

CMS Waiver Steering Committee Minutes – FINAL/APPROVED (revised 9/7/06)

Date: August 24, 2006		Location: 1575 Sherman St. Conference Rooms 4A and 4B	
Present:			
Kathy Athens, Denver Options	X	Jay Kauffman, DD	X
John Bartholomew		Cami Learned, CCB Partners	X
Josh Block, HCPF		Viki Manley, HCPF	
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	
Mike Crane, DHS/DDD	X	Michele Patarino, Segue Consulting	X
John Daurio		Roxanne Pinneo, CCB Partners	
Fred DeCrescentis, DDD	X	Barb Prehmus, HCPF	X
Marta Fyffe, HCPF	X	Barb Ramsey, HCPF	
Ted Hernandez, Denver Options	X	Kerry Stern, DDD	
Luke Huwar, Governor's Office	X	John Taylor, Alliance/Imagine	X
Roger Jensen, Alliance/Starpoint	X	Christine Thomas, DHS	
Matthew Solano	X	Lisa Vallejo, DDD	

Agenda Item	Status/Decisions Made	Assignments
1. Work Plan Update	<p>Lines 20-21 and 148: PARS and CCMS update – The update is going to test at the end of this week, and is scheduled to go to ACS on 9/7.</p> <p>DD has received all PAR information from CCBs, and is correcting errors before manually matching up the information to the gain/loss reports. There are two meetings scheduled toward the end of September to give CCBs an opportunity to look at Laszlo's data, ask questions, and see the corrected gain/loss analysis. The goal is still to have everything complete by the end of September for September</p>	

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	<p>billings.</p> <p>Kathy Athens identified an issue where a provider billed ACS directly for dental services, but was told to bill the CCB. Barb Prehmus pointed out that the provider may not be loaded with a dental provider type, and thus could not be paid for those services. Mike and Jay will follow up on the issue.</p> <p>John Nevins asked if this problem was related to other denial issues. Mike responded that the first batch of bills were all denied because rates weren't loaded immediately. This has been resolved.</p> <p>Mike explained that DD has gotten between 200 and 300 phone calls, and he is asking CCBs and providers to send all billing questions to Amy Haight. Mike and Amy plan to meet each morning to triage issues.</p> <p>FAQs have been posted that specifically address PAR/plan of care and ULTC 100.2 issues. In addition, the fifth set of general FAQs was posted on 8/18. Separate billing questions and answers are under review, and FAQ 6 is also in process. Based on a recommendation from the Training Work Group, Cami will sort all existing and future FAQs by topic on the website.</p> <p>Some confusion has been created on the HCPF website because they are posting each FAQ set with subsequent numbers, even though Cami named the technical FAQ sets separately. The HCPF numbering</p>	<p>The email address for questions is: DevelopmentDisabilitites.FAQ@state.co.us</p> <p>Everyone involved with the public should be reminding them that this is the avenue for submitting questions.</p> <p>DevelopmentDisabilitites.FAQ@state.co.us <DevelopmentDisabilitites.FAQ@state.co.us></p> <p>Marta was asked to request that HCPF to maintain the titling conventions on the FAQ</p>

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	<p>does not match the numbering on other sites. While Cami is on vacation, Nancy Fritchell will continue to route FAQs to Fred and Amy. Christine is still on leave.</p> <p>The Training Group had additional recommendations on FAQs, including posting a list of questions that are “in progress,” e-mailing approved FAQ sets to CCBs and providers in addition to posting them on websites, and reminding everyone involved to refer people back to the FAQs for questions, instead of creating ad hoc processes to answer things.</p> <p>John Nevins asked about SLS billing, and was told that SLS rates were loaded on Friday or Monday, so the issue should be resolved.</p>	<p>when posting them on the website.</p>
<p>2. SLS Rule Change</p>	<p>Claire reviewed data from CCBs that represents slightly over 50% of consumer utilization of Personal Assistance and Day Habilitation services. These two categories are the largest cost drivers of SLS. Currently, Environmental Engineering is capped at \$10,000 per client per year, with an exception process. The work group has followed the same structure, and recommended a cap of \$14,000 per year for Personal Assistance. Slightly more than 95% of consumers currently fall under this amount, with average spending at about \$4,000. On Day Habilitation, the work group recommends a cap of \$15,000. Again, over 95% of consumers are currently spending less than this amount, and the average consumer spends \$6,000 annually.</p>	<p>SLS work group to send draft rule to HCPF tomorrow, with clarification that exception requests depend on the IP.</p>

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	<p>Assuming it is approved, the rule would be effective January 1, 2007, and apply to all new PARs and plans created after that. The caps could be impacted by budget actions that take place after January 1. The whole issue may be revisited in the waiver rewrite.</p> <p>The draft rule clarifies the purpose of the services and explains that the cap can be overridden. Justification for an exception is to be based on needs described in the PAR. Barb asked how many times someone requested an exception on the Environmental Engineering cap? We know that two exceptions have been approved, but do not know how many were denied.</p> <p>The work group has not yet shared the recommendation with the JBC, although it was drafted in response to JBC staff concerns. HCPF will put out a draft of the rule and it will go to the Medical Services Board for two readings (in October and November). The work group will be available to help answer questions.</p> <p>Claire thanked Jeremy Schupbach for his work on the data.</p>	
3. 3-Way Contract Status	Barbara Prehmus reported that although the HCPF review process is to be complete next Monday, according to the work plan, it may be a few days late. HCPF is reviewing the use of the word “contractor” and clarifying when it means CCB and when it means DD, since it is a three-way contract. Harry at	<p>Barb to send working draft contract to Fred so he can forward to Harry for immediate/parallel review.</p> <p>Barb and Fred will <u>keep</u> Claire posted on when each step of the process is completed.</p>

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	<p>DD will need to sign off on the contract, then it will go to External Contract Review. Luke and Kate will notify the AG that it is coming.</p> <p>Claire is carefully tracking the dates on this section of the work plan. The best-case scenario right now is to have an executed contract by October 23. There is no room for error. The existing contract cannot be extended beyond 10/31, so the new one must be in force before that.</p>	<p>Barb will ask Adele to help expedite the AG review.</p>
4. Minutes 8/10/06	<p>Claire made changes requested by Roger and Cami. Hearing no other suggestions, Michele will distribute minutes for posting.</p>	
5. Updates	<p>A. CCB Payment for Non-Medicaid Services: Two services (IP development for people on the wait list and responding to emergencies for people who are not on the wait list) have been considered for short-term supplemental funding. The committee is gathering data to cost out the needed funding for the November 1 supplemental request, by surveying a mix of rural and urban CCBs. The committee will meet again on September 6.</p> <p>B. Local Match: on schedule to submit to HCPF on 8/28.</p>	
Rule Changes associated with 3-Way Contract	<p>Matthew said that the contract can be implemented with the existing DD rules, but handed out a list of suggested rule changes that should be made in response to the new contract. These include:</p> <p>A. Program Approval B. Appeals and Disputes</p>	<p>Matthew will map out timelines and deliverables associated with developing new rules and resolving the issue of whether the rules reside with DD or HCPF. He will report to Claire so she can place this item back on the agenda as appropriate.</p>

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	<p>C. Case Management Service Coordination D. Quality Management E. Consumer Satisfaction F. Critical Incident Reporting</p> <p>Additional rule changes may be required after a more thorough regulatory analysis. There also needs to be an analysis of what should come out of DD rules to be addressed by HCPF rules.</p> <p>CCBs asked to participate in drafting new rules to give input on operational issues.</p>	<p>Matthew will also provide citations and references on rulemaking.</p> <p>Fred will look at the identified process for rule making and let the CCBs know how they can provide input.</p>
6. Acuity Tool (SIS)	<p>Fred is waiting for Viki's response on using Medicaid to match the General Fund that DD set aside for SIS implementation.</p> <p>Fred met with Elaine, who is developing a training process for SIS. She intends to start training by mid-September. She will send a memorandum to CCB Directors next week.</p> <p>A sample of 500 assessments is to be completed by the end of the year.</p> <p>Roger asked for sensitivity regarding Case Manager workloads.</p> <p>Fred asked that Cami and Chris work with Matthew on Administrative Relief as we focus on SIS implementation.</p> <p>OSPB should have the supplemental, which will be</p>	Fred will forward his email to Viki to Barb Prehmus.

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	<p>in each others' training whenever possible. This has not happened to date.</p> <p>Chris reiterated that the departments should be really conscientious about training commitments.</p> <p>The group does not see a need for a standing meeting moving forward. Elaine Wakasugi from DD offered to organize meetings whenever HCPF or DD needed input on a specific training topic.</p> <p>Elaine Wakasugi will coordinate the meetings as needed. Fred asked who is the designated training contact at HCPF.</p>	
8. Public Comment	<p>Gerrie asked if the Steering Committee addressed skilled nursing billing under Medicaid vs. DD Comp. She was confused about a comprehensive service provider doing skilled nursing tasks and how they bill for them.</p> <p>The Steering Committee explained that skilled nursing tasks are only billed as skilled nursing when done by a nurse, so a comp provider wouldn't bill them. In addition; this is not a waiver issue, per se. Gerrie was directed back to her CCB, which can submit an FAQ if necessary.</p>	

Hand-outs:

1. Work Plan
2. Draft SLS Rule
3. Needed DDD Rule Changes Related to the Three-Way Contract

