is to be more equitable and person-centered as well as to find a standardized method that collects the appropriate information needed for support planning for all individuals receiving services through our Home and Community Based (HCBS) waivers.

- Separate from these efforts, other youth and child-serving systems (i.e. Child-Welfare, Child and Youth Mental Health Treatment Act (CYMHTA), and other Medicaid State Plan services) have been working to pilot and identify a single statewide assessment tool for children and youth accessing behavioral health services. The decision on which statewide assessment tool will be utilized is going to made by the Delivery of Child-Welfare Services Task Force. The decision will be made to utilize either the Child and Adolescent Needs and Strengths (CANS) or the Treatment Outcomes Package (TOP) for children accessing behavioral health treatment through specific State programs.

- Based on stakeholder feedback, the Department is evaluating the following options for which assessment tool will be used to determine support level:
  - Continue use of the current support level assessment tool, the Inventory for Client and Agency Planning (ICAP), until the new Long-Term Services and Supports (LTSS) standardized assessment is implemented.
  - Replace the ICAP with the Child and Adolescent Needs and Strengths (CANS) assessment until the LTSS standardized assessment is implemented. This option would include evaluating if and how the CANS assessment could be incorporated with the new tool.

  The Department plans to engage stakeholders in January 2019 to discuss the determination made upon completion of evaluation.

Item 4

In the first CHRP Waiver Redesign Benefits Collaborative meeting held on 8/24/2018, several stakeholders encouraged the Department to consider broadening eligibility criteria for the waiver beyond children with complex behavioral needs and a diagnosis of IDD. Examples provided included children with Autism and complex behavioral needs but no IDD diagnosis, and children who are medically fragile. Denver County Child Welfare, for example, noted many children have come into their care because parents are unable to manage their seizure disorders and chose to relinquish parental custody.

- The revised criteria for selection of entrants into the HCBS-CHRP waiver (refer to first bullet in Item 3 above), includes "extraordinary needs", which will be defined in rule as "complex behavioral or medical support needs."

- There are several options for Medicaid State Plan and waiver services and supports for children with complex medical support needs. Case managers should work with families to identify and select services to best meet individual needs.

Item 5

There is currently a requirement that children be eligible for Supplemental Security Income (SSI) to be eligible for CHRP waiver; if parents are no longer going to have to relinquish custody of their child for the child to be eligible for the waiver, will SSI eligibility still be a requirement?

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, a stakeholder stated the following: for those children who do qualify for SSI and are in foster care, there are issues to consider. For example, children must be in a residential setting for more than 30 days for them to qualify as a household of one. When that does happen, their eligibility can be backdated. Do you foresee this continuing to be the case for a sub-set of children on the waiver and, if so, have you considered the implications of this when it comes to finding providers for those children?

Other stakeholders corroborated that it can be difficult to find agencies to take on the financial risk involved with placing a child whose eligibility is ultimately not backdated.

- The Department is considering if SSI financial eligibility will remain a requirement and will discuss options with the Centers for Medicare and Medicaid Services. The Department will provide stakeholders an opportunity for public comment on proposed eligibility requirements through the public notice process for the waiver renewal.

- Home and Community Based Services may not include the cost of room and board. Rules for Social Security Income are promulgated by the Social Security Administration and the Department cannot comment on when or if those rules might change. The Department will continue to work with providers and other entities as necessary regarding alignment of room and board and HCBS-CHRP waiver services.

Item 6

Will the Inventory for Client and Agency Planning (ICAP) still be used as the eligibility assessment tool for the CHRP waiver?

Please refer to response in Item 3.

Item 7

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, stakeholders shared the following questions and comments regarding use of the ICAP to determine complex Behavioral Support Needs:

Does it capture different levels of complex needs, including, for example, law enforcement involvement?

The ICAP does not get to complex needs at all; kids can score low who need one-on-one services. Consider weighting the last half of the tool (which deals with behavioral supports). Consider only using the mal-adaptive score.

The ICAP is over $500 per assessment. Given the cost, why not move sooner to a new tool?

The Colorado Department of Public Health and Environment (CDPHE), the Office of Behavioral Health (OBH) and, to some degree, the Department, are developing one standardized risk stratification tool for a different but related purpose (we are looking at the Treatment Outcomes Package and the Child and Adolescent Needs and Strengths Assessment as possible models). The Department is already using it for Residential Child Care Facilities (RCCFs); will both assessments (the standardized risk stratification tool and the ICAP) be required for the same child as part of this process?

The Department should work to align with OBH and other agencies to the greatest degree possible, understanding that a tool must be up and running by July 2019.

- Please refer to response in Item 3 for more information regarding current Department deliberations with respect to using the ICAP or other assessment tool to determine complex Behavioral Support Needs The Department will research how each assessment tools captures how children function in other systems, including law-enforcement.

- The Department has been partnering with other State agencies and internal subject matter experts to assess which assessment process would best serve children and families accessing services through all youth- and child-serving systems, including CHRP. The Department acknowledges the importance of aligning efforts with other State programs, as to limit any disruption in services within the community.

- The Department will convene a stakeholder meeting to share any decision made on assessment processes and receive feedback on January 2019.

Item 8

Can the Department take those elements of the new Long-Term Services and Supports (LTSS) Assessment tool currently being piloted (and scheduled to roll out in 2022), specific to assessing complex needs, and add them as modules to the ICAP assessment, to streamline and dovetail the current tool to the future tool? If not, can elements of other complex needs assessment tools be added as modules to the ICAP?

- As mentioned in Item 3, the Department will evaluate if the ICAP will continue to be utilized. In January 2019, the Department will convene an additional stakeholder meeting to discuss the determination made upon completion of this evaluation. The Department will evaluate how the given assessment tool aligns with and can be integrated into the new LTSS assessment tool.

Item 9

Do children need to receive a service every month to be eligible for the CHRP waiver? If so, will children who are stable for several months become in-eligible for the waiver?

- There are services in the CHRP waiver that the Department hopes families will actively utilize for on-going supports, such as Respite, Supported Community Connections, and Professional Services. It is a federal requirement that an individual must require at least one service every month to maintain eligibility for the waiver.

Item 10

Does the Department anticipate the eligibility determination to take roughly as long as it is currently taking for the Children's Extensive Support (CES) waiver (six months; due to Medicaid, SSI and CES documentation requirements)? The wait is stressful and not ideal if the idea is to serve children in crisis.

- No; the HCBS-CHRP waiver will not have the application requirement that is currently part of the HCBS-CES waiver. The Department will work with partner agencies, as needed, for timely eligibility determinations.

Item 11

What will the financial eligibility requirements be for this waiver?

- Please refer to response in Item 3.

Provider Capacity, Qualifications & Requirements

Item 12

The Department currently requires providers of behavioral services to be Board Certified Behavioral Analysts (BCBAs) and this makes it difficult to find qualified providers. The Department should consider a similar impact if similar provider qualifications are set for the new services.

- The new services will not require BCBA provider qualifications. The Department has taken this comment into consideration in the development of the provider qualifications for the new services. The Department believes that the core requirements are broad enough to not limit provider capacity and narrow enough to ensure qualified providers produce the desired outcome of services.

Item 13

Staffing two or three providers in the home is currently challenging, will more than one provider need to be in the home at a given time?

- Staff ratios for service delivery may vary due to individual needs. The new services will not require a specific number of staff. Sufficient staffing ratios should be in place to meet the individual needs of the child.

Item 14

Will billing rates be increased so that more qualified staff can be found? Finding good providers is difficult.

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, stakeholders added that the respite rate impedes the ability to find providers for the CES waiver and should be addressed in anticipation of these new services.

- While provider reimbursement is beyond the scope of the Benefits Collaborative Process, the following information is being provided on behalf of the staff within the Department who set appropriate reimbursement rates. The Department is in the process of completing financial and rate analysis that may be used to develop rate methodologies, unit increments of reimbursement, and rates sufficient to meet service delivery needs for the new services. Additionally, the Governor's Budget Request for Fiscal Year 19-20 includes suggested increases to respite rates.

Item 15

The lack of providers is an issue. The Department should explore provider recruitment efforts and alternative funding sources to, for example, possibly provide training to groups of providers who otherwise would not qualify.

- The Department is actively exploring different avenues of provider recruitment, including engaging existing providers to expand the services they provide, as well as looking for new providers. With these efforts, the Department will assess needs for provider supports such as training.

Item 16

The type of credentialed provider you are describing sounds closely aligned with the START Model/START Coordinator credentialed position.

- The Department researched different training and credentialing approaches, including START, for intensive care coordination for children and youth with intellectual and/or developmental disabilities. The Department has examined which aspects of these evidenced-based approaches overlap with one another, meet the needs expressed through stakeholder engagement, and are meant for children and families. The Department developed the provider qualifications, shared in the second CHRP Waiver Redesign Benefits Collaborative meeting, on 10/19/2018, based on themes and best practiced identified in all these approaches.

Item 17

Will the crisis prevention coordinator be the case manager at the Community Centered Board (CCB)? If not, what type of agency will this provider be affiliated with?

- After further consideration and stakeholder feedback, the Department has revised language in both the draft Intensive In-Home Therapeutic Support policy and the Intensive Therapeutic Transition Support policy to refer to the Crisis Prevention Coordinator as a Wraparound Facilitator.

- The Wraparound Facilitator will not be providing case-management services. Case management services are provided only by those authorized to provide HCBS case management services. The service provider agency will be an enrolled Medicaid provider approved to provide the HCBS services specified in the benefit drafts.

Item 18

Crisis prevention coordinators should have at least one year, and ideally three years, of experience and be trained in crisis intervention. The Crisis Prevention Institute offers a Professional Crisis Management certification.

- Please refer to response in Item 17.

- The Department has taken stakeholder feedback into consideration and researched best practices for intensive care coordination models for children with intellectual and developmental disabilities who also experience complex behavioral support needs. Through this research, the Department identified promising practices that include crisis intervention training. The Department will require that Wraparound Facilitators and Direct Support Professionals have specialized training in positive behavioral support, behavioral intervention and de-escalation techniques.

Item 19

Direct support professionals should ideally be credentialed; several certifications exist, such as those obtained through the National Association for Direct Service Professionals and the National Association for Dual-Diagnosis. Kentucky has a certification program for all their service providers.

- Please refer to response in Item 18.

Item 20

Crisis prevention coordinators may need outside professional support to determine the crisis.

- The Department researched best practices and approaches for services that will meet the needs of children and families in or at-risk of crisis. Through training, Wraparound Facilitators will be equipped to identify crises and assist in de-escalation techniques. It is the Department's expectation that these providers will be trained to recognize and ensure that clinical-level crisis intervention is available when appropriate.

Item 21

Whomever is designated the crisis prevention coordinator, responsible for developing a crisis plan and monitoring and altering that plan, needs to have sufficient authority to get others to the table to evaluate, and re-evaluate, behavior triggers and plan effectiveness, as needed.

- The Department appreciates this feedback and has taken it into consideration when developing the draft services and provider qualifications. Wraparound Facilitators will be trained in facilitation techniques that will aid in collaborating with community-level providers and other natural supports. The Department will continue to work with internal and external stakeholders to develop mechanisms through which Wraparound Facilitators can collaborate with other providers to ensure the best outcomes for children and families.

Item 22

Providers need to have a breadth of knowledge to know what interventions are effective. For example, Reactional Attachment Disorder is a factor at play in the behavior of some children on the CHRP waiver; providers will need knowledge in this area to adequately meet the service need.

- The Department appreciates this feedback and has taken it into consideration. The Department's expectation is that children who qualify for the waiver will have a choice among providers who are trained in all qualifying disorders, including those that may have complex behavior support needs that manifest into Reactive Attachment Disorder.

Item 23

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department shared a draft of the Intensive In-Home Therapeutic Support policy. Stakeholders provided the following feedback regarding the Provider Qualifications section of the policy:

One stakeholder suggested that direct support professionals be credentialed Registered Behavioral Technicians (RBTs) to satisfy the requirements under #3 within the Provider Qualifications section of the Intensive In-Home Therapeutic Support policy and, in particular, training in "positive behavior supports, behavior intervention, and de-escalation techniques." He also suggested considering how to loop BCBAs into the process.

Another stakeholder stated that she likes the idea of RBTs as crisis prevention coordinators but that it is not realistic in the Denver metro area to hire RBTs as direct support professionals, given the low pay.

Several stakeholders questioned the wording "(provider) training must encompass youth mental health first aid."

- One stakeholder explained that the youth mental health first aid course is typically for those who do not have a grounding in mental health and do not typically work with the population. Another stated that its inclusion makes it unclear if the intent is for providers to have gone through several specific trainings or, rather, that they have a familiarity with and/or background in such topics.
- A third suggested that its inclusion may be unintentionally exclusionary of youth with intellectual and developmental disabilities.

One stakeholder suggested that "active Listening" be added to the list of what should be included within provider training and explained that this would include training that encourages providers to listen deeply and ask probing questions to learn more.

Another stakeholder stated that the list of what provider training should encompass is a good place to start and stated that, if the list was too specific, it may cause provider capacity issues. However, he also stated that, as needs are identified using the crisis tool, it will be important to match the training of the provider to the needs of the client. For example, certain children may need a provider who has training in treating dual diagnoses or working with the medically fragile as it relates to intellectual and developmental disability. He suggested using the existing list as a minimum qualifications list and then adding a secondary specialization requirement that differs based on the client served.

- Please refer to response in Item 18 regarding specialized training requirements.

- Regarding mental health first aid, the Department has not altered the wording of this requirement. The Wraparound Facilitator and Direct Support Professional are not clinical mental health providers and the expectation is that there is an equitable baseline understanding on youth mental health first aid for all providers. The Department anticipates that providers will be able to receive training through multiple training institutes or a single training institute that fulfills all training aspects required, as outlined in the Provider Qualification sections of the draft benefits. The Department's expectation is that training be inclusive of, if not focused on, children with intellectual and/or developmental disabilities.

- Regarding active listening; the Department has included the requirement that providers be trained in "motivational interviewing," as active listening is an aspect of motivational interviewing.

- The Department's expectation is that the training is inclusive enough so that providers have the ability to select the training certification that most meets the mission and vision of their agency and, therefore, that members will ultimately be able to choose a provider that meets their specific needs. This could include those that have specialized training to work with children who are medically fragile.

Amount, Scope and Duration of the Service

Item 24

Is there going to be a limit /unit limits on this service?

- The new services will be reimbursed on 15-minute unit increments, fee for service. The Department is in the process of completing financial analysis to determine if and what unit limitations may be needed based on the appropriation. Stakeholders will have an opportunity to provide feedback on the final determination through formal public notice.

Item 25

Is anything going to change about the services received by children who currently are enrolled in the CHRP waiver and are in residential placement with child welfare? Will associated billing change?

- The existing services in the CHRP waiver will continue to be available to children currently enrolled in the waiver and in residential placement with child welfare. The Department is exploring how the changes to the waiver, such as moving the direct administration of the waiver to the Department may impact oversight of waiver services. The Department does not anticipate that there will be any changes directly to the way children in residential placement with child welfare receive CHRP services or that there will be any changes in billing. Service provider agencies will continue to bill the Department through the interChange for CHRP waiver services rendered.

Item 26

Respite is only reimbursed on day units in the CHRP waiver, rather than 15-minute unit increments, which causes an access issue, and disposable medical supplies, such as wipes, are not reimbursable under the waiver. Can these things be addressed through this process?

- No; HB 18-1328 only gave the Department the authority to add new services to the waiver, no other changes to services were authorized. Services and supplies that are medically necessary are currently covered benefits for all children under EPSDT.

Item 27

The newest iteration of the Accountable Care Collaborative includes Intensive In-home Support Services though the System of Care framework. Staff working on the CHRP waiver redesign would benefit from thinking critically about how to integrate, and align, with these services.

- The Accountable Care Collaborative Request for Proposal included an 'additional statement of work activities' related to System of Care. The Department may elect to add these statement of work activities to the Regional Accountable Entities (RAE)

contracts, if desired. At this point in time, the Department has not been funded for, or elected to include, the System of Care statement of work to the RAE contractions.

Item 28

The Department should exercise the option in the new RAE contracts to provide wrap-around services.

- The Department is still exploring these options as well as the timing of these options with the RAEs.

Item 29

Courts, judges and law enforcement ultimately need to be educated about the CHRP waiver redesign and the new in-home supports available to families, once developed. This may mitigate the number of children placed into the child welfare system by court order.

- The Department appreciates this perspective and will outreach to representatives from the legal system as part of its stakeholder education effort.

Item 30

Colorado Department of Human Services Volume 7 rules recently changed to allow foster families to simultaneously enroll as a foster home and as host home providers. If the Department would allow current families that are foster families to also become Host Home Providers, it might ease that transition for these children.

- Youth transitioning have choice in providers and supports that meet their individualized transition support needs. The Department's rules do not prohibit foster families from becoming Host Home Providers for the Home and Community Based Services- Developmental Disabilities wavier (HCBS-DD) if they meet the provider qualifications and are affiliated with a Program Approved Service Agency.

Item 31

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department shared a draft of the Intensive In-Home Therapeutic Support policy. Stakeholders provided the following feedback regarding the amount, scope, and duration of the benefit:

One stakeholder stated that she has a problem with the word "crisis" appearing throughout the document; it may be alleviated by changing the word to "crises". Families experience multiple incidents that build over time to the point that families are experiencing unsustainable stress and can no longer cope. This benefit should be about delaying that moment when families feel overwhelmed; however, as written the policy discusses "a crisis mitigation plan" (implying crisis is singular) and families likely won't relate to the definition and policy verbiage. Multiple stakeholders agreed with the perspective that crisis often builds over time.

Another stakeholder stated that, if the intent is for the crisis prevention coordinator to act as a Wraparound Facilitator, calling it that would make their function clearer. What is not clear, within the Provider Qualifications section of the policy, is how the direct support professional is intended to work with the crisis prevention coordinator.

A second stakeholder agreed that the relationship between the crisis prevention coordinator and the direct support professional needs to more clearly stated, for example, does the crisis prevention coordinator have oversight over the direct support professional? This same stakeholder suggested that it is important for the direct support professional to have some discretion to coordinate services on their own.

One stakeholder stated it should also be clear in both policy documents that the services exist, in part, to ensure that regular respite, needed by families to maintain a life, is available to them, and how.

Another stakeholder asked about the exact nature of crisis prevention planning process. For example, Wraparound Facilitators conduct a "functional assessment" (e.g. coming up with a hypothesis regarding what is driving the crises) that then becomes the basis of the "crisis prevention plan" that they are trained to develop. Will an assessment like the functional assessment conducted by those trained to be Wraparound Facilitators be required in this process?

- The Department revised the crisis definition as follows, to be more inclusive of different types of crises:
    - Crisis is an event or series of events, and/or state of being, greater than normal severity that become(s) outside the manageable range for the child/youth and/or their caregivers and poses a danger to self, family, and/or community. Crisis may be self-identified, family identified, and/or identified by an outside party.

- The Department also revised the title of the Crisis Prevention Coordinator to Wrap Around Facilitator.

- To help clarify the relationship between the crisis prevention coordinator (retitled Wraparound Facilitator) and the direct support professional, the Department also revised the In-Home Support description to specify that the type, frequency, and duration of service is determined by the Wraparound Plan developed by the person's support team.

- Regarding Respite, the Department revised both benefit policies to include the need for Respite services as part of the assessment and plan. It is the role of the case manager to work with families regarding available benefits and choice in provider. The Department will provide training to Case Management Agencies that will include the benefit of Respite being used in conjunction with the two new benefits.

- Regarding the nature of the crisis planning process, an assessment to inform the planning process is required. The Department will not mandate one specific assessment tool. The type of assessment will be based on the training program in which the agency is certified. The Department will consider adding this specify to rules. *Note: a crisis assessment tool for the purpose of planning would be different than the tool used to assess complex needs for the purposes of determining waiver eligibility.*

Item 32

Also in the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department shared a draft of the Intensive Therapeutic Transition Support policy. Stakeholders provided the following feedback regarding the amount, scope, and duration of the benefit:

When thinking about transitioning a child back into their family home, it is important to have family therapy in place; this should include therapy for siblings that equips them with tools to combat anxiety. It is difficult to find such therapy. Can this need be addressed within the policy?

Stakeholders mentioned other known crisis triggers and the importance of having something in place that anticipates these triggers and suggested the Department think on what the implications of these examples are/should be for policy design. For example:

- issues often arise once the child move into their teenage years (13,14 and 15 years old);
- hospitalizations often spike in June/July when school gets out, which is a stressor for both client and families; and
- transitions in and out of the home are often cyclical, which can be a stressor in and of itself.

- The Department included the following language in the Wraparound Transition Plan in the third draft of the Intensive Transition Support Service benefit policy, which describes what is to be included as part of the Wraparound Plan:
  - Counseling/behavioral interventions to support mental and behavioral stabilization with the goal of decreasing the frequency and duration of future behavioral crises.

- The Department will provide training to Case Management Agencies, who will authorize the new services, that will include the above potential crisis triggers. Additionally, the Department will determine if this specificity could be included in rule.

How to Define "Crisis"

Item 33

The Department should consult Missouri's Crisis Intervention Professional waiver for the following examples:

- a definition of crisis;
- crisis intervention professional eligibility criteria; and
- an example of how to pre-approve, within the care plan, crisis intervention services (e.g. forgo the prior authorization process). Pre-approval is necessary, as it is not practical to submit a prior authorization request and await approval at the time of an immediate crisis.

- Please refer to response in Item 31 for a revised definition of crisis.
- The Department reviewed Missouri's Crisis Intervention Professional waiver and used the information in drafting the two new benefits.

Item 34

The Department should explore defining "crisis" in two ways: immediate and long-term. Sometimes there are predictive factors of long-term or "bubbling" crisis, such as an increased trend towards hospitalizations; risk assessments exist to help identify these factors.

- Please refer to response in Item 31.

Item 35

The Department should look for standardized assessments that can be used as a tool to gauge risk of crisis. Another sign of crisis can be what is happening in school.

- The Department appreciates this feedback and will take it into consideration when evaluating the options for the assessment process mentioned in Item 3 of this document.

- The Department will also take into consideration any crisis assessment process and/or crisis care planning tool designated by the training program for which the given provider has utilized.

Item 36

The definition of crisis can include "family identified" but should not preclude crisis identified by others. Families and advocates have a saying, "normal is what you do every day". Some parents are so fried from their "normal" life of taking care of their child, that they don't recognize how emergent their own situation is. That is why it is important to have a team of people who are looking at the situation.

- Please refer to response in Item 31 for a revised definition of crisis; the definition does not preclude crisis identified by others

Item 37

The Department needs to think through to whom the family's first call in time of crisis should be. Will it be the CCB or others? CCBs are not open 24 hours a day. Who will the family call for immediate intervention before the situation escalates?

- The Department will think this through and will include who the family's first call in time of crisis should be in the following types of CHRP Waiver Redesign documents and communications, where appropriate: the service definition, rules, and/or training, education, and outreach to stakeholders.

Item 38

Crisis can be siblings living in extended terror of the extreme behaviors of another sibling, causing family PTSD.

- The Department has taken, and will continue to take, this into consideration as we evaluate the options outlined in Item 3 of this document.

Item 39

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department shared the following possible definition of crisis: "Crisis is an event or events of greater than normal severity that becomes outside the manageable range for the child/youth and/or their caregivers and poses a danger to self, family, community. Crisis may be self-identified, family identified, and/or identified by an outside party." Stakeholders provided the following feedback:

Change "and poses a danger to self…" to "or poses a danger to self…"

It should be enough for parents to self-attest to the crisis.

The definition seems expansive; it does not seem unduly limiting; I support it.

- Please refer to response in Item 31 for a revised definition.

Item 40

What if parents disagree on naming a crisis?

- HCBS waiver services are voluntary and participants/parents may choose the services that best meet their needs.

Item 41

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department asked for feedback regarding whether the draft policy should specify those aspects of crisis for which the provider needs to assess, or whether it would be best practice to specify a tool for assessing crisis. *Note: a crisis assessment tool would be different than the tool used to assess complex needs for the purposes of determining waiver eligibility.*

One stakeholder stated that both an eligibility and crisis intervention tool (or tools) should be identified.

One stakeholder stated that it is important to look at what is evidence-based and to be prescriptive about requiring providers to implement something that is evidence so monitor the fidelity to that evidence-based model. She further stated the Department should consider tying use/outcomes to reimbursement in some way. Half of those attending in person indicated their general support for this recommendation.

Another stakeholder stated that, if there is an assessment tool that can both assess for crisis and the effectiveness of subsequent interventions, that would be ideal.

Another asked if there is something similar that can be adapted from the Crisis Pilot? She asked the Department to please consider that assessment can take time while a crisis builds.

- The Department appreciates the above feedback and has taken it into consideration when developing the benefits.

- As it pertains to the eligibility assessment tool/process, the Department will take this into consideration when we evaluate the options outlined in Item 3 of this document. An assessment to inform the planning process is required in the benefits. The Department will not mandate one specific assessment tool. The type of assessment will be based on the training program the agency is certified in. The Department will consider adding that specificity to rules.

- The Department supports evidence-based programing and fidelity to evidence-based models. The Department has selected provider qualifications for these new services based on evidence-based practices and will continue to research mechanisms for ensuring fidelity to the given model/s. The Department will consider adding specificity regarding evidence-based programming and fidelity measures into rule.

- The Department has worked closely with the Crisis Pilot to ensure findings from the pilot were taken into consideration when developing the new services.

General Comments

Item 42

It would be helpful to look at existing processes that do, and do not, work within the Crisis Pilot, Creative Solutions program, the Momentum program, and the START model.

- In the development of these new benefits, the Department has taken best practices from all the aforementioned programs into account. The Department has met with subject matter experts that represent these programs in order to learn from their

processes and gain an understanding of opportunities for alignment. With the goal of improving outcomes for children and families, the Department will continue to identify areas of alignment with these programs as well as systematic gaps that limit access to care.

Item 43

Several representatives with the Arc provided the following comments, after the 8/24/2018 CHRP Waiver Redesign Benefits Collaborative meeting. Comments can be found in-full here.

As the legislation is drafted, the CHRP waiver is limited to children with both a diagnosis of a developmental disability, and severe behavioral health needs that place those children at risk of institutionalization.

It seems that the above wording excludes children who are medically fragile, who have traditionally benefited from this waiver; this is a concern.

Future Benefits Collaborative discussion should include a discussion of where medically fragile children might fall behind as part of the waiver redesign and how the Department and stakeholders can prevent this from happening.

- Please refer to response in Item 4 to find more information regarding eligibility for entrance into the waiver.

Item 44

Abigail Koenig, Director, Colorado Autism Consultants, provided the following comments, after the 8/24/2018 CHRP Waiver Redesign Benefits Collaborative meeting. Comments can be found in-full here.

To assess crisis, consider:

- The Parent-Stress Index (PSI). It can also be used to monitor progress in a pre-and post-test manner.
- What is happening at school. From experience, I see a lot of families that hit a crisis tipping point when their children start being sent home from school regularly, when the school starts calling law enforcement to handle crisis, or when their child has been suspended or is at risk of expulsion. It increases the daily burden to the parent, often puts their ability to hold employment at risk, and has a ripple effect on multiple aspects of their lives and ability to maintain home placement.
- Recent parent divorce and custody adjustments within the family.

To address lack of providers, especially in rural areas, consider reimbursing for the training of parents, caregivers, teachers, or other community providers to be able to implement and support one another in the child's behavior plan and action plan. Given a funding option to do so, I would anticipate that there are many agencies with BCBAs who would be willing to invest significant training into building capacity within other providers and communities

- As the Department evaluates the options outlined in Item 3 of this document, parent and sibling stress, as an indicator of crisis, is being taken into consideration. The Department also acknowledges that an assessment should be able to evaluate how a child or youth functions within many different systems, including schools and/or multiple home environments.

- The Department is actively exploring different avenues of provider recruitment, including the engagement of existing providers to expand the services they provide, and new providers. With these efforts, the Department will assess needs for provider supports such as training.

Item 45

Jody Razi, Social Case Worker with Adams County, provided the following question and comment via email in the week prior to the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018.

I was wondering if any thought could be given to authorizing counties to continue to manage the CHRP application/service planning for county child protection cases, while the CCBs would be the point of intake for all the cases that are not involved with the counties and child protection.

In other words, since the counties are already trained and in place as case management agencies, we would continue to handle the waiver for just our cases; the CCBs would become the case management agency for all those families who are not involved with the counties and child protection, but who are able to take advantage of the expanded waiver benefits.

Amongst other concerns, this arrangement might help alleviate one of the concerns that some CCBs have re: kids living outside the usual radius that the CCB serves.

- In order to provide case management services for the expanded HBCS-CHRP waiver, the County will need to meet the qualifications of a Case Management Agency and enroll as a Medicaid provider.

Item 46

Martha Johnson, Director, La Plata and San Juan County Departments of Human Services, provided the following question via email in the week prior to the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018.

How will county departments of human/social services be able to access CHRP placements when they file a Dependency and Neglect petition because of abuse or neglect of a child who meets the CHRP criteria and requires a high level of care and supervision? There will still be occasions when the county department receives court-ordered custody of the child because of maltreatment.

- County Departments of Human/Social Services may access the HCBS-CHRP waiver for children in Child Welfare. They would access these services by contacting the Community Centered Board (CCB) for that county.

Item 47

In the second CHRP Waiver Redesign Benefits Collaborative meeting on 10/19/2018, the Department asked for general feedback regarding whether language and naming conventions used within both the Intensive In-Home Therapeutic Support policy and the Intensive Therapeutic Transition Support policy were sufficiently clear. Stakeholders provided the following feedback.

In general, the definition of predictive and increased risk factors makes sense.

Several stakeholders stated that language in the policy does not appear to be sufficiently clear to illustrate: that the purpose of the crisis prevention coordinator is to coordinate with schools, law-enforcement, therapists, and all others involved in the child's care and wellbeing; and how, specifically, the crisis prevention coordinator is supposed to interact with the direct support professional. They made comments such as "the lead seems to be buried" and "the connective tissue is missing".

One stakeholder suggested that the term crisis prevention coordinator be changed to "therapeutic service coordinator", given that the benefit is titled "therapeutic transition support". Another suggested not changing the term to "wrap-around facilitator", as Wraparound is a specific training program with a fixed meaning. is its own program; confusing.

One stakeholder stated that the definition of crisis prevention itself should be clearer. When asked, those in the room generally indicated that they disagreed and felt the definition of crisis prevention within the document is sufficiently clear. The stakeholder then clarified his belief that parents will continue to find the definition confusing.

- The Department reviewed the draft benefit and believes the following language describes the role of the Crisis Prevention Coordinator (retitled Wraparound Facilitator) in coordinating with other entities:
    - The Wraparound Facilitator is responsible for the development and implementation of a Wraparound Plan is guided and supported by the child/youth, their family, and their wraparound support team. The wraparound support team is selected by the child/youth and their family and may be composed of case managers, medical professionals, behavioral health professionals, therapeutic support professionals, representatives from education, and other relevant parties involved in supporting/treating the child/youth or their family.

- Please refer to response in Item 31.

Item 48

Leslie Rothman, Mountain View Consulting, provided the following comments, after the10/19/2018 CHRP Waiver Redesign Benefits Collaborative meeting.

In the past month, I had the opportunity to review a set of rules to be heard at the Board of Human Services on December 7th. The rule packet includes a new definition for "Beyond Control of Parent" to ensure consistency statewide. While the language seems close to the definition of crisis in your presentation, I wonder if it might be a consideration to mimic the language? In the rule packet, the wording is: "Beyond Control of Parent" means a child/youth who is in the center of a conflict which results in the high likelihood of suffering substantial harm and/or injury to the child/youth, family, and/or community.

- Please refer to response in Item 31. The Department believes that the revised language in the new benefits is in alignment with language used in by the Colorado Department Human Services in the rule making packet.

In a second rule making packet, which is scheduled to be heard by the Medical Services Board on December 14th, there is language for assessment for clients residing in child care facilities, as was being discussed in the last collaborative meeting. In this packet, for rule at 8.765.1, assessment tools are identified to assess behavioral/mental health status of the client. In this draft rule, it identifies both the CANS and TOP and states "Provider must utilize the Assessment Tool recognized as the standard assessment tool by the county in which the client resides". Again, would it be helpful to use language consistent with what is being considered for adoption in other child welfare rule?

- Please refer to response in Item 3.