



Assessment and Support Plan Stakeholder Wrap-Up Meeting.

07.15.2020		Zoom
Notetaker	Jan Ileteo	
Attendees	Gerrie Frohne (Family Member), Shannon Seacrest (Family Member & CCDC), , Chris Russell (Family Member & Aveanna Home Care), Marsha Unruh (Independence Center & Guardian), David Bolin (Team Public Choices and ASCO AOI),), Bill Levis (AARP, Family Member/Guardian), Charlene Willey (Family Member), Melissa Emery (Rocky Mountain Services), Lee Ray (Advocate-ARC of Arapahoe and Douglas), Carol Meredith (Advocate-ARC of Arapahoe and Douglas), Pat Chamberlain (Family Member & Public Commenter), Meg Frenzen (Optumas), Kris Welch (Optumas), Tomas Abrate (Optumas), Lesley Le (Optumas), Martin McNamara (Optumas Tasia Sinn (Department), Ben Hoppin (Department), Lauren Swenson (Department) Victor Robinson (Department), Steven Lutzky (HCBS Strategies), Andrew Cieslinski (HCBS Strategies), Jan Ileteo (HCBS Strategies)	
Introduction & Overview		
<ul style="list-style-type: none"> For a full recording of the meeting discussion, you may view the recording found at: https://drive.google.com/file/d/1yuf-VF_GZ3EjDeSJxOz2AsquCB2m3j3t/view The presentation that was used to facilitate the stakeholder discussion can be found at: https://drive.google.com/file/d/17Wba-09L-X0iKBXwRZAvQ1ZbBJN-dsJ/view Lauren Swenson gave an overview of the agenda. 		
What We've Accomplished as a Team		
<ul style="list-style-type: none"> Using Slide 6, Steve Lutzky provided an update of the Department, Stakeholders, and HCBS Strategies' key accomplishments Using Slide 8, Steve provided a before and after of outcomes from NF-LOC & Hospital LOC Coordination. Using Slide 9, Steve provided additional outcomes from the A/SP process. 		
Review of Proposed Update to Assessment and Support Plan		
Assessment:		
<ul style="list-style-type: none"> Using the <i>Summary of Post Pilot Updates to the Colorado's LTSS Assessment & Support Plan Process</i> document found at https://drive.google.com/file/d/1JoFuI2Bb2dLlkbHo-VxKYI3YlduBG5zI/view, Andrew Cieslinski provided an overview of what was added, changed or removed from the assessment and support plan modules. Andrew shared that additional children's screening questions were added to the LOC Screen to ensure that all individuals proceeding with the assessment process met targeting criteria for at least one waiver. <ul style="list-style-type: none"> Andrew also explained that targeting items for the Brain Injury waiver was included because children can transition to this waiver at age 16. In the Health Module, Section 5: Medications, Andrew shared that the medication table would be converted to a searchable medication table that could interact with pharmacy claims, reducing the amount of time spent completing the table. <ul style="list-style-type: none"> Lauren Swenson added that interChange pharmacy claims would help streamline the process and help Case Managers update the medication information rather than gathering it at every assessment. 		

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- Chris Russell suggesting including an option for infusion medication as another category under medication management. She said this was especially important because it is a criterion for specific benefits, such as private duty nursing.
 - Lauren Swenson stated that an “Other” category should also be added to the medication management list.
- In the Health Module, Section 8: Treatments and Monitoring, Andrew reported that the CES application will be replaced by the new assessment process.
 - Carol Meredith asked why the CES criteria in the Health module only points to the requirement to document health interventions.
 - Andrew explained that the frequency of support required under CES is determined by the combined amount of medical and behavioral intervention. Documentation of medical intervention will occur in the Health module, while behavioral supports will be documented in the Psychosocial module.
- Charlene Willey asked why autism is not included in the mental health diagnosis list in the Health Module, Section 6: Health Conditions, and Diagnosis as it is a common condition.
 - Andrew explained that HCBS Strategies and the Department did not create a comprehensive list of mental health conditions. He explained that diagnoses such as autism should be captured under the “Other Mental Health Diagnosis” option.
 - Lauren Swenson agreed that autism should be incorporated into the mental health diagnosis list so that they are not relying on case managers to include autism under ‘Other’.
 - Chris Russell added that there is a history of problems with Behavioral Health Organizations recognizing autism as a mental health condition rather than deferring to the IDD providers.
- Andrew addressed Pat Chamberlain and Marsha Unruh’s concern about the use of the term “traumatic brain injury” in the Health module targeting criteria for the BI waiver. They said that because some brain injuries are non-traumatic, traumatic may be a misleading prompt.
 - Lauren Swenson agreed to remove “traumatic” from the term and use the term “brain injury” which is in alignment with Colorado’s HCBS-Brain Injury Waiver.
- Gerrie Frohne asked how comments and questions during this discussion about the A/SP will be reported to the group because this is the last stakeholder meeting.
 - Lauren Swenson answered that she will provide an update on the items and outcomes.

Support Plan:

- Andrew shared that the Transition to Adult Services section was pulled from the Goals discussion into its own section.
 - Shannon Seacrest said that her experience has been that discussions around the transition to adult services with CCBs typically occurs at age 14. She suggested changing the prompt for this discussion from age 16 to age 14.
- Andrew shared that the service authorization table within Section 11: Authorizing My Services was revised to include calculations for service frequency that allows the participant and case manager to model the frequency of services delivered (e.g., number of times per day, days per month, months per year) and convert this to units rather than solely relying on the identification units.
 - Gerrie Frohne had a concern that the built-in service caps do not allow the participant to identify all needed services. This table may present a problem because alternative services may be obtained to supplement services that have met the cap. She suggested that the table include the service level caps and training for case managers could include counseling on alternative services when the cap is met.

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- Shannon Seacrest provided an example of using a day program for her son instead of respite.
- Gerrie added that individuals and their supports may be more creative in identifying services to meet their goals than a case manager could be.
- Lauren said that this table is given to participants as part of their support plan printout, so they know what services are authorized in their plan. They need to know the service frequency as well as caps. She added that she did not believe there is a way to automate creativity, but guidance could be applied to training.
 - Gerrie suggested that there can be an additional column to address how other needs of the individual may not be met. Lauren said that this makes sense to add.
- Shannon Seacrest asked about capturing unmet needs.
 - Andrew responded that within the Support Plan, there are several opportunities to capture unmet needs, systemic barriers, and other challenges.
- Andrew acknowledged chat comments on providing person-centered care within the limits of service categories and discussion of algorithms to set budgets and stated that this will be important for Optumas to consider moving forward.
 - Carol added that this would be helpful to bring to the attention of other funders to demonstrate that Medicaid cannot meet the participant's needs.
- Andrew shared that the first column in Section 13: Referrals would be automatically populated from the assessment.
 - Gerrie Frohne suggested including a column to determine what should be done if the desired outcome is not found as a result of the follow-up.
 - Carol Meredith commented that the table should also ask when follow-up will be completed.

Department Updates on Next Steps

Needs Based Criteria

- Using Slide 13, Steve Lutzky provided an overview of HCBS Strategies' involvement with the development of the Needs Based Criteria.
 - Lauren added that the stakeholder engagement opportunity will be coordinated with the Waiver Redesign work group. The Department will have to see how this will move forward considering the budget.
- Carol Meredith asked why Residential Habilitation under the DD waiver was the only consideration for this effort when there is a residential component in the other waivers.
 - Lauren Swenson replied that it could be expanded to other residential settings. She said that residential habilitation was identified as the evaluation criteria for the DD waiver because there is no objective method to determine if someone is eligible for these services.
 - Steve Lutzky added that needs-based criteria for other waivers would need to be undertaken as part of a separate effort because these criteria would likely vary substantially across populations.
 - Charlene Willey had a concern that the Washington State algorithm is derived from the SIS which Charlene said is not an adequate tool to provide the necessary level of data.
 - Lauren added that data will come from the pilot data and will consist of a larger case sample than the 15 case studies that Lori Thompson worked on.
 - Charlene commented that the SIS was very limited and did not work for the DD population.

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- Lauren clarified that SB 16-192, does not say that the SIS is unreliable, it called for a single comprehensive person-centered tool for all individuals seeking LTSS including individuals with IDD.
- Gerrie Frohne commented that the Needs Based Criteria has a huge potential to cause harm because it could affect waivers and residential situations. She shared that, according to Laurie Townsend, as people get assessed in the future and come up against a Needs Based Criteria filter, they could lose their housing. In Colorado, this is immensely significant because housing cannot be replaced with benefits. She does not think that the Department could convince people that they would not be affected by these criteria in the future.
 - Lauren asked if Gerrie is speaking about individuals who are using the DD waiver for housing but may not need 24/7 care and support.
 - Gerrie responded that Colorado's law dictates that the IDD designation connects people with 24/7 services. She and others who work in this space believe that there are components in an IDD designation that can connect with 24/7 services.
- Carol expressed concern about equity. She said that there are no criteria for accessing assisted living facilities in the EBD waiver nor is there a cap, but someone with an intellectual disability or mental health diagnosis would have to meet specific standards to obtain services a person on another waiver could get without meeting these same standards.
- Pat Chamberlain asked how the Department will expand on items that the SIS does not capture extensively, such as health/medical needs and living circumstances.
 - Lauren responded that the analyses will also include the comprehensive domains covered by the new assessment process.
- Gerrie Frohne asked if the A/SP stakeholder group will be able to participate in the Needs Based Criteria stakeholder group.
 - Lauren replied that the A/SP stakeholder group will be merged with the Waiver Redesign Group for efficiency.

Resource Allocation

- Using Slide 14, Lauren presented an overview of Optumas' role in the next steps for Resource Allocation.
- Lauren stated that an informational memo for stakeholder recruitment for the Technical Advisory Groups (TAG) went out on June 26. She said that Optumas identified that they will be developing three Technical Advisory Groups. The first group will be comprised of self-advocates and families, the second will include agency representatives, and the third clinicians and professional staff.
 - Lauren asked the group to share information about the clinicians and professional staff TAG with their network to help recruit participants.
 - Lauren said that the TAG will meet from July 2020 to May 2021
- Lauren added that the second opportunity for stakeholder engagement is the Regional Forums. The Regional Forums will occur from August 2020 to June 2021.
- David Bolin asked when people will be notified if they were selected for TAG.
 - Lauren responded that Tasia Sinn is coordinating the stakeholder effort for the Department and notifications for selected members should be going out soon.
- The tentative schedule for the first TAG meeting is July 28, which may be pushed to the beginning of August based on availability and status of member recruitment.
- Shannon Seacrest asked if the three TAGs will be working individually or together with Optumas.

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- Lauren responded that there would be seven to eight people in each group who would receive the same information and will be working with Optumas. De-identified meeting notes will be shared among the groups.
- Lauren added that the separation of the groups will allow all TAG members, including those who may not feel comfortable speaking up in a large, diverse group, an opportunity to comfortably speak up.
- Shannon had concerns about potential disparities in communication because there will inevitably be conversations and concerns within and across the groups that will not be adequately captured in meeting minutes. She said that her overarching concern is that the split approach does not reflect collaboration and equity.
- Shannon added that she objected to the process because all individuals at the table should be willing to speak up and share their views, and if they do not feel comfortable doing that, they may not be appropriate to include in TAG.
- Gerrie Frohne stated that having a separate group of only professionals may result in a less person-centered process overall because it does not include participants and families directly impacted by these changes.
 - Charlene Willey agreed with Gerrie and stated that participants and families live with the outcomes of these decisions, and she felt that separating the groups was a mistake. She said that she has appreciated the variety of perspectives and has learned a tremendous amount from the A/SP group and believes this should carry forward to TAG.
- Meg Frenzen from Optumas responded that losing different perspectives is a con to splitting up TAGs in the way that they do. The tradeoff is to make it easier for people who are not comfortable with being vocal to speak their opinions.
 - Meg added that the TAG teams will be small so they can have focused, detailed discussions with all members. She said that although the same information is presented for each TAG team, each group will bring different expertise and perspective that can be coordinated across the groups.
 - Meg added that the direct impact of a resource allocation model is on families and participants, however, there is an impact on the broader system, including clinicians and direct service providers. Optumas has found it helpful to include all impacted parties in the discussion.
- Shannon Seacrest stated that in the 14 years she has been involved with the Department, she has not seen anyone unable to voice their opinions in a stakeholder group. She said she felt like it was inappropriate to move forward with the split groups.
 - Meg Frenzen responded that Optumas wants to find a balance for sharing information across a broad group and diving deeper into the technical subject matter. She said that some of the meetings will include discussions around modeling and statistics and require everyone to be on the same page. She said that this is much harder to do with a large number of people in a room.
 - Shannon said that the A/SP stakeholder group has been successful and included very productive, detailed discussions with a group that regularly exceeded 20 individuals. She said that separating the groups is not good policy.
 - Charlene Willey echoed Shannon's statement and said that in her experience, stakeholders have invested years in the A/SP development process. Being asked to work in silos at this point would be counter to all the good work that has occurred.
 - Lee Ray added that the combined group allows all parties to come to a consensus about recommendations and decisions while hearing all views, which the A/SP stakeholder group successfully allowed.

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- Meg Frenzen noted that Optumas did not intend to disrespect the A/SP development process and its success. She said that the resource allocation discussion will be substantially different than the A/SP redesign discussions, and Optumas felt like a different approach would be most successful.
- Meg added that Optumas' proposed structure aims to incorporate feedback from families who may not have the time or resources to be as involved in regular advocacy to help inform what are cost-drivers, pain points in the process, and individual characteristics that may point to greater service needs.
- The Department agreed to discuss internally the approach of the TAGs and consider the feedback provided by stakeholders.

Public Comment

- The Resource Allocation discussion ran over time and public comment was addressed throughout the meeting. To ensure that all public comment was addressed, Lauren Swenson said that she has copied and pasted the public comment from the chat and will review it with the Department team.

Meeting Wrap-up

- HCBS Strategies extended a sincere thank you to the stakeholder group for the dedication, time, and expertise they have contributed to the A/SP process