

CMS Waiver Steering Committee Minutes -- FINAL

Date: November 27, 2007		Location: DDD: Fort Logan	
Present:		Carol Meredith	X
Kathy Athens, Denver Options	X	John Miles, DDD	
Claire Brockbank, Segue Consulting	X	Julius Monge	X
Chris Collins, Alliance	X	John Nevins, Alliance/Imagine	X
Mike Crane, DHS/DDD		Paul Niemann, HCPF	
John Daurio	X	Al Orlofsky, DDD	X
Fred DeCrescentis, DDD	X	Roxanne Pinneo, North Metro CCB	X
Gerrie Frohne, Parent	X	Barb Prehmus, HCPF	X
Amy Haight	X	Barb Ramsey, DDD	X
Ted Hernandez, Denver Options	X	Jeremy Schupach, Alliance	
Sharon Hill, HCPF	X	Sarah Sills, Governor's Office	
Sharon Jacksi, DDD	X	Linda Skaflen, ARC Adams County	X
Roger Jensen, Alliance/Starpoint	X	Matthew Solano, DDD	
Jo Kammerzell, DD	X	Kerry Stern, DDD	X
Jay Kauffman, DD	X	Ann Swink, DDD	X
Cami Learned, CCB Partners	X	John Taylor, Alliance/Imagine	X
Kristin McDermott, DDD	X	Jed Ziegenhagen, HCPF	

I. Administrative	
a. New staff:	
<ul style="list-style-type: none"> • Sharon Jacksi, DDD Director, effective December 20, 2007 • Amy Haight, HCPF Liaison (replacing Kim Eisen) • Sharon Hill, HCPF Budget Analyst (replacing Adrian Leiter) • Ann Swink, DDD Finance and Ops (replacing Christine Thomas) 	
b. Next Meetings	
<ul style="list-style-type: none"> • December 10, 1 – 4, main Ft Logan building, 3520 W Oxford, Denver CO 80236. Note: this will be a public meeting similar to last December when HSRI/Navigant analysis will be presented. 	

- December 11, 9 – 12, DDD Ft. Logan, agenda limited to comments/feedback on rates presented 12/10.
- January 10, 9 – 12
- January 24, 9 – 12, HCPF 225 E. 16th St. 1st floor conference
- February 7, 9 – 12
- February 28, 9 – 12, HCPF 225 E. 16th St. 1st floor conference
- March 27, 9 – 12, HCPF 225 E. 16th St. 1st floor conference

There was discussion regarding the need for the WSC to have a chance to review the rates before the meeting on 12/10 and to have a comment opportunity. Fred indicated that rates would be final as of 12/10 with no further input. Thus the only additional input can be from the TAG on 11/28. This caused considerable concern. Chris Collins asked the purpose of post-12/10 meetings if rates are finalized with no further input from the WSC. Cami indicated that the lack of rates discussion for 6 months makes this problematic. Fred clarified that there are two issues with respect to the rates: 1) the logic and methodology, which will be presented on 12/10 and 2) the implications, which will continue to be discussed by the WSC. A second meeting was scheduled for 12/11 to provide an opportunity for further input as necessary. Fred will try to have an Executive Summary of the document out in advance of the 12/10 meeting but cannot commit to this without consulting staff or Navigant or the TAG (meeting 11/28). The meeting on 12/11 will focus solely on WSC feedback on the rates presentation of 12/10. Due to JBC requirements, HCPF may not be able to actively participate in the meeting on the 11th. Navigant and HSRI participation is also subject to their availability.

c. Public Meetings

The meeting on 12/10 is a public meeting to present Navigant and HSRI’s work on the rates. An additional meeting will be scheduled in January or February to present the overall structure of the COMP waiver and the associated system changes. In response to discussion throughout the meeting, Claire Brockbank will provide an overview of the Medicaid requirement for public input, meetings, etc. at the beginning of the 12/10 meeting and identify how DDD and HCPF are or will comply with the requirements.

II. Policy Compendium

The draft compendium of policy decisions made to date in association with the COMP waiver was handed out. The document was drafted to compile the assortment of policy decisions that have been made over the course of the Steering Committee’s life and DDD’s and HCPF’s work on the COMP waiver. The original purpose was to refocus efforts following the hiatus this summer while the SIS work was being completed. As it has evolved, this will become a central clearinghouse of policy and a record of the work on the waiver. It is not a public document per se, nor will it be part of the waiver application. Although preliminary comments are identified below, members of the WSC asked for additional time to review

the document. All comments should be sent to Claire Brockbank by December 14. She will serve as a clearinghouse for the comments and incorporate them into a master document until Christine Thomas returns. Once this preliminary round of comments has been incorporated a draft will be circulated for public input.

Please note: the purpose of the Compendium is not to revisit policy decisions that are not popular but rather to make sure that what is documented represents the entire universe of decisions.

b. General Changes

- Number all items for easier reference
- Add a timeframe for implementation to the document (e.g. part of 7/1/08 COMP waiver etc.)

c. Specifics

- Clarify that page 1 bullet 8 references DDD Fair Hearing requirements. Jay referenced his previous directive in clarifying the difference between DDD requirements and Medicaid Fair Hearing requirements.
- Reverse bullets 8 and 9 on page 1.
- Page 1 bullet 7: Please provide extensive clarification on the standardized risk assessment tool. Clarifications should include what it is, its purpose, timing, incorporation into the BUS and Service Plan requirements, etc.
- Rates, bullet 4: Compendium references a dollar cap for COMP. John Nevins did not recollect a discussion of caps for COMP and questioned dollar versus unit caps. Jay indicated this was a necessary cost containment measure. Barb P. clarified that the waiver is striving for flexibility for Supported Employment and Day Hab services under an overall framework. The TAG will be discussing this on 11/28. Gerrie Frohne added a concern that there will be an institutional bias toward site-based services due to cost issues if a dollar cap is implemented.
- Rates, bullet 3: the second sentence is lacking specificity (Other functional differences in service levels may be natural modifiers that can be built into the rate levels). Again, this may create a bias toward less expensive settings.
- Service Definitions and Coverage of Services, bullet 2: Add clarifying language that “After the HCBS-DD waiver has been submitted and determined to be in compliance with federal requirements and has received federal approval, an amendment will be requested to add provision of services in the family home.”
- Add the policy decision on Adult Day Care.

III. Appendix C. Working Group (Jo Kammerzell)

A draft document was distributed to the WSC in September and Fred DeCrescentis a final version to the WSC and the Provider Qualifications Working Group on November 20. That said, members of the WSC made additional comments. In light of the numerous opportunities for input, any additional comments must be received by close of business 11/28.

a. Specifics

- Have 3-person host homes been eliminated? Jo clarified that this is still an option but must be granted under permission. Barb P. indicated that the language in Appendix C. must articulate that possibility or it will not be eligible for federal match.
- Day Hab: Linda Skaflen asked why the SLS waiver can include services from a relative but that if a person moves to COMP this is no longer feasible. Barb Ramsey indicated that she does not know the implications of this but will look at it and report back.
- Supported Employment Qualifications: Roger requested that the state consider supervision of day programming an adequate substitute for doing day programming to help rural programs that face staffing difficulties. His view is that managers in rural areas supervise multiple areas and cannot be "experts" in each area but are nonetheless effective.
- Behavioral Supports: The group was supportive of the decision to add a Behavioral Plan Specialist but reminded DDD staff that a corresponding rate will be necessary.

IV. SLS Program Changes (Section II Work Plan)

a. Final Decisions on HSRI Recommendations (Section 11 of SLS Work Plan)

- Adopt tiered dollar caps for SLS
- Delete SLS coverage of prevocational services
- Delete coverage of hearing services
- Delete OT, PT, and speech services and add other non-State Plan therapy services
- Separately cover specialized medical equipment/supplies and house adaptations
- Add prompting/cuing to the scope of personal assistance services
- Include behavior and nursing services as separate services, not under professional services
- Require monthly delivery of SLS services
- Exclude one-time support from the tiered caps
- Remove Supported Living Consultant (SLC) from personal assistance services
- Include SLC under mentorship

b. Decisions still pending

- Provide temporary and limited emergency crisis funding above tiered caps
- Add adult day care as a covered service: The timing on this decision must be thought about in the context of the rate setting process because if adult day care is added a rate will be needed.

Section III of the SLS Work Plan (Decision Points related to SLS PARs and implementation of consistent Day Habilitation and Supported Employment Rates will be discussed at the January WSC.

V. SIS Survey Results – Kerry Stern

Kerry presented the results of the SIS survey conducted in April 2007. The document is attached. Cami asked if there was any sense yet of the impact of the SIS on the SLS population. Kerry indicated that it is too soon but will report back in January.

VI. Billing Issues – Julius Monge

Julius raised concerns regarding SPO direct billing issues and requested that a system-wide AR report be made available for providers and CCBs to use as a yardstick. Roxanne indicated that 2/3rds of the denials are currently a result of a systems backlog, with the remaining 1/3rd attributable to CCB or provider issues. Amy Haight confirmed that the backlog stems from MMIS and CCMS system issues but that ACS has now provided weekly office space to provide an opportunity for resolving these issues before they pile up. Cami asked whether the state has or will make accommodations to assist with extreme cash flow issues experienced by providers as a result of billing problems.

Fred indicated that because neither Mike Crane nor Jay Kauffman was available to provide input, a written transmittal of all these concerns would enable Fred to place the issues on the DDD Management Team agenda for 11/28 and that he would then send an email transmittal to the group.

VII. Updates

a. Lay Primer – Claire Brockbank

DDD is still committed to providing this but has not yet allocated staffing or resources for completion.

b. Regional Center – Fred DeCrescentis

DDD has revisited its decision to consider all RC patients classified automatically as Level 7. The RC cases will be assessed on their own merits and assigned to a level based on their needs. This will be included in the fiscal impact analysis being undertaken by Navigant.

c. Skilled Nursing – Barb Prehmus

The issue with Home Health certification for new agencies has been addressed on the Department of Public Health and Environment website, including a copy of a letter from Howard Roitman, Division Director for Health Facilities and Emergency Medical Services Division (www.cdph.state.co.us - select health facilities – select home health – select Letter

of Intent). Certification is not currently being done on a timely basis but the issue is one of federal funding, not a state issue. The group confirmed that the fundamental problem is the lack of CNAs and the ability to get assessments done. Because of the current problems with existing Home Health Agencies, entities are interested in becoming HHAs to provide the expertise needed. This issue transcends the WSC.

d. Appendices

- Appendix F (Participant Appeals) – Being reviewed by HCPF’s AG Office. The issue of Medicaid versus DD Eligibility and Appeals requirements needs to be clearly articulated
- Appendix H (Quality Management Strategy) - A draft has been received by HCPF. Because the University of S. Maine's recommendations might impact it, final review of Appendix H will be completed after USM's report has been accepted by the State. DDD is currently waiting on a second draft of USM's report. Once the draft has been reviewed and finalized by DDD it will be released for incorporation as appropriate into Appendix H.

Below: Please see subsequent clarification provided by Fred DeCrescentis regarding the status of the University of Southern Maine’s report:

Good morning, and thank you for bringing your concerns to my attention. I shared with members of the CMS Waiver Steering Committee earlier this week, that the second draft of the USM Study was being reviewed internally. The review by DDD is consistent with the status e-mail that I sent out to our constituency on November 1st. Once the report is received, with recommendations, the Departments of Human Services and Health Care Policy & Financing will review it to determine if they wish to adopt all or some of the policy recommendations identified. The report will provide the state with options, and it will be the responsibility of the state to determine which options are best aligned with the needs of the system. Once that determination has been made, the report, in its entirety, will be posted on our website.

In case you didn't receive the November 1st e-mail, it read as follows:

Good morning everyone! This is in response to inquiries that I’ve received regarding the status of the work being conducted by the University of Southern Maine (USM). As you may recall, they’re reviewing whether or not DDD and the Community Centered Boards have sufficient firewalls (i.e. policies, procedures, organizational structures and reporting mechanisms) in place to mitigate conflicts of interest when providing case management services (state and federally funded). Based upon their review of statutes, policies, procedures and interviews, a report with recommendations will be submitted. To date, I’ve received a "very rough draft" copy of their initial work. A teleconference was held with them last week to review the draft with the primary focus centered upon the status of Colorado's systems change process, reviewing definitions and the organization of the information within the report that will hopefully make reading of the document easier. Recommendations were not identified in the draft. I’m anticipating a second draft, with all sections of the report completed, including recommendations, to be submitted by USM within the next couple of weeks. Once the final report is received, reviewed and approved by CDHS/DDD and HCP&F, it will become a

public document for public dissemination. This report will be shared with you upon its approval by CDHS/DDD and CDHCP&F. I will keep you apprized regarding the status during our regularly scheduled meetings. Thank you. Fred

VIII. Public Comment

Beverly Hirsekorn

1. What is the purpose of the Public Forum – input or briefing? Fred clarified that it is to brief the public on the process and the results. Linda Skaflen asked how this meets the Medicaid requirements for public input. Liz Fuselier asked that DDD look at Medicaid’s definition of a public forum – she believes the 12/10 meeting does not meet the definition. Claire will address Medicaid requirements at the 12/10 meeting.
2. If an Executive Summary of the rates document is provided to the WSC in advance of the meeting on 12/10 can a copy also be provided to the public?

Liz Fuselier

1. Reiterated the request of the WSC that clarification be provided regarding the standardized risk assessment on page 1 of the Policy Compendium. What will it measure, what will it be used for, and will there be a discussion of informed consent for clients?
2. What is the point of the Policy Compendium document?
3. Can a timeframe for implementation be added to the Policy document?

Diane McNamara

1. Kerry Stern indicated that one of the CCBs is training more SIS evaluators due to staff burn-out associated with administering the SIS for the COMP population. Ms. McNamara requested the name of the CCB.
2. Reiterated her request to be placed on the distribution list for the meetings. Claire Brockbank apologized because this is her oversight. Diane will be placed on the distribution list.
3. Requested clarification regarding the reserved capacity referenced in the Policy Compendium. Staff clarified that the waiver needs to reference some greater than current capacity to serve in order to have future capacity.

Hand-outs for public distribution (attached)

- Agenda
- SIS Survey Results

