

CMS Waiver Steering Committee Minutes – FINAL

Date: August 3, 2006		Location: 1575 Sherman St. Ground Floor	
Present:			
Kathy Athens, Denver Options	X	Jay Kauffman, DD	X
John Bartholomew		Cami Learned, CCB Partners	X
Josh Block, HCPF		Viki Manley, HCPF	X
LeeAnn Bellum, Denver Options		Kate MacLeod, Governor's Office	
Claire Brockbank, Segue Consulting	X	Mike Monkman, Governor's Office	
Judy Brown, DHS		John Nevins, Alliance/Imagine	X
Chris Collins, Alliance	X	Al Orlofsky	
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	Peter Strucker, HCPF	X
Luke Huwar, Governor's Office	X	John Taylor, Alliance/Imagine	X
Roger Jensen, Alliance/Starpoint	X	Christine Thomas, DHS	X
		Lisa Vallejo, DDD	X

Agenda Item	Status/Decisions Made	Assignments
1. July 27 Minutes – Michele Patarino	<p>Thanks to everyone who provided comments. Michele has corrected the wait list section (local management vs. statewide) and made several clarifications.</p> <p>Kathy asked for the further clarification that the Denver provider who complained to HCPF about not having their rates made that call before the rates had even been approved, let alone distributed.</p>	Michele will send out final approved minutes for July 27.
2. Work Plan Update	<ul style="list-style-type: none"> o Line 21: CCMS claims submission process was to be implemented 8/1, but a batch entry process was needed, which will not be ready until 8/7. In the mean time, CCBs can use ACS online to process. 	Jay will forward Judy's update on this issue to Claire.

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	<p>Line 122-125: The second supplemental has been added. The drop-dead date for input from CCBs is 8/7.</p> <p>Line 145: As of 8/1, 19 of 20 CCBs and all three regional centers have submitted data. Aiming for final corrected data from all by 8/4, with rate level PAE data by 8/11. The file should go to MMIS by 8/30.</p> <p>Line 94: Not complete (as indicated). Viki has draft wording for the Exhibit, but cannot put the contract through the clearance process until all 20 CCB exhibits are filled out.</p> <p>The best case for completion of the three-way contract is now mid-October. The current contract extension is only valid through October, so we do not have any buffer for timing problems at this point.</p>	<p>Jay will provide Claire with dates that the Exhibits can be completed on Friday.</p>
<p>3. Hold Harmless Payments</p>	<p>Concerns were expressed last week with the timing (mid-September) projected to finalize hold harmless payments. There is also a need for a specific, well-defined process.</p> <p>Mike Crane will re-convene the Rates Subcommittee to determine which data to look at, and what to compare to in calculating hold harmless payments. He will aim for a meeting early next week, and believes they can turn around a recommendation fairly quickly.</p> <p>Judy, Jay and Mike initially discussed using the original gain-loss data for short-term emergency determinations. However, there are some weaknesses in that data. Mike asked that the CCBs identify providers in trouble for DD to evaluate. DD can consider a General Fund advance.</p>	<p>Mike will notify Claire when the Rate Committee meets.</p> <p>Since the emergency issue is the most pressing, Mike will make a proposal with specific details at the next meeting.</p>

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	<p>Kathy Athens has had a specific conversation with a provider who believes they will lose \$200,000 this year, while the gain-loss data says they will lose \$43,000. She has a meeting scheduled with this provider for 8/14, but will try to move it up so she can share insights with the Steering Committee next week, if possible.</p> <p>Chris and Viki have also received calls from concerned providers. Host homes, in particular, seem to not be getting, or perhaps interpreting information on the changes correctly. Since they have negotiated rates, they should not be impacted by the tiers. Jay has had calls about the vacancy factor. He has responded that this may be addressed in the new waiver.</p> <p>While it may feel like many providers are calling, there are over 200 of them, and the calls really represent a small number. Over all, the communication strategies seem to be working well. The real issue is that providers are looking for a <u>promise</u> that everyone will be held harmless, but all we can do at this point is say that is the Steering Committee's intent. There is a limited amount of General Fund, so we are not in a position to promise. But we will know more when the analysis is done.</p> <p>There is concern that we will lose Day Program providers. The rate has never been adequate. Long-term, we should try to address this issue, so providers can survive.</p>	<p>Fred will send an e-mail to the providers reiterating that they can go to their CCBs with concerns, but we are working on a hold harmless process, and the goal is that across all services, providers will not lose money.</p>
<p>4. Wait List Management: HCPF Education</p>	<p>HCPF management has asked that Viki find out what other states do about "hovering" (people in and out of the wait list waiting for the right time and/or services). She</p>	

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	<p>will look at other states where the waiver prohibits clients from living with their families.</p> <p>HCPF has been sued on wait list issues before, and needs to have a base of knowledge to defend why we operate it the way we do.</p> <p>John asked what is driving HCPF’s concern and stated that he would expect differences in the way various states handle the issue. DHS did leg work on this issue in the early 90s, as well as 2001 and 2004 studies. This information will be shared with Viki (and Claire).</p> <p>John believes that a policy about how to operate the wait list is a DHS decision, since there are not specific CMS requirements to follow. The Steering Committee was originally driven by CMS saying that the system needed to change—however, recently, the agendas have included much more than CMS-required changes. While it is important to discuss the best way for the system to work, we need to identify what is required vs. what is not. There has been a tendency to defer to HCPF and CMS on issues where that might not have been appropriate.</p> <p>Peter Strecker noted hat HCPF is not trying to dictate policy decisions so much as trying to understand how funds are being spent, and if they meet CMS requirements. Viki noted that CMS has made it clear in the new waiver that DHS can no longer promulgate rules and directive guidelines. HCPF has to show overall responsibility for the waiver.</p>	<p>Matthew to share wait list background with Viki and Claire.</p> <p>Viki and Claire will touch base next week about Viki’s research and potential recommendations for the wait list procedure.</p>

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	John reiterated that DHS does not want to seem inflexible, and they want appropriate input. If there is a gap or vulnerability in the way the program is being operated, they want to fix it.	
5. PMIP	Viki will write a “Dear Administrator” letter explaining that the initial ULTC 100. 2 must be signed by an outside provider, but continued stay reviews can be signed by a nurse associated with the case management agency.	Claire will note this as a decision made on the Work Plan.
6. Local Match Timeline	<p>Jay talked with Peter Strecker on August 1, and agreed to a timeline including:</p> <ul style="list-style-type: none"> o CCBs have received the local match proposal and certification pages o By 8/18, they have asked CCBs to submit specific individuals and Medicaid numbers (about 36 clients and 5 CCBs). o By 8/25, Jay will review. o By 8/28, Jay will submit to HCPF. 	
7. Policy Advisory Committee	<p>Fred and Viki attended the meeting and it went well. Fred has set 8/9 as the due date for input on the waiver amendment. There was little comment so far. Suggestions included:</p> <ul style="list-style-type: none"> o Allowing payments to family members. o Combining the comp and SLS waivers. o Allowing individuals to stay home or live with family members and receive comp services. o Continue with self-directed services consistent with HB 1243. 	<p>Roger, Jay, John and Fred to provide Viki with off line background on why DD Comp waiver clients are the only Medicaid clients who cannot live with their families.</p>
8. Long-Term Rate Analysis	The acuity tool and other reports have commented that we should not assume that interim rates are an adequate base for new rates. However, the rate consultant RFP indicates that these rates can be the basis of modeling for future rates. If we don’t start from the ground floor, we	Christine will make clear in follow up with Vendors that the existing rates should not be the sole basis for

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	<p>are perpetuating the problems with the existing system. Even if we only have limited dollars, we need to be proportional and fair in distributing them.</p> <p>It was suggested that while the new rates can address the 20% spread in rates across Colorado (that are not driven by regional/local cost factors), it will result in some significant resource shifts. The rate setting consultant should consider a phased in implementation.</p> <p>Christine pointed out that we don't necessarily have funds for hold harmless in future years.</p> <p>Timing for the rate setting consultant includes:</p> <ul style="list-style-type: none"> ○ Proposals submitted by 8/29 ○ Vendor selection <p>Subject Matter Experts will attend meetings with the committee (John Nevins, David Ervin, Viki and Mike) as needed</p>	<p>establishing the new rates.</p>
9. Public Comment	None.	
10. Executive Session – 3-way Contract and Supplemental		
11. Miscellaneous	Next meeting August 10. No meeting on August 17.	

Hand-outs:

1. Work Plan

Next Agenda (August 10):

1. Work Plan update
2. Rate Committee Recommendation on Hold Harmless Emergency Provisions
3. Kathy Athens' experience with provider in rate trouble
4. Wait List Management – Viki's research