

Action Items and Timeline from DDD/HCPF Meeting with HSRI on September 13, 2007

Attendees

Claire Brockbank	Jay Kauffman	Gary Smith
Judy Brown	Paul Niemann	Kerry Stern
Fred DeCrescentis	Al Orlosky	Christine Thomas
Kim Eisen	Barbara Prehmus	
Laszlo Frohs	Barbara Ramsey	

Issues and Resolution

1. Skilled Nursing: The group confirmed the decision to roll skilled nursing into Residential Habilitation. This does not include acute skilled nursing needs that fall under the State Plan Medicaid. HSRI will extract specialized nursing paid claims for people and add that amount to each of the Residential Habilitation levels.
2. Payment Level Structure: The group confirmed the broad payment level structure proposed by HSRI, including use of six Residential Habilitation levels, leaving Level 7 for the Regional Centers and outliers and three Day Services levels, with two additional levels for possible Day Services outliers. HSRI will consider ways to expand the current expenditure spread between Levels.
3. Tier Seven: There are currently 127 individuals classified as Tier 7. The sample had 17 of these 127 people with Tier 7. Because there are a number of reasons why an individual would be assigned to Tier 7, HSRI will examine each case individually.
 - a. If warranted, Tier 7 individuals will be assigned to the appropriate Level 1 - 6. Based on a review of the 17 Tier 7s in the sample, many will be logically assigned to a Level consistent with others with the same needs.
 - b. Create Level 7 as an outlier space for those whose needs do not warrant assignment to Levels 1 – 6.
 - c. Create more clear parameters defining when Level 7 is warranted. The review of Tier 7s may identify consistent Level 7 characteristics that should be used across the population. However, Level 7 will still be available as an outlier space.
4. Transition Parameters: The preliminary payment levels may cause a significant redistribution of funding across individuals and CCBs/provider agencies. A policy decision has been made to consider a 12 – 18 month transition period using \$5.2 M in General Fund revenue provided for this purpose. Further work is dependent on modeling the impact using the full population and having a CCB-specific impact analysis. HSRI will proceed with both.
5. Use of Full Population Data: The current sample includes SIS results for 513 individuals served by/through all the CCBs. It does not include persons served by the Regional Centers. An *almost complete* data set will be available as of September 14th. The *almost complete* data set will include SIS results for all but the following:
 - a. Regional Centers
 - b. The Resource Exchange (TRE) and Denver Options CCBs

TRE and Denver Options will be completed by mid-October. In the meantime, it is important to note that persons served by TRE and Denver Options are represented in the

sample. Because the analysis will be much more robust, HSRI and Navigant will work with the *almost complete* data set rather than the preliminary sample. Although Denver Options and TRE represent approximately 25% of all Comprehensive recipients, their presence in the sample leads HSRI to believe that proceeding without waiting until mid-October to include their full populations will not distort the results. Once the SIS data is available from all CCBs (including Denver Options and TRE), both HSRI and Navigant will conduct an analysis based on the full population and rework the data as necessary.

Other Items

1. Policy Compendium: A number of important policy decisions were made prior to the Comp Waiver delays. To avoid the further time delays associated with re-opening decisions, DDD will develop a document that compiles all policy decisions in one place. This will provide the Steering Committee, the TAG and other groups with parameters for moving forward on open issues. Christine will assume responsibility for this document.
2. Public Material: As HSRI and Navigant complete their work, material will need to be developed for distribution to the various working groups and the public. It was suggested that a “lay primer” as well as a technical document be developed and made available. HSRI needs DDD and HCPF to provide them with clear guidance regarding what they would like in terms of material for public distribution. A point person at DDD was not identified.

Time Frame

Task Description	Responsible Entities	Completion Date
Complete outstanding data analysis, expanding from current sample to <i>almost complete</i> data set (all CCBs but TRE and Denver Options). Hand-off data to Navigant. New analyses will consider: (1) Expanding initial rate spread between levels, (2) Tier 7 individuals, and (3) Combining Skilled Nursing into Residential.	HSRI	Late September
Navigant analysis and rate setting recommendations	Navigant	3 rd wk. October
HSRI and Navigant re-work of population data to include TRE and Denver Options	HSRI	Mid-October
State review of Navigant analysis	DDD, HCPF	Early November
General Overview to TAG of Navigant analysis	DDD	November
Steering Committee review of Navigant analysis	CMSWSC	November
Joint Budget Committee	DDD, HCPF	December
Public meetings	DDD, HCPF, CMSWSC	Early to mid-January
Waiver application submitted	DDD, HCPF	Late January