

**CMS Waiver Steering Committee Minutes - FINAL**

<b>Date:</b> February 15, 2007		<b>Location:</b> 1575 Sherman Street	
<b>Present:</b>			
Kathy Athens, Denver Options	X	Carol Meredith	X
LeeAnn Bellum, Denver Options		John Miles, DDD	
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	
Gerrie 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	
Jay Kauffman, DD		Matthew Solano, DDD	
Cami Learned, CCB Partners	X	John Taylor, Alliance/Imagine	X
Kate MacLeod, Governor's Office		Christine Thomas, DHS	X
		Jed Ziegenhagen, HCPF	X

*Please note action items are underlined and shaded **yellow**. A summarized list of follow up action items is also provided at the end of the minutes.*

**I. Administrative**

**a. Minutes**

No additional changes requested, so minutes for February 8th will be distributed as final.

**b. Work Plan (2/14 Version)**

- Cost Survey, Lines 70 – 73: Provider list for the Cost Survey was identified on 2/14. Survey should go out today with a due date of 3/5. A summary report will be prepared for the TAG meeting on 3/19. Sarah, with Navigant,

- will get back to Christine and Claire regarding the timeline implications.
- Document Tier Assignment Model for Navigant, Line 92: Should happen after the 3/1 presentation to the State by HSRI of follow-up findings on the Tier Assignments.
- TCM Rates (Section VIII): Waiting on Navigant. John Nevins indicated that this was not included on the Cost Survey. Christine indicated that Navigant needed additional information.

## II. Updates

### a. CMS Waiver Extension

HCPF and DDD met with CMS on Monday, February 12. Christine did an excellent job presenting the work plan and walking through work done to date, the level of input and collaboration between the departments and outside entities, and the work to be done moving forward. CMS gave permission for a 10/1-implementation delay. Several issues were raised which will require follow-up.

- Resolution on 372s – CMS will be sending follow up questions for clarification
- Conflict of interest concerns with the CCBs in their dual role of provider and administrator
- Clarification regarding how direct services will be explicitly distinguished from administration in the rate setting definition process.
- Communication with non-CCB providers

The Steering Committee discussed conflict of interest. Roger indicated that the ability of providers to provide services statewide will create a level of competition not seen before and significantly reduce conflict of interest issues. Julius indicated that one source of conflict is that often a consumer does not even know that an independent provider may be available for services because most communication happens directly between CCB and the consumer, with no reference to independent providers. Although establishing ground rules for communication and recognizing that the standard point of communication between a consumer and a CCB excludes independent providers helps, it is not possible to eliminate all conflict of interest concerns.

The two departments will go back to CMS in late March once they have Appendices A, B and C, as well as a framework for the rates.

### b. ACS Retraining

ACS will provide specialized DD retraining on April 24 at Fort Logan. Information will be sent from DDD shortly. ACS also recommends that providers participate in basic billing training, which will be held on March 13 from 9 – 3 at ACS. Chris Collins asked if all the training happens in Denver. **Kim will check on this.**

**c. Billing Denials**

Cami sent the Alliance survey out to her members with a request to provide additional detail regarding specific codes and other information Jay needs to follow up on billing issues. Results are due back February 27. The Steering Committee will revisit these issues once her data is compiled.

**d. Cost Survey**

The Cost Survey should go out today with responses due March 5<sup>th</sup> and discussion at the TAG on March 19<sup>th</sup>. Christine has asked Sarah to get back to DDD and Claire regarding the implications for the timeline for this delay.

**e. Statutory Changes**

The Steering Committee discussed the proposed statutory changes. Several members asked if there is a compelling need to make these legislative changes immediately or whether they can wait until concerns regarding unintended consequences can be clarified and addressed. There was general consensus on the part of most concerned (CCBs, providers, ARCs, parents etc.) that there must be a good process and discussion regarding these changes because statute is too important to “hurry up.” The non-departmental entities indicated that they believe it is ill advised to proceed without more thorough evaluation of the issues.

**f. Hold Harmless Data**

Providers have submitted hold harmless data to the CCBs. It in turn will be submitted to DDD by Feb 23<sup>rd</sup>, with DD analysis scheduled to be completed by March 6<sup>th</sup>.

**g. SIS Complaint Process**

Cami Learned requested an opportunity to still provide feedback on AI’s draft Complaint Process document. John Nevins also has comments to submit. CCB comments will be submitted to AI and Claire who will evaluate and determine if a revision needs to come back to the Committee for further discussion.

**III. Service Definitions**

DD has separated out the definitions associated exclusively with SLS from those that are either exclusively Comp or Comp and SLS. The SLS-only definitions will be addressed in April, once the Comp waiver is further along. There is a potential for 10 services under Comp – the current 9 plus Adult Day Care. Therapy would be a possible 11<sup>th</sup>. Christine will come back on March 1<sup>st</sup> with a final document compiling the results of the discussion below and the feedback received to date. Christine will also circulate an electronic version of the draft handed out today so that people can

solicit input. All comments should be back to Christine by February 26<sup>th</sup>.

**a. Residential Habilitation**

There has been significant discussion about the need to modify Comp to permit services in the family home. This would impact the definition of residential habilitation. Although it will not be considered in time for the 7/1-waiver submission, the Steering Committee discussed how to identify and resolve the operational issues necessary to move forward with permitting services in the family home. Kathy Athens indicated that operationally she does not know how to determine who is Comp in the family home versus SLS in the family home. Barb Ramsey stressed that CMS will require a very clear definition. Carol clarified that it comes down to the fundamental differences in the waiver: with Comp the provider is responsible for the health and safety of the individual 24/7. This is not true with SLS. That said, all agreed that the distinction is not very clear when it comes down to operationalizing this change. The DD staff has been asked to provide input by 2/26 as to which waiver makes the most sense to use for paying family members and permitting family members to live in the same household as the son or daughter receiving services. Members of the Steering Committee felt that identifying the operational issues might help determine which waiver to modify. After much discussion it was agreed that members of the Steering Committee should “Identify the operational issues related to providing 24-hour residential services in the family home.” The identified issues should be provided to DD by 2/26. The State will then frame a document that incorporates both the internal DD input as well as the Steering Committee input. This document will be discussed during the joint HCPF-DD monthly meeting and then brought back for discussion by the Steering Committee. The goal is a document that clearly identifies the issues and that can be disseminated to the public for comment.

**b. Day Habilitation**

The definition needs to be cleaned up with respect to setting requirements (group, community, congregate etc.). Kathy Athens will draft clarifying language by February 26<sup>th</sup>.

**c. Supported Employment**

Clarify the different modalities for supported employment services (individual and group).

**d. Transportation**

Discreet definitions are needed for Comp and SLS because Comp only provides transportation for Day Habilitation, whereas SLS provides transportation for other services (e.g. doctor appointment).

**e. Skilled Nursing**

DD has not resolved yet how to fold coverage into residential habilitation and yet maintain a separate component for needs that transcend residential habilitation.

**f. Behavioral Services**

These services are unbundled in Comp and part of Professional Services in SLS. This will be revisited after the 7/1 waiver.

**g. Therapeutic Services**

Barb Ramsey will get clarifying definitions from the State Plan.

**h. Adult Day Care**

The state is vulnerable right now because non-habilitative services are being provided. References to the provision of meals will be taken out of the definition.

**i. Home Adaptations**

Although a service can be included in definitions before it is actually being provided, it requires negotiating with CMS as to when the service will be provided. The outcome of the negotiation becomes a hard deadline. As such, Home Adaptations will not be included in the definitions until the state is ready to actually provide the services.

**IV. HSRI Recommendations: Status**

- Recommendations 3, 10, 12, and 15 are all SLS issues and will be tabled until April.
- Recommendation 17 (definition of nursing services): Work in progress with resolution by 3/1.
- Recommendation 21 (provider minimum qualifications): The current qualifications will be submitted with the waiver in 7/07. Refining the qualifications is a quality of care issue and will be addressed this summer.
- Recommendation 31 (financial liability): Although the state initially accepted this recommendation, it will cost \$2 - \$3 million. Christine asked members of the Steering Committee to consider whether this is a priority relative to the waiting list and other changes with a fiscal impact. The Departments need feedback from the system before finalizing its position on this issue. This will be discussed on 3/1.
- Recommendation 36 (behavioral services): This will not be part of the current waiver rewrite, so will be addressed after the 7/1 submission.
- Recommendation 39 (single statewide waiting list): This too is not part of the current waiver rewrite and will be addressed after the 7/1 submission.

**Christine will send out an electronic version of the HSRI Recommendation list once she has made some additional edits.**

<p><b>V. Medicaid Claims Processing and Billing: Briefing</b> Diane Dunn provided an excellent overview of the MMIS system. A copy of her presentation is attached.</p> <p><b>VI. Rate Levels</b> There was insufficient time to discuss this issue. In addition, Christine expressed concern about the ability to have a meaningful discussion of these issues until HSRI drafts a “plain English” version of the document. They have indicated that this will be available. Rate levels will be discussed at the next meeting, assuming more comprehensible information is available for people to digest.</p> <p>Gerrie also asked for a discussion regarding the role of the SIS in rate setting. If it will be minimal, she has asked why it is necessary to push so hard to complete the SIS assessments by May 2007.</p> <p><b>VII. Public Comment</b> Nora Earnest, ARC of Colorado, asked if the inclusion of services in the family home has been discussed at any of the meetings with CMS. Barb Ramsey indicated that the focus of these meetings is compliance and that this is not a CMS issue. She clarified that it is up to the state to define and write up what it wants to do with respect to services in the family home. CMS is supportive conceptually but only weighs in on the facts of a program.</p>

**Hand-outs:**

- Agenda
- Basic Medicaid Management Information System PowerPoint presentation
- Appendix C-1: Summary of Services Covered
- Feedback on Current Waiver Services Definitions
- Service Definitions Draft Document – including Current Waiver definitions and Proposed Comp definition

**Follow Up Action Items**

1. Kim will check on the location of ACS training (non-Denver)
2. Christine has asked Sarah to get back to DDD and Claire regarding the implications for the timeline for the delay in the Cost Survey.

3. CCB comments regarding the SIS complaint process will be submitted to Al and Claire who will evaluate and determine if a revision needs to come back to the Committee for further discussion.
4. Christine will send out an electronic version of the HSRI Recommendation list once she has made some additional edits.
5. Christine will come back on March 1<sup>st</sup> with a final service definition document.
6. Christine will also circulate an electronic version of the service definition draft handed out today so that people can solicit input.
7. Kathy Athens will draft clarifying Day Habilitation language by February 26<sup>th</sup>.
8. Members of the Steering Committee should “*Identify the operational issues related to providing 24-hour residential services in the family home.*” The identified issues should be provided to DD by 2/26.
9. All comments on the service definitions should be back to Christine by February 26<sup>th</sup>.