

CMS Waiver Steering Committee Minutes - FINAL

Date: May 24, 2007	Location: DDD Fort Logan, Lower Level Conference Room		
Present:			
Kathy Athens, Denver Options	X	Sarah Sills, Governor's Office	X
Claire Brockbank, Segue Consulting	X	John Miles, DDD	
Max Chmura, Navigant		Julius Monge	X
Chris Collins, Alliance	X	John Nevins, Alliance/Imagine	X
Mike Crane, DHS/DDD		Paul Niemann, HCPF	X
John Daurio		Al Orlofsky, DDD	X
Fred DeCrescentis, DDD	X	Roxanne Pinneo, CCB Partners	X
Kim Eisen, HCPF	X	Barb Prehmus, HCPF	X
Gerrie Frohne, Parent	X	Barb Ramsey, DDD	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		John Taylor, Alliance/Imagine	X
Adrian Leiter, HCPF	X	Christine Thomas, DHS	X
Carol Meredith	X	Jed Ziegenhagen, HCPF	

I. Administrative	
a. Minutes	
We will continue to work to distribute minutes within one week of the meeting. Please send comments to Claire immediately – including a simple sign off with no modifications.	
b. Future Meetings	
The next meeting will be held on June 28 at the HCPF office downtown (225 E. 16th Avenue 80203). Future meetings will be on July 26 and August 23.	
II. Updates	
a. BUS Addendum – Amy Haight	

The new service plan has been internally programmed in the BUS and appears to take very little time to enter. The Addendum was distributed for a final round of review with comments due the 23rd. Based on the minimal input, Amy believes the Addendum will be finalized shortly. Training is scheduled for June 18 with implementation July 1.

Kim Eisen expressed disappointment about the rumors regarding the lack of public input into this process because the Department put tremendous effort into soliciting feedback, forming the User's Group etc. Christine Thomas, Roxanne Pinneo and Chris Collins indicated that they have not heard the rumors and that it probably reflects general frustration rather than specifics about this project. Kathy Athens indicated that some people wanted to see more auto population of the form. Kim and Barb Prehmus both indicated that this is on their radar screen and will be pursued as resources permit.

b. ACS – Kim Eisen

Kim clarified that the ACS web portal is only accessible to individuals or organizations with a provider number. If a provider wants access but does not have his or her own provider number, he/she will have to work with their CCB.

c. Billing – Jay was not able to attend so issues will be brought to his attention by Barb Ramsey

Kathy Athens indicated that there are still issues around skilled nursing. Barb P. clarified that to get skilled nursing, a physician must give a prescription. A Home Health nurse then assesses the clients to develop a plan for skilled nursing. There is no payment for that assessment, but the first skilled nursing visit has a load built in to help recoup this cost. When this came up last month, Jay asked for specifics regarding the issues. This is still outstanding. John Taylor reiterated his recommendation that skilled nursing professionals (CANDD executives) be involved with resolving any issues. Action steps agreed upon are as follows:

- Barb Ramsey will meet with internal staff to gain a better understanding of the issue and the rules and requirements
- The CCB and professional staff will submit a statement outlining the specifics of the problems
- Barb Ramsey will seek external input and work to resolve the issues

Roger reminded everyone that as of 1/1/08 (or when the waiver amendment is approved) this will be a moot point. Gerrie Frohne asked about provider choice for skilled nursing. The specifics of her question were not germane to the meeting itself so she will send a problem statement to Barb.

Please Note: To make sure that billing questions can be resolved as efficiently as possible during the Steering Committee meetings, any billing issues that a member wants to discuss should be brought to Jay's attention (as well as Claire since she does the agenda) Tuesday morning in advance of the meeting. This allows Jay to do any follow up required and/or have the appropriate staff person at the meeting. Claire did not follow this procedure for the May meeting but will do so for

subsequent meetings.

d. Services in the Family Home

An FAQ was distributed clarifying the state’s position with respect to adding services in the family home to the waiver request currently being worked on. It will be posted on the FAQ site, as well as the What’s New section of the Division’s website. A copy is attached to the minutes.

III. MMIS Clarifications – Kim Eisen

Kim clarified that the MMIS system can accommodate five levels and three modifiers per service category. In some cases this won’t be necessary, but the system is capable of meeting those parameters.

IV. Comprehensive Services Definitions – Christine Thomas

a. Residential Habilitation Services and Supports

- The ability to provide IRSS in a host home setting was added for clarification.
- A statement regarding a requirement that staff be available to meet the needs of the individual as defined in the service plan was also added.
- Federal template language was used to address skilled nursing

General comments included:

- Clarify that host home contractors in addition to RHSS staff can perform services
- Throughout, reflect the ability to maintain levels of functioning in addition to efforts to improve levels.
- Consider the impact of having skilled nursing handle the routine administration of medications – this could significantly drive costs and change practice patterns.
- Definitions to clarify include “in residence” and “community”. State language should be consistent with federal statutes and requirements.

b. Day Habilitation

- First paragraph reflects new federal template language.
- Supported Community Connections came out of the ad hoc committee looking at these services.
- Distinct language for Adult Day Care is not being pursued, based on conversations with the federal regulators that indicate that current practice is satisfactory and considered compliant with federal parameters. Members of the Committee expressed some concern regarding the lack of specificity on Adult Day Care in the event of an audit.

General comments included:

- Clarify the use of “including” (throughout).

- Add references to technology as done with Residential Habilitation.
- Similar to maintaining levels of functionality above, reference maintaining of skills throughout.
- Concern was expressed regarding the cost implications of 1 on 1 options.
- Concern was also expressed about funding staff time to find locations. It is currently built into overhead.

c. Supported Employment

- This was mapped against the federal definition, which was used wherever possible.
- New language was added regarding work outside of a base site.

General comments included:

- Is the “Documentation” sentence (3rd paragraph) in conflict with the requirement that if there is a lag-time for rehabilitation a person must have an exception approved? Al Orlofsky indicated that this is not a conflict.
- Is the assessment and identification of vocation interests component considered billable time? Al clarified that this is currently under development and will be billable as it relates specifically to the individual.

d. Transportation Services

- Federal language was inserted with no substantive change.

General comments included:

- Will there be two levels? Christine indicated that it was likely but will get into rate specific issues in July.
- Why not specify the levels now, as was done with Supported Employment? Christine clarified that this was not required by federal regulation and that the definitions do not add more specificity than required because the state loses flexibility to modify programs over time. Particularly with transportation, which as noted in previous meetings will likely undergo modifications as better data is gathered and analyzed.

e. Behavioral Services

- Although there were some noted changes, there was not staff present with sufficient knowledge of behavioral services and the State Plan to provide the clarification needed. This will be addressed at the June meeting. Barb Prehmus will arrange for staff resources to be available on this issue.

f. Specialized Medical Equipment

- Federal language was inserted with no substantive change.
- The general confusion in this area is not driven by the definition but the interplay between what is covered under the State Plan versus the waiver.

g. Dental

- Payment for dental insurance was added to the definition.
- A clarification regarding sedation was added (not covered under the waiver, but as Medicaid)

General comments included:

- In light of Medicaid’s choice requirement, can a child see a dentist of choice even if he/she is not a Medicaid provider? Barb P. clarified that choice operates within the parameters of Medicaid certified providers and willing and able to provide services. Gerrie Frohne agreed to express her concern as an FAQ, which will be discussed in June.
- General concern about the lack of Medicaid dentists was noted.

h. Vision

- Language clarifying that services are planned and coordinated through an individual’s Service Plan was added.

Christine indicated that she would make the various changes noted and then submit to CMS for a preliminary read. Chris Collins asked if the Steering Committee would be able to see them once these changes were noted. Christine indicated yes but also clarified that even after CMS looks at them, the state will have the option to make further modifications.

V. CMS Response to SIS Issues and Timeline – Barb Prehmus

Barb indicated that CMS had acknowledged the progress the state has made in resolving waiver issues and is comfortable with an alternative timeline. No specific dates were discussed because the state does not feel comfortable finalizing a new timeline until after June 29 when the SIS modifications are complete and the impact is assessed. CMS also understands that this will impact the timing on SLS modifications. Members of the Steering Committee raised questions regarding the Plan of Corrections. As stated previously, HCPF feels that there is strong implicit support and no formal decision will be made on the PoC. CMS also continues to express concern regarding conflict of interest but no action will be taken by anyone until the University of S. Maine completes its work this summer.

VI. HSRI and SIS – Fred DeCrescentis

DDRC, Developmental Pathways, Imagine!, and Division staff are working in teams to reassess the SIS scores included in the sample. They are finding both inadequate documentation and inappropriate administration of the SIS. This is leading to some significant redos, particularly in Colorado Springs. It is not yet clear how this will impact the June 29 deadline. The meeting in June will leave time for outlining next steps and the timing involved.

VII. SLS Program Changes – Group

Claire indicated this was on the agenda in response to concerns raised by several members of the Steering Committee.

Roger kicked off the discussion by indicating that this was an opportune time to start identifying the SLS issues, developing a work plan etc. This is particularly true in light the CMS comment that they expect the SLS modifications to occur more quickly because of the learning curve acquired handling Comp Services. John Taylor confirmed that there is more confusion surrounding SLS than Comp and that people are making up answers to questions issues as they go along because of a lack of clarity in communications and "rumors on the street". Ted Hernandez expressed a desire to shift from the reactive Comp mode to a more proactive SLS mode. Christine asked the group to think about whether Comp and SLS should be done at the same time if Comp is further delayed based on June 29 results.

During the discussion it was clear that the state staff had more of a sense of direction regarding SLS than the nonpublic representatives on the Steering Committee. Claire suggested that a general set of SLS parameters be drafted and released. It was agreed that a draft document would be presented at the June meeting. Once discussed, the information will be communicated via FAQ, the website, and other communication vehicles. Issues to cover include:

- The role of the SIS
- Payment structure
- Drivers of change in the SLS program
- Compliance modifications versus changes (not waiver-related) to the program

VIII. Other

a. Meeting Facilitation

Once Segue Consulting's contract runs out, the Division will provide its own internal facilitation. It is not economically feasible, or fair to other groups that would like an outside facilitator to continue to rely on Segue. Concern was expressed about workload issues. Claire Brockbank was supportive of the need to take internal ownership of the process in light of how the dynamics between the departments has fundamentally shifted, as well as the nature of the work. She also noted that some of the workload could be shared – such as drafting minutes. She will document the process and provide her templates to the Division before departing.

IX. Public Comment

Members of the audience had no comments.

Hand-outs: Agenda, Draft Definitions; FAQ re. Adding Services in the Family Home to the HCBS-DD Waiver
Attachments to Minutes: FAQ (see above)

FAQ's: Adding Services in the Family Home to the HCBS-DD Waiver

- 1. What are the primary considerations made by DDD for delaying an amendment to the Comprehensive Services waiver that would allow individuals and their families to have the choice of remaining in their own household while receiving services?**

Response: The primary and only consideration for the current HCBS-DD waiver application is to make changes necessary to bring the waiver into compliance with CMS requirements, thereby securing future funding. The compliance issues being addressed are to ensure clients have informed choice of qualified providers and can choose from qualified providers anywhere in the state, establish a clear audit trail for all waiver expenditures, make processes and payments transparent for all parties, pay rates according to a uniform rate setting methodology, prevent conflict of interest among case management agencies and providers, and provide for a consistent dispute resolution process. The benefit to allow services in the family home is not a compliance issue. Once compliance issues are resolved and the waiver application approved by CMS, DDD will have the foundation to make the benefit definition change necessary to allow services in the family home.

- 2. What is the projected time frame to submit such a waiver amendment?**

Response: The projected time frame to submit such a waiver amendment is summer, 2008. Meeting this time frame is contingent upon first obtaining CMS approval of the amendment to bring the current HCBS-DD waiver into compliance. Due to the impact of problems associated with the Supports Intensity Scale, submission of the amendment to bring the current HCBS-DD waiver into compliance may be delayed. If so, the Division will be delayed in meeting the target time frame for submitting the HCBS-DD amendment adding the benefit to allow family services in the home.

- 3. What are the possible consequences to the state if it fails to meet CMS waiver standards?**

Response: CMS may take any of the following actions as a result of non-compliance:

1. Require the state to pay back the federal portion of funds spent to deliver HCBS-DD services that did not meet the compliance criteria. This action represents significant dollars and has been exercised in other states.
2. Freeze the waiver until compliance is met (not allow any more people to be added for service even if the cap has not been exceeded).
3. Choose to **not** renew the HCBS-DD waiver, which is up for renewal in 2009.