Please stand by for realtime captions. >> We will call the meeting to order. Can you do roll call. He met
- -

[Roll Call] >> We will go through the public announcements. The date and location of the next medical services board meeting. The next meeting is scheduled to be held Friday June 14, 2019 beginning at 9:00 I am. As a reminder, - -

Friday the 14th.

As a reminder this is our travel destination. It is the policy of this board in the department to remind everyone in attendance that this facility is private property. Please do not block the doors or stand around the edges of the room. Please silence cell phones while in the meeting room. If you're listening via the audio stream and lose the connection, please click on the link to rejoin the meeting. The question and answer feature is enabled for the webinar. We submit questions, and comments at the open forum time in the agenda. Identify yourself in the comments as they are part of the public record. Testimony can be given over the phone by dialing 1-877-820-7831. Enter the producing code 920233.

If you wish to provide testimony you can email it. Include your name, phone number, or rules you want to provide testimony four. This must done by the close of business on Wednesday April 10th. That may not be accurate. May 10th. I was close. It was a month ago.

Individuals providing telephonic testimony, will be given time after individuals in the room. Please identify yourselves when speaking. If you would like to sign up to testify on any of the rules, please ask the staff for help. We have a new electronic version for signing up for testimony. There will be a five minute limit for all testimony.

Let's head into approval of the minutes from April 12. As you saw the email from Chris there was one small edit. We made the edit and we will be voting on the edited version of the minutes. May have a motion.

So moved.

Second.

Is moved and seconded. All of those in favor say Aye. Opposed. The motion passed.

We will go directly into the legislative update. David DeNovellis, can you come forward as a legislative liaison to give the update.

Good morning.

My name is David DeNovellis. I am the department's legislative liaison and I was asked to [Indiscernible]. The legislative section and did last Friday. They took action on almost 650 bills and Tom asked me to give a detailed rundown on all of them. [Laughter] I will do that. I

only know about 50 of them. It was pretty successful for the department. The bills I supported and worked on. We had three official department bills. One to extend the cervical cancer treatment program for 10 years. Another one was the low income senior dental program. It allows the [Indiscernible] to set the rates for all the procedures. We want to thank our friends at the dental Association working with us on that. In addition to that bill, the General assembly appropriated $1 million to that program. We are estimating 1000 to 1500 more seniors will be able to access services. Another department bill removed the statutory Back on the grants and allow the services purchased at the emergency reserve for that. In the statute it was set at 2050 K and $1 million for emergency reserve. The shelf is growing way beyond that, so now it will allow the department and the nursing home innovation grant board to recommend or nursing home innovation grants and allow the MSB to check the emergency reserve for facilities that they feel are appropriate. You probably heard about the healthcare affordability bill. HCPF is involved in that. One is hospital transparency. After many years that bill is passed. We have another one for insurance review. It's a proposal for public option. Senate Bill 5 sets up a drug importation program to get prescription drugs from Canada in the department. There's another one, hospital accountability including a benefit needs assessment. That requires [Indiscernible] and allows other hospitals to basically bring the community benefit needs assessment to the local communities for a public meeting to allow people to get input on that.

A couple that are not HCPF related but important healthcare in general. 1174 which limits surprise medical bills and the out-of-network charges. I'm sure you have heard a lot of that on the news. It has been going. The bill passed so hopefully consumers will not be seeing a lot of those surprise bills. Another one, 1168, requires them to seek a waiver to establish a reinsurance program to address the high cost, the higher high cost of members. That was carried by Senator Rankin, Senator Donovan, and I forget at the house. It has high insurance rates in the Western slope. This is - - we are hoping this will bring those down quite a bit.

There are some other bills from HCPF that we are pretty excited about. We talked about it briefly a couple times. Now there will be a dental benefit for pregnant women that are enrolled in CHP. We will be continuing the spinal cord injury waiver until 2025. We will be offering in-home support services for another nine years. There's a bill that increases investments in primary care. It's primarily for private insurance. HCPF has done this through the HCC. We will be getting recommendations from this collaborative about increasing investments to primary care to increase value across healthcare.

Mental health for private insurance and Medicaid. For Medicaid this codifies what we are doing in our [Indiscernible] regional accountability. There's a lot of acronyms around here. A couple years back we integrated the health into the ACC. This codifies on our end, the requirements for physical health and mental health and it does that for private insurance too. That was a big one for a lot of our partners. And health Colorado was big. One from Children's Hospital.

Senate Bill 195. Children need behavioral health. It started off with a task force that many departments and counties have been working on for a couple years. This will require the department to seek a federal waiver for background services for children and youth. It requires them to work on getting a statewide solution to make sure that Haverhill health for children in need , that really need care coordination in the services that they do not fall through the cracks. There's another one, health Bill 1176, the healthcare cost tax force. There is a task force endorsed by the governor and departments and they will study healthcare costs, and different delivery options. Universal healthcare, publicly backed. There's a couple in their offerings. A little bit through general funds and mainly through expansion. We will see what comes of that. Our HCPF budget and quite a few - - we think good things, the County admin - - return Mel has been a big issue for counties. We will consolidate that with the department instead of having them to publish extra work about return Mel. We are trying to expand the brokering for nonemergent medical transportation. Right now we need to expand it statewide so we can maximize efficiencies that way and hopefully streamline any issues. We know there are challenges with administration and having different areas doing it different ways. We have heard from the counties that may be if we could all do the brokered way that it may be helpful. That is one of the budget request. Benefits and technology advisory committee, similar to the benefits collaborative standard. There will be a committee that looks at procedures and practices. It will be evidence-based and clinical research and we will be diving into seeing if this is something we should offer in the Medicaid program. Does it have results? Is a value-based? We will be kicking that off this year to see what the results of that will be. The all payer claims database. Additional state funding and oversight. It's hoping to expand the use of the [Indiscernible] for not only academic or shock yourself things but a lot more data for employers to use and the state to use or academia. Just to try to maximize this pool that we have to help with healthcare costs through the state.

Provider rate increases there is a one percent across all providers. There are quite a few targeted increases for home and community-based respite. Target increases for emergent medical transportation and nonemergent transportation also maternity services and preventative dental rates. They also increased the adult dental cap to $1500 per year. To help out especially for the major procedures. A lot of times people have to stagger down year-to-year and hopefully this will help them get the care they need when they need it. We got an 8.1 percent increase for healthcare workers in 100 percent of that will be passed to the workers. Something that came up a couple years ago we received authority for a host home third-party oversight with [Indiscernible]. They will be charged with the third-party oversight for homes and individual and residential support services.

What is that stand for?

The division of local affairs. They do statewide housing and they do section eight statues. You're probably seeing some of those rules coming in a couple months. Another thing we eliminated the state supported living services waitlist. That is the state only SOS program.

We also received funding with 272 additional members onto the services program. Another IDD based program, state only for folks that may not be eligible for the federal Medicaid waivers but still need assistance. With the division of rehabilitation we created the office of employment first. That will implement the employment first recommendations and we will have a pilot program to incentivize outcomes of people with IDD to achieve and maintain meaningful employment. That is a small taste of everything going on. I'm happy to answer any questions even if they are non-tran01 related. >> Dave is being very modest. It was a very good session for us. He did an incredible job and I cannot tell you how many nights he was there until 1:00 or 2:00 in the morning. This is the most unusual session we have ever seen. That's to say the least. He did an outstanding job. Do you want to introduce Jill?

I do. We have a new member of the legislative team. She's the brains behind the operation. I go over there and repeat things that she tells me to and she repeats back everything to make sure we know what amendments are going on and what the notes are and I appreciate that. And with all of our team and stakeholders that is how all of these happen.

Just to substantiate their mark, we had other departments reaching out to us saying did Dave and your team help with this legislation. They spoke very well for the incredible job he did.

[Indiscernible] [Laughter]

Thank you for the update, David. I think after those comments may be good to have the rest of the day off.

Absolutely. >> I forgot to mention the very last Senate Health and Human Services meeting of the year was with confirmations. They wanted to make it and drag it out. We are happy to have you back.

We appreciate you and we thank you.

Thank you all. Have a great deep day.

Enjoy your weekend.

I don't want to put Lauren on the spot but we have the federal policy director here. Anything we need to know that the group could benefit from know about federal policy changes?

[Indiscernible-speaker is too far from mic.]

Let's head into the rules portion of the agenda. I want to make note, at the last meeting you all consented for five rules to be put on here. One was pulled back to a final adoption agenda just because the recommendation was from the Attorney General. We pulled that out of consent. We are keeping track. I want to be in the loop. We will have a modified version of the consent agenda. I will entertain a motion for our consent adoption.

I move the final adoption of one MSB 19-01-23-call file. The rule concerning David DeNovellis, SS, and the payment clinical update including 8.904, and 8.905. Document two. Revision to the medical assistance rule concerning nursing facility reimbursement section 8400 and document three revision to the medical assistance home and community-based services for elderly, blind and disabled rule concerning nonmedical transportation section 8.494. Document four.
Revision to the medical assistance benefits rule concerning transgender services section 8.735 Inc. in the statement of basis and purpose and specific statutory authority contained in the records.

All of those in favor please say Aye . Opposed? Abstained? The motion passes. Thank you. Let's head into the final adoption agenda. We will call Chandra Vital to introduce or revisit the rule.

I'm sorry we had a lot of papers. I want you to know there is one here. Here we go.

I try to put them in the order you would need them.

Thank you.

This is 19-01-23-A.

Please introduce yourself.

Thank you. My name is Chandra Vital. I am here on a [Indiscernible] this is for the Colorado dental healthcare program for low income seniors. We went through this and we wanted - - it sounds like the board wanted to wait until the doctor was here to review. This will be [Indiscernible] on page 8 for the vertical [Indiscernible-low audio.] with images. Also on page 22, the presence of generalized moderate or gender role information on program guideline. This was where there were a few words left out. We had to add them back in. I'm sure you probably saw that.

Then also on page 43, 4D4741 the removal of [Indiscernible]. I think I pronounce that correctly. If there are any questions I can address those now if you have any.

Any questions from the board?

This looks really great. [Indiscernible-low audio.]

Anything else?

I will entertain the motion. I'm sorry.

How do we know if there's [Indiscernible]?

[Indiscernible-low audio.]

I'm sorry this is a new process. It's very confusing. There's no public testimony so now we will entertain motions. If there's anyone in the audience that would like to testify? Okay. Great.

I will move the final approval [Indiscernible-low audio.] revisions for medical assistance [Indiscernible-low audio.] concerning the Colorado healthcare dental programs for low income [Indiscernible-low audio.] >> It has been properly moved and seconded. All of those in favor please say Aye ? Opposed? Abstained? Motion passed.

Let's move on to document six, Diane Burns. Good morning.

Please introduce yourself for the board and share with us some comments.

Good morning Madame President and members of the board. My name is Diane Burns. I am in office of community living. I'm here to present the revision to the medical assistance [Indiscernible- background noises] the benefit rule concerning support programs section 8.515185. As you might remember from last month, this is a revision to the brain injury residential program. It is a fairly minor change, mostly updating life insurance. I'm only back here to present the final adoption because they requested one additional citation be added. If you want to take a very quick look at is at least the role section. It is been highlighted for you. It is really one very small section it only looks long because it has to be incorporated by reference. That takes a lot of work.

There is no financial impact any question ?

Any questions from the board?
>> Would anyone like to testify ?

It's like crickets out there. They are even avoiding eye contact. [Laughter]

If there are no questions I will entertain a motion.

[Indiscernible-low audio.] it's been properly moved. All those in favor please say hello - - opposed? Abstained? Motion passes.

We will look to Lindsay Wesley. Want to draw attention we did receive public testimony on this document. Do we have an updated one? This is 19 Dash 01 show eight Dash a. [Indiscernible-low audio.] the object is to cover services in support of the family unit when they have a primary caregiver [Indiscernible-low audio.] this program is the state holder program. [Indiscernible-low audio.] last month, we presented a number of changes in regulation of the rules. This was because we provided guidance [Indiscernible-low audio.] so after last month, the stakeholder engagement continued. We met with the ARC and we also can send nude - - continued to receive feedback pages we were able to make on the stakeholder feedback some changes that were

highlighted in yellow throughout this are minor. We added the word [Indiscernible-low audio.] to define written policy. I'd like to highlight or go through the more substantial changes. Again with the feedback from the partners at the ARC. The first section is section B which is changes to the waiting list. We did remove language that said a family must request to be put on the waiting list and instead replaced it with language that said they must inform eligible families of their option to enroll into the program or to be put on the waiting list. They will help the family decide which route they should go. And section E which is a section about prioritization for the finding. We included language to complete an assessment to evaluate families who are on the waiting list as well as receiving service. We want to make sure we are getting [Indiscernible-low audio.] then some significant changes to F which is [Indiscernible]. We are - - the department received quite a bit of feedback from stakeholders. Last month we presented the recreational funding would be available to the individuals that identified with [Indiscernible-low audio.] families that stressed the importance of having access to [Indiscernible] and highlighted the differences. And then the department is happy to be recognizing that it plays an important role in families. We have added language that would allow for recreation packages to be purchased. We did some research and looked at with the cost of the recreation center is for families across the state. That's how we had the limit we included. So at least on this program is the fact [Indiscernible] the department is still including exclusions to what this can be used on. [Indiscernible-low audio.] under section G case management we had included the family support included all individuals in the household within IDD or developmental delay. [Indiscernible-low audio.] I will also note as you can see in the testimony received that we have continued to receive feedback about the requirement for documentation of expenditures and the department was unable to change the language surrounding the requirement and documentation around how the money was used. We can report on how expenditures and money is spent on programs until we decide that requiring receipts or invoices to show how many is used really is essential for compliance. I would be happy to take any questions.

In regards to the costing , what is the cost of doing business and the cost of entering these events? It will not sustain itself so next year if we need to move it to 750 do we have to take a vote again if there's a change in what that might be?

Most likely yes.

Are the stakeholders and you aware that [Indiscernible-low audio.] there will be a change?

We are aware and we keep track of how the costs change. [Indiscernible-low audio.]
we tried to take a median or an average of what the cost is.

Is there anyway we can put in their given a general cost containment that could be automatically enrolled so doesn't have to go back and forth .

One family [Indiscernible-low audio.] another family would request a lot of funding for services. I'm not sure if they could say a percentage.

Maybe just a general cost of living increase.

[Indiscernible-low audio.] >> Based on the testimonies we received, it seems like the folks are already saying that it's not enough anyway.

If you are referencing the letter from [Indiscernible]. They are both printed. I think it also looks like there is confusion that what Lindsay just shared is that [Indiscernible] and this is just straight up recreational [Indiscernible] I think there was confusion in regards to her concern there. With that be fair ?

Absolutely. Also last month when we presented we had excluded the cost of family recreation in its entirety. Again we are trying to balance that this program has a waiting list and there are folks that want access and are trying to be able to justify [Indiscernible] [Indiscernible-low audio.] we do want to recognize the feedback we received that access to recreation seemed to be the most important thing that they prioritized in maintaining their overall health. That's why we added that back in.

Thank you. I think part of the issue for us is the department would like to maintain the ability to work with this rule and have the flexibility. It's actually better for us to come back each year. As this is a new [Indiscernible] in the first place. We don't want to pretend bad things but we could be faced with having to be faced with realignments.

I understand the impact of access and actually [Indiscernible] I was wondering if you could share some data around that with us.

Sure. The waiting list numbers fluctuate. They are able to [Indiscernible] up front but then they also have different exchanges. For this past fiscal year I can share the waiting list numbers have moved from 1500 to 2500.

[Indiscernible-low audio.]

How many are enrolled in the program?

About 3500.

I just want to say I appreciate that there is a family [Indiscernible] [Indiscernible-low audio.] only one person they can take but more likely there are other people in the family that need to accompany this child and maybe other children as well. I appreciate that being more doable for a family and also they pass with 2500 families waiting is

also complex. You wanted to be a workable benefit when you get it. I think this is a healthy compromise. It takes a larger portion. [Indiscernible-low audio.] we appreciate that.

Remind us where this is funded from. If this is a state only program and not getting federal funding where does it go quick

It does come from the state general funds.

This is part of the appropriation from the [Indiscernible] bill?

I have a question regarding the list. Those 2500 families on the waitlist, are they eligible and are those people [Indiscernible-low audio.]

They are eligible.

The follow-up question is do you see any [Indiscernible] or is this pretty typical for the level of funding that we've gotten your after your ?

There is more auditing of the program. And they are taking a closer look at what this will look like and with the waiting list looks like and really flushing out our waiting list parameters so folks understand who should be put on that list so the department has the data to use and talk about expansion and things like that. With what was discussed earlier we are receiving funding to move 200 some families so that is a plus right now. And then the CCB will continue to have an allocation to work with and part of this program is the CCB in conjunction with the family support Council deciding how they use the funding that they get to move families off the waiting list and what services to provide them with services not to provide.

Any other questions?

One thing on the beginning. You crossed out community service board but you did not put in CCB.
There thank you very much. >> We do have public testimony for this role.

Heidi Haynes.

You should be like come on down.

Please introduce yourself for the board and then you have five minutes of public testimony available.

Good morning. My name is Heidi Haynes. I am the director of advocacy at the Department of Colorado. We protect the rights of people with intellectual and developmental disabilities. We want to take this opportunity to recommend [Indiscernible] for being so willing to address the Colorado chapters concerns and what appropriate incorporate suggestions into the role. We appreciate HCPF's [Indiscernible] to

provide clarity to the public. We look forward to that in the future. Thank you.

Thank you. That was wonderful.

Questions?

We don't often receive a plug.

It was the time that was put into [Indiscernible-low audio.]

Thank you.

Are there any other comments from people in the audience that would provide public testimony? Before we entertain a motion I asked that as you make your motion, could you move with the language that was provided so we can complete this as a final rule.

I will entertain a motion at this time.

I will move for the final approval of this document along with the changes recommended. Revision to the rule concerning family support service program regulations incorporating the statement of basic purpose and specific statutory authority.

Do I hear a second?

So it is properly moved and seconded. All of those in favor say I opposed? Abstained? Motion passes.

Let's move on to document eight with Adam Tucker. >> Mister Tucker please introduce yourself to the board.

Thank you. My name is Adam Tucker. I am a home community-based benefits specialist. I work in the office of community living. Today I am here to do the second presentation on document number eight. This would be in section 8.501 of the rules and it is for the state-funded supported living services program or the SLS. It is how we refer to it. This is another program that is coming through the state general fund so there is no federal match for the program. This program was kind of up in the air around rules and where they were and what was allowed. One of the things we did is we stepped back and in our hope to build some good rules and understanding around the state of Colorado, we stepped back to listen to stakeholders including the CCB to hear about what was going on in communities and how some money and some of the resources could be used. This was to support people with intellectual and developmental disabilities. What we did was we created a couple different service buckets and in those buckets one was to support people who are working to enroll into home community-based waivers. We know that process takes time. We also know people need services while they work through it. This program will be able to support those individuals. We created a service category that would allow for some support around things like past - - pest infestation. Really thinking about individuals who are living and not in a group home or host home

but living on their own. And some of those things that need to go to them living on their own to think about how we could support that. We know pest infestation especially in Colorado with bedbugs is one of those things along with utilities and back utilities. We also created another service bucket to support people in that transition. Helping with getting their pantry set up and maybe buying some furniture like beds and things like that. And then finally we know that we support adults with intellectual and disability through the program to meet this waiver. We know those individuals need the support and they need help. It may be periodic or because they are working and are a little bit over income. This program can really support them with some services so they can maintain their independence and the community. We continue to engage with the ARC of Colorado really in a partnership to - - they gave us incredible feedback to make this a stronger rule as we move forward. Before we get into the changes I want to mention that this is step one of a much larger project we are undertaking for this program. The next step in that is looking at how we allocate this money throughout the state. Really before we can get into understanding how we can do that we had to understand what the services are. We are starting with the services, and the next step we will be working on over the next year to build a new allocation process. This is to make sure the money is flexible enough to be used around the state of Colorado.

Are these new services then?

Yes. A lot of these service categories would be - - these would be the first times we would actually be able to do it through funding at HCPF for many of these. That first service category and the last service category really does have the humidity based services so for people who are working to get onto the waiver are individuals who may be over resource or allocation. They don't know that eligibility. Most of those services they will utilize will parallel what you would find in the home and community-based supported waiver. Things like respite and personal care and supported employment. Those types of services would be utilized. That pest infestation or the support to help someone move into their own apartment or their home, these really are the first step in really figuring out how we can support people.

Isn't this a cost savings to the state? Having someone move out of an institution into somewhere by themselves and take care of themselves so those funds could be reallocated or transferred over to help fund the program ?

The funding from this program comes from the [Indiscernible] bill. It's part of our budget. We would need to continue to study that to see where that cost savings is and how that cost program is being used and how often that we can see the cost savings. Really when we thought about designing these categories, it was much more about supporting people and becoming more independent in the community. Supporting people in gaining a true foothold and a true place in their community. That really was [Indiscernible]. Absolutely. We will continue to monitor

that and see if there's any - - see what the cost savings look like and how we can utilize that to continue to improve the services.

Over the last month we have been working with the ARC of Colorado. They pointed out some really good areas where we could make some significant improvements. I want to walk through that with you quickly. In the definition we did in the previous draft have a full definition of developmental disability. We pull that back and we are to finding disabilities through reference. What that allows us to do is update that definition in 8.6. It will make that update here. It was more about streamlining the processes. Then on page 3, we added the language in accordance with section 8.501. This is an exception and I will touch base on that when we get there.

The next one was we did, on the next page write the top we added more language but F is new. Really what we want to make sure is that we had a mechanism in there for dispute resolution. That is what that section is. It's our resolution process. If you go down further, under general provisions, under C, this was a really good - - I think a poignant piece that was brought to our attention. It's not just is the service available somewhere else but is it accessible to the person that needs it? We were able to add that into the language. Then on page 5, right under I, starting on line 6 and is actually I'm sorry I'm trying to keep these together. It's difficult. We did the same thing. Again the ARCs are poignant about mentioning that. Then further down that page on lines 31 through 33, we actually added this at the direction of this. Making sure that we have the ability to have the back and forth when there is a correction acted.

And then on this pest infestation we raise the limit up to $2000. We will watch that and make any adjustments if we need to. If that doesn't continue to be the average amount that those services take. We did do some more research over those two confirmed that it was up to $2000 and we wanted to make sure. With line 26 that was a typo. Since we had this . On page 11 it's going back to the same idea that the ARCs help to make us see but does the individual have access to it? Finally in this section on page 13 and 14. The ARCs and some other stakeholders really did point out to us that we have all of these service categories, but we probably need to have some kind of process within the rules that are going to allow us or dictate to CCB if there ever is a waiting list how we should select people off of it. And so we agreed with the ARCs that people who do not have service connection in any other way should be prioritized on those weight lists. Except when there is a health and safety or homelessness, abuse and neglect, danger to others, or if the primary caregiver is incapacitated. We did make a caveat that - - basically how this works is that if there is a waiting list, people who are not service-connected will take first priority unless there is an emergency health and safety situation where this money really will be able to stabilize someone so that they don't need a higher level of care. We have that caveat but just on a day-to-day basis you will see people selected off the waiting list who are not service-connected. Just to point out that the waitlist for this is not on average very big. In March of 2019 which was a couple months

ago, it was for the entire state it was at stake. We are working at reducing it. We did get some extra funding in the long bill to reduce and eliminate some of this waitlist. We are working on that as part of the process. That's it.

Thank you. That was very helpful.

It was very helpful.

Thank you. I have a question in relation to the comment about documentation. What would that look like for those criteria that you have listed in item number six. What would be acceptable documentation?

Acceptable documentation in this would be even just statement saying that my caretaker is incapacitated. That there was some kind of documentation showing something like that happened. Maybe even an eviction notice. Those kind of things.

Thank you.

I am concerned about this $2000. That is $160 a month to have someone come around. Am I missing something? Is this like an organ?

We are talking about - - there is - - part of this I can speak to from my professional background. I used to work with folks who were into these things. A lot of places in the state of Colorado, especially since bedbugs have hit, that - - an infestation that's not taking care of can lead to eviction. What we did was it needs to have reached that level. Word gets to a level word spreading and going throughout the building or you're getting attacked every night it takes a couple of treatments. Bedbugs can infest books and things like that. It takes a couple months. Once you do that it starts to get up to $2000. We are basically saying is that - - this is based on the professional statements of the person coming into doing the abatement. This really is about one event for an entire year. If you have a really bad infestation, you need documentation that this is a series or process of treatments we have to go through to eliminate. What we did was we looked up a number of different - - even in other states we looked at places like professional bug killers and it came down to about $2000.

This is for a one time thing? This is and to have a monthly service?

This is Dr. [Indiscernible]. I think they can even go into walls. At least in New York City, people sometimes just cannot get rid of that. It's just a huge nightmare once a get to the point that people are getting bit. It's super difficult.

I was thinking something totally different.

It's not like spring for ants. It's a whole other ballgame.

Any other comments from the board text

We do have some public testimony.

Linda [Indiscernible]. >> Good morning. Please introduce yourself.

I am the executive director of the ARC in Denver. And as you all know we have the advocacy for people with intellectual and developmental disabilities. [Indiscernible-low audio.] since the last meeting, we met several times with the department to talk about some of our concerns and the changes we wanted to see. And they really went through those things they could. One thing I was most pleased with was the addition of the waitlist protocol. That really identified priorities within that document. It's made a huge difference. We use and access state SLS services all the time. People who are not quite ready to get into the waiver because the monitored community condition doesn't allow them. People who need services right away and if you need services right now and there was a time to get an enrollment. It made a significant difference in his life. Those services are the ones that my staff really look at for people on an ongoing basis. It serves several different purposes. I think I also want to give kudos to the department for going through that with us. As Adam said, there are next steps to this. I want to talk about those things that we see as next steps. We want to continue working with the department to move this forward. It's a big caseload that they have. On the handout I gave you are the seven things that I see right now. I may come up with more. These were things that were not able to happen during the go around. I want to be clear on that. So portability for any person is a really important thing. Affordability is the waiver where you want to move from one location to another. It can be really important for people. Right now we are not able to do that. When I say that portability I mean the person can take the current service plan and fiscal year funding with them. Only through the end of that fiscal year. Is based on this [Indiscernible] transition from one to the next [Indiscernible-low audio.] when the fiscal year starts and there's not a waiting list if you have an SLS plan in one year you should be able to prioritize that if you are still not qualified for the waiver services. That was the second one. The third one I have not talked about. [Indiscernible-low audio.] we think that might be another important thing to look at. Whether the state can manage it. Particularly for people whose ongoing support services and not necessarily people who need temporary supports that was talked about. We also think they need to add an option for housing resources. It is huge in Colorado. We are talking about the challenges with past things. Not only is it a challenge but finding someplace to live is a huge risk for people. We really supported that because we have seen it happen across the years. The conflict case management is limited only to people in waiver services. We understand that but we would like the department to look at a plan to develop implementation into state-funded services. Adam indicated the allocation process for people who have similar needs. That is [Indiscernible]. We agree that would cause [Indiscernible] I have to say it doesn't look like [Indiscernible]. It has to be something that can be done quickly and not cause people to get backed up and not able to ask us what these services

are able to do. The last thing is the department needs to move forward. I am looking at that. We have no idea how many people accessed it because they couldn't get a waiver. How many people have to access it because they have a pest problem. As I said this is my list for now. Thanks for letting us speak.

Any questions? >> We have another public testimony.

Heidi Haynes.

Welcome back.

Good morning. My name is Heidi Hance. I am the director of the ARC of Colorado. As Linda mentioned we still have a lot of work to do but I wanted to take the opportunity to thank HCPF again for being so willing to go through this revision with us. [Indiscernible-low audio.] we just felt supported and he addressed all of our concerns and we are eager to address some of the things that are still there but we feel confident and glad to know that HCPF is willing to address and work through those issues. That is all I wanted to say. Thank you so much.

We also have online testimony as well. So Chris will read on behalf of it.

This comment is from Leslie Roffman. It was submitted over the webinar. She says continue to be concerned about proposed rules that limit service provision to [Indiscernible]. The system utilizes services using independent contractors and the OH CDS.

Thank you, Chris. Are there any comments or discussions based off that testimony?

If I may, I do actually think this is an important piece. We actually have developed - - one reason why we are using this is because we know then that they have gone through the Medicaid approval process.
Oh I'm sorry program approved service agencies. So we have - - we know they meet certain qualifications and standards and those kinds of thinker we also recognize that just as what was brought up there will be some times where someone has not identified this trick they may need some emergency food or something like that. We created service in this that would allow a case manager to authorize that service and go with the client to get those emergency provisions. There is somewhat of a hierarchy. The reason we want to use that is because we have faith in the process in which they were approved to do the services and that they were qualified in and know best practices and different things.

I have another acronym to add.

At the very end of the testimony OH something?

OHCDS .

We currently are using the CCB as administrative bodies because that is in statute. For the state-funded program.

Leslie Roffman was just - - she commented that will significantly limit choice and current practice.

Mister Tucker.

We are absolutely open to monitoring that and continuing as we work through the allocation progress to continue to get feedback and trying to understand that so we can address those issues.

Any further follow-up?

Not at this exact moment.

Thank you.

After listening to the last rules we have the systems which are different for which we have clients who probably qualify for multiple and I'm wondering what systems we have to help folks understand . I appreciate this rule there's very specific clarity on how the waitlist system works. I don't know if we have that level of clarity on the other ones. Who helps the clients with that? It sounds like a lot of the CCBs are doing it but who is helping
the clients understand that process? When will they get services and work through that process. I suspect this may not be a question for you but just a general question.

That is not my area of expertise. I do know about the CCBs or case managers going into the future. We will be able to support individuals understating that process and what that means.

I believe we have a follow-up.

We did. On page 9, line 22 of the rule, Leslie Roffman said the word only PASA it needs to be deleted.

What was that?

Page 9, line 22. She says the word only PASA.

Let's talk about that. Does everyone see that? I guess her question is that based off of Mister Tucker's comments is that it is only a PASA . Would that be accurate? Are you in support of keeping the rule as it is?

Yes. These are ongoing state SLS support. All the services someone would ask us within the category are parallel to what is found in the services waiver. In those instances we are talking about respite, personal care, employment and community connections, we are talking about all of those services in the home and community based waiver. It is important that a PASA provides the services so that we can ensure that they meet the qualifications that are laid out. In SLS rules and

so I would be open to having an ongoing conversation about that and trying to understand where the concern is. As I read it sitting here right now, I believe that's an important piece.

Thank you. We had a second follow-up.

However in the waivers, independent contractors are able to provide those services.

If a PASA wants to contract with someone or higher an individual to do these services there's nothing in these regulations that would bar that.

Any questions on the board?

Anyone in the room have any testimony on this rule?

One more. What about the CCB? >>
I believe if I can infer - - if they do provide services they would be eligible to provide that.

So can we move forward? Did you want to point out a few things quick

Yes. I just noticed a couple typos. >> On page 4 it says without the individuals or guardian agreement . >> On page 6 corrective action plan is capitalized and it should be capitalized in both instances because it is a defined term.

Did you note those quick

As we did in the previous rule I asked that whoever makes [Indiscernible]

Let me say that. We will take this next testimony but when you make the motion I ask that you edit that.

Going back with the CCB comment. Contracting with the independent contractor as the OH CDS.

Mister Tucker do you want to add anything further?

I think I understand a little more of what she is saying. As an OH CDS historically and in this program, CCBs have been able to contract privately to identify their own providers. I still believe it's important that again with the caveat we are open to continuing to watch and understand how this is, but as regulations for this it is important until we understand how the program under these rules will work in the community that we know that a PASA is doing and they've met the qualifications that we set forth.

We understand where she is coming from and we are open to continuing the conversation with her and with anyone else.

I think we are good with the testimony. We can stop the dialogue. I just asked that if there are further questions that you be the contact for further dialogue. Would that be fair?

Yes.

I would like to entertain a motion at this point.

This is Dr. freely. A motion of approval for [Indiscernible-low audio.] this is to include the recommended edits in the revision to the medical assistant role concerning state supported living services for section 8.501.

So it has been seconded. All of those in favor please say Aye . Opposed? Abstain? Motion passed.

I have a request, not that Chris hasn't got enough to do. Would you create a list of acronyms and - -

We have a list of acronyms. They are on the iPad under the second hyperlink where it says board member information and there is an acronym list. This has been requested because it is hard to keep track of all of them.

We try to keep it as confusing as possible.

It is there for you to always look up.

Would be possible to have a hard copy of that. It's hard to flip back and forth when you're trying to read documentation on the screen.

[Indiscernible-low audio.] I don't think we can solve that issue today. I do feel like there's probably several of our community people on these waiting lists that there may need to be cross-referencing for support needs and or processing how they are managed like you said there is some consistency or there should be some on how that process goes but again the cross-reference of who is on which waitlist and that sounds like a big huge task.

I have a follow-up question. It seems like strategically probably HCPF is looking at that because you need to know where the extended waitlist is and what money we would ask for. I was curious if there is a lens applied backing up from individuals who are looking at the waitlist? I don't have enough understanding to see how the programs are related. But if they are are on multiple waitlist [Indiscernible-low audio.]

I actually made notes about that. I think obviously we have individual programs and wait lists. I think it would be appropriate for us as a department to look at an environmental scan to see further crossover to see if there are better ways to communicate how and when you access what exactly the protocol would be. I think it is a good point and well taken. I will bring that to leadership as well to provide more clarity.

I know for us trying to decide how to triage this how do people get [Indiscernible] without it getting overcomplicated. It might not be the same but you like to have some degree of equity across the department in terms of how people are behaving. I think that is the kind of thing that can feel very unfair to people if there's not a sense of systems across different programs.

I have a different follow-up. I believe we heard testimony in the past about wait lists and those folks are actually eligible but they knew the waitlist was long so they need to go ahead and get on the waitlist. Once they were approved they can make the determination if they want it or not to get a pushback. Your question was very eye-opening. I was assuming all of the waivers acted in that capacity. She said no. They were all eligible. Thank you for that. Thank you for the follow-up.

That sounds kind of like an unfortunate use of staff resources. If people - - I think it depends on the system.

I understand what people are trying to do. I get it. For the department it seems like potentially a lot of staff time to maybe we should leave that out. It depends on what program they were talking about.

Some of these wait lists are falsely inflated by the fact that we have people sign up and they use it as a placeholder. Then we contact these folks to say your place on the waitlist is up. And they say I'm not ready or I don't want to engage yet. Again [Indiscernible]. That is part of the balance is to try to establish what the numbers are. It is a point well taken.

I was hoping they would still be in the room but I want to share deep appreciation for Adam and Leslie to do that exchange we just did. I have not been where we have had that back and forth conversation. I know it's not an easy process. I appreciate it. I found that to be helpful. It's not easy but it's great we were able to have that topic. Thank you for that.

I have a follow-up. I appreciate it as well. We have to tweak how we are going to do things a little bit. Because we say five minutes but it takes longer in that process. I like the outcome how we ended up having a brief discussion and thank you Amanda for pushing that to go quickly. So she did a fabulous job communicating. It cuts the time that we are here having to go back and forth and wait for responses.

I think it is a bit of a work in progress. We will get more refined and see how it goes. It also allows a voice at the table.

Can we move forward to the [Indiscernible] agenda. I am keeping you guys on task today. Let's start with document nine and we will invite Russell Zigler to the table.

Welcome. Please introduce yourself and share with us the initial role of document nine.

Good morning. My name is Russell Zigler I am the policy analyst. I represent the employment community-based services for persons with a brain injury incorporation by reference cleanup role. The purpose is to rule unnecessarily reference language. Section 8.51 5.1 authorizes the waiver excuse me the program. Then he goes on to incorporate federal statutes. There's really no need to incorporate by reference to those statutes. That is what we are moving in. This does not impact providers or client served by the program is merely a technical cleanup. With that said, I'm happy to answer any questions you may have. Thank you for your time.

That was very short and sweet. Any questions? This is a pretty simple rule. Any questions from the board? We have no public testimony. We have no Internet comments. I will entertain a motion.

I move for the initial approval of this document. Revision to the medical assistance rule concerning HCBS-BI incorporation by reference cleanup section 8.51 5.1. Incorporating what was in the record.

It has been properly moved and seconded. All those in favor say Aye . Opposed? Abstained? Motion passed.

We will head into document 10. Jennifer Vancleave. Please introduce yourself to the board.

Good morning. Thank you for your time. My name is Jennifer Vancleave. I am the general eligibility policy specialist for the department. I am here to present the change to medical assistance eligibility rules concerning general eligibility and verification requirement. The rule change will incorporate exceptions to the department to provide a Social Security number when applying for or receiving medical assistance. In this change there's no changes to citizenship or eligible non- citizen eligibility. There's also no change for requirements to verify a Social Security number when it's provided. These exceptions will apply to all applicants and recipients of medical assistance regardless of citizenship or immigration status. Federal regulations at this give the following exceptions to providing Social Security numbers for medical assistant. There not eligible to receive a Social Security number. They do not have a social scaredy number and the only will be issued one for valid nonwork reasons
or if someone refuses to obtain a social security number because of a well-established religious objection. Currently in section 8.100 .3 I doesn't list the exceptions to the requirement while 8.100.4 point B and also .5 B only list religious objections. The exceptions will be moved to the first because that is the general eligibility requirements section. To make it more clear that the rule applies to all applicants and recipients. The exceptions will be added in reference to section 4 B and 5 B. In this rule we made additional [Indiscernible] to clarify and reinforce individuals who meet these exceptions must not be required to provide a social security number. With this rule change, the department is aligning with federal regulations to ensure that individuals are not requested to provide a Social Security number or denied for failing to provide one. The change will also align our ruling which is the online and paper applications

because they already have options to report these allowable exceptions. In terms of benefits, the sides aligning with federal regulations and applications, it is also meant to eliminate potential barriers that individuals may feel in terms of wanting to apply for assistance. If they feel they would be required to provide a social security number even though they meet one of the federal exceptions. The department would like to thank the Colorado Center policy as well as the Attorney General's office for the collaboration on drafting this rule to ensure the exceptions and requirements are clearly indicated in our rule. That is all I have. If you have any questions.

Any questions from the board?

We don't have anyone signed up for testimony. We thought there may be someone who would like to come forward. Please introduce yourself to the board.

My name is Allison and I work for the [Indiscernible] I want to come up and thank Jennifer and the department for working on the clarifying [Indiscernible] we did bring this to the department at we see people implement the case management agencies communicating the requirement as the eligibility requirement. People have to have a social security number in order to qualify. We want to make sure it's very clear that there are exceptions and you have to provide a Social Security number if you have one. It is not an eligibility requirement. We requested there be that additional clause so it is required and it's hard to take that sentence out of context. We see issues with citizenship and language in different areas. We look at it in the future. If you look at page 2 you'll see applicants seeking medical assistance shall provide all the following. And then the application of citizenship and identity. It says as outlined.

Is - - whether it's an SSN or phrasing that makes it look like there is a citizenship requirement. If that is a requirement of eligibility we want to keep working with the department to identify and modify those we appreciate the continued [Indiscernible]

Thank you. Any questions or comments ?

This is Jennifer Vancleave. Thank you. Some of the suggestions at the department we are taking into consideration in terms of how this section and others are organized. Because some of this can be accomplished by reorganization. We're looking at that through our regulatory review process which is this month up for public comment for the regulatory review. We are starting that process. In addition to the organization and clarifying language we are working with this as well as the key stakeholders to develop communications and additional training documents that can be released out to not only the eligibility side but some community site. It can further the message. There are a different pathway to eligibility.

Based off of this - -

Any questions for these two? I don't believe we have any additional testimony. Anyone else in the room with a like to provide testimony? Okay. I will entertain a motion.

[Indiscernible-low audio.] revision to the medical assistance eligibility rules concerning general eligibility requirements and verification requirements section 8.10 0.3-I
and [Indiscernible] all of those in favor please say Aye . Opposed? Abstain? Motion passes. Everyone okay? Hanging in there. Those were ton tricksters - - tongue twister's.

So we are down to two papers in your pile. . I want to make note of that . Please introduce us to the board.

Thank you. My name is Aaron Thatcher. I'm the participant and liaison for in-home support services or IHSS. IHSS is a participant directed service delivery option available for adults and children in waivers. Currently we serve participants in all 64 counties and we have about 5000 people we serve. And so this rule is to make small changes. . At that time we couldn't throw it in at the last minute so we decided to do some engagement and we have included provider training in the role. We decided to move the service inclusions and tasks into the rule previously they were in the personal-care definition and there's a lot that can be misconstrued with the current location. We added the service definitions and the role. And I'm happy to go into continuous test. This rule is necessary for the growth of IHSS. Over the last year we see a lot of new participants. As you heard earlier we were extended until 2028 by the General assembly. We are preparing for continued growth and a lot of changes were to clarify things and tighten up a little bit. I'm happy to over this or if there's changes or anything.

Would you like to do? There's a lot of edits on this. I don't think we need to go line by line. I'm happy to point out the three major highlights.

On page 3, we have the covered services. We've got several pages of rules. Just some level setting. These were in personal-care rules and we had not change those for several years. We had agencies and case managers and clients making up their own definitions for service deliveries. We have engaged with stakeholders for participant directions so [Indiscernible] is up next you will hear a lot of the same information. We did a robust stakeholder group for 30 hours . The goal is to see people appropriate to medical condition. That is a significant number of pages. The light is - - the next big thing is if we go to page 10 on IHSS eligibility, we added C which is administrators and managers shall complete training on the rules and regulations. This is directly related to stakeholder requests.

And then finally on page 16, towards the bottom, we get into [Indiscernible] which is health maintenance activities which are skilled services under IHSS. May include some related services.
You realize that is just a portion of the business. We are paying at a higher rate we expanded this language so that if someone has a lot of needs we will include some of those secondary tasks so of saying

someone needs help going to the bathroom that would be attached. We worked with stakeholders and we are in a good spot and prepared for the future. Any questions?

Thank you for going through the highlights. >> Any public testimony? I will entertain a motion from the board.

I will move the initial approval [Indiscernible-low audio.]

Second?

It has been moved and seconded all in favor please say Aye? Opposed? Abstain? Motion passes.

We are at the last rule document 12. Please introduce yourself to the board and introduce document 12.

We have an updated version.

Rhyann Lubitz I'm the program supervisor here at the department. I oversee in-home support services as well as consumer directed attendance support services which is the rule that is before you today. It's the longest rule on the agenda for today. It is fitting that we are last. You do have an updated version in your packet. We did correct one citation. I would like to call out I am not making up a whole new section but if you look at line 1 it's 8.510. As Chris pointed out I cannot go rogue and create my own citations and say this that will be corrected in the next version.

I would like to see on the website how that will be posted.

With that I would like to share some background information on consumer directed support services. We call it CDA S. It is a service delivery option for personal maintenance services. It allows members or their designated authorized representative to direct and manage their own care. They are able to receive a budget for services and pick the people they want to employ to receive or to provide those services to them. It's a great service delivery option. It comes with a lot of responsibility. A member or who they designate the representation. Has to work with their budget every month and manage employees and be there supervisor. And then determine if they need to do new staffing and make changes to the schedules and are they able to make their needs work. If not, they need to work with the case manager to make changes to the budget to best meet the needs and be a fully supported integrated member.

You may notice a large portion has been changed. I do want to assure you're not all the text is new pick some of it is restructuring and moving around. To do this change I started working in 2017 with stakeholders through the participant directed programs and policy collaborative. We go by PDP PC. Say that a couple times fast. We reengage in 2017 as a small group throughout 2018 and then back in 2019 brought it back to the larger group with every time we had a rule

change or version change bringing it back to the large group for comments and all the way through to be sure they could see any final changes that occurred during the clearance practice. With that I will take you through some highlights of the rule. If you have any questions I would be happy to answer them. Like Miss Thatcher said we updated the service definition. What we found is that our service definitions were not robust and were leading to confusion amongst our case management agencies. We do have I believe it's 47 cage management agencies that provide case management for members utilizing consumer directed attendance support services and wanted to make sure we set them up for success. And eliminate any confusion. That would be the first part of the rule. Next we move on to trying to outline for case managers and authorized representatives to streamline roles and responsibilities. We called out a case manager has five days to make a response in regards to changes in services. Trying to call out some timelines as well as identifying whose job it is to do which task. You can see there is a lot of lines to go through. We do have our client and authorized representative responsibility section. We really beefed it up to be sure people understand the roles and responsibilities. Within that, if you look at the next section and we go to number 14 we did add a caveat now with allocations. To give you some background, consumer directed attendant support services allows a member to have a budget for services. I will just throw out a really low number because I am a social worker by trade. Let's say someone's budget is $100. We allow members flexibility within the budget. They may have an annual budget of $1200. They are only allowed to break that out that you can spend $1200 year but that breaks out to $100 a month. We have flexibility pick if someone needs to go over that are under that it's part of life. It is hard to imagine that if someone said you have to plan and budget for your needs, right now with no variation, when Tuesday comes along you have a medical change or something happens. We like to have flexibility within our budgeting process. Within that we needed to make sure that we had accountability to ensure these budgets were not being premature it. We did establish a limit where member can spend their monthly budget and up to 29.9 percent past that only from the annual budget but they can't go past that amount. There is a hard stop at 130 percent. Using the $100 analogy they could spend $129.99 but they cannot go to the $130 portion. That is a change I worked with stakeholders on to determine what would be the appropriate amount to set that limit at. And so we really did a lot of back and forth trying to decide. Do we do a percentage or dollar amount? I think at one point we threw it all up in the air and we had to look at it again because it was so complex to make that decision. Stakeholders felt that was a fair number. We average between 90 and 150 participants. We used more than 100 percent of the monthly budget. Those that fall in this range are very small. Looking at one third or less of the group. For that overspending. We plan to do extensive outreach to let them know this change is coming. They need to ensure that they are managing the budget appropriately and as long as we contract to have them support members if they need any help with their budget.

Within that, the other changes we've made is we restructured the termination section to outline the opportunities for retraining prior to someone being removed from the service delivery option. We want our

members to have multiple chances to work through the process and get it right. It's why we have a training vendor not only for case managers but for the members and authorized representatives. We also removed the requirement and the members are excited. They would need to use home healthcare prior to having the change in the CDASS allocation. Not everyone qualifies for acute home healthcare. They may have a change in the personal care needs are the homemaker needs. The rule said allocation should not be changed for 60 days following an acute episode that you would utilize and if you can't utilize that, you have to have a reason for it that you work through the department. That wasn't making sense. We wanted to make sure we made that change to best support them. With that I will pause. I know I threw a lot of information that you. If you have any questions I'm free to answer.

It's a comment. It is significant in that home health requirement for that health requirement is not just a Medicaid thing it's a requirement in many insurance agencies. It is quite silly. It is the most expensive thing. It is typically a less expensive option before becomes that most expensive option. I appreciate that thoughtfulness which I'm sure came from stakeholders. It's not always anything that changes her situation. Appreciate that thoughtful change.

Thank you.

Any other comments or questions?

I appreciate that there are two full pages of stakeholder engagement. You and the prize. [Laughter] and dating back to 2018. It sounds like you started in 2017. Thank you very much. That shows why we don't have any comments. Anything online? Anyone in the room that would like to sign up for public testimony?

Thank you very much. I will entertain a motion from the board.

I moved the initial approval [Indiscernible-low audio.] revision to the medical assistance long-term services and supports role concerning consumer directed attendant support services section 8.5100 Inc. the statement of basis and purpose [Indiscernible-low audio.] contained in the records. Second?All of those in favor please say Aye . Opposed? Abstain quite the motion passes. Thank you very much.

Let's look at the consent agenda. I feel like all of our initials are in there. Is that okay?

[Indiscernible-low audio.]

I think she identified that. I will entertain a consent agenda motion please.

I move we add to the consent agenda the move to call documents nine, 10, 11, 12 to the consent agenda.

I second that.

All of those in favor please say Aye? Opposed ? Abstain? Motion passes.

Let's head into closing motions. >> I move all rules adopted at the meeting of the medical services board of the Colorado Department of healthcare and financing meet the criteria of the state of been a strata procedure act which are incorporated by reference.

It has been moved and seconded. Everyone in favor please say Aye? Opposed? Abstain? Motion passes.

All you have left is open forum with public comments and department updates. Do you want to file through or would you like a restroom break?

Let's continue forward. Do we have any public comments? There is no one signed up.

It looks like it's mainly the department. Okay. I'm glad we chose to plow. All right you are up with the department update.

Thank you. And congratulations to both you and Dr. Givens. This is on the successful confirmation. I think you will agree to remain with us. It's a strong board and we are happy with the way things were conducted. I thank you for your service. It's a great benefit to us at the department. Again thank you. Obviously you have heard from David DeNovellis that this is a difficult and fun filled legislative session. We saw proximally 45 bills that passed that have some reference to Medicaid. The bad news for you is you will get to take on all of this legislation by way of creating the new rules that have to be implemented. As well as revising some of the existing rules. It should be a busy next few months as we work through the implementation. We are getting started on that internally as well because it is a big one for us. This is far and away the most active healthcare session I have seen in my 14 or 15 years. Everyone decided healthcare was the topic du jour. We now get to deal with that. It will be interesting. Thank you for some of the suggestions that came out today. I will take it back to leadership to see if we can't do this scan. We really do - - one of the main goals and missions is the fact that we want to create the least amount of administrative burden and as much clarity as we can. They deserve the same customer service. Anything we can do that benefit this I would be happy to look at. One of the Bibles we used was a publication that came out of the Colorado health Institute. They published a little handbook on acronyms. It was great to have. I am going to look to see if we can even contract with them because it's good to have some of the generic stuff. But to also do an overlay. You think it's bad [Indiscernible] [Indiscernible-low audio.] let me see if we can't put together some kind of hardbound document that we can pass out. Just a little [Indiscernible] to help us put it out. It was a great reference. We will take a look at that.

One of the things that was referred to when we talked about some of the transition from the facility into in-home. It is really hard to

quantify some of these cost avoidance dollars especially when you have a program that's growing exponentially. We know it's a cost savings. It is very difficult to get a handle on how big that number is.

I wasn't pushing to have that service change. Hopefully it creates [Indiscernible] to help even more people do that.

We would like to repurpose those dollars to use for things. It is hard to identify that the population is growing. Colorado has grown by 20 percent in the last 10 years. I think it will continue to do so. I have been around and seen the ups and downs. At some point we will see a downturn. It's a whole different discussion then we have to have. We would love to see it stay robust. We need that flexibility to make adjustments. That is all I have. Are there any conditions, questions, concerns? We will try to get back to you quickly on some things we have talked about today.

Are there any questions for the board?

You weren't kidding. You made that short and sweet.

We felt that we had a lot to get through. Also as a reminder, Chris recently sent the outlook for the Colorado Springs adventure so to speak. We will be providing a bit more of a detailed itinerary. I think we may have talked about. That is coming next month.

In a few weeks.

With that we will adjourn the meeting.

Chris you did great on the coffee. That was much better.

Okay.

Excellent.

Is what matters to us.

It's important in the morning. [Laughter]

It's that good?

Do you see that.

It's as good as dinner last night.

[Event Concluded]