



COLORADO

Department of Health Care
Policy & Financing

CO HCBS 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)
Megan Hart, CALA/Heritage Haus
Lori Hamilton, Lennox Guest Home
Robin Forbes (Karen Lillie), Pueblo
Diversified Industries
Sarita Reddy, Greely Center for
Independence
Judy Tomcak, Foothills Gateway
Heather Porreca, DRCOG
Hanni Raley, Arc Aurora
Ginger Stinger, Parent

Leah McMahon, Access to Long Term
Support Solutions, Single Entry Point (SEP)
Lori Woods, Jeffco OLTC, SEP
Megan Philips, Weld County AAA, SEP
Steve Valente, Dungarvin, Community
Centered Board (CCB)
Joan Levy, Strive, CCB
Pat Cook, Colorado Gerontological Society
Blair Wyles, Rooster Ranch
Ann Turner, Cheyenne Village

Stakeholders Absent:

Ann Petersen -Smith, University of Colorado
Hospital
Kristie Braaten, DDRC
Joan Levy, Strive-CCB
Carol Meredith, Arc

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 roles and workgroup objectives.

The purpose of the 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 2016: Compendium of best practices by setting type.

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III. Sharing Best Practices

Participants interviewed each other in pairs about best practices 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 (see below).

Best Practice Wall

Community Integration	Informed Choice	Rights
<<<Good advocacy system >>>		
ACF residents out and about using the bus system	Community Centered Boards and Person Centered training	Looking at person first and programs "behind the curtain."
Choice and control	Money in budget for person centered training	SEP – person-centered approach
Son has been able to utilize a different waiver to self-direct support	Agencies are beginning to implement statewide PCP training	CCB – focus on lifespan vs. program
	Coaching families and caregivers to ask for choice	
	Think outside the box	
	CO promotes autonomy and choice making in both models and services	
	Fantastic models in aging and ID/DD services	
	PCP prominent in Assisted Living regulation re-write	
	Investment in PCP	
	Asking "why" of staff	
	2 planning meetings per year per resident	

Best Practice Detailed Notes

- HCPF having this discussion is a good thing. The CLAG has led up to this.
- Community Centered Boards (CCBs) are a really great asset to the community. They are providing person centered training for providers across the state. There is also an appropriated \$500,000 for this training and an additional \$83,000 from additional funds.

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- It is a great thing across the state that there is person-centered training and actual providers are implementing the person-centered planning approaches into the facilities, even though they are not reimbursed for the additional services.
- Colorado Gerontological Society is working on coaching families and caregivers to know what to ask for in terms of choice.
- Children's services have been evolving for the past four years. People are beginning to think outside of the box in terms of programs and for kids. They are really looking to help with transitions of children to the community in a long lasting way. When creating plans, they are really looking at the future of children as adults and starting to make a path for the individual. Doing person-centered plans but not calling it person-centered plan. (CHRP provider).
- Colorado promotes choices and autonomy of making choices for adults easy with a myriad of choices and services that they are able to provide (adult services).
- Community involvement is high in ACF. It is an open setting where individuals are able to come and go as they please. Residents are familiar with the community and bus system of Denver.
- Statewide advocacy efforts are strong for ACFs. State advocates work with residents to ensure choice and access (SEP).
- There are fantastic models driven by person-centered practices throughout the state. There are already models that are addressing many of the issues that the Final Rule highlights. With adults, there is a clear come and go philosophy. However, with IDD that is not always the case. It is not as boundary-less.
- Assisted Living regulations are being rewritten. Person-centeredness is being implemented into the revised regulation. It will be interesting to see how person centeredness fits into the regulations moving forward.
- There is a push to embrace person-centered philosophy in all things. Enhancement to their approach is to ask "why." This is being asked much more and allows for more freedom and choice (host home).
- They have two planning meetings per year for all residents. Residents are able to ask for additional meetings, as needed. Meetings are resident driven and focus on building a life that the resident wants and chooses (Greely Center for Independence).
- We are changing the way we talk to clients (SEP).
- Change ways to get involved in the community. Need to answer the question of how to plan for children when their parents are no longer around. There is a resource exchange board that is helpful to parents.
- For agencies, some are starting to look at entire life span of an individual and seeing how programs fit that person. It used to be they would try to fit the person to the program, even if they had to wedge that person (and their needs) into the program. Now it is much more person-centric where programs are created for the individual.



- Not making choices for people, but allowing them to be adults and make their own choice – whatever that choice might be (SEP).
- Keeping people in the home and in control of their own lives (SEP).
- Ability to utilize different waivers is a best practice that allows participants to choose who cares for them. The programs are great. Services are awesome with CDASS program. It allows parents (or individual) to choose who to hire to care for them, and what services to pay for that are most appropriate. Choice of living on ranch style setting vs. what CMS would see as isolating concern for this provider (Rooster Ranch).

Group Reaction

- Less worry that everyone is going in a different direction. Seems as though person-centered is path everyone is taking and that the state is going.
- Need to use standardized messaging across all providers (for individuals) to help make sense of things.
- Shift the way things are being done.

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.

Participant Rights Best Practice: Making Sure Residents are Familiar with Rights

The discussion centered on having people invited to planning meetings, being more value driven vs. “check box” focused and having a true discussion with the individual about his or her services, and life and what is desired for present and future.

Some strategies to support this include:

- Reviewing rights at least every year as per regulation. Review rights regularly with residents. Currently, they do it when the resident moves in and again annually (as required).
- Having regular and honest discussions with residents about their rights and how important they are. Having these discussions over time will allow for a richer conversation when it comes time to do an annual care plan.
- Have residents meet quarterly with staff to ask “what do you like?” – Different questions are asked each quarter. Quarterly meeting with staff person to check in “how they are doing?” and check that they are facilitating individual needs.



- Regularly ask the state survey questions of residents. An agency could ask the same questions the state asks in the state survey to be aware of how they are doing.
- Resident council meetings help to educate every one of their rights. A different right each month could be picked as a focus during the meeting.
- Balancing health and safety with supporting rights.
- Asking staff “why” when they want to suspend a right helps to challenge staff to think about why they would want to restrict an individual from doing a certain activity.
- Talk to residents about risk and safety plans. Say “you can do this, but tell me your plan? How will we know where you are? How will you find your way home? What will happen if your oxygen runs out? What will happen if your chair runs out of electricity?” This can help walk them through the process of managing risks.
- Have direct worker staff, not only administrators, have rights conversation with residents.
- Rights may look different to different people.
- The person-centered plan must be diverse and allow for rights to be documented and allowed. One strategy is to ask about the five things important in your life.
- It is easier to allow people to live the way they want to live. One residential setting changed medication administration times to better suit residents’ natural wake up times and everyone was happier.

Informed Choice Best Practice: Managing the Intersection of Rights and Decision Making

Discussion centered on how choices could be supported while avoiding potential exploitation, particularly related to children. But even for other populations, the issue of provider liability vs. dignity of risk emerged, and the points below were listed as strategies to promote informed choice.

- Discuss with residents consequences of choice, and allow poor decisions if person is informed.
- Making sure all options/choices are known to residents who may not know they have choices.
- Requiring a requests for proposal for services may help curb host home migration, which many times is not driven by the resident, but by regulations. Suggest regulations and processes to help drive informed choice, as opposed to guardian preference.
- Educating residents and families on options. Individual and family must look at X amount of providers and demonstrate they have explored the options fully. This can get out of hand quickly if it becomes regulated. The goal is really to provide an opportunity to take a few minutes to understand and educate one another in terms of needs and services. Sometimes people know the decision they will make, but what you need to do is take the time to discover all of the possibilities.



- Break down the silos that affect individuals' ability to explore choices? Waiver redesign is the opportunity to break down silos between waivers to help increase support and choice. Services in other waivers should be accessible.
- The "Your Choice" Manual is a good tool as well as requirement to interview providers. When a participant begins receiving services, he or she gets manual with all 300 agencies listed. This allows knowledge of all choices. CCB equivalent allows change every 30 days in mental health waiver. To change, the individual must first interview 3 agencies. This provides opportunity to learn what is out there.
- Move beyond the list of services only. Residential providers and case managers only have responsibility to provide an individual with a list of possible choices. They do not have anyone who is responsible for taking them around to other sites or interviewing. We need to find ways to move beyond the list.

Community Integration Best Practice: Care Coordination

Care coordination was identified as a community integration best practice. Participants noted that building a team environment contributes to helping a person integrate into the community. Factors contributing to this promising practice are listed below.

- Communication among providers –How can professionals communicate effectively to get the job done?
- Increased re-imburement - Is there a way to get reimbursed for team discussion? Is there a way to get reimbursed for talking a client through choices?
- Weave together supports – they do not have to all be system based. When family is involved agencies also need to think about what the agency can do vs. what the family can do. Family must be involved in the partnership. They must be intentionally leveraged to get all needs met. Advocacy organizations could also take an individual from site to site for informed choice – need to include them.
- Find a way so everyone involved in the individual's life has access to notes so they are able to have a comprehensive understanding of what is going on with the individual. All this needs to have true collaboration among providers. TherAp is an electronic medical record that can grant access to all invited people and can give permissions to only certain people.
- Develop partnerships between agencies – TEFT is an example as is RCCOs in seven areas in the state where they are doing wrap- around care and consumer directed options. There are a lot of initiatives going on across the state and need to make it work with coordinating all these services and applications and processes somehow. There is a lot of money out there – we need to find a way to do more than just talk.
- Use value statements vs. check the box.
- Real relationships for participants are essential. Community integration is a piece of care coordination and forces a relationship with people. It is not about staff. It is about who cares about you and the need to be validated.



V. Leaving in Action

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

Next meeting!

- Tuesday December 8, 2015
- 9:30 to 11:00am – Consultancy focused on “rights” (see description below)
- [Join WebEx meeting](#) or dial in at 1-877-668-4493 (code: 644 610 002)

Presenters Bringing a Challenge Related to “Rights” to the Next Meeting

- Guardianship – Heather Porreca, DRCOG
- Blair Wyles, Rooster Ranch
- Carol Meredith-Arc

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.

