

CMS Waiver Steering Committee Minutes - FINAL

Date: February 8, 2007		Location: DHS Fort Logan	
Present:			
Kathy Athens, Denver Options	X	Carol Meredith, ARC Arapahoe Douglas County	X
LeeAnn Bellum, Denver Options		John Miles, DDD	X
Claire Brockbank, Segue Consulting	X	Julius Monge	X
Max Chmura, Navigant		John Nevins, Alliance/Imagine	X
Chris Collins, Alliance	X	Paul Niemann, HCPF	X
Mike Crane, DHS/DDD	X	Al Orlofsky	
John Daurio		Michele Patarino, Segue Consulting	
Fred DeCrescentis, DDD	X	Roxanne Pinneo, CCB Partners	
Kim Eisen, HCPF	X	Barb Prehmus, HCPF	
Gerri Frohne, Parent	X	Barb Ramsey, HCPF	X
Ted Hernandez, Denver Options	X	Jeremy Schupach, Alliance	
Luke Huwar, Governor's Office		Linda Skaflen, ARC Adams County	X
Roger Jensen, Alliance/Starpoint	X	Gary Smith, HSRI	X
Jay Kauffman, DD	X	Matthew Solano, DDD	
Cami Learned, CCB Partners	X	John Taylor, Alliance/Imagine	X
Kate MacLeod, Governor's Office		Christine Thomas, DHS	X

*Please note action items are underlined and shaded **yellow**. They are also summarized, by accountable person, at the end of the minutes.*

1. Administrative

a. Minutes

No additional changes requested, so minutes for February 1st will be distributed as final.

b. Work Plan

- Contract amendments – revisit in mid-March after the Governor signs the Supplementals.

c. Meeting Dates

Meeting dates through April include:

- February 15 – Sherman Street, Rooms 4A and 4B
- March 1 – Sherman Street, Rooms 4A and 4B
- March 8 – Fort Logan, main floor conference room
- March 15 – location to be determined
- March 29 – Sherman Street
- 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.

2. HCPF Update

Kim Eisen and Paul Niemann will be focusing considerable attention on Steering Committee/Waiver issues. In addition Jed Ziegenhagen will have a stronger presence because of the importance of the rates component of the waiver. Finally, although Barb Ramsey will be out for the next week or so for personal issues, Barb Prehmus will be kept abreast of Steering Committee/Waiver issues. This continues to be a priority focus of the department. Kim will send Claire contact information for Jed.

3. Waiver Extension

It was incorrectly reported last week that CMS has given approval for the effective date of the new waiver to be October 2007 instead of July 2007. Although all signs are positive, CMS has requested a formal meeting with both departments. The meeting is scheduled for Monday February 12. HCPF anticipates receiving approval with no additional action required.

4. Billing Denials Survey

John Nevins handed out the overview of the survey conducted regarding billing issues. John indicated that there is an unusually large amount of billing dollars that have issues associated with them (insert number). Jay clarified that without further detail it is unclear if it really is larger than normal. Cami Learned will get a copy of the survey from Alliance and distribute it to Partner's members in order to get a more complete picture. As the CCBs work with the Departments to unravel these issues the Steering Committee will be kept apprised.

Barb Ramsey indicated that if there is a legitimate reason, all claims will be paid. However, this may require the claiming entity to take steps to keep the claim alive (e.g. rebill every 60 days) and may require a late bill override.

A discussion was had about whether greater leniency could be exercised this year. The departments indicated that training had been provided and it was up to claiming entities to be fiscally aware. Julius Monge indicated the training had been very poor and very paper-oriented rather than built around the electronic system. **Barb Ramsey will talk to ACS about retraining opportunities.**

Barb clarified the difference between **Rejection** (the claim is lost in space and it is incumbent on the claiming party to refile) and **Denial** (the claim is actively rejected for reasons such as eligibility).

Redetermination was also discussed because this is a significant source of denials. Kim Eisen reported that HCPF has urged CCBs to communicate with their counties in advance of continued stay reviews. The Single Entry Point providers have developed an information-sharing sheet for counties which has helped. If a county is resistant to sharing information on a timely basis, the CCBs were encouraged to communicate that to DD and HCPF – both of whom have staff that can facilitate interaction with the counties. Chris Collins asked if the SEPs could help the CCBs with this at a training session. Barb Ramsey indicated that the goal has been to have ongoing technical assistance and twice annual training sessions but that the reality has fallen short.

The joint HCPF –DD department meetings are scheduled for February 26 and March 19. CCBs were urged to provide more information regarding billing issues in advance of these meetings so that the two departments can work on joint resolution. One example provided was the bridge between technical issues (e.g. ACS training) and process issues (e.g. PARs).

5. Service Definitions

Christine distributed a working document that outlines the current definitions for services in the waiver and the suggestions made by HSRI. Because many of HSRI's recommendations relate back to the State Plan, she asked how these definitions match up to the State Plan. Christine's goal was to produce a family-friendly document that tracked the benefits and their definitions – whether in the waiver or the State Plan. However, the State Plan is a very lengthy technical document that is not summarized in this kind of lay manner. HCPF explained that telephone service representatives are available to help families, as well as a web link. Changes are made every year to the State Plan – generally originating from the Federal Government, legislation, and/or JBC authority for expenditures. **Kim Eisen will email information to the Steering Committee regarding the links and other sources of clarifying data regarding the State Plan.**

Barb provided the following overview of the State Plan and its relationship to waiver services.

The State Plan is a contract with CMS for services to be provided to entitlement populations. Services must be medically

necessary and often have limitations (e.g. defined units for PT).

Waiver services represent a waiver from the contract with CMS in order to serve additional people. Waiver services must be above and beyond the State Plan or not provided at all.

There are differences in how the state and CMS interprets the State Plan that have led to confusion among service providers and beneficiaries. Because of this the Committee asked if it was time to revisit the language of the State Plan within the context of this waiver. Home Health and Skilled Nursing have been raised as examples. Barb Ramsey cautioned that there are some issues that extend beyond this waiver that cannot be dealt with simply in the context of the waiver.

Services in the Family Home

The ARCs have weighed in regarding their conviction that services in the family home MUST be provided in this waiver, rather than waiting for a subsequent waiver. They indicated that it is very hard for families to understand why this is not being included in the current waiver, although they understand that the issues associated with paying families for services in the family home and self-determination may have to wait.

Barb Ramsey stated that the departments did not make this decision cavalierly and Christine indicated that both departments are very frustrated by the timing and inability to get more done in this waiver. Claire reminded the group that the Steering Committee's charge is to focus on issues associated with coming into compliance with CMS and the waiver. Although important, the issues of family services do not fall into this rubric.

Linda Skaflen asked if more clarification could be provided as to why some changes and recommendations cannot be accommodated within the narrow window of timing.

Fred DeCrescentis indicated that the department will assume an obligations to do the following:

- Clarify exactly what is being included in the upcoming waiver application
- Describe what additional changes will be made subsequent to this waiver and when.

Although this cannot be provided until the current waiver is clarified the department will provide this clarification as soon as possible.

6. Statutory Changes

Although the DD department initially did not feel statutory changes would be required, the JBC analyst has interpreted statute

such that changes will be required. As such the department will move forward with a very specific bill with a narrow title. All changes will be tied to compliance with the waiver. Barb Ramsey clarified that legislative authority is needed to implement benefits. Changes will focus on three primary issues.

- Legislative authority to allow service agencies to purchase services.
- Eliminate the 5% local match requirement but allow other sources of funding/payment.: The CCBs expressed great concern over this issue because the existing language is used to incent entities to provide other funding. Christine indicated that they have not decided upon a final strategy for this issue and asked for any suggestions or language to be sent to her as soon as possible.
- Resolving disputes over eligibility and termination and the provision of service requirements. Although the department is not sure if changes are needed, the statute implies that its interpretation is broader than Medicaid requires.

The Committee discussed various legislative strategies, including submitting a bill through the JBC or finding a sponsor outside the JBC. A final strategy has not been decided upon. To the extent feasible, the Steering Committee will revisit this issue next week. Depending on the strategy chosen, however, this may not be feasible.

7. TAG Cost Survey

Christine shared a draft copy of the Cost Survey. Feedback will be provided to the TAG before its Monday meeting (2/12). Navigant hopes to distribute the Final to providers by Monday.

8. Residential Habilitation Rate Levels

A draft document was distributed to Steering Committee members only. This document includes two drafts, the latter (2/5/07) building off the former (1/30/07). It lays out the process HSRI is going through to establish residential habilitation rate levels. The basic question asked by the department was how do SIS scores translate to rate levels and how do the levels map to current payment tiers? The analysis showed that it doesn't map. This implies that needs didn't drive resources as much under the old system as the state would have liked to see. This does not mean that the SIS is being tossed or disregarded by the state.

The question was raised as to why we need to work and do further analysis to get the rates in line with past reimbursement? Christine indicated that the department needs to make sure the state is appropriately funding needs. Is there a factor that is being missed? For example, one current Tier 6 individual is matching to a Level 1 under the proposed system. This is a dramatic change and the state wants to make sure it understands why and that the change won't result in a valid need not being met.

It was also noted that an important difference is that the SIS is a prospective assessment, whereas previous work was based on retrospective need.

The discussion today is simply to lay the groundwork for a more detailed discussion at the next meeting (2/15). Please review the material provided and get issues/questions to Claire and Christine by Tuesday. In addition, the TAG will discuss the document on Monday and issues raised will be forwarded to the Steering Committee. Christine will try to see if Gary can participate in next Thursday's meeting (2/15) by telephone.

9. Public Comment: no comments

Hand-outs:

- Agenda
- Work Plan February 6
- Service Definitions Draft Document
- Draft Residential Habilitation Rate Level documents (1/31 and 2/5)
- Billing Denials Summary Overview
- Draft Cost Survey

Action Items:

- Everyone, please get Claire agenda items for the next meeting as soon as possible.
- Kim will send Claire contact information for Jed.
- Cami Learned will get a copy of the survey from the Alliance and distribute it to their members in order to get a more complete picture.
- Barb Ramsey will talk to ACS about retraining opportunities.
- Kim Eisen will email information to the Steering Committee regarding the links and other sources of clarifying data regarding the State Plan.
- Fred DeCrescentis indicated that the department will assume an obligations to do the following:
 - Clarify exactly what is being included in the upcoming waiver application
 - Describe what additional changes will be made subsequent to this waiver and when.
- Everyone, please review the rate level material provided and get issues/questions to Claire and Christine by Tuesday
- Christine will see if Gary can participate in next Thursday's meeting (2/15) by telephone.