

CMS Waiver Steering Committee Minutes

Date: March 1, 2007		Location: Division for Developmental Disabilities, Fort Logan Campus	
Present:			
Kathy Athens, Denver Options	X	Carol Meredith	X
LeeAnn Bellum, Denver Options		John Miles, DDD	
Claire Brockbank, Segue Consulting		Julius Monge	X
Max Chmura, Navigant		John Nevins, Alliance/Imagine	X
Chris Collins, Alliance	X	Paul Niemann, HCPF	X
Mike Crane, DHS/DDD		Al Orlofsky	
John Daurio		Michele Patarino, Segue Consulting	
Fred DeCrescentis, DDD		Roxanne Pinneo, CCB Partners	
Kim Eisen, HCPF	X	Barb Prehmus, HCPF	
Gerrie Frohne, Parent	X	Barb Ramsey, HCPF	
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	X	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

<p>I. Administrative</p> <p style="padding-left: 20px;">a. Minutes No additional changes requested, so minutes for February 15th will be distributed as final.</p> <p style="padding-left: 20px;">b. Work Plan (3/1 Version)</p> <p>II. Updates</p> <p style="padding-left: 20px;">a. Waiver Cap Increases Jay finished the CES cap increase request and the SLS cap increase will be complete by the end of the week. The 3.25</p>

percent is on the total available funds so there will not be a rate increase as a result of this change. Stakeholders requested the State discuss this with CMS at the next monthly meeting.

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. The training is statewide but limited.

c. Billing Problems

If bills are being dropped in the transmission from CCMS to MMIS, some CCBs are billing though the web portal, which seems to be an effective way to maintain timely filing. CCBs need to be requesting the 1197 report to check for dropped claims. If something is occurring on the state end the State can provide Late Bill Override Date.

There are problems with the January 1st rate changes. Rates were changed in MMIS to go back to the lower rate. It did not happen in all instances. Claim is submitted at correct rate but MMIS paying at the lower. Jay is working with the CCBs and HCPF to determine what is causing the error. Ted is going to send a revised file to Jay with the TCN on it so the State will track.

PARs issues continue. The State worked through a significant number of PAR authorizations last week. Jay noted that issues continue with the comments in the PAR not defending or supporting the need for the change. For example requesting a reduction in Day Hab and an increase in Supported Employment but the provider has already billed out the PARs.

John Taylor noted that there are some keypunch errors causing some of the PAR changes. Kim and Jay noted that was fairly common- often times about 5 percent even in other systems.

Carol Meredith raised a question about eligibility letters that are going out – the problem came to her attention at a recent parent meeting. State staff provided an explanation of the Medicaid eligibility issues. CBMS not set up to send a letter to the casemanager. HCPF has requested a work order but it costs money. No one is losing services the provider does not get paid until it is recognized and fixed.

The relationship between county staff and CCB staff could help to improve the notification process.

d. Statutory Changes

Christine told the Committee that she sent an email to Amanda Bickel regarding the statutory changes and the Committee's position that it was premature. Christine has not heard back on this issue. It will be revisited in the Summer 2007 so that any legislative change is identified well in advance of the 2008 session.

e. Hold Harmless Data

Data has been submitted and after the 3/6 meeting we should have more information.

f. SIS completion

1300 currently in SIS online but more may be complete. The Division will be sending out reminders. Its important to have as many complete as possible by early May so they can be included in the analysis for the waiver application to CMS.

g. SIS Complaint Process

Guideline was distributed last week. Concern was expressed that people did not understand it was a document that could be widely distributed and therefore feedback from key groups was missing. Christine conveyed that Fred Decrescentis has committed that the Department would revise the guideline if there were problems identified. DD mediation process is available for the SIS.

h. Appendix H

Appendix is complete and DDD is incorporating HSRI feedback. The State will distribute for comment soon.

i. Interagency Agreement

The document needs some changes to other areas outside of DDD and that is what is holding it up at this time. Christine noted that we may need to relook at the IAG after making all of the changes to the system to make sure that it demonstrates roles and responsibilities to CMS.

j. Three Way Contracts

Sent to CCBs for comment but it appears that not all CCBs received. Chris Collins will follow up with Karen. Deadline for feedback was March 5th but there may need to be an extension. CCBs brought up the issues around SIS. There is no reference in the contract about the role of the CCB in the SIS. Also, program approval process language may need to be revised.

k. Vacant Days

DDD will discuss with Navigant and perhaps they can offer an alternative. An issue that DDD and HCPF have to work out together.

III. HSRI Recommendation on removing the financial liability

- Jay provided a great summary of the different income sources- earned and unearned. Youth WINS training being held soon which will assist individuals in maintaining their Medicaid eligibility while working.
- Would cost approximately \$2.3 million if the State made this policy change. Jay recommended leaving the requirement for unearned but not for earned income. Individuals are discouraged from working. Everyone agreed that something must be done to remove the disincentive to work. The CCBs through Chris and Cami will estimate the amount of PETI that is from earned income. Kay estimates that it is not the majority.
- CCBs noted that they often do not receive PETI. Payments from the State are reduced by the PETI calculations but CCBs unfortunately do not see that revenue.

IV. Residential Rate Levels

- The State believes it is important to differentiate rates based on setting within each level as determined by the SIS. This will result in 3 rates at each SIS level.
- Should focus on ensuring choice of providers. Clarification that choice of provider does not mean that a new program has to be developed- individuals have the choice of what is available in the State.
- The Steering Committee discussed the need to understand and identify all of the concerns so that we can try to prevent them. The State needs to structure what the guiding principles should be as we move forward.
- Concern that rates will be significantly reduced to host home providers as a result of rate restructuring. Christine conveyed that one of the State's concerns has been with making the structure neutral with respect to net revenue to a provider.

- HCPF noted staff have reviewed the data closely and believes the best way to avoid impacts on current services is to have more rates. More variation between winners and losers if there are fewer rates and individuals are pushed into one rate or another.
- The Supplemental submitted in mid February requested to rollforward any excess funds from FY 2006-07 into FY 2007-08 to assist with the transition.
- The concern around the group home vacancies was raised relative to what a vacancy does to a group home.
- The forging of relationships was discussed. Some parents refuse a resource because of the loss of freedom and breaking of routine and relationships. The system will have to rethink/reshape the way services are provided for the generation coming into services now. Flexibility will have to be much more important
- There is no one “normal” setting for an individual but instead everyone has unique needs.
- HSRI ran the correlation between host homes and group settings (PCAs and group homes). Approximately one half in each level is in a host home.
- Question was raised if there were more group homes in the rural areas.
- Request to baseline off of 7/1/07 to determine if changes have occurred.
- Need to emphasize that doing no harm is one of the guiding principles.
- Concern expressed that the State is setting rates to current amount of available funds and not what the costs truly are.
- Navigant recommended 5 to 8 percent General Fund to assist in the transition.
- Christine commented that Navigant is not being asked to simply affirm current structure but to build a rate-setting model. Comparison was made from some Steering Committee members that this was akin to zero based budgeting with some unique challenges.

- Concerns were raised about the SIS- Gail Bernstein had said to some that HSRI was finding the notes field useful. But if everyone is not using the note field consistently. (NOTE: After the meeting Christine confirmed that these notes are NOT being used to put people in tiers but HSRI is finding them useful in understanding the movement from current tier to new levels. For individuals where no note exists HSRI will follow-up directly with the CCB)

V. Residential Services Description

More complete discussion on 3/15. Christine forgot to remove the reference to meals in the adult day definition. Christine will make that change and redistribute. Comments should get back to Christine by March 9th.

VI. Day Habilitation

The State has the initial framework from Navigant. Documentation of the model will be distributed to the Steering Committee in advance of the 3/15 meeting. The first three levels will have two rates- one for group and one for individualized services. The 4th and 5th levels will be specialized for individuals receiving 1:1 or 2:1.

VII. TCM and Administration

Navigant is operating off of the Crosswalk developed in July regarding the responsibilities of CCBs. They do not anticipate surveying CCBs but Navigant is looking at what is occurring in other states regarding TCM to develop rate methodology.

VIII. Public Comment

HSRI monthly updates. Christine explained that the still had not received the February update. The December and January have been disseminated but some members of the Steering Committee have not received these documents so Christine will resend.

Concern that there is not enough broad stakeholder involvement - DD council, Legal Center, Self Advocates etc. Christine said she would convey that to Fred. Christine believed that Fred was meeting with Policy Advisory and Self Advocates this month and many of the Steering Committee agenda items may be discussed at those meetings.

Questions around the BUS and ASAA wait list. Refusing a resource and being removed from the BUS does not change their eligibility date and thus their position on the CCB wait list. HCPF and DDD sent out a letter explaining this issue. The State will redistribute that document and the Steering Committee can discuss whether an additional document/ FAQ should be developed to explain this issue.

	<p>Services in the family home- It was hard to garner the feedback from families on operational issues. It would be helpful to use some of the operational issues already submitted to draw comments and generate thoughts. Cami will distribute CCB Partners' thoughts to all Steering Committee members.</p> <p>PARs need to be made available to providers because it is presenting a challenge. Jay Kauffman and Chris Collins both noted that this is a problem for providers that do a combination of direct bill and billing through the CCBs.</p>

Hand-outs:

- Agenda