Summary of Post Pilot Updates to Colorado's LTSS Assessment & Support Plan Process

HCBS STRATEGIES INCORPORATED
WWW.HCBS.INFO
July 13, 2020

Contents

Introduction

The Colorado Department of Health Care Policy and Financing (the Department) and its stakeholders have engaged in the development of a comprehensive person-centered assessment and support planning (A/SP) for long term services and supports (LTSS). This new process was piloted from March 2019 through May 2020.

The stakeholder engagement process throughout the development of the new A/SP process has included more than 160 hours of in-person discussions:

- 28 meetings to develop the assessment process
- 13 meetings to develop the support planning process
- 13 meetings on the pilot process

Conversations during the July 15, 2020 stakeholder meetings will be limited to the changes proposed to the A/SP process to respect the decisions that were previously made. Full versions of the draft modules and Support Plan can be found at coassessment.blogpot.com.

This document summarizes the draft changes to the A/SP process that have been proposed by participants, case managers, stakeholders, and the Department after the Time Study pilot. Changes noted in this document reflect those that impact an item's intent that have not been previously discussed with stakeholders.

Overview of Coding Within This Document

The A/SP is comprised of mandatory and voluntary items. Mandatory items, used for establishing LOC, waiver targeting criteria, potentially resource allocation (future effort), and essential for support planning, are denoted with the symbol 🟠.

Sections of items that were changed (e.g., language, response options) are highlighted in green. Items that were added are highlighted in blue at the beginning. Items that were removed are highlighted in red.

Instructions for case managers are included as red text. Skip patterns are included as green text. Items specific to participants under the age of 18 are included in orange text. Automation instructions are included as teal text.

Module Updates

LOC Screen

Change 1: Capturing Health Conditions & Paralysis for ADL LOC Criteria

During the development of the NF-LOC criteria, a new ADL category was added to allow participants to meet LOC criteria if they experience paralysis or a missing limb AND meet the eligibility threshold on one other ADL. The following item was added to the LOC Screen to capture this information.

1. Does the participant have a diagnosis of paralysis or a missing limb?
- ○ No
- ○ Yes
    - ☐ Paralysis, describe presentation of paralysis:_____
    - ☐ Missing limb, identify limb:_____

Change 2: Adding Children's Waiver Targeting Criteria to LOC Screen

Unlike adults, who currently meet at least one waiver (EBD) if they meet NF-LOC, children must meet NF-LOC and/or H-LOC plus waiver targeting criteria to be eligible for a waiver. To ensure that participants only needed to proceed with the entire assessment and support planning process if they likely qualified for a waiver, the targeting criteria for the children's waivers was added to the LOC Screen. The following items were added.

1. Identify the conditions that apply to the participant:
    - ☐ Technologically-dependent for life or health-sustaining functions, describe:_____
    - ☐ Complex medication regimen or medical interventions to maintain or improve health status, describe:_____
    - ☐ Need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk, describe:_____
    - ☐ None apply
2. Has the participant been diagnosed with a life limiting illness by a medical professional? Note: Life Limiting Illness means a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood.
    - ○ No
    - ○ Yes
3. On average the participant requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night across all <u>behavior and medical</u> issues OR exhibits constant vocalization.
    - ○ No (Skip to Item 5- DD Determination)
    - ○ Yes
4. If appropriate waiver services are available, could the participant return to the home of a parent/guardian?
    - ○ No
    - ○ Yes
5. Participant has a DD Determination on file.
    - ○ No and does not have IDD diagnosis
    - ○ No, but has IDD diagnosis
    - ○ No, unsure about IDD diagnosis status
    - ○ Yes
6. Participant lives with one or both parents who have a developmental disability.

○ No
○ Yes

7. Has the participant been diagnosed with a developmental delay?
   ○ No, does not have developmental delay
   ○ No, unsure about developmental delay status
   ○ Yes
8. Participant is in danger of being admitted to an institution or out of home placement.
   ☐ No
   ☐ Yes, because of behavioral issues
   ☐ Yes, because of medical issues
9. Does the participant have a diagnosis of any of the following traumatic brain injury conditions?
   ☐ None
   ☐ Reported brain injury, need to identify specific diagnosis
   ☐ Nonpsychotic mental disorders due to brain damage
   ☐ Anoxic brain damage
   ☐ Compression of the brain
   ☐ Toxic encephalopathy
   ☐ Subarachnoid and/or intracerebral hemorrhage
   ☐ Occlusion and stenosis of precerebral arteries
   ☐ Acute, but ill-defined cerebrovascular disease
   ☐ Other and ill-defined cerebrovascular disease
   ☐ Late effects of cerebrovascular disease
   ☐ Fracture of the skull or face
   ☐ Concussion resulting in an ongoing need for assistance with activities of daily living
   ☐ Cerebral laceration and contusion
   ☐ Subarachnoid, subdural, and extradural hemorrhage, following injury
   ☐ Other unspecified intracranial hemorrhage following injury
   ☐ Intracranial injury

Change 3: Adding the Discussion of Rights/Responsibilities and Assessment Route

After the participant meets waiver eligibility criteria in the LOC Screen and choose to proceed with the assessment, the assessor will discuss the rights and responsibilities of the participant, parent guardian, and case manager. This language was pulled from a previously reviewed Intake Screen.

Next, the assessor provides an overview of the assessment content, setup (e.g., mandatory/voluntary items), and duration and respond to participant questions with assurances that they discussed each topic. This language was pulled from a previously reviewed module, Case Manager Introduction, that has now been merged with the LOC Screen.

Finally, the assessor discusses the two assessment routes, Comprehensive and Basic, with the participant. During this discussion the case manager discusses the pros and cons of each route and the participant makes an informed decision about how to proceed. This language was pulled from a previously reviewed module, Case Manager Introduction, that has now been merged with the LOC Screen.

New Module: Referrals and Goals

During the pilot, case managers and participants expressed frustration with the inclusion of a discussion of referrals, what is important to the participant, and implications for the Support Plan as the last section of each module. Both groups felt that the assessment did a good job uncovering these topics, and that asking them after each module produced tremendous redundancies.

In response to this feedback, the final section in each module, Referrals & Goals, was moved into a standalone section at the end of the assessment. Case managers can switch to this section as needed throughout the assessment to add referrals and goals. Additionally, two modifications were made to streamline the process and allow pull forward to the Support Plan:

- Documentation of goals- The previous narrative text box that was used to document goal topics for the Support Plan was expanded to include the goals table from the Support Plan. This will allow the goals to pull directly into the Support Plan and also allow for the development of goals to occur organically within the assessment rather than revisiting them in the Support Plan.

Goal Number	Description of Goal	Participant Rating of How Meaningful Goal Is	Legally Recognized Representative Rating of How Meaningful Goal Is	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal
1	Text	○ Extremely Meaningful ○ Very Meaningful ○ Meaningful ○ Somewhat Meaningful ○ Not Meaningful ○ Unable to respond	○ Extremely Meaningful ○ Very Meaningful ○ Meaningful ○ Somewhat Meaningful ○ Not Meaningful		Single Select

- Identification of referrals- Previously, referrals identified in the assessment only pulled forward to the Assessment Output. Case managers requested that they pull into the Support Plan to ensure that all are addressed. The item in this section that captures the requested referral will pull directly into the Support Plan where contact information can be included.

Health
Change 1: Overall Assessment Update

Triage items were added to the beginning of each of the voluntary assessment sections (e.g., Health module sections surgeries, treatments and monitoring, therapies, etc.) to ensure that the participant has the opportunity to discuss the topic and the assessor did not choose to skip them without conferring with the participant. An example of this update for the surgeries section is:

1. **Participant would like to discuss surgeries.** ⚠️
   - ⭕ No
   - ⭕ Yes

Change 2, Section 5: Medications

The Department is exploring the inclusion of a searchable medication table that will be maintained within the participant's record rather than the assessment. The following item was <mark>added</mark> to verify that the medication table has been reviewed during each assessment:

2. **Verified and updated medication list within the system**. Medication lists pulls from pharmacy claims data ⚠️
   - ⭕ No- Required prior to completing the assessment
   - ⭕ Yes

Change 3, Section 5: Medications

To maintain consistency with the flow updates throughout the assessment, an initial item on medication management was <mark>added</mark> to identify which, if any, medication support items should be reviewed with the participant. Prior to the addition of this item, if the participant did not use the type of medication (oral, inhalant, injectable) the assessor would be required to respond "Not applicable" to each item after discussing with the participant.

5A. Indicate the type(s) of medication the participant currently takes: ⚠️
   - ☐ Oral medications
   - ☐ Inhalant/mist medications
   - ☐ Injectable medications
   - ☐ None (Skip to Item 5E- Level of support varied)

Change 4, Section 6: Health Conditions and Diagnoses

The Department is exploring utilizing a searchable diagnosis table that will allow assessors to search by ICD code or diagnosis name. Utilizing the table will streamline the approach, however the following supplemental items were <mark>added</mark> to identify waiver targeting criteria:

1. Does the participant have a diagnosis of any of the following mental health conditions that have been active in the past year? ⚠️
   - ☐ None
   - ☐ Attention deficit hyperactivity disorder (ADHD or ADD)
   - ☐ Bipolar Disorder
   - ☐ Depressive Disorders
   - ☐ Disruptive, Impulse Control, and Conduct disorders
   - ☐ Mood Disorder
   - ☐ Obsessive Compulsive Disorder (OCD)
   - ☐ Paranoid Disorders
   - ☐ Trauma and Stressor Related disorders (e.g., PTSD, Reactive Attachment disorder, Acute Stress disorder)
   - ☐ Schizophrenia Spectrum and Other Psychotic Disorders
   - ☐ Other Mental Health Diagnosis:_____

2. Does the participant have a diagnosis of any of the following traumatic brain injury conditions?

☐ None
☐ Reported brain injury, need to identify specific diagnosis
☐ Nonpsychotic mental disorders due to brain damage
☐ Anoxic brain damage
☐ Compression of the brain
☐ Toxic encephalopathy
☐ Subarachnoid and/or intracerebral hemorrhage
☐ Occlusion and stenosis of precerebral arteries
☐ Acute, but ill-defined cerebrovascular disease
☐ Other and ill-defined cerebrovascular disease
☐ Late effects of cerebrovascular disease
☐ Fracture of the skull or face
☐ Concussion resulting in an ongoing need for assistance with activities of daily living
☐ Cerebral laceration and contusion
☐ Subarachnoid, subdural, and extradural hemorrhage, following injury
☐ Other unspecified intracranial hemorrhage following injury
☐ Intracranial injury

3. Does the participant have a diagnosed spinal cord injury?

○ No
○ Yes

Change 5, Section 8: Treatments and Monitoring

The CES application will no longer be a separate process. To identify individuals who are appropriate for CES, the following item has been ==added== to the Health and Psychosocial modules:

1. **On average the participant, requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night across all medical and behavioral issues OR exhibits constant vocalization.**

   ○ No
   ○ Yes- Descriptions of the medical intervention should be described after each selected treatment, monitoring, or therapy

Personal Story
Change 1, Section 4: My Goals

Case managers and participants reported that the goals conversation began within this section. Rather than documenting goals in a narrative format that then had to be translated into the Support Plan, the goals table from the Support Plan was ==added== to the section and will directly feed into the Support Plan.

Goal Number	Description of Goal	Participant Rating of How Meaningful Goal Is	Legally Recognized Representative Rating of How Meaningful Goal Is	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal
1	*Text*	�‍❍ Extremely Meaningful ❍ Very Meaningful ❍ Meaningful ❍ Somewhat Meaningful ❍ Not Meaningful ❍ Unable to respond	❍ Extremely Meaningful ❍ Very Meaningful ❍ Meaningful ❍ Somewhat Meaningful ❍ Not Meaningful		*Single Select*

Functioning Four and Older
Change 1, Section 2: IADLS

During the previous stakeholder meeting, stakeholders noted that a single item on transportation would not be sufficient to address all transportation needs. HCBS Strategies did a review of transportation items used by other states and presented them to the Department. This resulted in the following flow:

- An initial item that captures the types of transportation the participant utilizes:

   7A. The participant uses the following for transportation:
   - ☐ Drives self- Show Item 7B
   - ☐ Public transportation- Show Item 7C
   - ☐ Transportation provided by others- Show Item 7D
   - ☐ None (Skip to Item 7E- Support Needs)

- Follow-up items to capture the level of support needed that show after the corresponding category is selected in item 7A:

   7B. Driving self: Including the ability to access and navigate the participant's personal vehicle, such as a car or van. ⚠️

   7C. Public Transportation: Including navigating public transit system and paying fares. This includes buses and light rail. ⚠️

   7D. Arranges Transportation Provided by Other: Ability to understand when transportation is needed, contact and schedule with others for transportation, and navigating to and from the vehicle. This includes paratransit, pre-scheduled taxis, ride sharing services such as Uber or Lyft, and transportation provided by others, such as family members. ⚠️

Support Plan
Section 1: Participant's Identifying Information

Change 1

To ensure that the case manager verifies representative information at the beginning of the Support Plan meeting and that all appropriate individuals are in attendance, items 1-4 from Section 18: Advance Directives were ==moved== to Section 1 as Items 2-5.

2. Participant has someone who assists with or is legally authorized to make decisions (e.g., POA, DPOA, legal guardian, etc.):

    ◯ No

    ◯ Yes

3. Name of individual(s) or agency(ies) assisting or authorized in making decisions:

4. Decision making capacity:

☐ Guardian (Non Parental)
☐ Guardian (Parental)
☐ Parent- Non-guardian
☐ Trustee
☐ Representative Payee
☐ Legally Authorized Representative
☐ Responsible Party
☐ Conservator
☐ Power of Attorney (POA)

☐ Surrogate Decision-maker for health care decisions (DPOA)
☐ Partner of parent
☐ Stepparent
☐ Other Relative
☐ Friend
☐ Advocate
☐ Other, identify decision making capacity:_____
_

Section 2: Support Plan Administrative Information
Change 1

Item 8 was ==added==:

8. Participant is present at the Support Plan Meeting: ⚠️

    ◯ No:

    Member was not present at the meeting. Describe why member was not present in Support Plan meeting:_____

    ◯ Yes

Change 2

Item 9 was ==added==:

9. Are there other individuals contributing to the Support Plan? ⚠️

    ◯ No (Skip to Section 3- Explanation of the Support Planning Process)

    ◯ Yes

Section 4: Transition to Adult Services
Change 1

==Section 4 was pulled from the Goals Section (Now Section 6) into its own section== that will only be asked of participants ages 16-21 to ensure that discussions on transition to adult waivers occur with all appropriate individuals

Section 5: For CSR or Revision only – Progress toward goals from previous Support Plan
Change 1

Response option "Revision to Support Plan, no progress at this time" was ==added== under Column 5 to capture situations in which a revision happens shortly after the Support Plan and progress on the goal has yet to be made.

Goal	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal	Progress Made Towards Goal- Use measures identified in previous plan ⚠️	Score of Progress Towards Goal ⚠️	Systemic Barriers
Autofill from previous Support Plan	Autofill from previous Support Plan	Autofill from previous Support Plan	Text	⭘ Goal achieved, can remove Do not pull forward to Personal Goals Table in Section 6 ⭘ Goal being achieved, need assistance to continue to meet ⭘ Goal is on target to be accomplished ⭘ Goal relevant, barriers to overcome:__ ⭘ Goal no longer relevant Explain:____ Do not pull forward to Personal Goals Table in Section 6 ⭘ Revision to Support Plan, no progress at this time	*Text*

Section 6: Personal Goals
Change 1
Within the "Activities to Fulfill Goals Table," items related to "Preference/Guidance" and "Identify Services and Supports to Fulfill Activity" were ==removed== because 1) preferences/guidance was redundant with the capturing of comparable information in the assessment and 2) supports to fulfill activity is captured as part of support sources in Section 12. These were ==replaced== by a text box to capture additional notes about the activity.

Activities for Goal #1: (Pull name of Goal 1)					
Activities to fulfill goal ⚠️	Start Date	End Date	Increasing Independence Through Skills Building	Increasing Participant Direction of Activity	Additional Notes About the Activity

Text field	Date field	Date field	☐	☐	

Change 2

Removal of Health & Safety Section- Case managers and participants reported that the discussion on assessed health and safety needs in the Support Plan felt redundant because 1) almost all of the topics discussed within the Support Plan had just been discussed during the assessment and 2) assessed needs were also discussed in-depth during service authorization. To address this feedback, the Assessed Needs section was removed and incorporated into the Service Authorization table in Section 11.

Section 8: Directing My Services

Change 1

Item 6 was removed because case managers and participants would not know which participant directed service the participant may be eligible for until the discussion of eligible waivers in Section 9. The discussion around interest in participant direction in Section 8 will be used to inform the pros and cons of available waivers discussion in Section 9.

6. The assessment suggests I may be able to direct my supports within:

- ○ CDASS or IHSS
- ○ IHSS only

Section 9: Choosing Medicaid Home and Community-Based Services

Change 1

Item 1 of this section was revised and framed to ask if the participant would like to have discussion about the pros of cons of waivers they are eligible for.

1. **I would like to have a discussion about the pros and cons of the waivers that I am eligible for.**
   - ○ No- Select waiver option in last column and proceed to Section 11
   - ○ Yes

Section 10: Identifying My Supports

Change 1

This section was separated from the service authorization discussion to allow for a focused discussion on available and needed supports that is informed by the supports discussed during the Caregiver module. This section was also updated to match the changes that were discussed during the updates to the Caregiver module.

Section 11: Authorizing My Services

Change 1 - Service authorization table was `updated` to include the following:

- Service frequency calculation to automatically provide an estimate of the number of units, similar to the current setup in the Benefits Utilization System (BUS).
- The Health & Safety section that was `removed` from the Support Plan was `replaced` by two columns to allow the Department to ensure that the service is 1) justified by an assessed need or goal and 2) appropriately addresses the need and/or goal:
  - Service Justified By- Identification of whether the service authorization is to address a need identified in the assessment and/or a participant's goal
  - Description of Assessed Need- Participant, supports, and case manager's explanation for why the service is needed based on the assessment and/or participant goal and how it will be utilized by the participant to meet the need

Funding Stream HCBS Waiver ⚠	Service ⚠	Service Start Date ⚠	Service End Date ⚠	Service Frequency ⚠	# of Units ⚠	Unit Rate ⚠	Total Cost of Service ⚠	Service Justified By ⚠	Description of Assessed Need Service Helps Address ⚠	Guidance to workers	Increasing Independence Through Skills Building	Provider Agency ⚠
Populate from Waiver selected in Section 10	Dropdown tailored to funding stream selected			○ __Hours/Day __Days/Week __Weeks/Year ○ __Hours/Week __Weeks/Year ○ __Hours/Month __Months/Year ○ Other, describe:____If selected, # of units become manual entry	Autocalculate based off of Service Frequency & Service Start/End Date	Fixed field based on service option selected in Column 2	Auto-calculated based on # of Units and Unit Rate	☐Assessed Need- Multi-select of all Comprehensive Assessment module names ☐Goal- Multi-select of goal names from Section 6	Text Field should only show if "Assessed Need" is selected in previous column	Text	☐	Searchable provider field
Total Cost of Waivers:				Auto-calculated								

15

Section 12: Support Sources to Fulfill Activities

Change 1

During the pilot, case managers struggled with the flow of returning to the goals section to document the authorized service providers and the challenges for meeting the activities. They requested that the flow be continuous throughout the entire Support Plan. To respond to this feedback, the support sources and challenges were pulled into a separate section that automatically pulls down the activities to fulfill the goals from Section 6.

1. Supports and challenges for completing the activities to fulfill my goals.

Goal 1: Autofill from Section 6		
Activities to fulfill goal	Support Sources	Challenges
Populate from Section 6	Text field	☐ Unmet Need ☐ Systemic Challenges: Text Field ☐Other Challenges: Text Field

Section 13: Referrals

Change 1

Case managers provided feedback that the identification of referrals in the assessment needed to directly feed into the Support Plan for there to be meaningful action on those referrals. The updated table in Section 13 proposes to pull in all referrals from the assessment.

Type of Referral	Referral Agency	Reason for referral	Who will follow-up	Contact Information for Referral
Pull selected referral categories from assessment				

Section 15 Disaster Relocation Planning

Change 1

The following items from the assessment will populate forward to the Support Plan to inform the discussion around disaster relocation planning:

- What would you consider an emergency?
- How would you get help in an emergency?
- Do you need help in an emergency?
- Emergency Preparedness:
  - Can you get out of the home easily in an emergency
  - Emergency exit plan is in place
  - Emergency kit available (flashlight, candle, water, etc.)
  - Emergency phone numbers easily available

Section 16: Minimizing Risks

Change 1

This section was significantly streamlined to allow for a discussion of remaining risks without an over-reliance on the automation. Item numbering was modified by changes. This included removing the following items:

1. Summary of Health and/or safety risks related to **medical/health conditions**:
   ○ No risks   ○ Risks have previously been adequately described
   ○ Additional risks, describe:

2. Summary of Health and/or safety risks related to **behaviors**:
   ○ No risks   ○ Risks have previously been adequately described
   ○ Additional risks, describe:

3. Summary of Health and/or safety risks related to **environment or other issues**:
   ○ No risks ○ Risks have previously been adequately described
   ○ Additional risks, describe:

4. Summary of remaining risks, including medical, behavioral, environmental, and other risks:

And ==adding== the following item
1. Summary of remaining risks, including medical, behavioral, environmental, and other risks, not addressed by a goal, assessed need, service, and/or referral:

Section 19: Case Management Monitoring
Change 1
The item "My Case Manager should contact me or my legal representative prior to responding to questions from the following people/entities" was ==removed== because this documentation would not be sufficient to release or exclude information to the identified parties. Instead, it was ==replaced with the following item that will pull forward== from a comparable discussion that occurs in the Personal Story module.

1. Are there any individuals that you do not want to be in contact with or who should not be around you?
   ○ No (Skip to Item 7: Things I Would Prefer That My Case Manager)
   ○ Yes

Name of Person	Relationship to Participant	Is there legal documentation justifying the reason this individual should not contact participant?	Instructions if this person tries to make contact

17

Text field	◯ Spouse/boyfriend/ girlfriend ◯ Ex-Spouse/ boyfriend/girlfriend ◯ Child ◯ Sibling ◯ Other family member ◯ Friend ◯ Other, describe relationship to participant:_____	◯ No. Who made no contact determination? _____ ◯ Yes, describe:____	Text field

Section 20: Sharing My Assessment
Change 1

This section <mark>replaces</mark> the sections in the Personal Story and Assessment Output the served to identify information the participant would like to share. Moving this section to the Support Plan will allow the participant to identify the providers authorized in the Support Plan who should receive the specified assessment information.

1. I would like to identify specific information from the assessment that should not be shared with my service providers authorized in the Support Plan.
   ◯ No
   ◯ Yes, the following information should not be shared with the identified providers:

Service Provider Name	Do Not Share These Modules
Service Provider Name from Service Authorization Table in Section 11.1a & 11.1b	☐ Share All Assessment Modules ☐ Share No Assessment Modules ☐ Personal Story- Personal Profile ☐ Personal Story- People Important to Me ☐ Personal Story- My Future ☐ Personal Story- Other Plans or Protocols ☐ Memory & Cognition ☐ Functioning ☐ Health ☐ Sensory & Communication ☐ Psychosocial ☐ Housing & Environment ☐ Employment, Volunteering and Training ☐ Safety & Self-preservation ☐ Participant Engagement ☐ Caregiver