

CMS Waiver Steering Committee Minutes - FINAL

Date: November 2, 2006		Location: 1525 Sherman St. Conference Basement Conference Room	
Present:			
Kathy Athens, Denver Options	X	Jay Kauffman, DD	X
Amanda Bickel		Cami Learned, CCB Partners	X
Josh Block, HCPF		John Miles, DDD	X
LeeAnn Bellum, Denver Options		Kate MacLeod, Governor's Office	X
Claire Brockbank, Segue Consulting	X	Mike Monkman, Governor's Office	
Judy Brown, DHS		John Nevins, Alliance/Imagine	X
Chris Collins, Alliance		Al Orlofsky	X
Mike Crane, DHS/DDD		Michele Patarino, Segue Consulting	
John Daurio		Roxanne Pinneo, CCB Partners	X
Fred DeCrescentis, DDD	X	Barb Prehmus, HCPF	
Marta Fyffe, HCPF	X	Barb Ramsey, HCPF	X
Ted Hernandez, Denver Options	X	Jeremy Schupach, Alliance	X
Luke Huwar, Governor's Office	X	John Taylor, Alliance/Imagine	X
Roger Jensen, Alliance/Starpoint	X	Christine Thomas, DHS	X
Matthew Solano		Gary Smith, HSRI	

Agenda Item	Status/Decisions Made	Assignments
Administrative tasks	<u>Minutes</u> Minutes will be sent back out because some people opened the wrong document.. <u>Meeting Dates</u> Next meeting date is November 20. Location is 1575 Sherman, 4 th floor conference rooms. PLEASE NOTE THE MEETING IS A MONDAY MEETING, NOT THE REGULAR THURSDAY MEETING. Plan on the meeting lasting until 1:00 pm.	Michele will redistribute minutes for 10/26 and forward the final 10/12 minutes to Nate for posting. Christine will find locations for meetings on 11/20, 11/30, 12/7, 12/14, and 1/4/2007.
Status reports	<u>3-way Contract</u> Contracts signed by all 20 CCBs will be brought to Marva	Barb will update Claire as the

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	<p>Livingston Hammons today (11/2). Once signed, they will be delivered to HCPF.</p> <p><u>SIS Funding Memos</u> On 11/3, a memo will be sent to each CCB indicating the funding assistance being provided and the assumptions used to arrive at the funding amount. The funds will be provided via an amendment to the GF contract.</p> <p><u>Cost Data</u> Christine indicated that based on last week's meeting, the Department is not inclined to invest significant staff resources doing further work on the one-time cost data for changes in the Waiver. She did note that because Amanda Bickel at the JBC is interested in the data they will spend some time on it, but it is not a pressing priority and is not likely to be turned into a Supplemental Request.</p> <p>Members of Partners were concerned about this decision because they noted that the JBC had been extremely positive about providing funding for these kind of one-time costs and because it is important to obtain a complete and accurate picture regarding the resources required for the waiver transitions.</p> <p>Alliance members also agreed that it should be collected but confirmed that they focus their lobbying on obtaining funding for existing appropriations (e.g. 3.25% COLA).</p> <p>The Department raised the issue of the provider data that appears to have been gathered inconsistently across the CCBs. After much discussion it was agreed that all provider data would be rolled up into the appropriate CCB's costs. The only area where this is relevant is billing costs. All other costs (e.g. PARs, BUS Training etc.) should only apply to CCBs. Claire noted that despite this,</p>	<p>contract is finalized.</p> <p>Memo will go to the CCBs by 11/3.</p> <p>Claire will work with Jeremy at the Alliance and Cami at Partners to clarify existing provider data. All provider data will be rolled up at the CCB level. Once completed, this data will be provided to Christine. It needs to be to her by 11/6/06.</p>

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	<p>some of the provider groups had submitted costs for these other categories.</p> <p><u>FAQs</u> Cami has resorted the FAQs and sent to Amy Haight for additional review. In the meantime, the status of existing FAQs varies widely.</p> <p>Partners:</p> <ul style="list-style-type: none"> ▪ Minutes through 10/12/06 ▪ FAQ 1 – 5 ▪ 3 Technical FAQs (PARS/POC, SLS, IP Covers) <p>Alliance:</p> <ul style="list-style-type: none"> ▪ Minutes through 7/7/06 ▪ FAQ 1 – 5 ▪ 1 Technical FAQ (PARS/POC) <p>DHS:</p> <ul style="list-style-type: none"> ▪ Minutes through 6/15/06 ▪ FAQs through 7/6 ▪ No technical FAQs <p>Note: Apparently, DHS has multiple web sites because John Nevins indicated he had pulled down the technical FAQs from DHS on Thursday evening.</p> <p>HCPF:</p> <ul style="list-style-type: none"> ▪ Minutes through 9/28/06 ▪ FAQ 1 – 5 ▪ 2 Technical FAQs (PARS/POC, SLS) <p>A 4th technical FAQ on PMIP has been released. In addition, 2 others (Billing, Notice & Advisement) will be released shortly. A BUS FAQ is being worked on, as is an SIS FAQ.</p>	<p>▼</p> <p>▼</p> <p>▼</p> <p>Christine will follow up with Nate Culkin to find out what is going on and make sure all current information is posted.</p> <p>All entities will work to get their websites current.</p> <p>Jay will send preliminary SLS Rule Change data to Barb Ramsey on 11/3.</p>

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	<p><u>SLS Rule Change</u> Jay is waiting on the BOA to match it against his annualized data. He is planning on sending the preliminary data (with confirming against the BOA) to Barb Ramsey on 11/3 to avoid further delays.</p> <p><u>BUS Users Group</u> The User's Group meets for the first time in early November. The following decision was made with respect to contact notes (required in the 3-Way Contract): <i>If the CCB has an automated system, continue to use it in lieu of the BUS; if no automated system, use the BUS for contact notes.</i></p>	
PARs and IP Cover Sheets	<p><u>Changes to the PARs</u> A memo identifying the data needed to support changes to the PARs has been drafted and sent to Barb Ramsey and the DD Management team for review. The goal is to send it out to CCBs on 11/3, along with the 400 requests for changes that have been received to date.</p> <p>John Taylor asked if providers will get paid while the change requests are being reviewed.</p> <ul style="list-style-type: none"> ▪ For those asking for more units of the same service, the PAR already includes sufficient units and providers will get paid. ▪ The Department has added new services for those requesting (e.g. dentist) so that providers will get paid. It will still need to ultimately be approved however. <p>John Taylor asked for a guess on the fiscal impact of the change requests. Jay indicated that a back of the envelope calculation is that the current 10% of the population reflected in the change requests will cost \$700K, extrapolate this out depending on the volume of requests.</p> <p><u>Access to MMIS PAR data for Case Managers</u></p>	

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	<p>Barb Ramsey indicated that case managers do not currently have access to MMIS PAR data but that she has submitted a request to change this. No response yet.</p> <p>Ted Hernandez indicated that billing staff need this data as well. Current provider reports indicate what has been paid against the PAR but does not provide year to date information.</p> <p><u>CCB Access to Direct Bill Providers for QM</u> HCPF does not provide access to MMIS for quality management purposes. Case Management Agencies must go directly to the providers, but can require supporting documentation.</p>	<p>John Nevins and Ted Hernandez will determine what information would be helpful from a billing/financial perspective and notify Jay and Barb. This will be discussed at the 11/20 meeting.</p>
Billing Issues	<p><u>Item Billing in SLS</u> Jay indicated that procedure codes for specific item billings (e.g. bus passes) have been established. HCPF must now set the codes and transmit to ACS for input. These should be available at the end of the week. Once the codes are in, Jay has instructions ready.</p>	
CCB Payment for Non-Medicaid Services (see hand-out)	<p>John Miles presented the work of the Committee and then the Department on CCB Payment for Non-Medicaid Services. A number of questions were raised, including:</p> <ol style="list-style-type: none"> 1. <i>Why were children included if they are not directly impacted by the change?</i> Although not directly impacted by the overall Medicaid changes for adult programs, services are required in statute and there is no longer any financial latitude remaining for the CCBs. Therefore the state has a responsibility to factor in these expenses. 2. <i>How was the hour for determining Non-Medicaid and Ineligibility established?</i> The subcommittee did not discuss but did approve the summary of the meetings which included the average cost of one hour. Medicaid pays \$75 for eligibility and completion of the ULTC 100.2. Several people questioned the 	<p>This data will be provided to the rate consultants for use in the rate study and rate development.</p>

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	<p>lack of process for establishing the one-hour; others questioned the hour itself.</p> <p>3. <i>What was the basis for reducing the time required for the Waiting List Annual IP to 1 hour?</i> This was based on the high/low range of the survey completed by the CCBs, as well as the state's statutory authority to provide a much-simplified waiting list IP annual review process.</p> <p>4. <i>Why is the payment rate different from Medicaid (which pays a flat \$75 for eligibility determination)?</i> Isn't the process the same regardless of whether the person is determined to be ineligible? Although there is no requirement to complete a ULTC 100.2 for non-Medicaid applicants, the process sometimes takes longer because establishing ineligibility has such ramifications for the person. Essentially there are 3 rates to consider for eligibility determination – the one determined by the committee (\$66.48/hour using the TCM monthly rate as the basis); the one determined by the Department (\$40.88/hour using the State CM monthly rate as the basis) and the one set by Medicaid (\$75 flat) that also includes completion of the ULTC 100.2.</p> <p>5. <i>Is there merit in eliminating the Wait List IP?</i> There is value in the preliminary IP because the information can be used in emergencies. Although the Annual IP is required statutorily, some members felt that the information the current review provides is not necessary from an operational perspective. Short of a statutory change all agreed that it could be changed to a simpler methodology via rule.</p> <p>It was noted that the example distribution sheet on the subcommittee report had a formula error regarding the 5% of children. This will be corrected.</p> <p>DDD will use the information presented, as well as the additional points made by the CMSWSC in consideration of a Supplemental</p>	

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	Request. The data will also be given to the rate consultants.	
Administrative Relief Committee	Fred reported that the AR Committee is meeting on November 17. Non-Medicaid functions will be discussed. A number of issues for discussion were suggested by the CMSWSC, many of which also pertain to the BUS Users Group. As a result it was decided that Amy Haight will serve as a liaison between the BUS Users Group and the Administrative Relief Committee.	
SIS Update	<p><u>SIS Online</u> Several issues have been identified and are being discussed with AAIDD (formerly AAMR), including 1 HIPAA issue. The HIPAA issue will cost \$3,500 to be resolved. All others should be resolved by mid-November.</p> <p><u>Additional Questions for the Sample SIS</u> AI is exploring four additional question areas:</p> <ol style="list-style-type: none"> 1. Residential setting 2. Day Program setting 3. Diabetes Management 4. Criminal Activity of a non-Sexual Nature <p>The group expressed concerns regarding how to define Criminal Activity. Gail is currently discussing these with Gary at HSRI and will make a recommendation to Fred tomorrow. The recommendation should include:</p> <ul style="list-style-type: none"> ▪ Criteria ▪ Timeline for revisiting existing assessments ▪ Training (if necessary) ▪ 1-page sample questionnaire add-on <p><u>FAQ and other Communication</u> AI has not yet met with Cami about the FAQs but will do so before the next meeting. In the meantime, existing email communications</p>	<p>Gail will follow parameters identified by the Committee and cc Claire in her communications with Fred.</p> <p>AI will speak with Cami about addressing SIS FAQs, and report</p>

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	<p>from Gail are being collected. Al envisions a technical FAQ, as well as ongoing communications with parents and guardians.</p> <p>In the meantime, additional questions have come in from the Policy Advisory Committee. Amy will continue to track the FAQs.</p> <p><u>Interview Script</u> Roxanne distributed a script that one of her staff members developed to help streamline the interview process. The script has been reviewed and commended by the AAMR staff. She is making it available to other CCBs to use if they want. Al will distribute it.</p> <p><u>Contracting with the Department for SIS Assessments</u> Al will be sending out a memo to the CCB Executives asking if they are interested in contracting with the Department for SIS Assessments.</p> <p>Al was asked how much the Department would charge. Concern was voiced when Al indicated the charge would be between \$150 - \$200, when earlier in the meeting the Department indicated that it would reimburse the CCBs \$25/hour. Fred asked that the memo and final price be cleared first by him and Christine Thomas.</p> <p><u>SIS Work Plan</u> A number of items were noted as overdue, including developing and distributing a tool for tracking the time it takes to complete a SIS Assessment, finalization of the FAQ process, and a process for disputing assessment results.</p>	<p>back next meeting.</p> <p>Al will review the script provided by Roxanne and distribute it to the CCBs.</p> <p>Al will draft the memo to the CCB Executives regarding contracting for SIS Assessments. It will be reviewed and cleared by Fred and Christine prior to distribution.</p> <p>Al will get back to Claire with updates, new dates etc.</p>
Public comment	Gerrie Frohne distributed a document from PAD-CO identifying questions asked and the status of responses to date. Gerrie also asked if the cost of QA functions for the CCBs was factored into the rates. Jay confirmed that QA for Medicaid functions was incorporated into the interim rates.	

Hand-outs:

1. Agenda
2. Work Plan
3. CCB Payment for Non-Medicaid Services
4. PAD-CO Document from Gerrie Frohne