



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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Time Study Pilot Outcomes & Feedback and Children's LOC Discussion Stakeholder Meeting

05.28.2020

Zoom

Notetaker

Jan Iletto

Attendees

Bill Levis (AARP & Family Member/Guardian), David Bolin (Accent on Independence Homecare), Melissa Emery (Rocky Mountain Human Services/CCB), Charlene Willey (Family Member), Martha Powell (UC Denver), Ben Hoppin (Department), Candace Bailey (Department, Emma Dayney (Department), Gerrie Frohne (Family Member), Kris Welch (Optumas), Lee Ray (Advocate-ARC of Arapahoe and Douglas), Lori Thompson (Department), Marsha Unruh (Independence Center & Guardian), Sayuri Kelly (UC Denver), Shannon Seacrest (Family Member), Tomas Abrate (Optumas), Alicia Metcalf (UC Denver), Tasia Sinn (Department), Lauren Swenson (Department), Meg Kaehny (UC Denver), Megan Frenzen (Optumas), Carol Meredith (Advocate-ARC of Arapahoe and Douglas), Amanda Lofgren (Department), Karli Altman (Department)

Introduction & Overview

- For a full review of the meeting discussion, you may view the recording found at: <https://drive.google.com/file/d/1TAvfwsrmtnj3MthiOI5HUNuwJGeniqK/view?usp=sharing>
- The presentation that was used to facilitate the stakeholder discussion can be found at: https://drive.google.com/file/d/1JVe3SLukNdaWRAR8qzF_CLEovn3tmDPv/view
- Lauren Swenson gave an overview of the agenda.

Preliminary findings from Time Study Pilot

- Using Slide 5, Andrew Cieslinski gave an overview of the time study pilot, reviewing the timeline, purpose, and outcomes.
 - Andrew explained that the most challenging population to meet the targeted number of samples was non-IDD children. This was largely due to the resignation of two pilot case managers (CMs) for this population immediately prior to the Time Study pilot.
- Using slide 6, Andrew explained the quality review process HCBS Strategies undertook during the Time Study pilot.
 - Andrew said that because of issues with Aerial's data reporting, HCBS Strategies conducted individual reviews of all 102 assessments and provided CMs with feedback on what changes they needed to make in the current and future assessments and support plans (A/SPs).
 - Steve Lutzky said that this feedback resulted in significant improvement in the quality of the A/SPs throughout the pilot.
- Using slide 7, Andrew presented Time Study Table 1: Overall Average A/SP Time
 - Andrew explained that on April 20th the IT vendor made the pilot updates that were originally scheduled to be made at the kickoff of the pilot. Because of this, Table 1 provides overall time for the A/SP as well as a breakdown of the time before and after April 20th.

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- The average amount of time spent on the entire A/SP process is 4 hours and 25 minutes which includes the time it takes to schedule, review the file, conduct the LOC Screen, Comprehensive Assessment, and Support plan, and to follow-up.
 - Andrew explained that there were minor differences in the time breakdown before and after April 20th. However, because of the quality review process, better A/SPs were being produced as the pilot went on.
- Using slide 9, Andrew went over feedback from time outliers, reviewing the process in which HCBS Strategies followed up with CMs to figure out why assessments were taking significantly longer and presented reasons found.
 - Carol Meredith asked whether there was a comparative baseline for the time to complete the ULTC 100.2, SIS, Service Plan, and other tools currently used by CMs for comparison to the new A/SP process.
 - Andrew responded that HCBS Strategies only conducted the time study with the new A/SP process.
 - Lauren Swenson explained that the UTLC 100.2 is comparable in time to the LOC Screen. Lauren said she can investigate whether there is any time study data on the current tools that the Department can provide.
 - Shannon Seacrest and Marsha Unruh shared in chat their experience with the time it took to complete the CES application (over 3 hours) and EBD enrollment (60-90 minutes).
 - Marsha added that she believes that SEPs will have challenges with having the capacity to take on the longer A/SP process.
 - David Bolin said that the A/SP is considerably longer than the 100.2. David asked the Department's plans for bringing the request for additional funding to the Joint Budget Committee (JBC) to ensure that additional compensation is available.
 - Amanda Lofgren responded that because the time study is now completed and the Department will have analysis back from HCBS Strategies, they will look for opportunities to streamline the process. After this review is complete, using the time study data the Department will draft enhanced rates to bring to the JBC to justify the funding request.
 - David responded that he wants to make sure enhanced funding stays on top of the agenda because the previous rates are inadequate to compensate and retain CMs.
 - Amanda responded that caseload sizes will also be evaluated.
- Andrew Cieslinski presented Table 2 on Slide 11, which breaks down the A/SP time by pilot population.
 - Carol Meredith commented that it was unusual that children with IDD experienced the shortest A/SP time overall because their process typically includes completing the CES application.
 - Lauren Swenson clarified that the CES application was not completed as part of the pilot and she is working with Lindsay Westlund to incorporate the CES application into the comprehensive assessment process. This would eliminate the need to complete the CES application.
- Andrew presented Table 3, which provides a breakdown of A/SP time based on CM and participant familiarity, using Slides 12 and 13.

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- Charlene Willey asked if the number of instances in which a family member or support person is present is known, as this may impact the A/SP time and accuracy of the responses.
 - Andrew said that individuals involved in the process could be obtained from the support plan. He said that HCBS Strategies may explore the construct as part of the Time Study analyses.
- Steve Lutzky said that there were many obstacles to overcome throughout the pilot, including automation challenges, case manager turnover, and COVID. HCBS Strategies will be running comparisons of the available data to better understand how remote assessments and other challenges may have impacted the time study outcomes.

Review of Participant Feedback on the Participant Handbook & A/SP Meeting

- Using slides 14-16, Andrew Cieslinski presented feedback from case managers. He explained that CMs completed feedback sheets after each A/SP meeting, responded to quality review emails with questions and feedback, and provided feedback during weekly check-in meetings.
 - Andrew explained that CMs reported that a major challenge for participants was having a prepared, focused discussion within the personal story. Based on suggestions provided during the feedback meeting, CMs began sending the personal story questions prior to the meeting to give participants time to consider the questions and provide insightful responses.
 - To sustain this process moving forward, CMs suggested developing a personal story worksheet for the handbook.
 - Andrew said that another suggestion for making the assessment more efficient is to have a searchable diagnosis and medication lists.
 - Andrew explained that HCBS Strategies will be meeting with the Department and IT vendor to reduce redundancies and improve the flow throughout the process.
 - Lauren Swenson added that the Department will be looking to move some information, such as demographics, communication preferences, and support network, into the member record so these can be reviewed at each assessment but do not need to be directly entered each time.
 - Steve Lutzky added that there are discussions about the role of the RAE in maintaining and updating participant diagnoses and medications.
 - Andrew said that both CMs and participants said that it would be helpful to offer trainings on how to talk about challenging topics like suicide, depression, and interpersonal relationships.
 - Shannon Seacrest said that if the Department is going to look at medical visits during the assessment process, budgets should not be reduced if a participant is unable to access medical services.
 - Andrew responded that there will be a prompt about underutilization and opportunities to address issues around utilization in the support plan.
 - Steve said that the resource allocation vendor, Optumas, was attending the meeting and can take note of Shannon's concern.
 - Carol Meredith stated that one of the reasons participants do not like the SIS is that it requires challenging and potentially embarrassing discussions, such as those about behaviors, to occur in a group setting.
 - Steve Lutzky responded that the SIS is the opposite of person-centered because participants were incentivized to overestimate the level of support they need. He

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added that this is something the new A/SP process has intentionally tried to avoid and encouraged the resource allocation vendors to note this challenge.

- Using slide 17, Andrew Cieslinski presented the next steps for time study evaluation.
- Using slide 19, Andrew introduced the phone interviews HCBS Strategies is conducting to obtain participant feedback on the A/SP experience and the handbook.
 - Using slides 20-26, Andrew presented feedback from the handbook interviews.
 - Marsha Unruh stressed that the Handbook should be made available in a Microsoft Word-based electronic version to provide access for screen readers and Braille print machines.
 - Using slides 27-31, Andrew presented feedback from the A/SP interviews.
 - Lee Ray commented that he was surprised and encouraged that no participants felt topics were intrusive, especially because the CMs noted that they felt somewhat uncomfortable discussing certain topics.

Updates on Children’s Hospital LOC

- Using slides 33-35, Andrew provided a recap of the CLLI Hospital Level of Care (H-LOC) discussion that occurred during the April meetings and the CLLI agency survey and discussions that occurred after the April meetings.
- Using slides 37 and 38, Andrew provided a recap of the CHCBS H-LOC from the April meeting and updates that have occurred since this meeting.
 - Andrew explained that the CHCBS waiver in regulation is targeted at medically fragile individuals, however, agencies have had vast variation in the interpretation of eligibility standards.
 - Andrew outlined the proposed updated CHCBS targeting criteria on slide 39.
- Using Slide 40, Andrew outlined the next steps for CHCBS H-LOC.
 - David Bolin said that he will apply the updated targeting criteria for CHCBS to his agency’s existing caseload and identify potential eligibility concerns.

Public Comment

- Gerrie Frohne asked how individuals interested in participating in the resource allocation stakeholder effort could sign-up.
 - Lauren Swenson said that she and Tasia Sinn would be coordinating stakeholder engagement for the resource allocation effort. She said that interested participants can reach out to her and added that the Department will be sharing an informational memo about the effort as part of the stakeholder recruitment process.
 - David Bolin, Shannon Seacrest, Lee Ray, Marsha Unruh, and Carol Meredith all said they are interested. Julie Reiskin was also volunteered by David Bolin and Shannon Seacrest.
- Gerrie asked how funding for the resource allocation effort may be impacted by recent concerns around the State budget.
 - Lauren said that funding for the first year is included in the fiscal note.

Wrap-Up & Next Steps

- The next stakeholder meeting will be held on July 15 from 1-4p.
- There were no conflicts voiced during the meeting and invites will be sent out by Ben Hoppin.
- Gerrie Frohne asked when resource allocation meetings will begin.
 - Lauren said that she anticipates within the next few months.