

CMS Waiver Steering Committee Minutes - FINAL

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| Date: June 29, 2006 | | Location: 1575 Sherman St. 4 th Floor | |
| Present: | | | |
| Kathy Athens, Denver Options | X | Jay Kauffman, DD | |
| John Bartholomew | | Cami Learned, CCB Partners | X |
| Josh Block, HCPF | | Viki Manley, HCPF | X |
| LeeAnn Bellum, Denver Options | | Kate MacLeod, Governor's Office | X |
| Claire Brockbank, Segue Consulting | X | Mike Monkman, Governor's Office | |
| Judy Brown, DHS | | John Nevins, Alliance/Imagine | X |
| Chris Collins, Alliance | X | Al Orlofsky | X |
| Mike Crane, DHS/DDD | X | Michele Patarino, Segue Consulting | X |
| John Daurio | X | Roxanne Pinneo, CCB Partners | X |
| Fred DeCrescentis, DDD | X | Barb Prehmus, HCPF | |
| Marta Fyffe, HCPF | X | Barb Ramsey, HCPF | X |
| Ted Hernandez, Denver Options | X | Kerry Stern, DDD | X |
| Luke Huwar, Governor's Office | X | John Taylor, Alliance/Imagine | X |
| Roger Jensen, Alliance/Starpoint | X | Christine Thomas, DHS | X |
| | | Lisa Vallejo, DDD | |

| Agenda Item | Status/Decisions Made | Assignments |
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| 1. Minutes – Michele Patarino | No additional comments on either June 8 or June 15 minutes. Both were approved as distributed this week. | Michele will send out final approved minutes for June 8 and June 15. |
| 2. Work Plan Update | <p>Several updates were added:</p> <p>Line 50: Regional Center rates will be the mean of tier 7 (\$237.25) for now and may be revised based on additional data becoming available</p> <p>Line 51 and 56: Will be addressed later in agenda.</p> <p>Line 69: Non-Medicaid CCB Rates: These were included in the supplemental, but we need to discuss. Add to next week's agenda.</p> | Fred will define the process for how, what, and when rates will be paid for non-Medicaid services (IPs and management of emergencies for wait |

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| | | list clients). |
| Communications Update | Cami reported that the third set of FAQs and answers were posted yesterday. A fourth is in process, and another is likely next week. | Cami will send Claire an e-mail detailing the progress, so it can be added to the work plan. |
| 3a. Rates | <p>Viki said rates have been set for Regional Centers, Day and Residential (7 tiers), Transportation (two levels- \$8.36 and \$35.02), Behavioral treatment (based on Jay's recommendation), Skilled Nursing (Medicaid rate of \$15.62 per 15 minutes), Vision and Dental (Reasonable and Customary) and Specialized Equipment.</p> <p>For Supported Employment, the HCPF rates analysis sent follow up questions to DHS. Roger asked about how to track these services as of July 1 so that they can be billed properly, and suggested that two tiers of services should be tracked, because this can be collapsed to one tier if needed.</p> <p>Regional Center rates will be the mean of tier 7 (\$237.25) for now and may be revised based on additional data becoming available.</p> <p>DHS is working on information packets by provider.</p> <p>On the quality functions, TCM and UR are almost set, except for looking at the overall rate when the monthly QA rate is included.</p> <p>The issue of "tier creep" or upcoding has been raised several times. There are two options:</p> <ol style="list-style-type: none"> 1. Not allow any movement between tiers for 12 months; 2. Provide case managers with a tool to adjust rate | <p>Viki will send a confirmation of the agreed upon rates. Fred will draft a communication to the system about units that need to be tracked for billing purposes.</p> <p>DHS will complete quality function rates early next week, and send to HCPF by July 10. Viki will analyze/respond by July 12.</p> <p>By the end of next week, Viki will look for guidance from her QI department for how to create criteria, or a tool for justifying movement between tiers. Barb will provide information from the SLP (brain injury program).</p> |

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| | <p>tiers as needed.</p> <p>DHS and HCPF agree that option 2 is appropriate, but controls and monitoring are necessary to control costs.</p> <p>The question was asked if clients could appeal their rate tier. Viki clarified that rates themselves are not appealable, but amount, scope, and duration of services are.</p> | |
| 3b. 3-Way Contract | Executive Session | |
| 4a. Steering Committee | Postponed until next meeting in interest of time. | |
| 4b. Acuity Tool | DHS has a draft report and expects the final report by Monday. They will send it to HCPF, after which it can be shared with the whole Steering Committee. | |
| 4c. SLS Rule | A rule needs to be proposed to provide fiscal protection for the state. | Viki, Cami, Bob Arnold, and Jay will work on a potential rule. |
| 5a. Billing Interpretation | <p>Billing questions have, and will continue to arise. We need a mechanism for resolving them and communicating answers. For example, Roger submitted a question about the definition and units for skilled nursing. Cami is also getting operational questions from provider through the FAQ process.</p> <p>The interpretation for the skilled nursing services, based on the information shared by e-mail from Jay and Viki, is that a service which falls into the skilled nursing definition, delivered by a professional working within the scope of his or her license, should be billed under skilled nursing.</p> <p>The process for these issues will be:</p> <ul style="list-style-type: none"> ○ Christine will forward the operational issues to Fred and Viki, with a copy to Cami, asking that they assign the appropriate staff to resolve the | |

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| | <p>issue.</p> <ul style="list-style-type: none"> ○ Both departments will agree on an answer. ○ Christine will log the questions and keep copies of all answers. ○ Answers will be sent to the provider community by DD as they are developed. ○ Christine will monitor how long it takes to get the answers out. ○ The training work group will use the answers in training materials. ○ Cami will use standard language to indicate when an FAQ has entered this “operational issue” process. | |
| 5b. Training | Representatives have been appointed and will meet immediately following the CMSWSC. | |
| 6. Miscellaneous | <p>Gerrie Frohne, parent and guest, asked that handouts be posted with minutes. She also noted that advocates have not yet been involved in the Steering Committee process.</p> <p>The issue of open vs. closed meetings is still under review. Future meeting dates were set as follows:</p> <ul style="list-style-type: none"> ○ July 6 ○ July 13 ○ July 27 ○ August 3 ○ August 10 ○ August 24 ○ August 31 <p>Each meeting will be from nine to noon. Christine will find locations. After August, we will reassess needs for meeting time/frequency. If the meetings are to be open, Fred will communicate locations to interested parties.</p> | |

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| | <p>Christine got important feedback on the scope of work/request for application for the waiver assistance. She will incorporate the feedback, send it to Viki tomorrow, and will copy the group on what gets posted next week.</p> <p>Roxanne asked that everyone stop and acknowledge the hard work of the Steering Committee that will keep services intact for clients as of July 1.</p> <p>Kate recapped the status as of July 1: we are operating under a contract extension, and new rates are effective but not yet in the system.</p> <p>DD/Judy are looking at the possibility of automating the PAR upload.</p> | <p>Fred will draft a letter from him and Viki giving a status on what is in place, and what will happen in the next three months or so.</p> |

Hand-outs:

1. Work Plan
2. Draft 3-Way Contract (Executive Session)

Next Agenda:

1. Non-Medicaid CCB Rates
2. Steering Committee role/composition
3. SLS Rule
4. BUS shut down implications/training work group