



# Collaborative Work Group on Services for Adults with Developmental Disabilities

---

**Wednesday, December 4, 2013 9:00 am – 4:00 pm**  
**JR Williams Building Conference Room West, Boise, ID**

## **Collaborative Work Group's Vision:**

*By 2016, adults with developmental disabilities living in Idaho enjoy the same opportunities, freedoms, and rights as their neighbors. They have access to a sustainable service system that provides quality, individualized supports to meet their lifelong and changing needs, interests and choices.*

## **Values**

- *Respect*
- *Safety*
- *Choice*
- *Quality*
- *Community Inclusion*

## **Meeting Outcomes:**

1. Finalize Checklist
2. Provide direction regarding 3 options/frameworks for refining the DD system
3. Respond to request from Employment First Consortium Initiative

**PRESENT:** Corey Makizuru, Art Evans, Trinity Nicholson, Katherine Hansen, Jim Baugh, Joanne Anderson, Bill Benkula, Joanne Anderson, Stephanie Perry, Tom Moss, Shelly Brubaker, Maureen Stokes, Kristyn Herbert, Tracy Warren, Christine Pisani, Marsha Bracke,

## **AGENDA**

### **Minutes**

Meeting participants reviewed and reflected on the October 15, 2013 meeting minutes and the CWG Steering Committee meeting minutes of October 15 and December 3, 2013. Art Evans indicated both Blake Brumfield and Chad Cardwell are approved to participate on the group, and asked Marsha to add them to the meeting invitation list.

## **Operational Guidelines**

Marsha distributed a hard copy of the final version of the CWG Operational Guidelines, adopted as revised at the last meeting.

## **Checklist**

Trinity Nicholson presented the proposed final version of the Checklist, pointing out the checklist is to be used as a tool to ensure proposed changes to the system have considered as much as possible the question posed. Stephanie Perry reviewed the Medicaid sideboards, also included in the checklist. The group made some edits to the Checklist (as reflected in Attachment A Flip Chart Notes) and adopted it through a Fist to Five.

Christine Pisani and Katherine Hansen reviewed work done to date on the participant survey, noting: the need for everyone's assistance in distributing interview materials; that 10 is a suggested number of interviews and more are welcome; and, they seek to have 80-100 interviews complete by year's end. CWG considers it important to compare any recommendation it makes to the results of this survey as well as the Checklist.

## **Adult Developmental Disabilities System Options**

In the context of a diagram that identified three variations of the DD system (included as Attachment B), CWG Steering Committee members shared information gleaned from their work studying the different structures, including:

- Traditional/fee for service
- Self Direction
- Managed Care Organization

### Traditional/Fee for Service

Stephanie Perry shared the CMS definition of 'bundled' services, and the CWG discussed how 'bundling' takes on different meanings to different states who may be bundling in terminology but not in practice (still using different CPT codes for each service). Bill Benkula shared such an example from Wyoming. The traditional/fee for service model most completely honors the 'free choice of provider' principle. As services are bundled, choice of provider decreases. There is opportunity within the traditional system to add and redefine services, to address some of the gaps some see in the current array of services. CWG noted the Center for Medicaid and Medicare Services definitions sometimes have corresponding qualifications and billing requirements,

Ultimately, CWG considers bundled services that still require individual billing codes not to be in fact, bundled. Rather, bundled services are those arranged in a grouping such that one code covers the array of services that are selected based on individual needs and provided by an agency as appropriate to the individual.

### Self-Direction

Katherine Hansen presented a flow chart indicating different ways by which an individual might live and arrange to 'bundle' services. Stephanie Perry explained within the existing Self-Direction waiver the opportunity exists for an option in addition to that what exists for participants to select services using an agency/care coordinator to provide their care and lessen their need to be involved managing supports. Services could be bundled by individual and 1-2 agencies could provide those services. While there is concern a participant's funding resources may not support or may decrease in this configuration, it may be the services they are able to secure also leverage resources in such a way to make it a promising service delivery mechanism.

Ultimately, CWG proposed exploring this model with up to 5 waiver-eligible participants. CWG members can identify those participants and participating agencies can provide lessons learned to inform what service efficiencies were secured.

### Managed Care Organization

Katherine Hansen, Trinity Nicholson, and Jim Baugh provided overviews of how North Carolina, Michigan, and Arizona, respectively, provide services through a managed care organization structure. Some contract with a single company to manage the services; some break the MCOs down into county or regional units; Arizona manages their program through a state agency. Arizona's MCO is intriguing in that it is state run, has sustained its structure over time, and continues to show effective quality assurance and cost efficiency. Other advantages of the Arizona state-run structure is the experience personnel have with Long Term Services and Supports. CWG pointed out the model helps us rethink care coordination and quality assurance.

Katherine Hansen reviewed with the group the Medicare and Medicaid Managed Care structure proposed for people who are dually eligible in Idaho. The group discussed some of the nuances of that structure, and speculated about how services for adults with DD might function within such a structure.

### **Take Aways and Next Steps**

The Steering Committee sought direction from the group as to which direction or which steps to pursue next on the group's behalf. Jim Baugh pointed out there are some

steps that can be taken immediately, some initiatives to be pursued, and an MCO structure would take years to develop and secure.

Ultimately the CWG provided no single direction; rather, they indicated

- 1) Work continue on the current system and explore how service definitions can be added or refined to meet the CWG goals,
- 2) Three-five waiver-eligible participants be offered the opportunity to test a self-direction model which enables them to contract with agencies, essentially bundling services.
- 3) Work on building a MCO model specific to Idaho for further consideration.

Regarding takeaway messages and next steps, CWG said

- While learning from other states' is important, the CWG was clear in its direction to pursue an Idaho solution rather than lose more time questioning other states.
- Other next steps included comparing all models against the Checklist and conducting a follow-up survey of participants regarding quality assurance.
- The Steering Committee will continue to meet monthly, and Marsha will schedule a spring meeting with the CWG to review status of work at that time.
- Look at resource allocation – any change to the system will be influenced by and have an impact on resources; concurrently, the role of the needs assessment in allocating resources is key to understanding the final outcome of any systems change.

### **Idaho Employment First Consortium Recommendation**

Tracy Warren presented information from the Consortium to review language over the next year to propose changes to Idaho Statute around limitations to individual budgets for health and safety. The Consortium's intent is to introduce it in the 2015 legislative session; however, CWG members think with some existing legislative interest this is the session to introduce the change. CWG acknowledged some cost control tool must exist to support Medicaid efforts. Ultimately, Jim Baugh, Katherine Hansen, and Art Evans were identified to participate with a subcommittee of the Consortium on this topic. Tracy Warren will be contacting the group and potentially setting up a meeting with the group and Representative Wood in the near future.

### **Self Evaluation**

In a round robin format, the facilitator asked the group to assess their progress to date. Thematically, CWG responded with the following:

- A prevalent concern exists around less participation at the last two CWG meetings, and the need to ensure all perspectives are at the table and reviewing

and providing input to this work. Marsha will make inquiries about participation from other members.

- An appreciation for the heavy lifting done by the Steering Committee. CWG recognizes the work is complex and much work has been done since the last meeting. Steering Committee members were thanked for their efforts.
- Concern about not yet having made tangible recommendations, and an inclination to continue to study rather than build what must be built in Idaho.
- Clarity – the flow chart provided today was helpful and would have been helpful in the previously conducted study of states' programs and understanding how they fit. That clarity is helpful.
- Appreciation for how open and willing the Division of Medicaid is to support this discussion and pursue changes to the system.
- Feeling overwhelmed, suggesting the group go back to its work plan and articulate finite goals and parcel out its work in small pieces so it can not only be systematically achieved but also effectively shared and understood.

**COLLABORATIVE WORKING GROUP  
DECEMBER 4, 2013  
FLIP CHART NOTES**

---

**CHECKLIST: FEEDBACK**

- Spell out acronyms
- Health and safety – state can define or go to dictionary
- Different for each person (health and safety)
- Potential broad definition
- Prioritize needs (replace health and safety)
- Not put folks in harm's way

**SELF-DIRECTION: OPPORTUNITIES**

- With some participants try self-direction using agency of choice bundling like services
- Home, Community, Work
- Full/Part-time
- Participating agencies – lessons learned
- Budget implications in test?
- Will take time
- 2-5 participants; CWG identifies; waiver eligible

**MCO OPPORTUNITIES**

- Positive regarding state MCO; positive outcomes
- Someone involved who understands LTSS
- What structure ensures maximum funding reaches participant/sustains system/ state vs. regional?
- Come up with questions and go back to states for more information
- Cost savings – increased reimbursement rates, quality supports
- Could regional staff also fulfill quality assurance role?
- Lets us rethink care coordination and quality assurance

**TAKEAWAYS: NEXT STEPS**

- Questions regarding MCOs to other states (especially regarding rural)
- MCO O- long-term solution
- Near term – improve definitions, expand self-directed
- Compare strategies to Checklist
- How transition with providers?
- Looking forward to feedback from self advocates

- More information about Arizona
- Feasibility of test – pursue
- Focused direction so work is meaningful
- Glean information from other states but need to ask the question in our own state
- Define ‘self direction’ and ‘managed care’ for Idaho
- Resources – how do we allocate those in the most effective and meaningful way?
- Resource allocation – what are the priorities?

#### DIRECTION FOR STEERING COMMITTEE

- Resource allocation – per needs
- Craft next participant survey around quality assurance
- Compare options to checklist
- Compare options to participant survey results
- Which model provides best opportunity for more efficient use of funding? Long-term sustainability?
- Action plan for demonstration
- Report from Tracy re employment supports from other states
- Priorities – action plan, smaller chunks, near and long term accomplishments