Redesigning the Support Planning Process in Colorado: Lessons for building a more person-centered system and complying with CMS HCBS rules

Presented at the National HCBS Conference

Baltimore, August 2018

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Our Mission

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

Agenda

Introductions

Challenges with the Current Support Planning Process

Purpose of Support Planning Process Redesign

Overview of the New Support Planning Process

Questions and Feedback

Speakers

- Colorado Department of Health Care Policy and Financing

  ➢ Tim Cortez, Program Development and Evaluation Section Manager

  ➢ Lauren Swenson, Assessment Implementation Coordinator

- HCBS Strategies Inc.:

  ➢ Steven Lutzky, President

  ➢ Andrew Cieslinski, Associate

Office of Community Living Vision

ACCESS

Streamline Access to Services

COORDINATE

Improve Service Coordination

RECEIVE

Increase Service Options and Quality

STREAMLINE ACCESS TO SERVICES

- No Wrong Door (NWD) Pilots
- New Functional Assessment Tool
- Waiting List(s) Elimination
- Medicaid Buy-In Expansion

IMPROVE SERVICE COORDINATION

- Person-Centered Support Planning Process
- Colorado Choice Transitions (CCT)
- Case Management Redesign
- Intensive Case Management for Regional Center Transitions

INCREASE SERVICE OPTIONS AND QUALITY

- Self-Direction Tools
- Person-Centered Budgets
- Cross System Crisis Response
- Regional Center Task Force
- Community First Choice (State Plan Option)
- CDASS & IHSS Expansion
- Employment First + WIOA
- Waiver Redesign
- HCBS Settings Rule Compliance

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Support Plan

Copy of the Support Plan can be found:
http://coassessment.blogspot.com/

Why Redesign the Support Planning Process?

Challenges with Current Support Planning Process

- Authorization of services is primary driver, rather than developing a comprehensive plan driven by personal goals

- Choice of options limited because program is selected at the beginning of the process

- While Colorado has many expectations for what Case Managers should discuss, the current plan gives little guidance to how this should occur and does not ensure that crucial conversations happen

- Fails to collect data to demonstrate compliance with federal and State rules

Primary Purpose of the Redesign

- Process that results in a Support Plan that will help participants achieve their personal goals

Stakeholder Input into the Development of the Process

- Stakeholder input during development of the Support Plan included:
  - ➢ Input from program participants, family members and staff representing a variety of provider and advocacy organizations
  - ➢ 13 3-hour stakeholder meetings
  - ➢ 6 Regional Forum meetings throughout the state to share progress and gather feedback
- Developed a blog to share information and collect feedback: http://coassessment.blogspot.com/
- Made major changes to the process as a result of stakeholder input

Approach for Developing the New Support Planning Process

Clarify Goals and Objectives of new process

Develop a high-level workflow

After extensive feedback, translate into detailed framework

After extensive feedback, translate into paper versions of tool

Conduct a small workflow pilot

Proceed with automation
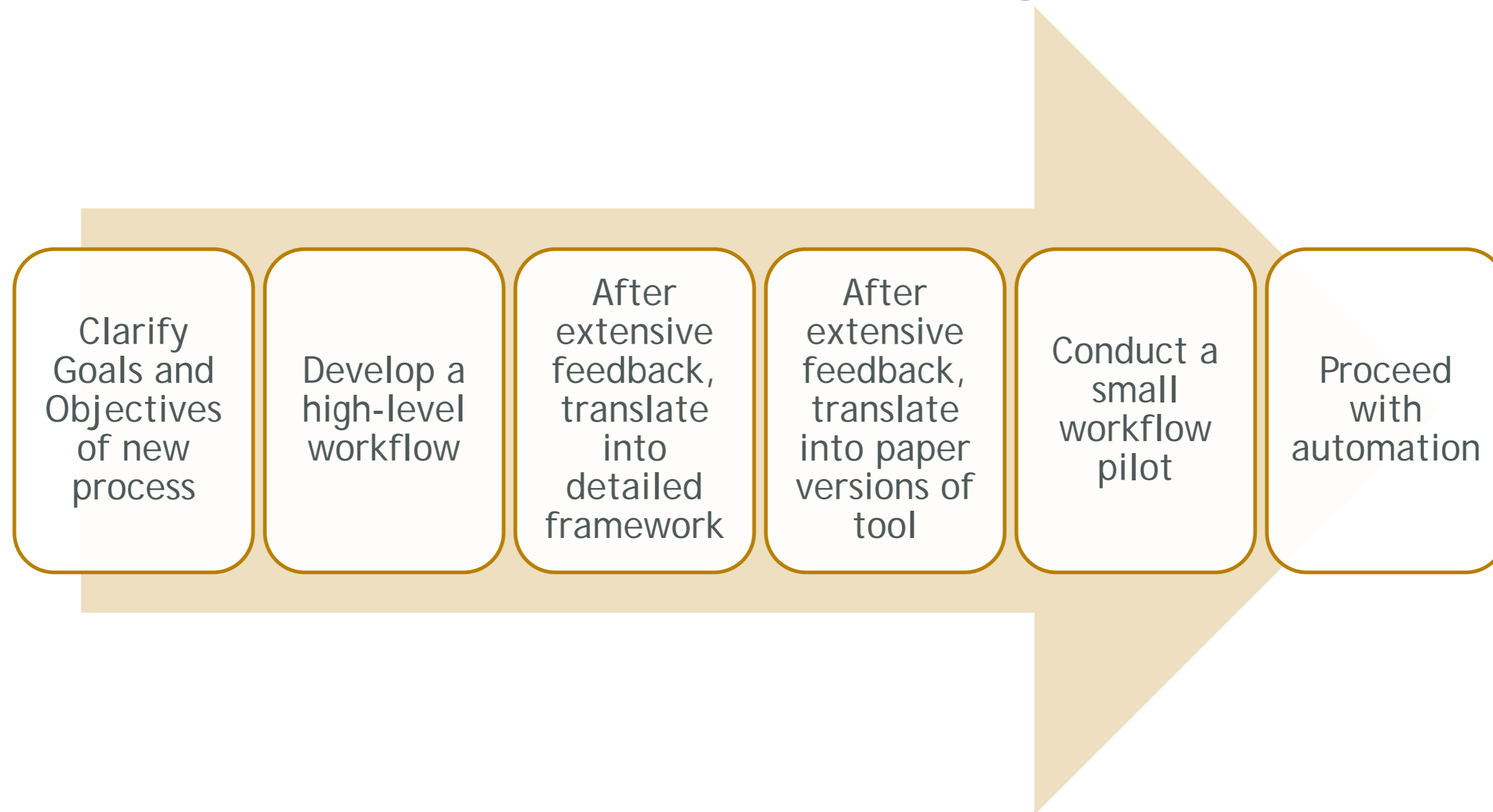
Objectives Agreed Upon by Stakeholders and Department

- Have personal goals drive services
- Ability to include health and safety objectives not covered by personal goal
  - If truly health and safety, don't force a person to adopt it as a goal
- Informed choice about which is the best program, including self-directed options
- Capture information about unmet need and system barriers
- Enforce CMS and State rules that make process more person-centered

Support Plan Builds on New Comprehensive Assessment Process Intended to Support:

- More person-centered system
- More informed choice about self-direction
- Restructuring of case management, including being able to tailor amount and type to participant preferences and needs
- Foster competitive employment
- Support emerging separation of eligibility assessment vs. support planning and ongoing case management

Support Plan Included Workflows Designed to Achieve Objectives Identified by Stakeholders

- Jose Torres Workflow: Allow participant to opt out of parts of process not required by CMS or necessary for program operations

- Shannon Seacrest Workflow: Systematically collect information about systemic program barriers

- Workflows that force potentially uncomfortable conversations:
  - Obtaining both participant and representative (e.g., parent, guardian) perspective on key items, such as personal goals and dignity of risk
  - Advance directives
  - Amount and type of monitoring case manager should provide

Separating Personal Goals from Health and Safety Issues

- Currently, goals are often just health and safety issues phrased as goals:
  - ➢ I want to be clean
  - ➢ I want to be healthy

- New Support Plan allows case managers to include health and safety issues, but they will only be captured as personal goals if the participant identifies them

Overview of the New Support Planning Process

Overview of the Support Plan

High-level Work Flow for Colorado's Person-Centered Support Planning Process (revised 8-1-18)

Outputs from Assessment → Initial Admin information: Explanation of Process, General information, Rights and Responsibilities → Translating Goals into Services → Addressing Health and Safety → Mitigating Risks/Back-up → Measuring Progress/Monitoring → Team's Comments & Guidance about Plan → Signature Sheet → Plan Outputs
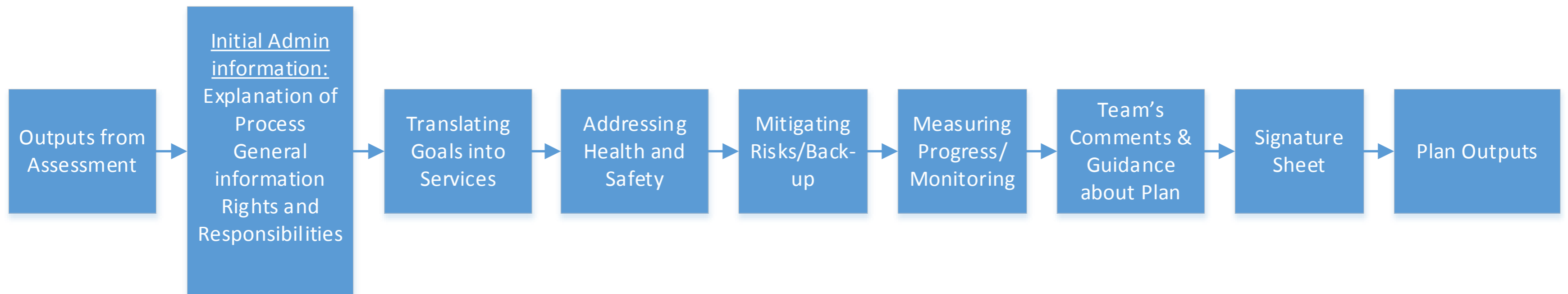
Laying the Groundwork so that the Participant can Play a Lead Role

- To comply with CMS requirement that participants lead the process, educating participants is a central component of all parts of the process of accessing services (outreach, intake, assessment, support planning)

- Participants will be provided a handbook that explains the assessment and support planning process

- Participants will also receive the outputs from the assessment

Step 1: Identify Personal Goals

- Participant:
  - ➤ Rates how meaningful goal is
  - ➤ Establishes timeframes
  - ➤ Sets how progress will be measured

Identify Personal Goals

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Identify Activities to Achieve Personal Goals

Goal	Participant Ranking of Goal	Representative Ranking of Goal	Participant Rating of How Meaningful Goal Is	Representative Rating of How Meaningful Goal Is	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (O)= Ongoing Goal (F)= Future Goal
			1 to 5 with 1=Not Meaningful and 5 = Very Meaningful			
Text	Number	Number	Number	Number	Text	Text

Systemwide performance measure. Hopefully will prevent inclusion of goals participant does not consider meaningful

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Goal Ranked # 1 by Participant:							Complete after Support is Identified	
Activities to fulfill goal	Start Date	End Date	Preference/ Guidance	Skills Building	Participant Direction	Identify Services and Supports to Fulfill the Activity	Support Sources	Challenges
Text field	Date field	Date field	Text field	☐	☐	Text field	Text field	☐ Unmet Need Systemic Challenges: Other Challenges:

Included to encourage discussion in developing supports

Shannon Seacrest Workflow

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Step 2: Identify Health and Safety Issues Not Addressed by a Goal

- Meaningful personal goals are separated from describing health and safety interventions as goals
- Participant can choose not to address a health and safety issue
  - Dignity of risk
- Uses tables that mirror those for goals

Identify Personal Goals

Identify Activities to Achieve Personal Goals

Identifying Any Health or Safety not Addressed by Goals

Identify Activities to Meet Health and Safety Issues

Step 3: Choose the Best Waiver and/or State Plan Option

- If participant wants to mange staff or determine wages, prompt to consider self-directed option

- Discuss and document pros and cons of each option to allow informed choice

Determine whether Participant wants to self-direct (CDASS or IHSS)

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Choosing a Waiver/State Plan HCBS Services
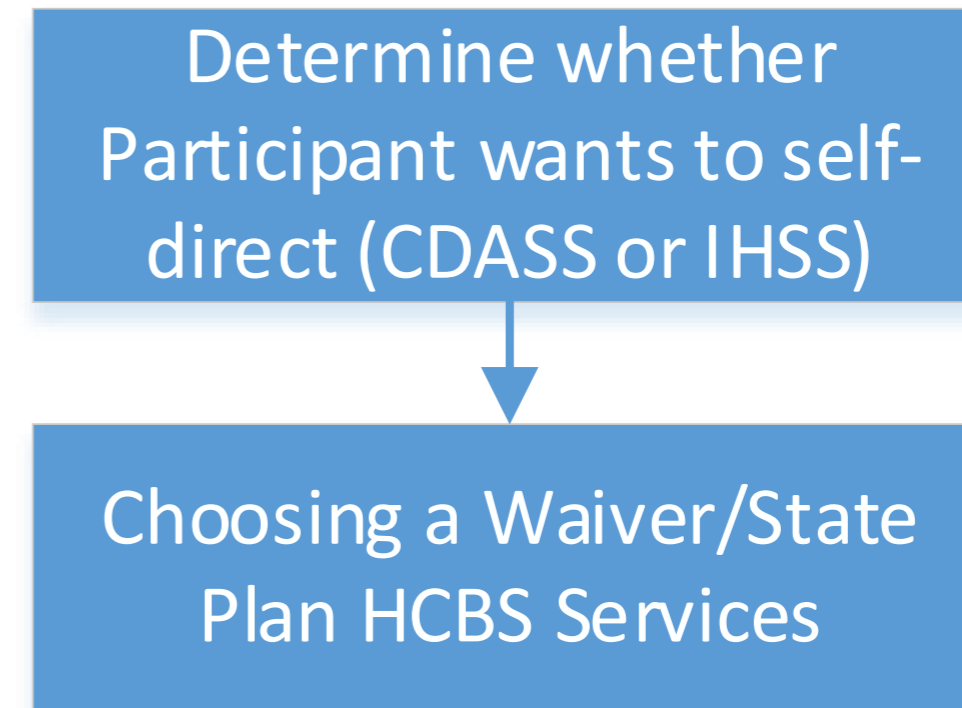
Selection of Waiver and/or State Plan Option

Medicaid HCBS Waivers and State Plan Services	Services	Has Waiting List	Allows Participant Direction	Pros	Cons	Select Option
Auto-populate	Fixed field with service options for Waiver/State Plan selected in Column 1	☐	☐			☐
		☐	☐			☐

Step 4: Identify Supports

- Document all sources of support, including unpaid
- Voluntary Supports Calendar to understand needs and preferences on a weekly basis
- Can identify unmet needs and system barriers, such as:
  - No providers
  - Rules won't allow it

Identify Unpaid Support and Supports Paid by another Source

Use Support Calendar to Identify Services

Units of Services to be Authorized

Support Calendar

- Voluntary tool created using MS Excel
- Allows the participant, representative, and CM to plan which, when, and how much unpaid and paid (including waiver/State Plan) supports will be utilized during a week
- Assists with identifying areas where there are support gaps and additional services may need to be utilized
- Is NOT intended to be a definitive guide for authorizing services, just intended to be used as a planning tool

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Step 5: Address Problems that May Come Up

Identify Any Need for Temp. Increase in Services

Back-up Plans for Supports

Disaster Relocation Plan

Minimizing Risks

Justify Any Rights/Settings Exception

Identify Advance Directives

Preferences for Case Mgmt. Monitoring

Feedback from Team

Temporary Increase in Services

- Added to SP based on strong stakeholder recommendation
- Purpose is to identify potential changes in support needs during the SP authorization period
  - Examples include temporary loss of primary caregiver (e.g., hospitalization) and flair-ups of participant's chronic conditions that require additional support
- Intent is to allow participant and CM to already have a plan in place and to quickly authorize new services

Backup Plan

Support Source	Support source responsible for arranging back-up	What I should do if the support does not show up	Who else can help, how they can help, and any other concerns I have if my other supports are not available (optional if support responsible for arranging back-up)
Paid Supports			
Auto-populate	☐		
	☐		
Unpaid Supports			
Auto-populate	☐		

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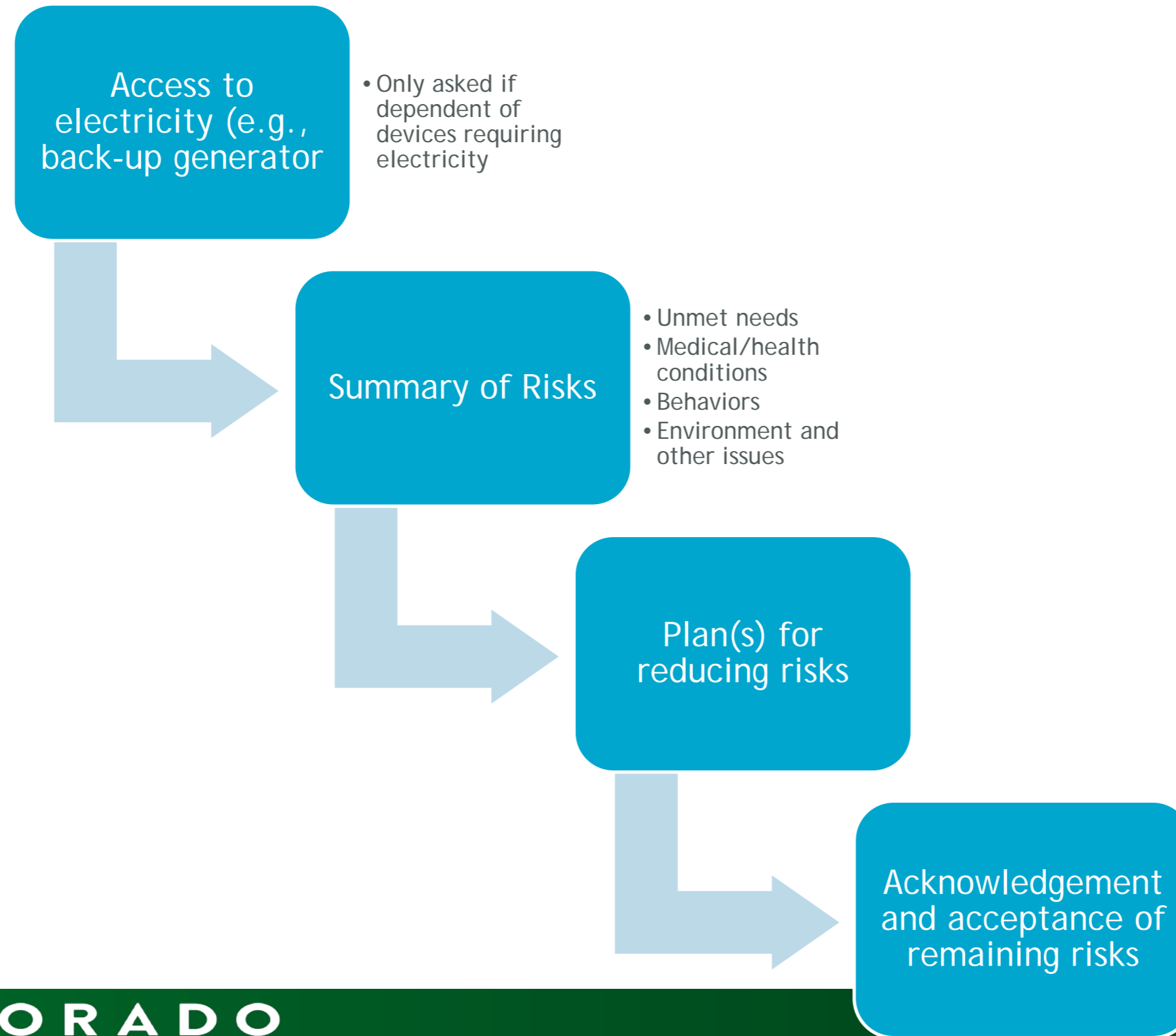
Disaster Relocation Plan

Name/ Organization (Order should reflect priority of individuals to contact)	Relationship	Primary Phone Number	Secondary Phone Number	Options for Relocation (Rank your preference)	Address (Enter only if site is a relocation option)

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Risk Mitigation Workflow

Access to electricity (e.g., back-up generator
- Only asked if dependent of devices requiring electricity

Summary of Risks
- Unmet needs
- Medical/health conditions
- Behaviors
- Environment and other issues

Plan(s) for reducing risks

Acknowledgement and acceptance of remaining risks

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Modifications of Rights/HCBS Settings Exception

- Included to allow exceptions to CMS HCBS Settings requirements and CO rules that encompass and expand upon these requirements
  - E.g., choice of setting, right to privacy, etc.

- Added additional exceptions not in CMS rules:
  - Access to dangerous objects or hazardous materials
  - Access to media and internet

Preferences for Case Management Monitoring

Explanation of Minimum Requirements for Monitoring

Preference for how (email, text, etc.) and how often the case manager should contact

Who should be notified if issues arise

Whose questions can the case manager answer without getting participant's permission

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Feedback from Team

- Help comply with CMS HCBS rules requirement for managing disagreements
- Allows all Support Plan team members to express any comments, guidance or concerns
- Documents actions taken (if any) to address concerns
- Participant gives the final comment

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Support Plan Workflow Pilot

- Conducted small pilot with 8 case managers (CMs) conducting Support Plans with 30 participants
  - Participants included a variety of LTSS populations, including children
  - Pilot occurred from April to June 2018

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Case Manager Input

"It seems many people appreciate and are hungry for this level/type of in-depth interaction and engagement."

Findings

- CMs reported that the Support Plan is taking between 1-3 hours to complete, with an average around 2 hours
  - Time to complete decreased overtime
- CMs reported Goals, Emergency Preparedness, and Advanced Directives as most useful and well received
- Parents of children reported enjoying hearing their child's goals and perspectives from the discussion
- Suggested that the Department develop a pre-Support Plan workbook to allow participants and families to get a head start

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Case Manager Input (cont.)

- Case managers noted this is a dramatic change from how they are doing their work now.

- Requested training for:
  - Developing person-centered goals
  - Motivational interviewing
  - Navigating family dynamics and conflict
  - All HCBS Waivers
    - Currently case managers tend to specialize in one or two waivers
    - Under new system, they would have to know enough to help participants make an informed choice about which options best meets their needs and preferences

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Participant Input

- Not overly time consuming or burdensome on its own
- Appreciated the opportunity to talk about goals, advanced directives, and emergency preparedness, as they can be difficult conversations to have
- Some conversations, such as goals and housing, are challenging, especially when participant wants something different than a legal representative, such as a parent
 - ➢ Most appreciated the opportunity to have these conversations

Participant Input (cont.)

- Want to be educated about process prior to starting
- Would like to have more time to consider certain sections, such as goals and temporary increases to services
- Parents and participants liked the ability to capture feedback on systemic issues and barriers
- Liked the ability to identify health and safety issues they do not want to address

Questions?
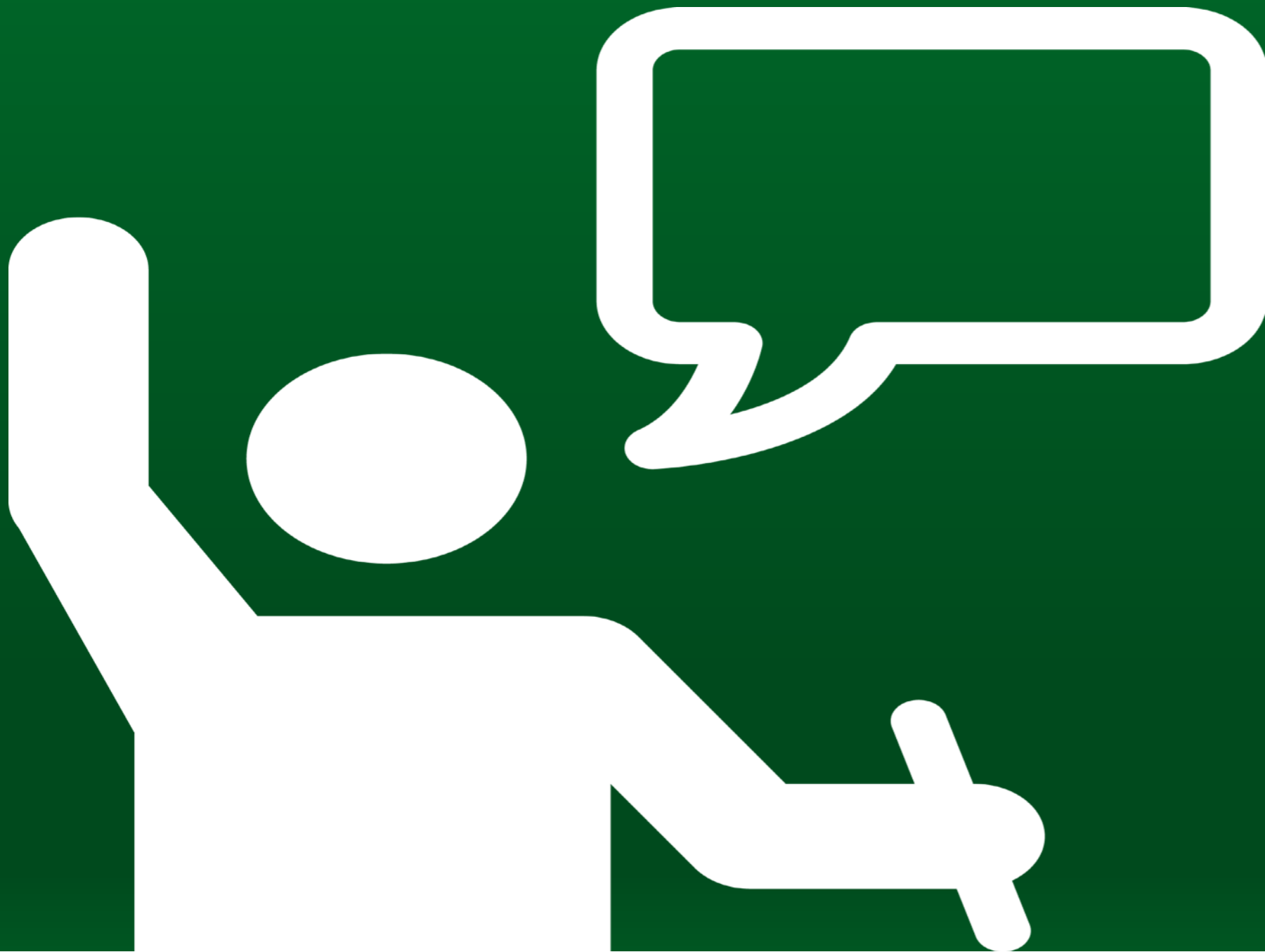
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