



Statewide
Regional Planning Consortium
Children & Families
HCBS Training Feedback Summary

February 11, 2021



Training Forums

- Meetings led by RPC Coordinator and Co-Leads and supported by RPC C & F Cohort.
- Feedback gained through regional meetings in **7** regions that focused the meeting on this topic.
- Received feedback from providers in 1 region who was unable to hold a meeting.
- Meetings attended and input received from Care Management Agencies, HCBS Providers, Health Homes, CSPOA's and other referral sources.
- Input from more than 150 stakeholders who participated in the meetings and emailed feedback.



Initial Takeaways

- ❖ Providers voiced their appreciation for State Partners asking for input prior to the training.
- ❖ Providers voiced that being a part of the process will assist with engagement in the training and future trainings.
- ❖ Providers voiced wanting to assist in the future.



Training Modality Feedback

- ❖ No preference for breakout makeup – 3 regions
- ❖ Prefer breakout by RPC region – 2 regions
- ❖ Prefer Random assignment – 2 regions
- ❖ One region voiced breaking out by staffing level: Executive Leadership, Management, Direct Care Staff
- ❖ In 2 regions the participants were asked if they would prefer the Town Hall and breakouts to be done in one day vs. multiple days.
 - ❖ Preference was one day



Suggested Training Forum Composition

- ❖ Three Tracks for Breakouts

- ❖ Executive Level (CEO, COO, CFO)

- ❖ Management Level (Coordinators, Supervisors)

- ❖ Direct Service Delivery Level (HCBS direct care providers, Care Managers)

Goal: To keep the information relevant and comprehensible to each level within an agency



Training Topic Feedback

BACK TO BASICS

- LOC Assessment
- HCBS Eligibility
- Difference between CFTSS & HCBS
- Understanding “Alphabet Soup” – confusion on acronyms
- Clear/Concise basic language to explain HCBS Process and Services

HCBS SERVICE EDUCATION

- Service explanation by providers
- Understanding services through a family’s perspective
- Concrete examples of services in action
- Which HCBS Services are best for each population (DD/SED/FC/MF)

SYSTEM EDUCATION

- Understanding the different systems connected to HCBS (OPWDD, Medically Fragile, Early Intervention, Foster Care, Mental Health)
- Referring for specialty screenings
- Ways to educate referral sources on “new” waiver system and process



HCBS In-Action Feedback

Successes

- Consistency in services allows for progress and success
- Communication between all providers involved allows for a team-approach with the child and family
- Families from the “old waiver” are more successful as they have a better understanding of the system and services

Challenges

- Staffing & retention
- HCBS rates make it difficult to hire and maintain staff (7 regions)
- Waiting lists for services
- Lack of providers in certain areas
- Administrative time and cost for HCBS vs. CFTSS
- More difficult to get kids connected to HCBS than CFTSS as well as from previous waiver
- Lack of uniformity in supporting documentation that agencies request
- Children referred to CFTSS more due to the ease and availability (in some regions)
- Not understanding timelines for the HCBS eligibility process to receiving and completing services
- Change in Managed Care Plans (i.e. CDPHP to Fidelis) creates barriers for billing and burden on HCBS providers
- Less utilization due to confusion on services and families being overwhelmed by number of providers in the home & paperwork
- Services are explained by C-Yes or Health Homes, but services are not available



HCBS In-Action Feedback Continued

Communication

- Difficulties maintaining communication between CMs and HCBS providers when the HCBS provider(s) is not directly affiliated with the Care Management agency. This was expressed in 5 regions.
 - Team Meetings were a vital part of the previous Waiver design which inherently built in collaboration and coordination. Care Managers and Providers voiced missing this piece.
 - Most agencies are using per diem staff who have limited availability for coordination.
 - Agencies reported most success when ongoing collaboration occurs.
 - If providers are across multiple agencies, communication is very difficult and often does not occur.
 - Care Managers have had difficulty getting in touch with providers and receiving timely updates for their Plan of Care and to collaborate services.
 - Providers have voiced not receiving valuable information in a timely fashion that could impact the work they do (i.e. ED visits, hospitalizations, school issues, & significant life events).

Suggested Solution

- 3 regions suggested a rate for providers to be able to bill for at least once a month collaboration with Care Managers. CM routinely rely on that dialogue for billing. Frequency of occurrence is high.



HCBS In-Action Feedback Continued

Suggested Pamphlets/Resources

For Referral Sources/Families

- Workflow and timeline for HCBS (how long does it take to be deemed HCBS eligible to receiving services; would need 2 workflows for non-Medicaid and Medicaid children). Pictorial was suggested.
- Easy understanding of the services (without the acronyms) to understand each service in the HCBS array
- Easy resource for how HCBS and CFTS Services can work together
- Cross-walk of “old waiver services” to the new waiver/CFTSS service

For Care Managers/HCBS Providers

- Workflow and reference sheet for basic understanding of processes and services from start to finish
- Quick reference guide of HCBS services in relatable and common language
- System of Care workflow and where HCBS fits in, as well as showing other resources



Other Take Away

- ❖ Families are overwhelmed by many providers in their home and paperwork
- ❖ Families have voiced not feeling like services are fully coordinated
- ❖ Timely data on service utilization would be beneficial to providers to help know where to focus service growth
- ❖ Providers would like to increase capacity and serve more children, but are currently overwhelmed and in a financial constraint to do so
- ❖ Providers would like more information about an HCBS client, such as Plan of Care, IEP, CANS, Safety Plans, if they are available. This should be a consistent requirement of Care Managers with the referral process.
- ❖ More local system of care education is needed for Care Managers, so they are aware of the resources in their community for the children they serve
- ❖ Telehealth has been a great benefit to be able to provide HCBS to rural areas that had no providers
- ❖ SED providers voiced feeling that the service array has become more limited for behavioral health population (especially for those under 12 years of age)



General Recommendations

- Need for HCBS Basics with Understanding Services (evident at all employment levels)
- Ensure provider voice is incorporated into the training plans
- Survey registered participants on the other “Topic Training Feedback” to assess priority for future trainings
- Create an opportunity for Families (recipients of services) to share their successes and challenges
- Smaller breakout sessions to focus on networking with emphasis on sharing “best practices” for solutions and plans in addressing challenges/ successes
- RPC C&F Cohort in attendance during each training segment to assist with ensuring linkage of topics discussed to practical work translation in the regions (continuous feedback with State Partners)



Proposal 1: One Half-Day Training (Multi-Regional)

- Open with HCBS Panel as planned by DOH with inclusion of HCBS Basics for all attendees
- Multi-region Breakout sessions determined by role/ responsibilities in organization
 - Direct Care associates
 - Middle Management associates
 - Senior/Executive Leadership
 - At time of registration, survey registered participants in each breakout session on their top preferences for the training from the “Training Topic Feedback” lists
 - Include opportunity for networking and shared challenges/successes
- Conclude training day with Family Stories of successes and challenges through the lens of service recipients



Proposal 2: Multi-Day Session (Statewide)

- Initial Session: Statewide HCBS Panel as planned by DOH with inclusion of HCBS Basics for all attendees
- Secondary Sessions: Statewide Targeted Trainings with attendance in a session determined by role/responsibilities in organization
 - Direct Care associates
 - Middle Management/Billing associates
 - Senior/Executive Leadership
 - At time of registration, survey registered participants in each breakout session on their top preferences for the training from the “Training Topic Feedback” lists
 - Include opportunity for networking and shared challenges/successes
- Tertiary Sessions: Statewide session with Family Stories of successes and challenges through the lens of service recipients



Proposal 3: Bi-Weekly/Monthly Sessions (Statewide)

- Initial Session: Statewide HCBS Panel as planned by DOH with inclusion of HCBS Basics for all attendees
- Subsequent Sessions: All representatives from each employment level within an organization
 - Topic 1: Back to Basics
 - Topic 2: HCBS Service Education
 - Topic 3: System Education
- Networking Sessions: Regional (or multi-regional) sessions focused on sharing “best practices” for addressing challenges/successes and sharing how they arrived at sustainability solutions
- Lived Experience Session: Statewide (or regional) session(s) with the stories of Families who can speak to the successes /challenges of being linked to/receiving services



Proposal 4: Town Hall & Monthly Breakouts (Statewide)

- Initial Session: Statewide HCBS Panel as planned by DOH with inclusion of HCBS Basics for all attendees, as well as panel of families receiving services.
- Networking Sessions: Regional (or multi-regional) sessions focused on sharing “best practices” for addressing challenges/successes and sharing how they arrived at sustainability solutions.
 - Follow-Up Monthly meetings with breakout groups to continue to network and problem-solve issues. RPC Cohort can assist with coordination to help with bringing things back to regions for further problem-solving and vetting.
- Monthly Trainings: Monthly trainings on other identified topic areas to help further educate providers and referral sources.