

CMS Waiver Steering Committee Minutes - FINAL

Date: June 28, 2007	Location: HCPF: 225 E. 16th Avenue Denver		
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	
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	X	Matthew Solano, DDD	
Cami Learned, CCB Partners	X	John Taylor, Alliance/Imagine	X
Adrian Leiter, HCPF	X	Christine Thomas, DHS	X
Carol Meredith	X	Jed Ziegenhagen, HCPF	

<p>I. Administrative</p> <p>a. Personnel Changes</p> <p>Fred DeCrescentis will be retiring effective September 28 or once a replacement has been found (whichever is later). A national search is likely to occur.</p> <p>Christine Thomas will be leaving her position in October. Her position will be posted next week and the Division is hoping to fill it by August. To ensure continuity, Christine's staff person, Kristin McDermot, will start attending the meetings in July and Christine's replacement will attend in September.</p> <p>II. SLS Changes – Draft Document: Christine Thomas</p> <p>Christine handed out a draft document that outlined the current SLS program with a synopsis of recent changes, as well as a</p>

list of some proposed areas of change. This is a working draft and should not be posted on any websites.

Roger commented that the document provides a good starting point but raises a lot of questions. Chris indicated that the critical step would be fleshing out these very general parameters into policy issues and a work plan. There were also questions regarding what the drivers of change would be and whether Consumer Directed Attendant Support (CDAS) would be included. Barb Prehmus indicated that although approval for CDAS is getting more streamlined because of the learning curve on the EBD waiver, it is not known what will be included in SLS.

Christine feels that resolving timeline and work plan issues is somewhat dependent on the critical step of completing the SIS assessments for SLS. This led to a discussion regarding what the SIS will be used for with SLS. Will there be levels? Christine responded that HSRI discussed the concept of levels for SLS, but they have not gone beyond that at this point in time. Jay clarified that with SLS, Personal Assistance services will be the primary driver.

Next Steps

Members of the Steering Committee should send their questions to Barb Ramsey by the end of July. The Division will develop a three-column document outlining current SLS, categories of changes and possible approaches for implementing those changes. This will be discussed at the August meeting. A timeline will also be developed for the August meeting.

III. Updates

a. Medicaid Dental Choice – Gerrie Frohne & Barb Ramsey

Gerrie Frohne sent in the following FAQ:

Regarding dental services for adults over age 21, which are not covered by the Medicaid (medical) State Plan:

1. Under the DD Comprehensive Services Waiver, are dental services payable for a dentist selected by the consumer?
2. Under the DD Comprehensive Services Waiver, are all dental services payable if they are delineated in the IP, and deemed medically necessary by the dentist?

Barb Ramsey and Kim Eisen are developing a joint bulletin on dental services that will address this and other dental issues. When an individual needs dental services, he/she can receive services from any Medicaid qualified provider (not the same as a Medicaid enrolled dentist). Scope of services is not predefined because each individual's service need is different. The approval process for services is via the PAR.

b. FAQs – Barb Ramsey

Barb Ramsey is spearheading efforts to make finding the FAQs on the DHS website more obvious and simple. The newest

FAQ links will always be accessible and highlighted under “What’s New on the left-hand menu of the DD website home page. In addition, on the DD Home Page, the left-hand menu will have direct links to the FAQs, meeting minutes, and DD Bulletins and Directives.

Christine clarified that because of the technical nature of some of the questions, the Division often opts to issue a Bulletin or Directive instead of an FAQ. However, the titles of these publications are not always specific to the topic, making it difficult for consumers to know where to search. Although titles on documents already published or released cannot be changed, the Division will work to make the links more descriptive to facilitate the search process.

Cami asked if FAQs are still coming in via email. Christine indicated that there are none coming in via email but that Jay and Amy are still receiving a minimal number.

c. Work Plan – Christine Thomas

Christine handed out the document the Division distributed to the Joint Budget Committee the previous week. Many items are pending CMS approval so the document provides very little specificity from a timing perspective (although tasks are accurately identified). The next meeting with CMS will be in early to mid-July, so a more usable document will be provided in advance of the July meeting. At that time, there will be more information from the SIS rework as well (see below).

Despite the lack of specific dates, Christine indicated that the Steering Committee should be aware that November and December are likely to be a period of intense activity. Navigant will be conducting public meetings to go through the rates, the public forums will be held, and many final details will need to be resolved.

In addition to the SIS rework, Appendices H (Quality Management Strategy) and F (Appeals) have been sent to HCPF for review.

IV. Billing – Skilled Nursing – Barb Ramsey

In response to questions raised at the last meeting, Barb Ramsey clarified that skilled nursing is factored into the Residential Benefit Rate. Based on average levels, it is adjusted within each level (e.g. more may be factored in at the higher levels than at the lower levels). The average provides flexibility for caregivers to provide the appropriate level for the person in question, knowing that some individuals will need considerably less than the average while others will need more.

Christine clarified that to support transparency the rate build-up that will be presented by Navigant will identify the assumptions used in factoring in skilled nursing.

John Taylor expressed concern that the current system still has a lot of unanswered questions regarding skilled nursing. Judy James Anderson with the Developmental Disabilities Nurses Association and the CCBs identified the issues in a letter sent to Barb Prehmus. Kathy Athens confirmed that confusion regarding current requirements is significant and is leading some providers to not bill for fear of being Medicaid fraudulent. With the end of the fiscal year, the pressure has escalated. Barb Ramsey apologized for misunderstanding the request for clarification (current situation as opposed to future levels) and indicated she will follow up.

Barb Prehmus confirmed receipt of the letter and the letter's request for a meeting. However, her Home Health position has not yet been filled so she doesn't have the subject matter expertise to staff such a meeting.

Next Steps

- Barb Prehmus and Barb Ramsey will provide a written response to the letter received.
- Fred DeCrescentis will issue a directive clarifying the billing situation.

V. SIS – Kerry Stern

The rework of the sample with respect to maximization has been completed. HSRI has rerun the sample and confirmed the maximization issues have been resolved but identified some improbable outliers from a statistical perspective (both high and low). Some were explained due to the small sample size for some CCBs; others appear to represent consistent issues. The CCBs identified as outliers are working very hard to address these issues – both to make sure the sample is valid and to support the need for inter-rater reliability. Kerry and HSRI are trying to identify any trends or factors that might allow a smaller portion of the CCBs' samples to be redone (e.g. specific trainers, interviewers, pre- or post- specific events etc.). Until these issues are resolved it is still premature to set a timeframe. By the CMS meeting in July, they will either have a timeframe or at least scenarios to present. As a component of the work plan, this issue will be revisited at the July Steering Committee meeting.

Please note: July 2008 is still the mandatory drop-dead date for implementation. July 2009 is when the waiver has to be renewed.

VI. Behavioral Services – Jerry Smallwood, Sue Carrizales

Jerry and Sue provided guidelines that were developed by the Behavioral Health Organizations working with CCBs, advocates and the Department to address long-standing confusion about treatment protocols and service coordination between CCBs and Mental Health Systems in Colorado (attached). The document was distributed on June 7, 2007; it will be

revised on an as-needed basis. There will be training in July and August on the guidelines.

The goal is that persons with DD have the same access, appeals etc. for mental health issues. This document provides clinicians with procedures to follow to help ascertain the correct diagnosis (need not be primary).

Cami asked if the group had identified where the DD regulations get in the way of access mental health services. For example, DD requires use of a psychiatrist, which makes access more difficult. She urged DD to bring their standards in line with current practices. Jay clarified that in every case, Medicaid rules trump DD regulations so a psychiatrist is not actually required. This clarification will be made in the training sessions.

In response to confusion regarding the requirement for a covered diagnosis and a covered procedure before services can be provided, Barb Prehmus provided the following explanation, which following the meeting was clarified by Sue Carrizales:

Everyone on Medicaid is entitled to a complete initial assessment provided by the Behavioral Health Organization (BHO). The appointment is scheduled by calling the BHO.

1. In order to receive services through the BHO, the person must have a Covered Diagnosis as identified in the attachment. This is determined by the initial assessment.
2. If the person has a DSM IV diagnosis that is not covered by the BHO, they use a Medicaid Fee-for-Service mental health provider. This is a State Plan service requiring a co-pay. Providers can be located through the Provider List on the HCPF website.
3. The DD Waiver provides services to persons with behavioral problems that are not related to a mental health diagnosis. For example, an individual may have periodic anger outbursts that are not indicative of a separate mental health issue.

Note: The BHO must respond to emergency services in –person within one hour in urban/suburban areas and within two hours in rural areas. Urgent care must be made available within 24 hours, and routine appointment requests are scheduled within 7 working days.

A list of the covered diagnosis is attached to the minutes.

A question came up regarding autism services. Autism is not a covered diagnosis for BHO services. John Taylor and Jay

are working to make sure the autism waiver is not duplicated in the comp waiver – not all services are appropriate to both populations.

The discussion clarified an important distinction between the definition of behavioral services in the waiver and the provider qualifications requirements. The critical document is Appendix C, which identifies provider qualifications. The Division committed to convening a Work Group on Appendix C and will involve experts such as Imagine’s Dr. Kupfer. The CCBs asked that someone with a rural perspective also be included in the Work Group. Christine asked that Cami and/or Chris email her with a proposed name.

Fred asked if a person has a dual diagnosis, should he/she go to the State Plan or a BHO. Sue indicated that the BHO has more stringent service requirements (timeliness etc.) so she would recommend starting with the BHO.

VII. Next Meetings

- July 26 – Ft. Logan, lower level conference area
- August 23 – downtown
- September 20 – Ft. Logan, main floor conference room
- October 22 – downtown

VIII. Public Comment

Members of the audience had no comments.

Hand-outs: Agenda, Draft SLS Document; Behavioral Services Guideline;

Attachments to Minutes: Covered Diagnoses