



# Collaborative Work Group on Services for Adults with Developmental Disabilities

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**Thursday, October 15, 2013, 9:00 am – 4:00 pm**  
**Holiday Inn, 2970 W Elder Street, 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. Vision changed or reaffirmed
2. Consensus on how decisions are made
3. Scope of Work for near-term
4. Inputs on priorities in Scope of Work
5. Structure for future

**PRESENT:** Corey Makizuru, Art Evans, Trinity Nicholson, Katherine Hansen, Jim Baugh, Noll Garcia (with Jason Spjute), Kris Ellis, Joanne Anderson, John Chambers, Jean Christensen, Bill Benkula, Joanne Anderson, Stephanie Perry, Howard Fulk, Tracy Warren, Christine Pisani, Marsha Bracke,

## **AGENDA**

### **Minutes**

Meeting participants reviewed and reflected on the August 14, 2013 meeting minutes and the CWG Steering Committee meeting minutes of September 17, 2013. They noted decisions and action items generated at the two meetings, and confirmed the

agenda for this meeting followed consistently from expectations articulated in those meetings.

### **Operational Guidelines**

CWG reviewed draft Operational Guidelines offered by the CWG Steering Committee as prepared by the Facilitator per a review of CWG meeting documentation to date. Changes proposed to the Operational Guidelines included adding Department of Health and Welfare as a permanent member of the Steering Committee, recognizing the CWG as a recommending body, and recognizing the iterative nature of CWG proposals and the need for all members to communicate CWG discussions among their constituents and bring feedback to the group for consideration. Art Evans, Medicaid, made a specific note of his requirement to go to Medicaid leadership to get approval on proposals and calibrate proposals within the framework of federal requirements. The group discussed the need for transparency, and intent to prevent against surprises and work with all ideas and constraints on the table.

The Facilitator revised the Operational Guidelines to reflect this dynamic. The revised version is included as **Attachment A**.

### **Pleasure/Pain Points and Lessons Learned**

In two distinct discussion sessions, CWG reviewed the Please/Pain Points collected and assimilated by Trinity Nicholson, discussing them in more detail and generating action items in response. The Facilitator documented responses and discussion on Flip Charts that have been transcribed and are included in **Attachment B**. Specifically CWG noted the predominance of input to this document is from providers. Client input is key to understanding a system supporting adults with DD. Ultimately,

1. Marsha will ask the CWG to provide more specific detail around the pain points so that Art Evans can have an accurate understanding of the issue and potentially address those issues in the near term.
2. The Steering Committee will take the results of the two discussions and generate a checklist – with statements presented in the positive – of qualities to seek to develop in the changed system.
3. The Steering Committee will design a process to meaningfully solicit client input to the please/pain points material and checklist.

Similarly, the Facilitator conducted a round robin discussion about lessons learned in other change efforts to consider as the group moves forward with this one. The Facilitator documented responses on Flip Charts that have been transcribed and are included in **Attachment B**.

Action Items resulting from this discussion include:

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

Using a Fist to Five process, CWG adopted the recommendations proposed by the IECF. Art Evans noted two items, numbers 5 and 6, require more work and discussion within Medicaid to confirm adoption and implementation within the agency.

### **Draft Medicaid Recommendation**

Jim Baugh made a presentation to the group describing different approaches possible for the proposed recommendation for the adult DD system in its entirety and also for the portion of that program supported by Medicaid. A copy of that presentation is included as **Attachment C**.

Each member of the CWG was asked to provide a response to the presentation by way of guidance to the Steering Committee and how to further develop the proposal. The Facilitator documented those responses on Flip Charts, included as Attachment B. The Steering Committee will take that input under advisement and address them specifically in the Steering Committee meeting to follow this session.

### **Draft Work Plan and Schedule**

The group made no substantive changes to the draft Work Plan and Schedule. Marsha will add specific dates to existing meetings where specific dates have been scheduled. CWG did spend time clarifying and confirming the intent to recommend the design of the entire adult DD system, and within that context to provide a recommendation to the Medicaid part of that program. Recognizing, understanding and building the system outside that serviced by Medicaid is as important as any change the Medicaid program may effect. CWG also recognized that the initial recommendation to Medicaid may be conceptual, and it will evolve into greater detail as work with Medicaid on the recommendation ensues.

### **Action Items**

1. Members – edit operational guidelines and provide to Marsha before lunch
2. Noll will invite Jim Hansen as alternate and support to Noll for communicating with SALN members
3. Steering Committee will develop a checklist stated in the ‘positive’ for CWG based on pain/pleasure points and lessons learned
4. Steering Committee will develop a process to survey clients respective to the pleasure/pain points, taking into specific consideration those who can’t respond, providing context about how the information will be used, and using the questions

recommended by the Steering Committee (with the 'what's working' question posted first)

5. Marsha will invite detail from the CWG regarding what's not working and collect/provide to Art
6. Art will work to invite Blake Brumsfield from FACS-DD to participate on the CWG
7. Stephanie will provide Medicaid's schedules specific to legislative and CMS processes to inform the Work Plan
8. Stephanie will research the extent to which bundling concepts can be applied within existing system

Attachment A  
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## COLLABORATIVE WORK GROUP OPERATIONAL AGREEMENTS October 15, 2013

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### PURPOSE

The Collaborative Work Group (CWG) on Adult DD Services is a group of individuals representing a range of service providers, advocates, agencies and policymakers who have voluntarily come together to discuss and advise the State of Idaho regarding the service system for adults with developmental disabilities in Idaho and any changes that may be made to the system.

The CWG seeks to explore, coordinate, communicate and provide input at the beginning stages of system change in order to make recommendations featuring broad support, are meaningful to users of the system, and are implementable.

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The CWG seeks to develop a picture of the adult service system for people with developmental disabilities based on quality, continuity of services, choice and affordability to assist discussion and decisions by the legislature and the Department of Health and Welfare. The goal is that the legislature and the Department recognize and use this picture of the adult service system as the basis for policy and budget decisions in the coming years.

### ADULT SERVICE SYSTEM

The adult service system includes the services and supports provided to adults with developmental disabilities. The core of this service system is the services paid through Medicaid, but there are other services and supports, paid and unpaid, that comprise the "system", including vocational and employment services provided by the Division of Vocational Rehabilitation, the Commission for the Blind, and the school transition programs. It is important that any changes to Medicaid-reimbursed services recognize the impact that those changes will have on other services, supports, systems and lives.

### ORGANIZATION AND MEMBERSHIP

#### Membership

Members include one delegate and one alternate from each of the following organizations:

- ACCESS Idaho
- Idaho Assoc. of Developmental Disability Agencies
- Case Management Assoc. of Idaho
- Care Providers Network of Idaho (CFHs)
- Certified Family Home
- Division of Medicaid

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- Disability Rights Idaho
- Council on Developmental Disabilities
- Vocational Rehabilitation
- Self Advocate Leadership Network
- Residential Supported Living Assoc.
- Division of Family & Community Services (crisis)
- Vocational Services of Idaho
- Idaho Health Assoc./ICFs-ID
- LINC/Centers for Independent Living
- Office of the Governor
- Legislature
- Idaho Health Care Association
- Center on Disabilities and Human Development

### Committees

The CWG is led by a Steering Committee, with the responsibility for

- Preparing meeting agendas
- Ensuring representation at meetings and subcommittees
- Guiding the work of subcommittees
- Working with a facilitator as needed
- Producing draft materials and products for the group and bring it back for CWG consideration
- Maintaining ongoing involvement with the process to support and work on the development and implementation of recommendations delivered to any entity or entities in the system

Steering Committee members include up to eight (8) of the delegates of the CWG membership reflecting the diversity of the group, specifically including one (1) delegate from the Idaho Council on Developmental Disabilities and one (1) delegate from the Department of Health and Welfare Division of Medicaid. The Steering Committee will, from time to time, bring in ad hoc technical assistance to engage in discussions and provide information related to issues associated with CWG work, as appropriate.

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### Coordination

The CWG is coordinated by the Idaho Council on Developmental Disabilities. ICDD will provide the following supports to the CWG:

- Facilitation and support of CWG, Steering Committee & other workgroups
- Information sharing via meetings, emails and website
- Technical support as needed to accomplish CWG goals

The CWG will work under this arrangement through the delivery of its recommendations

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to the Division of Medicaid and no longer than December 2021. The group may, at any time, revise and extend its operations consistent with a clear purpose and goal.

## COMMUNICATION AND OUTREACH

All members and alternates on the Collaborative Work Group list will receive emails and communications about Work Group meetings and the work of the group. The steering committee will keep members informed.

- All representative associations, groups or networks will share information with their members/contacts and some may choose to include Collaborative Work Group updates as an agenda item at their meetings.
- We agree that documents should be written in plain, clear, respectful, simple language and formats.
- Avoid partisan and political messages.

Guidelines for email communications:

- Avoid irony and sarcasm because they can be misunderstood.
- Avoid profanity.
- Think before you send an email. Consider how it might be understood. Rewrite if needed.

## MEETINGS

### Schedule

CWG will meet approximately three (3) times per year as appropriate and needed to complete its work.

### Conduct

- Participate! Let your voice be heard!
- Listen! Seek to understand!
- Be solutions oriented
- Be on time
- Respect and encourage diverse opinions
- Hold questions until a person has finished speaking
- Avoid side conversations
- Stay on track
- Communicate directly and honestly
- Turn off cell phones
- Avoid the use of acronyms

### Quorum:

There will be no quorum requirement. Members are expected to be actively involved in the process, and if involvement is not doable, support the effort and products of the group.

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## DECISION-MAKING

The CWG is a recommending body, and recognizes any proposal it forwards must feature broad stakeholder support. To that end, all members will communicate within their respective organizations and amongst each other to ensure inclusive discussion, transparent action, and predictable proposals. At any given time, a member agency or organization may have to forward draft material within its organization in order to identify barriers and/or express support. The development and implementation of any proposal is likely to be an iterative process.

To that end, CWG will seek consensus on all decisions and recommendations. Indications of consensus will be established using the following Fist to Five Consensus Process.

### Fist to Five Consensus Process

- Fist: A no vote - a way to block consensus. I need to talk more on the proposal and require changes for it to pass. Usually on moral grounds.
- 1 Finger: I still need to discuss certain issues and suggest changes that should be made.
- 2 Fingers: I am more comfortable with the proposal but would like to discuss some minor issues.
- 3 Fingers: I'm not in total agreement but feel comfortable to let this decision or a proposal pass without further discussion.
- 4 Fingers: I think it's a good idea/decision and will work for it.
- 5 Fingers: It's a great idea and I will be one of the leaders in implementing it.

Participants in the Fist to Five process will be the delegate of each member organization present; in the event the delegate is not present, the alternate will participate in the process.

If anyone holds up fewer than three fingers, they should be given the opportunity to state their objections and the team should address their concerns. CWG will continue the Fist-to-Five process until they achieve consensus (a minimum of three fingers or higher) or determine they must move on to the next issue. In those cases where a product is required by a given time/schedule, the will produce a minority opinion to document and submit with a proposal. The CWG recognizes such a product lacks the strength of a product with strong consensus.



# Collaborative Work Group on Services for Adults with Developmental Disabilities

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**Thursday, October 15, 2013**  
**FLIP CHART TRANSCRIPT**

**Collaborative Work Group**  
**WELCOME**  
**10/15/13**

## **Introductions**

- Name (Member, Alternate, Guest, Steering Committee)
- Affiliation
- Perspective
- What difference can CWG make?

## **Principles of Meeting Conduct**

- Participate! Let your voice be heard!
- Listen! Seek to understand!
- Be solutions oriented
- Be on time
- Respect/encourage diverse opinions
- One person speaks at a time
- Avoid side conversations
- Stay on track
- Communicate directly and honestly
- Turn off cell phones
- Avoid acronyms

## **Meeting Notes Review**

- What decisions were made/conclusions drawn at CWG August Meeting?
- What progress did the Steering Committee make/what direction did it provide at September meeting?

## **Discussion: Operational Guidelines**

- Quorum?
- Final recommendation – sign on

- Need broad support regardless
- Some need to take proposal high up to approve – Medicaid
- Expectation - communicate honestly along the way – when we get to a recommendation – no surprises
- “Recommending” body – will make recommendations – higher level of approval through Medicaid and Legislature
- Good faith effort – ongoing conversation – iterative and honest
- Be truly in tune with our respective groups – they are informed, have input, and are on board

## **Discussion: Pleasure/Pain Points**

### What is working?

- Higher daily rates and budget (than most states)
- Good
- Doing many things well
- Tend to be broad statements about whole system vs. specific and individual

### What isn't working?

- Issue specific
- Define "needs" - what does that connect to?
- What does it mean to “streamline”
- What does “flawed” mean?
- Discussion re 17 – challenge of social services under medical model
- Billable unit
- Turn into positive statements
- 14 & 16 could be interrelated
- Don't want to look at just Medicaid – entire system person-centered
- Not just Medicaid
- Need to maintain eye on whole system – always look at Medicaid AND non Medicaid – include both pieces
- Need to understand problem and target to address (ask contributors for specificity)
- Help inform proposal – keep in mind
- What are the actual issues
- Need more information
- All provider organizations submitted (vs. advocates/consumers)
- Turn into an “assurance” statement

## **Lessons Learned +**

- Need solid support in federal regulations and state regulations
- Stay focused on mission
- Self direction offers freedoms (and responsibilities/liberties)
- Timely communication to keep everyone informed
- Information on website – forms/question and answers, uniformity
- Good information, contact helps
- Improved, informed public policy with involved self advocates
- Have everyone involved at the ground level
- Think about regulatory reality and possibilities
- Staying focused on mission
- Able to gather information and share it in meaningful ways – impactful to specific individual/relevant
- Large stakeholder representation throughout - vision to implementation
- Specific audience easier
- Change = anxiety – make sure communication is two ways and heard
- Groups like this are important – same page – communicate change
- Build relationships between self advocates and state staff

## **Lessons Learned Δ**

- Develop a mechanism for communication and what needs to be communicated to be effective
- Clarity regarding expectations re transition/new
- Consistent response/informed response from whoever I talk to – effective referral
- Underestimated – allow for more time to train for implementation
- Increase ground level interaction – providers and client/consumers
- Have budget match services (Mercedes system/Hyundai budget)
- Stakeholders involved at implementation phase
- Increase transparency after CMS feedback – work through barriers together
- Be frank – say it like it is
- More safety measures for self direction – Medicaid assume some accountability
- Continue to address communication challenge/provide tools
- Avoid disconnect between different groups/efforts – keep all informed/moving in same direction
- Need to ensure all information/distributor of information is consistent /2-way)
- Need work plan and implementation plan (along with training)
- No matter how hard we try we're never ready
- Continue to build state staff/self advocate relationships

- Design system to accommodate outliers rather than relying on exceptions and waivers
- Ensure participants of services are heard – of all categories and abilities
- Equip personal who are providing services – training to funding to rural
- Talk about gaps and obstacles before making the change
- Have we thought about the individual providing the service?
- Representative of direct serving staff
- Work to address issues after change – open communication
- Surveys – not just Certified Family Homes – but where they get services also – talk to providers
- Always consider incentives and disincentives created/ing in the system
- Need to communicate in many different ways – up to date, friendly, social media, over communicate

### **Parking Lot**

- Statute – MX budget/Health and S – is this the year? (No)
- Operational Guidelines – done

### **Guidance re Recommendation**

- Explore provider packages/room within CMS/address choice
- Include outliers and Quality Assurance in any proposal
- Clear understanding/specific questions – research/discuss with CMS
- Open to all and bundling might serve well – person level (how different than now?)
- Plan/service level package per living situation
- Clear definitions
- Probably separate process around outliers
- Housing – package of services per level of needs
- Personal level and package – rewarded for outcomes and best practice
- Concerned about services available in rural area/packages
- Re-review what others have one with fee for service
- Personal level bundles – difference – provider rate/payment/flexibility
- Look at MCO only as state agency MCO model (AZ)
- Provider package bundled by service e-packages (pick more than one) – what about those who specialize?
- Contracting
- Focus – how to support the person in the most meaningful way
- More work on outcome-based/performance measure rather than so defined by rules

- Can we already do some of this under self-direction? Make more obvious?
- If all outcome based – are we disincentivizing supports to difficult cases?

### **Action Items**

1. Members – edit operational guidelines and provide to Marsha before lunch
2. Invite Jim Hansen as alternate/support to Noll – SALN
3. Steering Committee – develop checklist ‘positive’ for CWG based on pain/pleasure points
4. Steering Committee – develop survey process and communicate, initiate response from clients (what about those who can’t respond? Effort to reach the most severe/. Pose questions to family/guardians? Provide context/why. Questions already provided – put what’s working first.)
5. Marsha - invite detail regarding what’s not working and collect/provide to Art
6. Steering Committee – add lessons learned to check list
7. Art – work to invite Black (FACS-DD) to CWG
8. Stephanie – provide legislative schedule/CMS
9. Stephanie - research the extent to which bundling concepts can be applied within existing system

### **Evaluation**

- Get more people here
- More cookies
- Like guidance to Steering Committee
- Like location and convenience

# New Ways to Think About DD Supports and Plans

Adult DD CWG

## Components of a Support Package

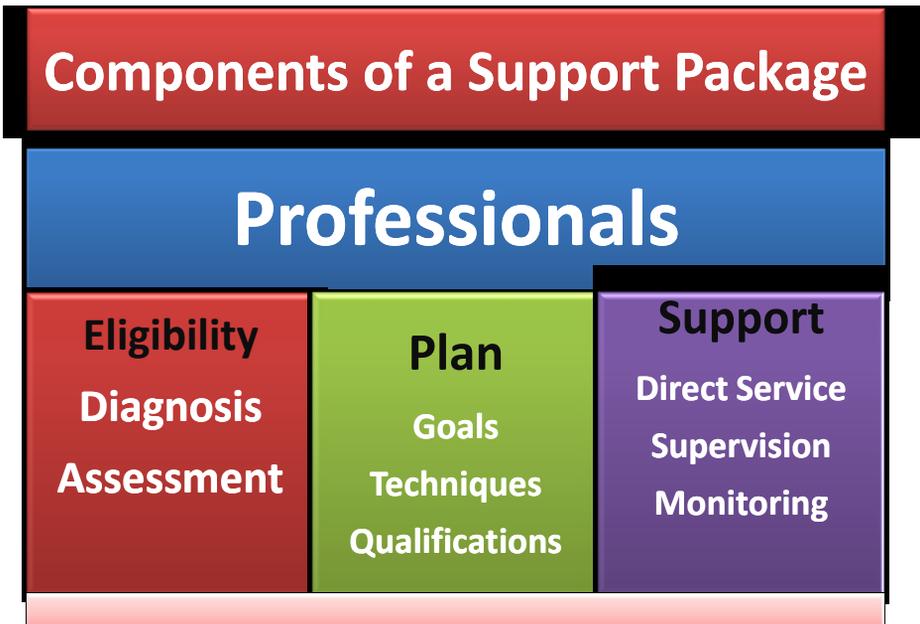
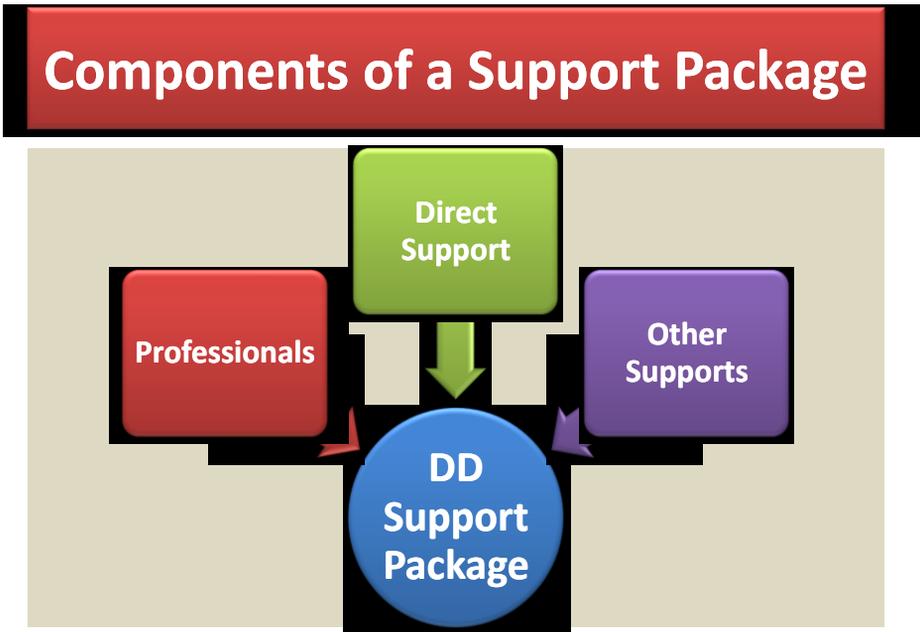
Professionals

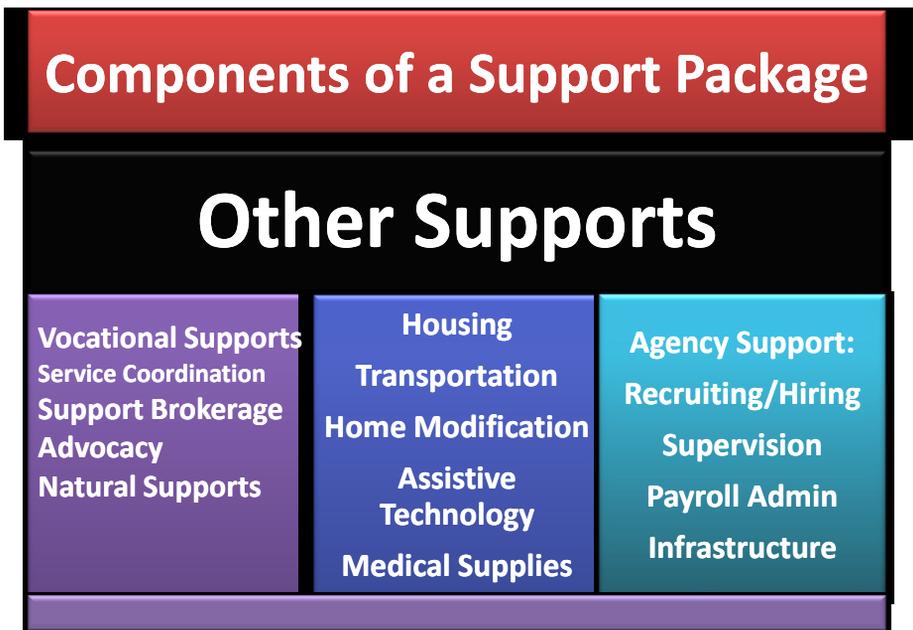
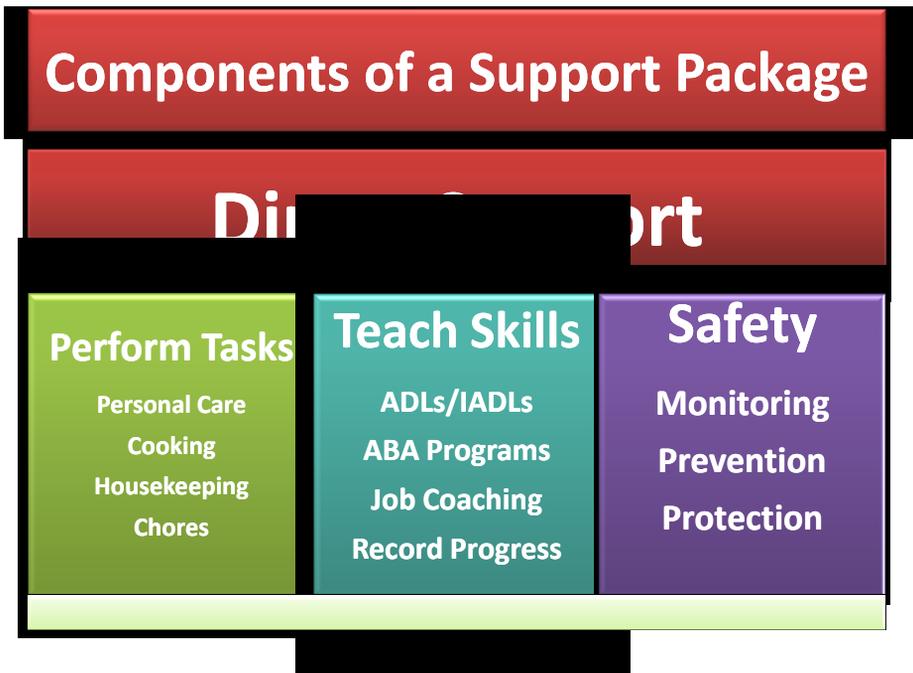
Direct Support Staff

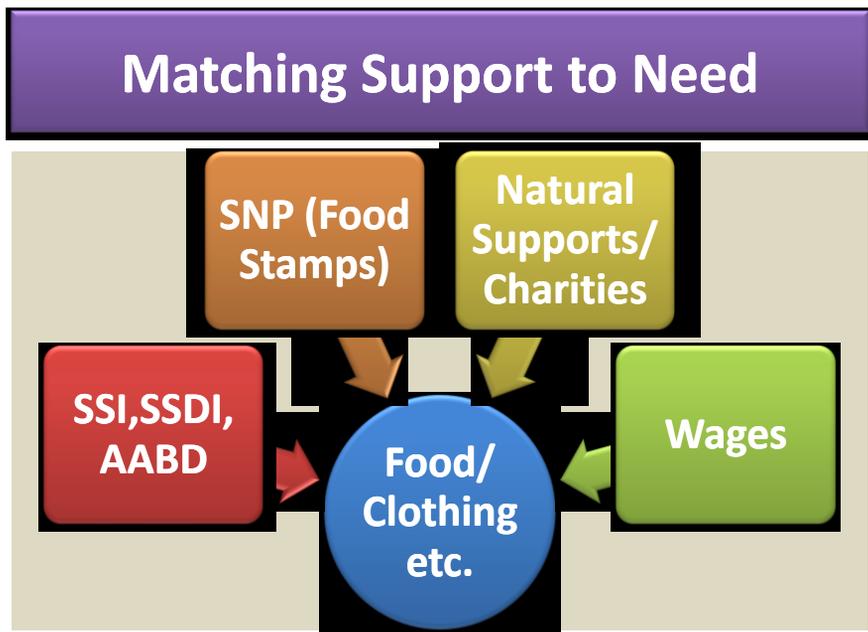
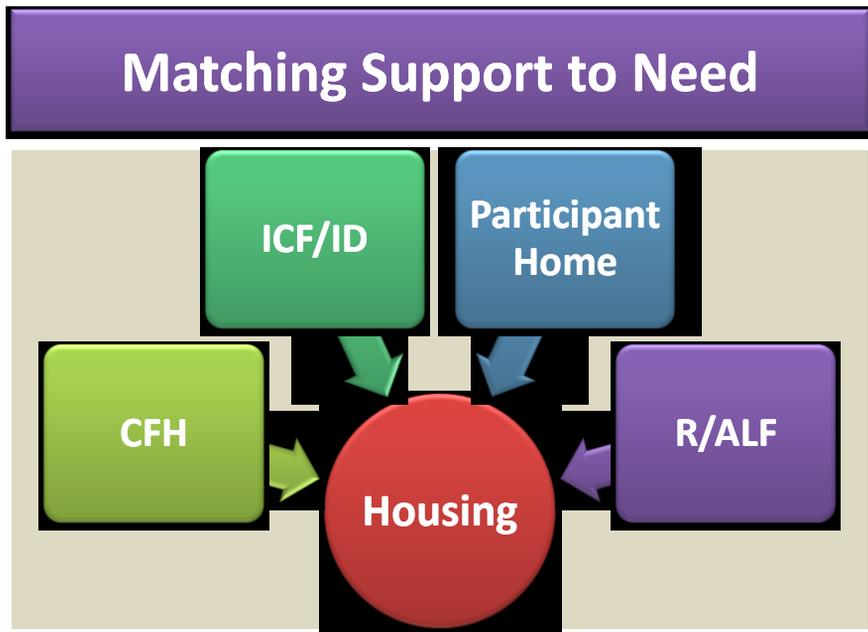
Equipment Supplies Modifications

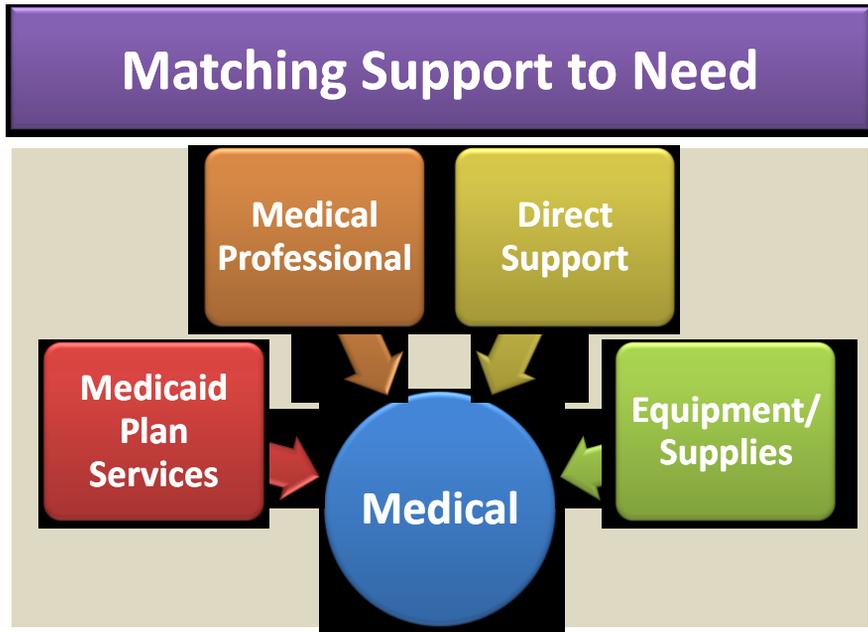
Natural/Community Supports

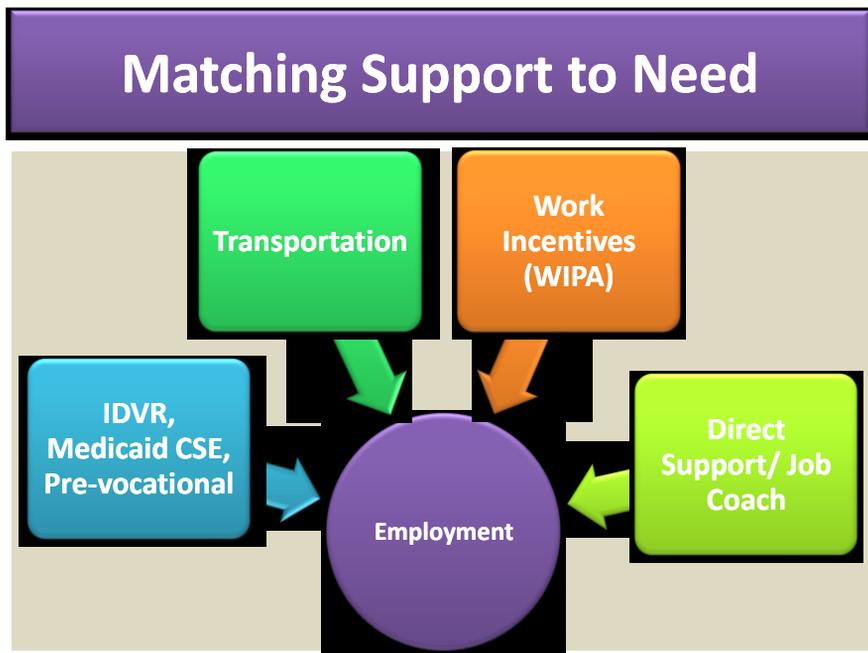
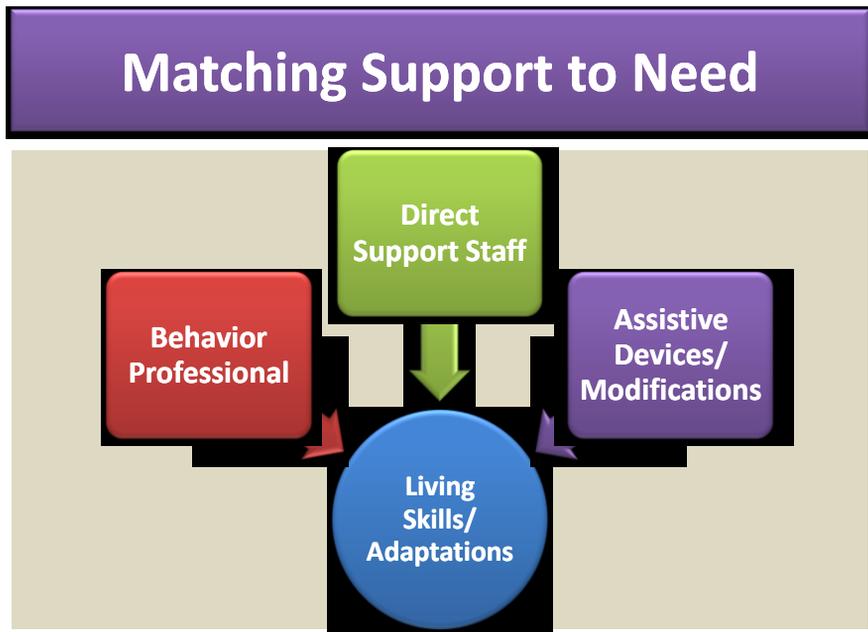
Agency Supports

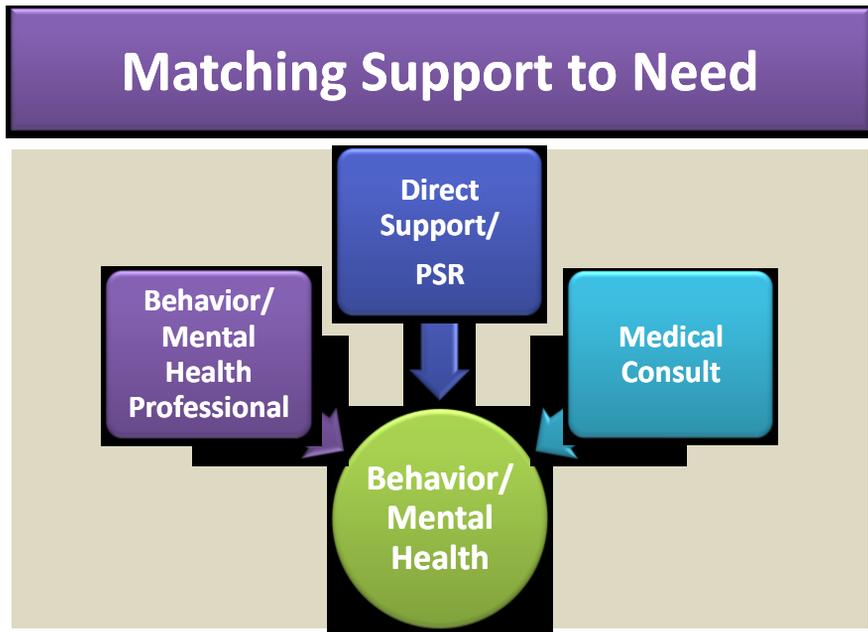
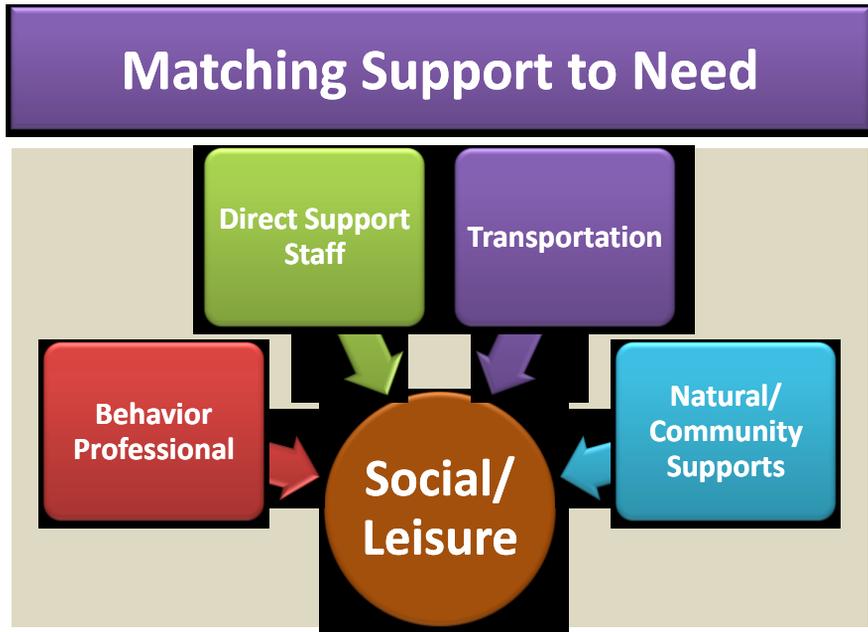


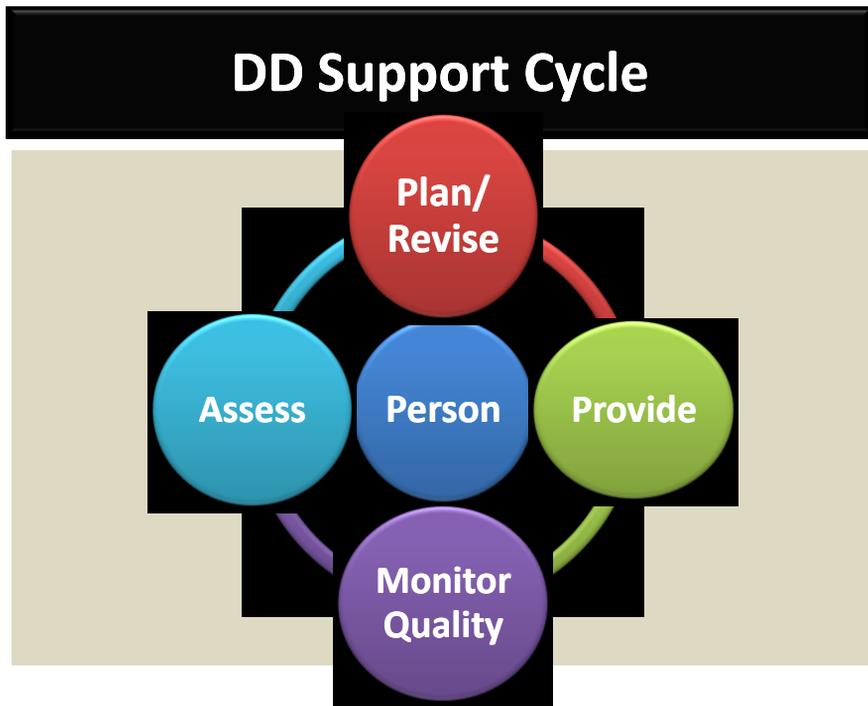












## Living Arrangements

<b>ICF/ID</b>	<ul style="list-style-type: none"> <li>Keep the Model ?</li> <li>Change the Model ?</li> <li>Eliminate the Model ?</li> </ul>
<b>R/ALF</b>	<ul style="list-style-type: none"> <li>Allow DD Services in Assisted Living?</li> <li>Change Model?</li> <li>Eliminate Model?</li> </ul>
<b>Provider's Private Home</b>	<ul style="list-style-type: none"> <li>Certified Family Home</li> <li>Keep the Model?</li> <li>Other Models?</li> </ul>
<b>Participant's Home</b>	<ul style="list-style-type: none"> <li>Supported Living</li> <li>Developmental Therapy</li> <li>Something Else?</li> </ul>

# Bundling

## Maximum Bundling

- **Self Directed**
  - Individualized Annual Budget
  - Similar to Current Self Directed Model
  - Periodic reporting on Plan Outcomes
  - Robust Quality assurance and Safety Assessment
  - Simplest Possible Service Description

# Bundling

## Maximum Bundling

- **Agency Managed**
  - Individualized Budget
  - Monthly Payments (1/12 of Budget)
  - Agency uses budget to achieve Plan Goals
  - Periodic Assessment of Plan Outcomes
  - Services are defined as broadly as possible

## Pros and Cons

Pro	Con
Maximizes Flexibility / Creativity	Requires an entirely new and robust Quality Assurance System
Minimizes “Bean Counting”-Quantity based accountability	May Incentivize Group Activities over Individual
Predictable Payments for Providers	Difficult to make it responsive to changes in conditions
Resources can be allocated to meet consumer’s priorities	May be Hard to Sell to CMS
Less Incentive to distort services to maximize reimbursement	Hard to insure incentives for quality services
Fewer resources devoted to <u>paper</u> compliance	

## Bundling

### Provider “Packages”

- Providers bundle services into a package (like an insurance plan).
- Packages are purchased by Medicaid for Participants.
- Providers are required to provide all of the covered services needed by the participant.
- Packages are somewhat customized- Medical vs. Behavioral etc.

## Pros and Cons

PRO	CON
Providers can make their packages fit their resources	Packages cannot be truly individualized
Participants can shop for a package.	There will be Outliers who do not fit any package
Packages can be designed to fit with Living arrangement.	Either budgets will dictate packages or Packages will dictate budgets

## No Bundling

### Short Menu of Broadly Defined Services

- Idaho Defines Our Own Services (§1915(c))
- Use Broad Definitions like “Community Supports”
- Probably need to define by living arrangement

# No Bundling

## Menu of Specific Services (Taxonomy)

- Similar to current waiver
- Each service will have its own definitions, qualifications & limits.
- Billing and Records based on units of service

# Bundling Levels

## MCO Level Bundle

- MCO Contract with a PMPM
- State Agency as MCO(Arizona)

## Person Level Bundles

- State sets funding level for a person
- Provider /Participant decide how to allocate the resources.

## Plan/Service Level Bundle

- Whole plan or parts of plan are bundled
- Single Service is bundled (Broad Service Definition)

## §1915(c) Waiver= §1915(i) Plan Services

- “a State may provide through a State plan amendment for the provision of medical assistance for home and community-based services (within the scope of services described in [§1915(c)]for which the Secretary has the authority to approve a waiver...)”
- §1915(i) of the Social Security Act

## Helpful Links

- Article on Medicaid HCBS Services ‘Taxonomy’: [http://www.mathematica-mpr.com/publications/PDFs/health/max\\_ib19.pdf?spMailingID=7043783&spUserID=MzlyODc1NjI3MTkS1&spJobID=90194295&spReportId=OTAxOTQyOTUS1](http://www.mathematica-mpr.com/publications/PDFs/health/max_ib19.pdf?spMailingID=7043783&spUserID=MzlyODc1NjI3MTkS1&spJobID=90194295&spReportId=OTAxOTQyOTUS1)
- CMS Summary of §1915(i): <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services-1915-i.html>
- CMS Summary of §1915(c): <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services-1915-c.html>