

CMS Waiver Steering Committee Minutes - FINAL

Date: February 1, 2007		Location: DHS Fort Logan	
Present:			
Kathy Athens, Denver Options	X	Jay Kauffman, DD	X
Carol Meredith	X	Cami Learned, CCB Partners	X
Paul Niemann, HCPF	X	John Miles, DDD	X
LeeAnn Bellum, Denver Options		Kate MacLeod, Governor's Office	
Claire Brockbank, Segue Consulting	X	Kim Eisen, HCPF	
		John Nevins, Alliance/Imagine	X
Chris Collins, Alliance	X	Al Orlofsky	X
Mike Crane, DHS/DDD		Michele Patarino, Segue Consulting	X
John Daurio		Roxanne Pinneo, CCB Partners	X
Fred DeCrescentis, DDD	X	Barb Prehmus, HCPF	
Marta Fyffe, HCPF		Barb Ramsey, HCPF	X
Ted Hernandez, Denver Options	X	Jeremy Schupach, Alliance	
Luke Huwar, Governor's Office		John Taylor, Alliance/Imagine	X
Roger Jensen, Alliance/Starpoint	X	Christine Thomas, DHS	X
Matthew Solano		Gary Smith, HSRI	
Max Chmura		Julius Monge	

*Please note action items are underlined and shaded **yellow**.*

1. Administrative

a. Minutes

No additional changes requested, so minutes will be distributed as final.

b. Work Plan

The previous work plan has been retired. A new work plan that reflects HSRI, Navigant, and Department (DD and HCPF) responsibilities for the new waiver applications was distributed last night.

c. Meeting Dates

In conjunction with preparing the new work plan, we have revised the meeting schedule to match up deliverable, review and presentation dates with Steering Committee meetings, to the extent possible. *The future dates listed on today's agenda are incorrect.* Meeting dates through April include:

- o February 8 and 15
- o March 1, 8, 15 and 29
- o April 5, 12, and 26

Additional dates may be added as required to keep the project/timeline on track.

Please get Claire agenda items for the next meeting as soon as possible.

d. SIS Update

For Steering Committee members who participated by telephone, Al's report will be distributed with the draft minutes.

Al distributed a report by CCB that shows how many assessments have been entered into SIS online as of 2/1/2007. CCBs are making good progress toward the early May deadline to have SIS data included in the Gain/Loss analysis for the waiver appendices. 944 of 3,937 (24%) Comp Waiver recipients have been assessed/entered.

Al's revised complaint procedure document was sent out yesterday. Please provide comments and recommended changes to him by February 9, for discussion at the February 15 Steering Committee meeting.

e. OIG Audit

Christine reported that the OIG audit has gone well and they have been pleased with what they have seen. In particular, they were very complimentary of Jay and his work, and commented that states are rarely so organized with documentation of financial issues. They also had positive feedback on their audit of Developmental Pathways. They are planning to audit Mountain Valley as well, and should be there for about a week. To date there have been no findings, and Christine does not anticipate any.

f. 3.25 COLA

DD has not yet had a chance to discuss this with HCPF, but they are looking at putting the 3.25% COLA into the rates as of January 1. Jay has to prepare a schedule for HCPF, and once they approve the change, they will have to send the new rates to ACS to load. The soonest this could happen would be next Friday (2/9). Realistically it won't be before 2/16.

DD will ask providers to hold off January billing until the new rates are in the system. DD will send an explanation and instructions to providers regarding timing, as well as clarifying that the 3.25% increase only applies to the comp rates. Other things that are purchased will not include the increase. The associations should explain this at their February meetings as well.

The first half of the COLA (July through December) was used for the Hold Harmless adjustments. If they are not needed for Hold Harmless, the funds are available but as part of the Department's general fund, not Medicaid. The extent of the Hold Harmless will not be known until end of the 3rd Fiscal Quarter.

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2. Billing Issues

The Alliance did a survey of members looking at the scope of billing/denial issues. There are five categories for which providers responded: dropped billings, eligibility, not existing in PARs, new enrollment, interim PAR issues, and other. Jay has also identified issues with billing incorrect tiers and a variety of other issues. Because the survey data was only received this morning, John Nevins asked to defer the discussion until the next meeting. In the mean time, he will follow up with Jay and create a handout of the data for February 8. Claire asked if the hand-out could be provided in advance of the 2/8 meeting.

3. HSRI/Navigant Issues Tracking – Policy Questions

Issue # 1 - Change in Target Date

HCPF has received CMS approval to delay the implementation of the new Comprehensive Services waiver until October 1, 2007 because the work plan demonstrates that the waiver application cannot be complete until June 2007. The effective date of the new Comp waiver would be 10/1/2007 and the State will continue to operate under the current waiver/rates until that time. Even with the delay, dates are very tight. The work plan will continue to be updated as we work through implementation. If CMS approval of the new waiver application is received after 10/1/2007, payment adjustments can be made retroactively.

Issue #2 - Defining Payment Groups for Services

The framework for the model should be data driven with respect to tiers and the rate differentiation, so until data is collected and analyzed, this issue cannot be settled. The State would support rates being differentiated based on functional differences if justified by the data. The State will approve the delineation between residential settings based on the data presented by the HSRI/ Navigant team.

The Steering Committee discussed the implication of modifiers for specific settings, as well as the issue of the complexity and transparency of rates. Christine noted that while DD has heard from service providers and CCBs on this issue, she would like to hear from ARCs and families. **Carol does not believe that ARCs and families are familiar with the issue, but she will try to solicit feedback.** Her gut reaction is that this may limit choices if providers are slotting people into settings based on their tier regardless of their needs, wants and desires. Roger noted that choices might be especially limited in smaller populations, particularly in rural areas of the State. Others noted that setting one rate regardless of setting may also limit choice in that the reimbursement rate will be biased toward the lowest cost option – regardless of whether it is the most appropriate setting. Christine indicated that one value of rate differentiation based on setting is the ability to clearly determine the appropriateness of the reimbursement for the specific setting (as opposed to trying to establish appropriateness based on one rate regardless of setting).

The TAG is working on a cost survey. The original survey from Navigant did not include the Host Home concept, but the subcommittee (including Kathy Athens) is working to address that and bring a revised survey back to the TAG on Monday.

Barb Ramsey clarified that in the other waivers, the rate isn't related to the place of service as much as the cost of delivering the service. The bottom line is that cost has to be related to the level of care the client needs. She reiterated that decisions wouldn't be finalized until more data is available. Christine noted that she has heard the Steering Committee's concerns, but there may not be time for lengthy policy discussions after the analysis is complete. All feedback is welcome and Christine is logging it and conveying it to DD management.

Issue #7 - Hold Harmless, Fiscal Impact Mitigation and/or Phase-in of Proposed Rates:

There is no additional funding available at this time to facilitate the implementation of the proposed rates. However, HSRI/NCI are still asked to advise the State on strategies as defined in the Scope of Work of the project.

DDD just received \$17 million of new funding through Supplemental. In order to implement a Hold Harmless, they would need to request an additional supplemental. Christine has initiated discussions regarding this issue with OSPB but there has been no formal budget request to the Governor's Office. Supplementals and Budget Amendments for FY 2007-08 were due in November 2006 and so the deadline for requesting funds has past. The legislature is now working on figure setting for 2007/2008 and the Governor's Office indicated that it is too late in the budget process to consider at the current time. The next time money can be requested is January 3, 2008, unless there is an emergency or the Committee decides to take action themselves. Clearly, the budget for next year is very tight.

HSRI and Navigant will still make recommendations. However, any recommendation will be based on the gain-loss analysis, which will not be complete until May, when the rates have been set and the majority of SIS assessments are complete. By then the

legislature will be out of session so the most likely window for funding consideration is a Supplemental in January 2008.. To date Navigant and HSRI have told DDD that states typically set aside 5-8% of their total program budget for transition issues.

4. HSRI Recommendations

Recommendation #5 – Integrate nursing services into the coverage of residential habilitation services and drop coverage of nursing services on a standalone basis for the Comprehensive Services Waiver.

Need for skilled nursing should be captured in the SIS. DDD and HCPF agree that services should be integrated into residential, but certain services will be kept separate. The department is attempting to tighten the definition of what is part of residential, and will need assistance to make this very clear. The language regarding the Department's acceptance of this recommendation should include a qualifier that indicates skilled nursing should be integrated into residential habilitation, but that there should also be an option for stand-alone skilled nursing when not provided in the context of residential habilitation.

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Adult Day Care

Feedback included:

- The addition of adult day care services is important recognition of what some people want and need. We should look carefully at staffing requirements rather than assuming a lower level of either training or ratios compared with adult habilitation. There are specific skill sets and combinations of expertise that need to be present for the program to be well run.
- There is a great deal of concern expressed on the part of providers that the “adult day care rates” will be even lower than current day habilitation rates. Many of our providers indicate they have difficulty providing day service even at the current reimbursement rates.

Christine said this is important feedback that DD will bring back to HRSI and Navigant. So far, they are indicating that rates will be similar to current, but we need to identify it as a service and define who is qualified to provide it.

Recommendation #9 – Consider establishing limitations on the amount of Comprehensive waiver services that may be furnished.

We don't have any specifics yet; HSRI and Navigant will provide these later. At this point, the Departments have simply given HSRI and Navigant direction that they want them to continue considering limits.

Recommendation #10 – Delete the coverage of prevocational services from the Supported Living Services waiver.

No decision has been made on this recommendation because DD wants to make sure there are no unintended consequences of this

proposed change. Only 3 or 4 CCBs currently bill for prevocational services. Written feedback is welcome.

Christine will send out a crosswalk of current and proposed service definitions for the Steering Committee. Navigant has also been asking for this for the waiver.

This issue, as well as others that have not yet been decided, will be revisited in the next week or two.

Recommendation #12 – Remove supported living consultation from the coverage of personal assistance services for Supported Living Services. Reposition these services as an administrative function or consider a separate coverage of community connector services.

The Departments have accepted the recommendation to take the services out of personal assistance, but have concerns about where supported living consultation fits appropriately under the new definitions in the waiver. They will have more discussions with HSRI about where to determine the best fit.

Recommendation #19 – HCPF, DHS/DDD and CCB responsibilities in administration/operation of the waivers need to be more sharply defined (especially quality assurance activities).

All parties agree with this in concept. The IAG and three-way contract will delineate responsibilities to the extent possible. Look to those documents for potential changes (including non-Medicaid rates and more specifics on local match). There are really tight timeframes to get through clearance processes; an initial draft is due by the end of February.

Recommendation #21 – DDD should review and implement minimum qualifications for staff who provide specific types of services.

This is required by the new CMS waiver applications. Jay will provide Claire dates when this task must be completed. More specificity is clearly required, including education and experience level required for the party providing each service. Steering Committee members asked the Departments to balance the tradeoff between quality and availability of staff.

Recommendation #29 – The Comprehensive Waiver should be modified to permit the provision of services in the family home.

The Departments agree, but it is not likely that the July 2007 deadline can be met for implementation. This will have to take place in Phase II with a waiver amendment. In addition to permitting services in the family home, employment of family members should

be addressed. Barb said that it would be important to understand CDAS services as this is rolled out.

5. Other HSRI/Navigant Issues

Clarify the SLS Waiver Timing:

This is Issue #5 on the Program Issues Tracking Document. The proposed implementation date for SLS is 1/1/2008. The rate structure/methodology for Comp and SLS is moving in parallel. However, the SLS Waiver Application will be submitted after July 1, 2007.

HSRI and Navigant believe that the SLS population will look similar to the Comprehensive Services clients on the SIS, but they won't know that until a SLS SIS sample is complete. An SLS SIS sample cannot commence until the Comp SIS assessments are complete. If the populations are similar, the SLS Waiver Application can proceed sooner because Appendix J can be extrapolated from Comp data. If they do not appear to be similar, the SLS Waiver Application will be later because a more comprehensive set of SLS SIS assessments will be needed to drive Appendix J. In either case, the rates will not be implemented concurrently.

The Departments, with Claire's help, will continue to map out the SLS timeframes. Given current commitments, this cannot happen in the near term. In the mean time, no one should give firm dates on SLS implementation.

How are policy issues related to rate setting being handled through the TAG and what is the role of the CMS Waiver Steering Committee in reviewing them?

TAG has three subgroups (Wage and Labor Cost Component, Cost and Wage Survey, and Cost Components). The assignment of members to these groups was not necessarily logical, and no one was assigned to organize meetings. In addition, Navigant has not supplied all the data the subgroups need. These issues are easily addressed; in the future the TAG members should contact Christine with these concerns.

For the subgroups, additional people can be brought in as subject matter experts. TAG meetings are closed; however. They are considered working sessions.

TAG is working on policy related issues, but they are a technical advisory group. They provide feedback so Navigant can complete its work. No decisions are being made by the TAG; they are either referred to the State or to the CMS Waiver Steering Committee.

TAG is an important mechanism for indicating to CMS that the State is seeking input and expertise. The meetings need to be

documented and well attended. Christine noted that Navigant is tracking issues through a log that is expanding and evolving.

6. Public Comment

- One audience member sought clarification that Comprehensive Wavier Services in the home will not be included in the current amendment. Fred explained that is correct, and we don't know the timing yet. The Departments have made a commitment to pay family members for providing services, but we don't know the mechanism for that yet. It could be under the Comp Waver or SLS; HCPF and DDD need to decide.
- Gerri clarified that there is also an issue about being able to live under the same roof with someone on the Comp Waiver when you do not want to provide services.

Hand-outs:

Agenda, Supports Intensity Scale (SIS) Completion Report, Program Issues Tracking Document