



Colorado Home and Community Based Services (HCBS) Residential Stakeholder Workgroup Meeting #5 March 8, 2016

The intent of these workgroups is to problem solve and gather ideas surrounding implementation of the Home and Community Based Services (HCBS) Settings Rule. This group is moderated by The Lewin Group at the request of The Colorado Department Health Care Policy and Financing (the Department). The intent of these notes is to capture the exact nature of the comments of the workgroup participants and is not representative of policy decisions or the Department's stance on implementation. Notes from workgroups to date can be found at:

www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule

I. Workgroup Participants

Christina Neill Bowen, The Lewin Group
(facilitator)

Adam Tucker, HCPF

Anais Stewart, The Lewin Group (note-taker)

Absent:

Caitlin Phillips, HCPF

Leah Pogoriler, HCPF

Stakeholders Present:

Ann Turner, Cheyenne Village

Lori Hamilton, Lennox Guest Home

Karen Lillie, Pueblo Diversified Industries

Heather Porreca, DRCOG

Carol Meredith, Arc

Hanni Raley, Arc Aurora

Steve Valente, Dungarvin, Service Provider

Sarita Reddy, Greely Center for

Independence

Judy Tomcak, Foothills Gateway

Lori Woods, Jeffco OLTC, SEP

Blair Wyles, Rooster Ranch

Anita Evanyo, Rocky Mountain HS

Stakeholders Absent:

Jonathan Wolf, Lennox Guest Home

Leah McMahon, Access Long Term Support Solutions, Single Entry Point, SEP

Megan Philips, Weld County AAA, SEP

Joan Levy, Strive, CCB

Kristie Braaten, DDRC

Pat Cook, Colorado Gerontological Society

Ann Petersen -Smith, University of Colorado Hospital

Megan Hart, CALA/Heritage Haus

Ginger Stinger, Parent

Judy Malin, Smith Agency

II. Introduction

Christina Neill Bowen welcomed the stakeholder group attendees to the final stakeholder residential meeting and thanked them for their participation since November. Christina then

followed with a roll call of attendees and asked each person to share their name, organization, and one thing they are hoping will come out of this compendium. Some responses included:

- A foundation people can use to support choice/life;
- It has been interesting to listen to people's stories and I hope we can bring it forward to Alternative Care Facilities (ACF) providers focusing on person-centeredness and getting the proper training;
- Some concrete guidance and what we can and can't do;
- Person-centeredness, as wonderful as it is concern about funding and the state departments that oversee us;
- The Colorado Department of Health Care Policy and Financing (the Department): Described what the Department will be doing to support providers in the transition including the development of the provider transition plan template, and the opportunity for public comments on the statewide transition plan coming at the end of May 2016.
- An emphasis on individual creative solutions for each of the men and women we support;
- Considering what is manageable for a single entry point system;
- Have appreciated the discussion and comparison between the ACF and the Intellectual and Developmental Disabilities (I/DD) world. Hope we can put out what we learn from each other and some action steps;
- Continuing to garnish and develop small communities;
- Hope the momentum from this group continues and helps practices become operational;
- Hope that family members begin to think creatively about what the person needs and how do we carve something out that works for them;
- There are many committed people, but sometimes we get in each other's way. Not always about funding, but my insight is if we can come together and not have rules get in the way, that is one thing I want to see come out of this;
- Have valued the input from other members; and
- Hope that creativity and ways to approach problems in different ways gets mentioned.

Christina showed the Colorado HCBS Final Rule website

www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule where participants can keep updated on the rulings and meeting notes going forward. The goal for this call is to share the draft compilation of best practices and hear from the workgroup and pull their thoughts together. This will be in addition to the written comments that have already been submitted. The practices shared on the slides are meant to be a collection of promising practices from working in the field, and not necessarily recommendations to the Department.

She reviewed the purpose of the workgroup, the working group agreements, and the sections of the compendium. They include an introduction, methodology and the stakeholder selection process, a section on broad promising practices that might apply to all settings, specific

promising practices that would apply to specific settings, and a conclusion. She opened the line for suggestions or reactions on how the compendium is organized. No immediate responses were verbalized.

III. Broad Promising Practices

Christina asked if there were any major areas of focus today or reactions to peers' comments from the last call. The group had none. Christina then showed the broad promising practices on the screen and for each one asked if the group wanted to provide additional content.

Viewing person centeredness as a philosophy and process vs as an event.

Christina asked if workgroup members had any additions or considerations about this practice.

- I think this is a key element to help people shift how we think about the services we provide and the role that we play as family and as guardians. It traditionally has been seen as a destination event, where everything occurs at this meeting. And the struggle is real to shift that from a one-time event to a process where we look at new ways to support individuals. One thing we emphasize is that the service plan is a required meeting, and in the interim we are testing things. Documenting what worked and did not work for an individual. It's a trial and error process. It's hard for us as professionals to put on the new suit, because we have been enculturated to focus all input to the service plan meeting. So we need to remind people those are just points in time and not the goals.
- I agree it isn't just a date on the calendar. I have been getting a lot of comments from family, and what is interesting is that when you present the philosophy, no one has any questions or concerns about it. But what I have found that seems to resonate is person centered thinking as the lens.
- I think it is a paradigm shift, and I think one of the things is a culture of constant conversation. You cannot do this if you are not willing to engage with the allies, the people who have that person's best interest at heart. And none of that happens when it's the staff only. You need allies outside of the agency and outside of the system, and I have not seen that happen.

Making the most of care support meetings

Christina: This theme emerged in our previous discussions. It entails doing pre-work to identify things important to and important for the individual and getting the right folks around the table

- I am in support of the broad practices, but I would also like to see something in a broad stroke related to a commitment to actually implementing person centered

planning. We can talk, but at the end of the day we just have to do it. And I would love to see a system committed to doing it.

- I think we can do it and are doing it. I wonder though, how as a system do we ensure that everybody is committed? One of the hardest things is to sit through a meeting with a wonderful draft, and see that nothing happens with your child. I'm not sure what we need to make sure people actually do person center planning.
- One workgroup member asked Adam Tucker how the Department will be working to ensure person centered planning.
- Adam replied that this is part of the final rule. Currently we are trying to implement person centered planning across the Department. So that it is already strong in our rules and strong in our waivers. You will also see outreach and training coming. But really it will be in the updated rules, surveys, and processes.
- The education system, I see a huge disconnect between the education system and services in adulthood where parents and family are just not educated as to what happens when public education is done.
- I just want to make sure I understand that this is supposed to be broad because we are not talking about one population. So I guess I want to make sure we are not honing in on one population. I agree with previous comment, but it touches on that one tiny part when we are talking about the broad population.
- And eventually as we teach our children and they turn into adults, the younger you can teach it, the more it progressively changes the view.
- Adam, with the Department clarified that person centered planning is not just in I/DD plans, it is codified in the HCBS Settings Rule for all the populations. But we are also committed to person centered planning as the best approach as we know of today in really helping people be independent no matter their age, disability, or where they are served. This will be across all populations and across all waivers.

Expanding on the process of facilitating of informed choice to promote a common understanding.

Christina then moved on to the topic of informed choice and asked for group thoughts on the topic.

- I made some comments from the single entry point perspective. So how are we deciding who the case manager is in the draft decision flow? At the SEP? At assisted living? It needs to be assigned whose responsibility it is. And again the reality of it is dedicating that time. I had picked up concerns, basically about the reality of this. Is it a realistic goal? And at this point it is not. Not that we would not want to, but it is easier said than done.

Christina asked how this could be adapted to address some of those organizational restraints.

- I think it is difficult for case managers to get this done, and as a provider we feel this is our role. So we do all of this, we do our meetings at least twice a year. But that's minimum. We have as many meetings as we need to have. And all of these things are done by our staff. So we have actually, as part of our staffing we have a person whose job that is. That is her job. There is a lot of collaboration, and we do that piece and ensure people have experience with a lot of different things. I feel like this is something we as providers have taken on, our case managers don't have the time.
- I recognize all of the many practical hurdles and commitment to person centered living. Making sure they get to the right places and that the referral resources, are the intent from an advocacy perspective. Our job is not necessarily to implement HCBS Final Rule, but that's what we as advocates find important. Our job does not stop because we do not have the resource. We just have to be more resourceful and creative.

Christina asked: Is this draft decision flow something useful to include in the compendium? Is it too prescriptive?

- I don't think it's too prescriptive. You do have to have all those elements. It's a circular process, it does not end.
- I wonder if you can give an example or two. So with housing, you could ask frequently, "are you happy here?" but also include other informed choices like finding a job or joining a club. I am just thinking if there are any examples, a few of us have already expressed how it is hard to wrap around true implementation. So these fine points would be very helpful.
- For some reason, I just want something in there about observation. Because some folks do not communicate conversationally and often get left out of the person centered process because time was not spent to observe their reactions.

Christina: We did have a discussion about that from the first or second meeting, so we can pull out some of that.

Reimbursement rates, increasing opportunities for one on one support, developing natural support, promoting supported employment, and public education on community inclusion.

Christina asked for any reactions or context workgroup members would like in the compendium related to these.

- I wish there was easier access for families to educate themselves on this whole system. I think that's a big point, and I love that as a promising practice.
- I just wanted to mention a struggle with developing natural supports is the required training and supervision requirements. Like somebody in my program wanting to just

go hang out with a friend, and yet the person has supervision requirements, they can't go out without a trained provider. I struggle with that and that balance.

- I totally agree that with natural supports, we often have to get names and numbers. And with all that information it does not seem natural, it seems prescriptive.
- I think sometimes too we can make that natural support piece almost too broad. We think of it as filling a void in the system. But we also have to consider natural support looking like friendships, visits to the home, calls on Saturday nights just to catch up. I think that will help people better understand the entire spectrum, and what it can look like.
- The thing we need to pay attention to is the term natural support has been used differently over time. It morphed into being used as a budget easier way of interacting with someone. That's our downfall, it needs to be more of do they have friends, someone to share news with. It is about deepening relationships, it's not really about plugging budget holes.

Christina shared that some group members have submitted some promising practices to be included, and we may follow up to get some more detail. But for now, are there practices coming to mind that we definitely need to put in?

- When I think about the report, the visuals in the report are important. And when she talked about it being a circular rather than a linear thing, I'm just suggesting that we put more circles in because it is all an ongoing process.
- I agree, think that is a good idea.

IV. Leaving in Action

Christina encouraged members to share feedback and comments as the group parts and is not talking in person anymore. She then opened the line for any questions about that process and next steps. Christina and Adam from the Department wrapped up the workgroup and thanked all of the participants.