

Agenda
System Transformation
February 20th 9:30 a.m. - 11:30 a.m
Landon State Office Committee Rm. 151
Discussion Summary

Response/feedback from the Site Visit

Feedback from the Abt group that coordinated a site visit indicated a belief that Kansas was on the right track in their planning process and that they were a good model for other states. There was not significant information received relative to the need for any mid-course corrections.

Process Overview: Where we are and what has been accomplished

A quick overview was given of the process to date with orientation held in December and a session on the goal of technology. This session was designed to have a discussion on the goal of self direction and to illicit the Steering Committees input on the outcomes desired; barriers and assets relative to achieving this goal.

Review of Work Session Guide

The group was reminded that the summary of the December 21st meeting is being and will continue to be used as a working guide for these preliminary steering committee sessions. The most important component of this document that will be used every session is the participant summary. Specifically, it provides an "at a glance" look at who is involved in this process; their perspective and expertise; what to preserve and use as a guide in this process; and specific recommendation and guidance to the task teams relative to the work of system transformation. A quick look at each session is warranted to help keep the brainstorming sessions in context.

Facilitated Discussion: Self- Determination - Informing the Strategic Position and Plan

General Reflections: Members reminded us as we began the discussion to consider the unique approach Kansas is using in their transformation process. Specifically that this is a statewide process and it moves 'across' all types of needs and is not isolated or targeted on one population or need. In other words the 'common denominator' is long term.

As we began the discussion on the objectives outlined in self-direction, the group focused on two key dimensions that really needed to be addressed prior to specific action on objectives. Specifically, they asked "Shouldn't we have a clear understanding or expectation of what the feds will tolerate relative to our recommendations. In other words are there any non-negotiables or anything that should come off the table?" The second issue centered around

the descriptors of self determination and self direction? What are we going to use and how do we capture or build consensus around what it means. The discussion that followed focused on the subtle dynamics and the meaning of self direction.

Members referenced the early statutory direction related to self direction. One individual interpreted this as the statute setting out a “management tool per se.” That it set out guidance about how to “manage” and individual and their care. (HB 2012) Instead he believed that the focus should be on a “model of care and support” that focused on the capabilities; capacity; and empowerment of the individuals.

Others questioned the method of involving individuals in the direction of their care with the elements of control, choice and flexibility needing to play the most prominent role with a dimension of “authority” for the individual. The ‘system’ as it exists now imposes restrictions by the way it is constructed over the person’s authority to decide what services are appropriate given the particular context of need. Essentially, it was emphasized that we need to ensure that the system allows an individual to remain in the driver’s seat. An underlying ‘tension’ around the issue of self direction and individual who supports another individual whose care is dependent on outside supports ever has the authority to make a decision on behalf of an individual. Again it was emphasized that the values and principles behind self-direction turn on how to best support the person in staying in the ‘drivers seat’. This includes an individual asking for example for a particular “type of help” know that they could do it themselves. (e.g. Not that ‘I can’t do this”; I don’t want to do this.) Flexibility, authority and choice are components that need defining in relation to ensuring a system that supports a self directed care approach.

The group created the link in terms of the progression of systems thinking from: person centered support planning to self direction resulting in the concept of self determination.

From a practical standpoint, once again the group pointed out that self directed care is only as effective as the resources to make it happen are accessible, available and appropriate.

To ensure self directed support the group identified the following:

- The needs for quality assurance and accountability in each objective (this discussion came on the heels of staff pointing out that QA had been removed as a separate area)
- There is a need for significant provider training for people receiving the services
- More availability of “self advocacy” training is needed. What does it mean for me? E.g. I have been doing it awhile and I am learning to

- navigate the systems. What about someone who is just entering the arena for the need for long term care?
- What role could an ombudsman play?
 - We need an inventory on methods or technologies in the system

 - And finally the group's general direction to the task team as they deliberate and begin specific strategy development was:
 - Be sure to "look across all systems" for impact and integration of services
 - Look across all waivers...how does changes in one affect the other? And what can we learn from their implementation
 - Constantly look for methods to make the system effective and efficient

Next Steps - Timeline was once again discussion

Feedback form was reviewed

11:30 a.m.

Adjourned

Next meetings:

- March 20th
- April 10th