

May 2020 Assessment & Support Plan Stakeholder Meeting-Time Study Analyses & Children's Hospital-LOC Update

May 28, 2020

Our Mission

Improving health care access and outcomes
for the **people** we serve
while demonstrating sound stewardship of
financial **resources**

Agenda

- Introductions, overview of meeting, and meeting organization
- Time Study Pilot outcomes discussion
- Review of participant feedback on the Participant Handbook & Assessment/Support Plan Meeting
- Updates on the Children's Hospital LOC
- Public Comment
- Wrap-up & Next Steps

Outcomes from the Time Study Pilot

Time Study Pilot Overview

- Time Study pilot ran from April 6 through May 18
- Purpose was to obtain time estimates for the new A/SP process to help in setting case management rates
- Data evaluation is ongoing
- Met our target for analyses of 100+ assessments

Population	Targeted	Completed
Adult- IDD	16	17
Adults- PD	16	16
Children- IDD	16	20
Children- Non-IDD	18	13
Mental Health	20	20
Older Adults	16	16
Total	102	102

Quality Review During Time Study Pilot

- Because of challenges with reporting capabilities in the IT system, HCBS Strategies individually reviewed each assessment and Support Plan (A/SP), provided detailed feedback to case managers, and requested updates where incomplete and/or inconsistent data was recorded
 - Increased understanding of the process and quality of responses throughout the pilot
 - Ensured that the time reported was reflective of a complete A/SP, not just the sections the CM chose to discuss

Time Study Table 1 Results: Overall Average A/SP Time

- The average amount of time spent on the entire A/SP process is 4 hours and 25 minutes
 - Reminder About A/SP Time: Information captured within this process will replace the ULTC 100.2, SIS, IADL assessment, and many other supplemental forms currently used
- On 4/20 IT vendor made updates to the A/SP process that were originally slated for 4/6
 - Included updates from CM, participant, and stakeholder feedback to the A/SP process
 - Assessments completed before 4/20 (4 hours 27 minutes) took slightly longer than assessments completed on or after 4/20 (4 hours 24 minutes)

Table 1: Overall Average A/SP Time

	# CM	# Participants Assessed	Total Time	Scheduling & Logistics	File Review	LOC Screen	Comprehensive Assessment	Support Plan	Follow-up	Other
Avg. Time-Total	20	102	4:25	0:13	0:20	0:28	2:17	1:03	0:02	0:00
Avg. Time Before 4/20 Updates	14	28	4:27	0:17	0:15	0:27	2:19	1:01	0:04	0:00
Avg. Time After 4/20 Updates	20	74	4:24	0:11	0:21	0:28	2:16	1:04	0:01	0:00

Feedback from Time Outliers

- Case managers (CMs) who took a substantial amount of time to complete the LOC Screen (>60 minutes), Comprehensive Assessment (>3 hours), and/or Support Plan (>90 minutes) were contacted about why this occurred. Reasons included:
 - CM was unfamiliar with the participant and needed to have in-depth conversation about all areas
 - Medically complex individuals required additional time to ensure accuracy of the detailed Health information captured in the new assessment
 - Explaining and completing the new items with individuals with cognitive impairments and IDD took additional time
 - Discussion prompts not contained within the 100.2 brought up new topics people were eager to discuss with their CM but would often result in lengthy, tangential discussions
 - Challenges with the flow of the Support Plan

Time Study Table 2 Results: Average A/SP Time Broken Down by Population

- On average, the population that spent the longest on the entire process were Adults with IDD (5 hours 9 min), while Children with IDD took the shortest (3 hours 51 min)
 - LOC Screen was the quickest with adults with IDD (21 min) and longest with children without IDD (38 min)
 - Comprehensive Assessment was quickest with children with IDD (1 hour and 48 min) and longest with adults with IDD (2 hours and 42 min)
 - Support Plan was quickest with older adults & children without IDD (53 min) and longest with adults with IDD (1 hour and 16 min)

Table 2: Average A/SP Time by Pilot Population

	# CM for Pilot Population	# Participants Assessed	Total Time	Scheduling & Logistics	File Review	LOC Screen	Comprehensive Assessment	Support Plan	Follow-up	Other
Total	20	102	4:25	0:13	0:20	0:28	2:17	1:03	0:02	0:00
Adults with IDD	6	17	5:09	0:21	0:25	0:21	2:42	1:16	0:01	0:00
Adults with Physical Disabilities	7	16	4:38	0:14	0:10	0:33	2:27	1:11	0:00	0:00
Children with IDD	5	20	3:51	0:08	0:28	0:24	1:48	1:01	0:00	0:00
Children non-IDD	2	13	4:23	0:09	0:09	0:38	2:25	0:53	0:01	0:04
All children	7	33	4:10	0:08	0:20	0:30	2:03	0:58	0:00	0:01
Mental Health	8	20	4:30	0:11	0:28	0:25	2:15	1:03	0:05	0:00
Older Adults	6	16	4:05	0:13	0:11	0:29	2:14	0:53	0:03	0:00

Time Study Table 3 Results: Average A/SP Time Broken Down by Familiarity

- CMs reported that generally A/SPs take longer with participants they had not previously assessed
- Of the 102 pilot assessments, 20 were conducted with participants the CM had not previously assessed
- The entire process took 38 minutes more when the CM had not previously assessed the participant, including:
 - 11 minutes more for the file review
 - 10 minutes more for the LOC Screen
 - 14 minutes more for the Comprehensive Assessment

Table 3: Average Time Broken Down by CM Familiarity with Participant

	# CM	# Participants Assessed	Total Time	Scheduling & Logistics	File Review	LOC Screen	Comprehensive Assessment	Support Plan	Follow-up	Other
Total	20	102	4:25	0:13	0:20	0:28	2:17	1:03	0:02	0:00
Have Completed Previous 100.2 with Participant	20	82	4:18	0:13	0:17	0:26	2:14	1:02	0:02	0:00
Have Not Completed Previous 100.2 with Participant	9	20	4:56	0:12	0:28	0:36	2:28	1:06	0:02	0:01

Feedback from CMs About the A/SP

- After each A/SP session CMs completed a feedback sheet that asked for their input on items that took a long time relative to the information that they provided
- CMs also responded to the quality review emails with feedback, suggestions, and questions

Case Manager Feedback

- A/SP items that required extensive time:
 - **Personal Story-** participants needed increased time to communicate responses, so having advanced notice of the discussion points would be very helpful
 - **Health Conditions/Diagnoses-** some participants were not aware of diagnoses and spent time trying to find paperwork when the CM could reference the PMIP after the meeting
 - **Housing/Environment-** many items felt unnecessary if client was content with housing and/or case manager already checks in periodically on housing
 - **Caregivers-** same individuals were identified in multiple areas (e.g., Caregiver and Personal Story); difficult to navigate through caregiver table in Support Plan.

Case Manager Feedback, cont'd

- A/SP items that were especially challenging to discuss:
 - **Health-**
 - Medication section was tedious and didn't seem to lead to any tangible outcomes
 - Provider contact information and number of healthcare visits were not readily available
 - **Psychosocial-**
 - Behavior section difficult if client had a cognitive impairment, limited verbal communication, or exhibited several behavioral issues
 - Some CMs did not feel comfortable responding to suicide/depression screens
- Some suggestions for improving A/SP:
 - Evaluating alternatives for inputting medications, diagnoses, and other health information directly into the participant's record
 - Provide additional training on bringing up suicide and depression

Next Steps for Time Study Evaluation

- HCBS Strategies received item-level A/SP data on 5/21 and will be conducting an evaluation of completeness to determine:
 - Impacts on overall time the A/SP process
 - Opportunities to remove items that were minimally used
 - Opportunities for additional training so all appropriate items are used
- HCBS Strategies will be developing a Time Study report that provides data summaries, challenges within the data, and recommendations for the Department
- Department, HCBS Strategies, and IT vendor are actively meeting to propose updates to the A/SP process based on CM and participant input

Summary of Follow-up Calls with Pilot Participants

Follow-up Calls with Participants

- We are conducting follow-up calls with participants who volunteer
- Participants will receive \$50 for participating in follow-up call
- Two types of calls (participant will only be included in one):
 - Review and input on the Handbook
 - Discussion and feedback on A/SP process
- Were randomly assigned into either type of call

Attempted & Completed Handbook Interviews

Population	Attempted	Completed
Adult PD	10	9
IDD	15	10
Mental Health	8	2
Older Adults	7	4
Utilize AT	7	5
Total	47	30

Questions Asked of Participants

- Did your case manager talk about the handbook with you?
 - If Yes:
 - What was helpful about this talk?
 - What could have been better?
- On a scale of 1 to 5, with one being not important at all and 5 being extremely important, how important do you think it is that case managers review the handbook with their participants?
- What parts of the handbook did you find to be helpful?
- What parts did you think were unclear or you weren't sure what they meant?
- Were there things you think should be added to the handbook?
- Do you think that all people who are trying to get services should get a copy of the handbook?
- On a scale of 1 to 5, with one being not at all helpful and 5 being extremely helpful, overall how helpful would you say the handbook was?
- Do you have any other feedback or questions for me?

Overall Handbook Feedback

- 80% of participants found it helpful to walk through the Handbook with their case manager
 - Found that it was especially helpful for understanding the resources available to them, transition to adult services, and their rights
- 83% of participants rated the importance of the Handbook review with their case manager a 4 (somewhat important) or 5 (extremely important)
- 87% of participants think other participants should get a copy of the Handbook
- 73% of participants ranked the overall helpfulness of the Handbook a 4 or 5

Common Themes from the Discussions

- **What parts of the talk with your CM regarding the Handbook were helpful?**
 - I think its great because I have had a lot of questions, but I read through the Handbook and found my answer. I think it is the greatest thing you've ever done! If I'm confused, I look through the handbook.
 - I've been on HCBS for 19 years, and I never really knew everything that was available, like the stuff for the younger kids. For myself, it was helpful to have something to know what to look at.
 - It explained so much about all the different types of help I receive and why I receive it. There is good information in the handbook about resources. I had questions about parts that were confusing, but my CM explained them well.
- **What parts of the Handbook were helpful?**
 - At the beginning, I didn't understand what programs we could be in since there's so many, so I like how it tells you all of the different programs.
 - The resources were amazing; it was wonderful to see the things that are available and how to find them. Also, the legal parts were extremely helpful.
 - While the handbook seems long it is very helpful. Four years ago when we moved to CO we knew we could be in a program, but knew nothing about the program other than we can qualify for Medicaid benefits

Common Themes from the Discussions (Cont.)

- **What parts of the talk with your CM regarding the Handbook could have been better?**
 - The handbook is not specific to children and parents. I understand the combination of the CES and other programs- but to me, lumping all the waivers into the same handbook AND it not being specific to children OR adults isn't well designed. It would make more sense for the handbook to be split into sections based of age groups THEN via the waivers. Also, please include a checklist of natural supports, Medicaid, and waiver funding. That is the most helpful thing for providers and families- don't leave it out of the update.
 - Reviewing the handbook should occur before the A/SP meeting so there is an opportunity to digest the information. Being a client who has received services for a long time, I think people tend to glaze over things or assume we already know what is needed or what is best for my family. Do not assume things prior to reviewing handbook. Go over and make sure it is understood.

Common Themes from the Discussions (Cont.)

- **What parts did you think were unclear or you weren't sure what they meant?**
 - The intention is good, but for my son audio or video based would be better. He does really well with things on his phone, he can read that better, or on his computer. A handbook is too much for him to go through, it's not geared to people like him with autism.
 - The acronyms drove me nuts. I'd have to go through the handbook myself and write out what the acronyms mean, for me they were very tough to keep track of. It makes the reading heavy. An asterisk with a reference on the same page would be helpful.
- **Were there things you think should be added to the handbook?**
 - Contact information for core entities throughout the state, like the regional SEP/CCB.
 - I think it should have the local numbers to call because that is very hard to find if you don't have a computer.
 - I've had HCBS in 3 different counties, it would be really nice to have a local listing of foodbanks, etc.

Proposed Enhancements to the Handbook Based on Participant Feedback

- Phone Numbers
 - Would be helpful to have phone numbers of local resources
- Acronyms
 - Can be difficult to keep track of acronyms even with the list provided
 - Could write out each acronym or provide asterisked list at the bottom of each page
- Population-specific issues
 - An electronic format is preferred/necessary for some
 - PDF format for those who are visually impaired and use screen readers
 - Electronic formats may be more accessible to those with developmental disabilities compared to large paper manuals
 - Several suggested separating the Handbook by population and/or by children and adults
- Several participants did not have a chance to review the Handbook in-depth until after the A/SP meeting. They found the goals worksheet to be very helpful and recommended CMs request that all participants complete the worksheet before their meeting

Attempted & Completed A/SP Interviews

Population	Attempted	Completed
Adult PD	4	2
IDD	14	8
Mental Health	4	3
Older Adults	5	3
Utilize AT	3	2
Total	33	18

Questions Asked of Participants

- What were your overall impressions of the process, including the questions you were asked and how much time the process took?
 - Do you remember any specific topics or questions that you really liked?
 - Do you remember any specific topics or questions that you did not like or seemed overly intrusive into your life?
 - Was there anything that you were not asked about that you would like to discuss with your case manager?
 - Were there any topics that you do not think need to be discussed as part of the process?
 - Did it feel like your case manager was comfortable using the new process?
 - Did your case manager use a laptop or tablet during the assessment?
 - Were you able to follow along with your case manager during the assessment and support planning process?
 - Did the process felt conversational or more like a questionnaire?
- With regards to the Support Planning process, were you able to come up with goals that you felt were personally meaningful to you?
 - If No: What support would you have liked to have available to come up with personal goals that are meaningful to you?
- Do you have any other feedback or questions for me?

Overall A/SP Feedback

- No participant reported that the topics felt overly intrusive
- 80% said that the new A/SP format did not feel too long or time consuming
- 56% reported that it felt more conversational than like a questionnaire
- All participants reported that case managers let them know when items were voluntary or mandatory

Common Themes from the Discussions

- Participants really appreciated the opportunity to talk about their goals, wellness, and interests
- Goals were challenging to think of on the spot, with many participants mentioning that it would be have an opportunity to think them through ahead of time
- Brought about a lot of new conversations, including employment ambitions, previously unknown diagnoses, and advocacy

Proposed Enhancements to the A/SP Process Based on Participant Feedback

- For children, one parent recommended looking at the IADL and housing evaluation age-appropriateness, as she felt several questions should have been ruled out for her son because of his age

Updates on the Draft Hospital LOC for CLLI

Recap of Our Previous Discussion

- During the April meeting discussed that all 19 CLLI pilot participants would meet the following H-LOC criteria:
 - Participant meets the draft NF-LOC
 - Participant has a life limiting illness
 - Participant is under age 19
- Because of the life-sustaining nature of the waiver wanted to obtain a larger sample of CLLI participants and would be reaching out to agencies that oversee the CLLI waiver to collect individual participant data on the impact of the new criteria

Outcomes of the CLLI Agency Survey & Discussions

- All 8 agencies with active CLLI participants responded
- Captured data for 199 current or recent CLLI participants
- Conducted follow-up calls with the 3 agencies that had participants who would not meet the draft H-LOC
 - Common theme from these calls is that there is a subset of individuals who are medically fragile but do not meet NF-LOC

Proposed Changes to the Initial Draft CLLI H-LOC

- The Department agrees that it is critical to establish a criteria that includes consideration for medical fragility in addition to functional needs from NF-LOC
- Propose to add the following eligibility criteria previously discussed:
 - Technologically dependent for life or health-sustaining functions OR
 - Complex medication regimen or medical interventions to maintain or improve health status OR
 - Need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk

Updates on the Draft Hospital LOC for CHCBS

Recap of Our Previous Discussion on LOC

- During the April meeting discussed the following eligibility criteria:
 - Meet NF-LOC;
 - Meet the draft H-LOC for adult waivers: the participant meets the NF-LOC criteria AND requires substantial/maximal assistance in one or more ADL categories; OR
 - Meet at least one of the following medical fragility criteria:
 - Technologically dependent for life or health-sustaining functions
 - Complex medication regimen or medical interventions to maintain or improve health status
 - Need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk

Updates on CHCBS Eligibility

- It was determined that all appropriate pilot participants would meet either the LOC criteria described in the previous slide
- To be eligible for the CHCBS waiver, children also need to meet targeting criteria: medically fragile
 - Medically fragile definition could benefit from greater clarity
 - Some CM agencies appear to be applying this very loosely

Proposed CHCBS Targeting Criteria

- The participant would meet targeting criteria if they met any of the following:
 - Technologically dependent for life or health-sustaining functions
 - Complex medication regimen or medical interventions to maintain or improve health status
 - Need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk
 - Scores as dependent on two or more ADLs, one of which is mobility or transferring
 - Does not walk; uses wheelchair as primary mechanism for mobility; and is dependent in at least one other ADL

Next Steps for CHCBS LOC

- Department will be conducting further review to evaluate the impact of these updates on the CHCBS population

Public Comment

Next Steps

Next Steps for the Stakeholder Group

- Final meeting will be on July 15 from 1-4p
- During this meeting will discuss:
 - Proposed updates to the A/SP contents
 - Additional comments, questions, or concerns
 - Update on next steps from the Department