

CMS Waiver Steering Committee Minutes -- FINAL

Date: May 1, 2008	Location: DDD: Fort Logan		
Present:			
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
Gerrie Frohne, Parent	X	Roxanne Pinneo, North Metro CCB	
Amy Haight, HCPF	X	Barb Prehmus, HCPF	X
Ted Hernandez, Denver Options	X	Barb Ramsey, DDD	X
Sharon Hill, HCPF	X	Jeremy Schupach, Alliance	
Sharon Jacksi, DDD	X	Sarah Sills, Governor's Office	X
Roger Jensen, Alliance/Starpoint	X	Linda Skaflen, ARC Adams County	X
Jo Kammerzell, DD		Matthew Solano, DDD	
Jay Kauffman, DD	X	Kerry Stern, DDD	
Cami Learned, CCB Partners	X	John Taylor, Alliance/Imagine	X
Carol Meredith	X	Jed Ziegenhagen, HCPF	

I. Rates Briefing – Judy Brown

- Judy Brown provided a briefing on the HCBS-DD Comp rates. A copy of her presentation will be on the DDD website and is attached to this document.
- The rate methodology as presented won't be final until CMS approves it, which in turn will allow HCPF to approve and publish final rates for HCB-DD waiver to be effective for dates of services starting July 1, 2009 forward.
- Highlights of Q&A:
 - Reduced budget neutrality factor was driven largely by improved utilization data, factoring in existing caps in services, eliminating duplicate claims, and adjusting the overstatement in PCA and Host Home rates.
 - The assumptions underlying the rate model were reviewed and modified as needed. Some new factors were added. For example, night time staffing for PCA and HH, which reflects that all residential environments require some level of staffing access during the night hours.

- Hold Harmless will be calculated on a quarterly basis in FY 2009, to the extent that funds are available for that purpose. Currently, approximately \$6M has been approved by the legislature. It will be calculated as a net across all consumers at an individual provider level. It will be important to provide the state the rendering provider's Medicaid ID number so that they can be linked to the services provided. This won't affect the billing provider # (CCBs), but will allow revenue changes to be calculated across a provider's client load for comparison pre/post new rates. This only applies when the same consumers were served in both fiscal years by the same provider and for the same services.
- Questions that arise as members of the Steering Committee review Judy's material should be sent via FAQ.

II. Lay Document – Barb Ramsey

- Lay Document: Barb Ramsey stressed the importance of the lay document as a primary tool for educating families and other interested lay people including legislators, about the COMP waiver, the changes undertaken to bring the waiver into compliance, and the reasons for making those changes.
- In light of the different audiences, Barb is wondering if there should perhaps be two versions of the document – one directed more at policy makers and one for families and service recipients.
- Barb circulated a rough outline of the content. She indicated it is missing two sections – SIS and Rates. Barb asked members of the Steering Committee to review the outline, edit at will, and provide comments and suggestions.
- Next steps: Provide comments to Barb by May 29. She will circulate a draft(s) at the June 5 CMSWSC meeting. Input will also be solicited from the Policy Advisory Committee, DD Council and others. Final version(s) will be available by the July implementation date.
- An electronic version is attached to this document.

III. SIS Update – Al Orlofsky

- As of April 4, 37% of the SLS SIS interviews had been completed. This is slightly behind schedule and masks a significant variance across CCBs. The deadline for completion is September 30, 2008.
- John Taylor asked the Department to reconsider the September timeframe. He asked if the Department could also consider setting a default to Level One so that people can be enrolled pending a better ability to administer the SIS in cases where scheduling or other logistical problems have been an issue. John also stated that the requirement that the reviewer know the SLS person for at least 3 months is difficult to comply with because of high turnover in staff.
- Several members concurred that the logistics of using the SIS with the SLS population are more difficult.
 - Scheduling
 - No shows

- Barb R. indicated these were all legitimate issues and the request would be considered. Al added that additional issues can be raised at the May 15 statewide teleconference. Timing will be revisited at the June 5 CMSWSC meeting.
- The sample SIS results, along with addendum information, have gone to HSRI for statistical analysis.
- AAIDD will be in Colorado in June to recertify SIS Trainers. They will be using a new inter-rater reliability process.
- SIS Committee: Comprised of representatives from 5 CCBs, HCPF, and DDD. Its task is to look at situations in Comp in which people ended up in SIS levels that don't appear to fit their support needs— either because they are too low or too high. Although it is a relatively small group, the skew is extreme. The group is trying to determine what is driving this. Systemic issues will be identified and solutions proposed; a protocol for case-by-base issues will be developed. The goal is to have an adjustment process in place for July 2009.
- John Nevins acknowledged that any system will produce outliers. He asked what the process is for CCBs who are not part of the SIS group but who have outliers that need to be considered. The Hold Harmless process is currently the best available solution until the SIS group develops its recommendations.
- Chris asked about previous discussions regarding adjustments for individuals who moved multiple levels. Barb R. indicated that this is still on the table and that two levels of priority have been proposed:
 - 1st priority: those individuals experiencing a drastic shift in levels
 - 2nd priority: those individuals experiencing 2+ levels of shift.
- A question was asked about the requirement to redo Comp SIS assessments. Al clarified that this should only be needed if significant changes have occurred in the person's life and not because of dissatisfaction with the first score.

IV. SLS Component of CMSWSC – Claire Brockbank

The Steering Committee will focus only on those issues associated with SLS compliance. Claire reminded the group that the Comp component of the Steering Committee focused on compliance with the existing waiver. Once approved, Comp will shift its focus to the new waiver application, for implementation July 2009. This new waiver application is not the purview of the Steering Committee. SLS has a similar process but because of timing won't submit an amendment to the waiver but rather will include compliance issues with its new waiver application. This too is scheduled for implementation July 2009. Despite the parallel tracks (compliance and other enhancements, modifications etc.), the Steering Committee's charge is limited to compliance. The Steering Committee agreed that the following four areas will represent its scope of work:

1. Benefits and Definitions
2. Provider Qualifications
3. Supported Living Consultant (an extension of Benefits and Provider Qualifications)
4. Rates and Caps

Issues such as CDAS and Services in the Family Home will be considered by HCPF and DDD in the context of the new waiver application. Some concern was expressed about how the community will provide input on the renewal application. Barb R. indicated that it was incumbent upon the Department to communicate and use appropriate vehicles to solicit input.

V. Benefits – Barb Ramsey and Al Orlofsky

Al distributed a document that correlates the Comp benefits included in the waiver amendment and current SLS benefits. The first column identifies the service, the second column identifies its status under Comp, the third column identifies its status under the current SLS and the fourth indicates what DDD is considering in terms of modifications to SLS. An electronic version is attached to this document. Send comments to Al. This document will serve as the starting point for a detailed discussion on Benefits in June. The more detailed changes suggested by this overview document are being worked on by DDD. A draft version of proposed modifications up to that point will be circulated in advance of the June meeting.

VI. General Issues

- Gerrie asked that a family with SLS experience be added to the Steering Committee. Carol Meredith reminded the Committee that she represents that category. Gerrie asked that we still add another person with family experience.
- Diane McNamara, a member of the audience, indicated that she has experience as a family member using SLS.
- Cami expressed hesitation about adding a new person to a group that has been in existence for 2 years. It is more difficult to stay on track, not revisit old issues etc. Barb R. agreed that it would change the dynamics but is willing to raise the issue with Sharon. She suggested that Committee members can bring that perspective as well as guests to provide input.
- Gerrie asked if the entire waiver amendment application is on the website. Jay indicated that he thought it is but would verify that and make sure it was available on the web.

VII. Future Meetings and Topics of Focus

- June 5 – Benefits (225 E. 16th, basement conference room)
- July 10 – Provider Qualifications (location tbd)
- August 14 – Rates and Caps (location tbd)
- September 10 (afternoon) – Rates and Caps (location tbd)
- October 23 – Wrap-up (location tbd)

VIII. Public Comment

No public comment was offered, although members of the public participated in the Q & A during the Rates Briefing.

	Hand-Outs and Attachments <ul style="list-style-type: none">• Agenda• Rates Briefing• Lay document outline• Benefits (Comp SLS side-by-side)