



CO HCBS Non-Residential Stakeholder Workgroup Summary November 9, 2015

I. Workgroup Participants

Stakeholders Present:

Adam Tucker, HCPF
Caitlin Phillips, HCPF
Christina Neill Bowen, The Lewin Group
(Facilitator)
Kristina Rerucha-Azeem, The Lewin Group
(Note-taker)
Michelle King, King Adult Day Program
(KADEP)
Tamera French, Goodwill Industries
Stephen Shauchnessy, Mosaic
Deana Conaty, Brain Care
Joan Wilson, Mountain Community Pathways
(Adult Day Program)
Karen Lillie, Pueblo Diversified Industries
Cassidy Dellemonache, PASCO
Candie Dalton, Accent on Independence

Saori Kimura, Colorado Access, SEP
Barb Crowder, ACMI, SEP
Danny Holzer, Jeffco OLTC, SEP
Celeste Ewert, Envision, CCB
Jan Irvin, Foothills Gateway, CCB
Gerrie Frohne, PADCO

Stakeholders Absent:

Mary Jo Rymer, Arc of Colorado
Kasey Daniels, Disability Law Colorado
Anito Evanyo, Rocky Mountain HS
Tia Saucedo, LeadingAge Colorado/Seniors
Resource Center
Tammy Drumright, DDRC
Jenny Nate, Rocky Mountain Health Plans

II. Introduction

HCPF welcomed the group. The facilitator, Christina Neill Bowen gave a brief overview of the [Final Rule](#). The group reviewed the framework of the stakeholder group, including stakeholder roles and the workgroup's objectives.

The purpose of stakeholder group is to work together to exchange ideas, develop solutions to problem solve and mitigate challenges, and share best practices related to implementation of the HCBS Settings Final Rule for all setting types and case management.

Desired outcome by April 2015: Compendium of best practices by setting type.



III. Sharing Best Practices

Participants interviewed each other in pairs about what best practice they had observed in their experience related to the Final Rule. They then introduced one another and shared best practices creating a best practice chart around the three main topics addressed by the final rule (see below).

Best Practice Wall

| Community Integration | Informed Choice | Rights |
|---|--|--------------------------|
| Individualized employment – What is the participant passionate about? | Give voice to participants through speech pathology (ex. Story of participant who did not speak and after speech pathology asked provider to read him a story) | Individual program plans |
| Individualized Supported Employment | Participants pick the days they want to attend and which services they want to participate in | |
| Community volunteers in adult day centers to socialize and broaden activities | SEP offers choice rather than telling people what to do using a questionnaire to gather preferences | |
| No more sheltered workshops | Ask the question “Where do you want to be in 5 years?” | |
| | Use a strengths based approach for choice and support and setting boundaries, encourage individual research on options | |
| | Individual supervision meetings that are person-centered and address conflict resolution | |
| | SEP has a provider list to explore all waivers, individual rights, and service planning | |
| | Expanded choice in day programming – choice of activity – (ex. Cooking, if unable to do so, perhaps they can read the recipe) | |
| | More options now | |
| | Level 7 funding | |
| | Career consultant – more choice, volunteer opportunities, Department of Vocational Rehab referrals | |
| | Day looks different in pre-vocational | |



Best Practice Detailed Notes

- Before an individual is able to make choices, you must give people a voice. Work with a speech pathologist to help individuals find that voice. Example of one individual who was able to use voice augmentation for the first time with the help from the speech pathologist (Community Centered Board (CCB)).
- Let consumer pick the services they receive and the days they want to attend those services. They receive a menu of choices they can select from (provider under LTSS waivers).
- Facilitate client choice to inform all options. Clients complete a questionnaire asking “what is their preferred name? What time is best for SEP to call? etc.” This allows them to really get to know preferences to assist them best (Single Entry Point (SEP)).
- Help people do what they are passionate about. Find employment for them and frame how to get the goals with their dreams and passions. “Where do you want to be in 6 months?” and work towards that (Accent on Independence).
- Provide individual choice and promote independence vs. dependence on case manager. Interdisciplinary meetings can facilitate person-centered care and conflict resolution approaches/trainings. Approach all things in strengths based fashion (SEP).
- Person-centeredness is integrated in all settings. Supported Employment and matching strategies (CCB).
- Promote person specific goals within the population. Individual program plans support rights because of ability to choose (Goodwill Industries).
- Support informed choice using a blanket provider list of all waivers and do service planning for individuals (SEP).
- Excel with choice by activities that are not pre-prescribed. They are tailored to individual, not the larger group. Everyone can do what is best for them (adult day).
- More options for people to choose from and make sure the person is deciding and are not being led or pressured into something.
- Volunteers are important – they provide a broad spectrum of activities (HCPF).
- The closing of sheltered workshops is a best practice. One-on-one support allows choice (PASCO).
- Level 7 funding allows for services the individual wants with level of support that is needed. There is much more flexibility with level 7 supports (PADCO).
- The pre-vocation career consultant really helps set up kids for a future with choices. Volunteer activities, practice classrooms, etc. are all available for their consumers. More DVR referrals and rates (CCB).
- The day of people in pre-vocational is more encouraging with bigger world view than previously had.



Group Reaction

The group noticed that there were not as many best practices under “rights.” Decided the small groups would start there in discussions.

IV. Exploring Best Practices

The group then split into groups of three or four people and discussed best practices related to rights, community integration and/or informed choice. The large group discussion centered on exploring what factors contributed to that best practice, and tools that could be used for replication.

Rights Best Practice: How to Assess Risk

The group discussed the need for a best practice for assessing risk for someone else in supporting participant rights. Some questions that participants had about assessing risk included.

- How and when can we restrict someone’s choice?
- What is maximum level of independence we are able to provide?
- Is it appropriate to limit choice? If so, when?

Some strategies to support the assessment of risk discussed by the group included:

- Develop a Human Rights Committee – DIDD has human rights committee (not so with ACFs, though the LTSS division is looking at application possibilities).
- Use great assessment tools for service planning including some from the Learning Community for Person Centered Practices (important to/important for, 4 plus 1, one page profiles, working/not working, etc.). It is important to ask the correct questions to really get to the person centered portion and to understand potential risks.
- Change the way providers provide services. Acknowledge people are able to make some bad choices, everyone does.
- Staff need to have values of person-centeredness. Higher paid staff may help ensure staff embraces and implements person-centered philosophy with same values of person receiving services.
- Provide a definition of safety and health to providers. Once there is a universal definition one can assess better. A definition of risk would also be helpful in removing provider fear of liability when choices made are not healthy. A “danger to self and others” document to follow would be helpful.
- Educate families about risk including what guardian can and can’t do.
- Provide opportunities for a self-advocacy piece throughout all stages including educating participants, using photos to see what people really want to do, figuring out how to communicate with individuals (including those non-verbal), giving people experiences, and broadening the individual’s world so they are informed.



Informed Choice Best Practice: Increasing Self Advocacy through the Person-Centered Planning Process

Group discussion regarding informed choice centered on the person centered planning process. Below are some strategies to utilize the person centered planning process to support informed choice.

- Provide exposure through encouraging a variety of experiences and use pictures as necessary.
- Model person-centered practice during service plan meetings to create an environment of participation. Talking with individuals and asking them directly, and not only talking to the family during the service plan meeting helps tremendously. If the family member answers, note that and redirect to the individual. Pay attention to who is in the room. The client must be there. Address and listen to nonverbal clues. Don't allow the guardian or family to speak over the individual.
- Hold a pre-planning 1:1 meeting with client before going to the larger service plan team meeting to elicit preferences and provide support.
- “Blog” idea - Have ongoing conversation with notes section that can inform others what is going on with the consumer. This helps everyone stay in the loop. With lengthy intake assessment this is a good foundational piece.
- SEP questionnaire on preferences is a good start. *HCPF added in notes review:* There is a lengthy questionnaire at the intake assessment, but the case managers are required to do an update quarterly, 6 months, and there is a CSR assessment to make sure the SEP maintains up to date information on the participant's preferences.

Community Integration Best Practice: Creating Meaningful Community Connections

Group discussion centered on defining meaningful community engagement. What is the standard for “meaningful?” Below are some strategies discussed to explore this with individuals?

- Offer a course catalogue of options (like college course catalogue where participants list their first, second and third choices).
- Recreational therapists on staff.
- Think about how participants can build social capital. There is a need to help individuals interact with the community. It is not enough to just get them off the property. We want them to be as independent as possible and we need to adapt the programs to the individuals. A target excursion may not be a meaningful experience. The person will not go back to Target if he or she needs someone to talk to or needs help. There is a need to foster those kinds of relationships for true community integration. Participants need to be engaged in a group, not all DD based.



- Cultivate peer and community interaction such as through church services.
- Teach participants how to make connections. Sometimes there are higher demands on people with disabilities to make friends than on ourselves. We need to think through, how do we start relationships?
- Need to find lower cost or no cost options to address this issue for all need levels. There is no funding with decreased needs.
- Ask assessment questions such as “Who was last person to call you who was a friend and not a staff member?” and work these discussions into interactions.
- Employment is a great way to add value and self- worth for individuals. Customized employment is best for individual and it is not much more expensive than if not customized according to studies.
- A culture change needs to occur within larger society to promote community integration. We need to educate the community on how to interact with people with disabilities. If people with disabilities are around others who are not disabled it helps integrate them into the community. This has more potential to be life-long than a surface relationship.

V. Leaving in Action

All participants will look for “bright spots” related to how rights are being supported in their settings.

Next meeting!

- Thursday December 10, 2015
- 9:30 to 11:00am – Consultancy focused on “rights” (see description of model below)
- [Join WebEx meeting](#) or dial in at 1-877-668-4493 (code: 648 733 559)

Presenters Bringing Challenge Related to “Rights”

- Balance choice vs. risk – Candie Dalton
- Consideration in implementing the Final Rule in rural settings – Karen Lillie
- Supporting people with cognitive impairment who are at risk of wandering – Michelle King

Description of consultancy model:

The consultancy is a group problem-solving process, where participants have a chance both to get feedback on a challenge he or she is facing and provide feedback to others. The presenter describes his or her main challenge. He or she should provide enough background information about the challenge so that everyone on the call understands the context. The presenter has 3-4 minutes to do this. The group then asks the presenter clarifying questions about the challenge or the background to ensure they understand the situation fully. This should take 1 minute, depending on how clear the initial presentation is.



The group then brainstorms for 5-6 minutes, providing constructive feedback to the presenter, particularly ideas about how he or she can approach the challenge in question. During this time, it is preferable if the presenter does not speak, but rather listens to the conversation.

If there are additional clarifying questions or inaccurate statements made about the project or situation, the presenter should respond, but we should try to avoid a dynamic where the presenter raises objections to ideas as they arise or where the conversation starts to ping-pong back and forth between the presenter and individuals in the audience.

When the time is up or the conversation lags, the presenter will then have 1 minute to respond to comments made, ask for more clarification or depth on a particular point, and describe what he or she learned.

