

CMS Waiver Steering Committee Minutes – Final

Date: September 14, 2006		Location: 1525 Sherman St. Conference Room B70	
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	X
Mike Crane, DHS/DDD	X	Michele Patarino, Segue Consulting	X
John Daurio		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	John Taylor, Alliance/Imagine	X
Luke Huwar, Governor’s Office	X	Christine Thomas, DHS	X
Roger Jensen, Alliance/Starpoint	X	Lisa Vallejo, DDD	
Matthew Solano		John Miles	X

Agenda Item	Status/Decisions Made	Assignments
Work Plan Update	<p>Line 86: John Miles will present a work plan and time line for CCB Roles and Payment Rates today.</p> <p>Line 123: In August we committed to revisiting any statutory changes needed during the FY 2007 legislative session. We’ll put this on the agenda for 9/28.</p> <p>Line 203: Barbara Ramsey believes that the HCPF website has the FAQ documents renamed correctly, but they still need the e-mail address. We need to check the DD website. Questions that Amy Haight has been</p>	<p>Barbara Ramsey, Christine Thomas, and the CCBs will verify that the email address has been posted prominently on their respective web sites and that the</p>

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	<p>answering will go into another technical FAQ, which will hopefully be out the beginning of next week. Cami has manually sorted the current FAQs into topic areas, and just needs to format a new document.</p> <p>Line 252: Claire asked if the SIS has been purchased. Al responded that the training has been purchased, but not the license. It is in process, and no problems are anticipated.</p>	<p>FAQs have been listed consistently with the naming protocols distributed by Michele on 9/7/06.</p>
<p>Billing Issues</p>	<p>Barb provided an update that the PAR batch process is complete and working. Nathan will communicate with the system that the new PARs are effective 9/1. Because this process is working, there is no need for CMS approval of a contingency.</p> <p>All claims that are showing “in process” now appear to have standard billing issues—not systems issues. The CCBs and providers agree that there are no systematic issues. CCBs appreciate the hard work from the departments.</p> <p>Ted asked for an update on service providers billing directly for services they are not authorized to bill, like dental and behavioral (for Day Program). Jay has proposed a solution, which HCPF is reviewing, so something will be out on this issue shortly.</p>	

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SLS Rule Change	<p>Jay is waiting for more detailed information from CCBs to estimate units, to assure we set limits appropriately at the 90th percentile or above. They are considering setting variable levels/tiers where escalated approval is required from the Case Manager, the Supervisor, and/or the State. For CCBs that didn't initially submit data for the first draft of the proposed rule change, Jay will look at the 2005 audit data.</p> <p>Roxanne noted that some SLS services that CCBs used to pay for don't have codes. Others are hard to bill daily (like bus passes), so there is some confusion.</p>	<p>Roxanne will submit an FAQ to address these billing issues.</p>
Status Reports	<ul style="list-style-type: none"> a) 3-way Contract – is still at Harry's office. Mike Crane will follow up. It might have to go to the State AG. CCBs would like a draft contract to start reviewing with Boards. b) Waiver Amendment – Barb has two questions for Jay on the Amendment, and he will look at those this afternoon and respond. After that, Barb Prehmus will sign and send to CMS. The goal is to submit to CMS by 9/18/06. c) BUS Work Group Nominees have been submitted by the CCBs to Barb Ramsey. d) Emergency Funds/Gain-Loss – the Rates Committee decided to compare actual payments last year to actual payments this year to determine gains and losses. They are shooting for the first week of October, but need data from CCBs. 	<p>Mike Crane to follow up with Harry on status of contract. If it needs AG review, Mike will notify Claire, Luke and Kate immediately.</p> <p>Mike will follow up on obtaining a draft contract for the CCBs.</p> <p>Mike will present a draft process for distribution of emergency funds according to the gain loss analysis on 9/28.</p>

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	<p>Claire asked about the process for distributing these funds to providers:</p> <ul style="list-style-type: none"> ○ Will it be automatic, or will providers need to apply? ○ Will providers need to show proof of hardship? ○ Will DD or CCBs distribute? <p>e) Rate Consultant RFP – Five strong proposals were received. The vendors show a great deal of knowledge and experience on these issues. The committee will meet on Monday to make a selection, and a kickoff meeting is planned for the week of 9/25.</p> <p>The timelines proposed in several responses have submission of the waiver application in May or June, and do not build in a six-month approval process with CMS. Even if the waiver is not approved by July 1, new rates can go into effect, since approval for the methodology will be obtained from CMS as a correction to a previous finding, not as part of the new waiver.</p>	
Budget Briefing	Christine reviewed the document, “DDD Funding Appropriation FYI 2006-07” dated September 13, 2006. This document is a working draft and not yet ready for public distribution. Christine commented that there are still so many unknowns, that it is very difficult to review the budget closely.	<p>Christine will revise the document to show which numbers already include Medicaid matching funds.</p> <p>Barb Ramsey will look at which items for potential Medicaid match required Advanced Planning documentation</p>

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	<p>Discussion points included:</p> <ul style="list-style-type: none"> ○ DD requested roll forward, which was converted to general fund. <p>At the end of 2005/2006, the Medicaid line was overspent (covered by some of the roll forward).</p> <ul style="list-style-type: none"> ○ \$100,000 has been allocated for SIS training and implementation. ○ Approximately \$686,000 is left for the hold harmless, COLA, emergency funding. ○ DD has received requests for 24 emergencies so far this year. We are 17% of the way through the year, but 38% of the resources have been used. They are working on a mechanism for CCBs to bill for these situations. ○ If we don't get the Medicaid matching funds, we will not have enough resources to deal with emergencies for the full year. ○ The extra resources appear to be needed for emergencies and waiting list. ○ How do we meet the legislative and JBC intent of giving 1.79% and 3.25% increases to providers? DD staff noted that the new rate tiers did include the 1.79% increase. <p>Highlights of this briefing will be presented to the JBC; several of their questions address these topics. However, not all calculations will be final. Amanda and the JBC are expecting reports about the use of the general fund.</p>	<p>(systems changes). Claire will follow up next week.</p> <p>The Steering Committee will revisit this topic on 9/28.</p>

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SIS Training Plan	<p>Claire reviewed the “Timeline for SIS Assessments” spreadsheet by describing the numbers for each CCB: the number of Comp clients they serve, the number they are likely to have in a representative sample of all Comp clients, the number of clients they have with IPs due in November and December, the number of assessments they will complete through the training process, the number they need to complete by December 31, 2006, and the number they need to complete by May 31, 2007. Laszlo is looking at the use of IPs due in November and December as a representative sample.</p> <p>These numbers should guide each CCB to make staffing decisions regarding how many SIS interviewers they need.</p> <p>Claire then reviewed planning assumptions based on discussion with AAMR including issues of learning curve, administrative time to schedule and enter assessments (assessment does not have to be entered by a trained interviewer), follow up needed, and the recommendation that interviewers not perform more than two assessments per day. She reviewed two illustrations of the planning tool that can be used to determine the total number of staff hours need to complete SIS assessments.</p> <p>Next Claire presented a draft list of contingency plans that are going to be evaluated once the CCBs give feedback on their ability to manage the workload presented by the SIS assessments. There are two potential groups of solutions, depending on the</p>	<p>Claire will add travel time and costs to the CCB planning tool.</p>

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	<p>circumstances: 1) CCBs indicate from the outset they do not have the resources or capacity to complete the required SIS assessments, or 2) CCBs think they can complete the SIS assessments, but are met with unforeseen circumstances including staff turnover, problems with the assessments, difficulty reaching consumers, etc.</p> <p>There was considerable discussion about the AAMR recommendations for the number of respondents at each interview. The manual recommends two respondents, but should there be more if the client is non-verbal? Should the client, the family, and the service provider be interviewed together?</p> <p>Roger asked if staff time to implement the SIS would be reimbursable by the State. Barb Ramsey responded that it would be allowable under the Medicaid administrative match. However, it is not clear if there is enough money to reimburse this expense. Barb recommended considering what work required by the departments can be foregone-- freeing up time for CCB staff. Kate suggested that CCBs focus on incremental costs—how much more will the SIS cost than the assessment that is currently in use? John Taylor responded that this is not assessment as described in the total case management functions—it is collecting data to build the baseline (rate) system.</p> <p>CCBs clearly need to move forward with the illustrated planning process for the SIS. They have meetings next week, and can gather some of this data. At the 9/28</p>	<p>Claire/Michele to follow up with AAMR to clarify how many respondents should be interviewed simultaneously; in what percentage of the time this is not feasible; and what are the criteria for determining feasibility.</p> <p>Claire will follow up with AAMR on the article they promised about staffing for the SIS. She will also share her planning documents electronically, so</p>

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	meeting, we should have further discussion on inputs and factors for the calculations.	that CCBs can start some individual planning.
CCB Non-Medicaid Functions	<p>John Miles presented a work plan for the CCB non-Medicaid functions. The time study on IP development did not include a big enough sample, so he is waiting for more data to cost out services.</p> <p>For emergencies, the committee had difficulty determining a consistent definition, so decided to apply a particular capacity measurement to each CCB, depending on their population. This will lead to a supplemental request on October 15.</p> <p>Kathy Athens asked for consideration of people for whom CCBs do intakes that are ultimately found not DD or Medicaid eligible—leaving nowhere to bill the \$75 for the service. John initially assumed this was outside the scope of the committee, as it was not on the original CCB function list. However, he will look at it if CCBs can supply numbers of eligibility determinations.</p>	Chris and Cami will let CCBs know that John Miles will be requesting numbers for eligibility determinations performed for people who are found non-eligible.
Public Comment	<p>Gerrie asked if handouts could be posted on websites along with minutes.</p> <p>While many of the handouts are shared with guests, others are considered working documents, and the preference is for them not to be made public without the benefit of the discussion at the Steering Committee meeting to provide context.</p> <p>Another guest asked that mileage be considered in the</p>	Luke will verify that the Steering Committee continues to follow protocols on public meetings appropriately.

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	costs of performing SIS assessments, particularly in rural areas.	

Hand-outs:

1. Work Plan*
2. DDD Funding Appropriation FY 2006-07*
3. SIS Acuity Tool Training and Implementation Plan*
4. SIS Timeline Spreadsheet*
5. CCB Non-Medicaid Functions Work Plan*

* Working document or draft in process – not for public distribution beyond meeting attendees