[Captioner Standing By]
>> Please stand by for realtime captions. >>
Audio check.

I can hear you. >> [Captioner Standing By]

Who is on the call?

[Indiscernible - multiple speakers] >> Hello Christy .

Donna, are you on? >> I think so, but I cannot tell .

We are trying to reach a quorum. >>
Donna, is that you?

Yes, sir.

Excellent .

We have Christy and Donna on the call . >>
We will call this meeting to order with Medical Services Board, the October 11 meeting and start with roll call .

Amanda Moorer . Christy Blakely. Lucille Fraley. Patricia Givens. Simon Hambidge. Brigade a huge. David Pump. Jessica Kuhns. Charolette Lippolis.An Nguyen . Donna Roberts.

There is a quorum. We will go into public announcement and the date and location of the next medical service board meeting is scheduled to be held Friday, November 8 beginning at 9:00 AM at the 303 E. 17th Avenue 11th floor conference room in Denver Colorado. It is the policy of the sport in the department to remind everyone in attendance this facility is private property. Please do not block the doors or stand around the edges of the room. Please silence your cell phones while in meeting rooms. If you are listening in the audio stream please click on the link to during the meeting in the question Iger feature is enabled for the webinar and play submit questions and at the open forum time of the agenda please identify yourself. Money can be given in the future medical service board site and testimony will be given time after individuals in the room. Please invite yourself when speaking in there is open forum for each rule in please ask staff and there is a five minute limit for all communication.

We have a motion
for the approval of the minutes.

This is Christy and I pray .

We have a second.

Will do a bowl all in favor please say I.

On the phone, Donna?

 I .

Christy ?

I
     .

 Thank you.

We will jump in we have a full day so get ready.

[Indiscernible - participant too far from mic] but start with a final adoption agenda . >> I will take a motion . >> [Indiscernible - low volume] supplemental payment language in section 8 -3004F.
     [Indiscernible - low volume] thank you . Is there a second?

 I will second. All in favor please say I .

 Opposed? Miss Roberts?

I . >> This Blakely?

 I .

 Thank you in motion passes. Nice job. One part done. Into the final adoption agenda we will have Scott .

 Hello Scott .

 Good morning .

 Please introduce yourself to the table and ascribe to us more about document three .

 My name is Scott
     and I am with the benefit and service division and today I will be speaking at the revisions to the medical assistance rule concerning the Colorado national identifier and these changes are a result of house bill 18 trust 1218 which is implementing through the requirements and required through the law and I am here to address one question when the roll was raised last month, before that the appropriate of hospital committee to what it covers and it requires newly enrolled and currently enrolled Organization Health Care Providers to obtain and use a unique national provider identifier, NPI for each service location the Colorado interChange system and in short, the roll defines provider types and the provider types and also outlines the 2020 and 2021 compliant states. When Chris Underwood was here , last month, he presented the rule and there was a question about the term community health center and it was under the dental clinic definition and because to me health center is not defined elsewhere , there was a question about what it was and in response to the question we added language to

nine, B and C which should be on page 3 and four of the rule that you should have in front of you and we know the health center is a federally qualified health center or FQHC. It is defined in the rule and that is it. I will be happy to answer any questions that you have or do my best to answer those questions .

Are there any questions and I think [Indiscernible - participant too far from mic] so how do you feel about, that was beautiful and thank you for humoring me with very specific [Indiscernible] .

No problem .

Any other questions from the board?

Do we have any questions or make yes Violet Cummings .

Hello.

Come on down .

Please introduce yourself to the board and share with us your comments . >> Good morning members of the board my name is Violet Cummings I am manager of public policy for Colorado hospital association and I just want to raid from [Indiscernible]

You can .

[Indiscernible - multiple speakers]

The Colorado hospital association provides just 20 on this rule and we recently learned in by recently I mean yesterday morning of some additional concerns we have that may require more [Indiscernible] and specifically this is around identification of areas of alignment or similar Medicare policies as well as additional clarity regarding the proposed roles and applicability to hospital owned medical groups and the ask today is the rule include a requirement to align with federal literary and sub- regulatory guidance that

it is applicable between Medicare and Medicaid. And for additional detail to sufficiently implement requirements around hospital owned medical groups and a little bit of background on both of these requests. As mentioned, as Chris Underwood mentioned in September meetings the Medicare and Medicaid services is implementing similar requirements for Medicare providers with multiple service locations and implementing this, there are a level of detail which has come up in our attention that we believe if not ironed out and if we don't meet together to get into the details it would require a significant amount of rework so specifically this is around the current Medicare guidance the address for each location the updated but not a requirement for an NPI so really understanding how it would relate to Medicaid requirement and how it would impact providers as they are billing and evidence of the moving target that is understanding the Medicare requirements and Medicare announced on September 5 they would removing the implementation date from October , this meant to April 2020 so we would

request there would be maybe a new language as is asking for alignment with Medicare and sub- regulatory guidance. Secondly, a second concern recently came to her attention is around a lack of hospital owned medical groups and while we do acknowledge they applicable provisions may not require action until January 1, 2020 we will just request additional time to meet with the department and iron out some of the details. We appreciate and acknowledge the resources and time that has been devoted to this rule in hope we can work together in the coming weeks to iron out more details. Thank you, Ms. Cummings, are there any additional questions from the board and make sure I'm following along, are you recommending you continue partnering with the board for final adoption? Are you proposing and you feel like the details that need to be adjusted before we move forward in the process talk about the continued working relationship?

Thank you for the questions and I think the request would be for an adjustment to ask for, in the rule, alignment, so language that says alignment with Medicare regulatory guidance or separate literary guidance for providers with multiple service locations and that would be one request and in terms, I think continued relationships moving forward .

I have a question and as a practice owner when we say alignment, if Medicare comes out and say we need this address are you asking are you asking to see address and I say , I'm just not sure what you're asking .

We are still trying to understand that in on the facility-based side of things I think we are probably already aligned and there is sort of, I think it is more on the provider owned medical or hospital owned medical groups they are currently Medicare, they are not requiring an NPI for each location and we would be looking into how would that requirement align with Medicaid and additionally an area of concern is Medicare has clear guidance run if a patient is in one facility and moves to second facility and how you define that and I think a requirement for those are aligned . >> You want to give your perspective?

Sure. Yes and from the Health Care Policy and Financing and we have had conversations last few days about these two specific issues and the Medicare requirement is not exact like ours but similar and in fact the location on the claim transaction they use I think is 2310-E is the exact thing we used to submit this location of NPI so I think it comes down to does Medicare require MPI or does the address, that information is contained in the same field on another form and we have already verified with them and they take in the NPI in that field and pass it to us on the Medicare crossover claim so we have that information in our system. In my opinion, it should not be an issue from a billing standpoint that should not be a problem for us to handle with that information surrounding the claim and Medicare can take into that location as well .

Is Cummings?

I will just say I guess over the past week we have heard from some of our members that is their understanding but from other members we have heard they have been instructed they don't need to obtain a new NPI to comply with Medicare they just need to update their address and I think that is why we are running into we are not quite clear yet on the alignment . >> Just one more thing to add, our rule is to support the law which says NPI is required as a separate and unique for each provider type and also the location. That is what this rule reflects and Medicare may have a policy where they may not have to resubmit the NPI but each individual provider and provider type and location .

[Indiscernible - participant too far from mic]

Can you put that guidance out to the hospital
so they have clarity on that?

Yes and in the following months we will be releasing that in information how you submit NPI when you have it and where does it go on the claim transaction which is called the AP 37 and all of that will be coming out in the coming months. Other questions from the board?

What percent of people or number of people would be impacted by this particular issue?

This Cummings? >> That is a great question so do you mean the number providers?

Sure.

One of our help systems estimated, actually we don't have numbers on the facility side but one of the health systems estimated on the hospital owned medical group there would be approximately 130 providers that would be impacted but their understanding is if they are required to receive the new NPI for all 130 they would update the NPI and for three different types of enrollment type we have the enrolling, the provider with a payer, enrolling the claims system with the new NPI and also the remittance enrollment so that I think is where the concern is coming, the 130 providers would go to 3900 different [Indiscernible] .

Yes I agree with that and for clarification, there are to date, there is generally first 2020 which requires any new provider to have a unique NPI so if you are in the system check to see if that NPI has been in use and if it is the application would be returned for unique NPI. Also it impacts off-campus hospital providers which based on some additional numbers we ran, it is about nine different hospital groups and some of those it may just be one or two NPI and it would have to be change and submitted to us and for others it may be more maybe 10 or 15 but that is it for the generally first 2020 date. There is a second date generally first 2021 which will require all existing providers, which is what they were talking about and they are basically the clinic would say are art enrolled in the system which all I believe are, they are using one NPI and there are 20 clinics they will have to get a new NPI for the 19 other clinics if they are all unique and submit those to

us but that is not for another year in 2021 so they will have time to be able to do that .

I don't want to forget about you as quickly or Miss Roberts do you have questions? >> This is Christy and I am good .

Thank you, Christy. Donna?

Don is good .

Any other questions from the board?

I have a question, what is the precedence of aligning, I think I've seen that in any of the roles previously where we write into the rule that we will do something that aligns with another policy. Specifically , I just don't know if that is something typical for us to do so more of a question for the board among anything else . >> [Indiscernible - low volume]

In terms of what Mrs. Cummings is recommending with a blanket statement .

Is that what you're asking?

I think that is what I'm hearing is asking for language to allow for alignment with Medicare policy or roles in future state which is atypical from what has been in the typical roles .

This is Jennifer and
that aside I think Scott was correct , the roles to comply with the statute I know a lot of time providers it's easier with one standard to Medicare and Medicaid that we have a statute we may need to comply with and again I don't have the details think that something we need to look at in response original question I don't recall any rule for Medicare but we certainly have roles that incorporate federal regulation but I don't know about Medicare.
>> Okay. Any other questions from the board ask Rick thank you very much Mrs. Cummings. I have a comment and I am in fuzzy with NPI so this is doctor freely and people moving around coming in and having to do hundreds of people that are radiologists and there is a lot of lives but I can see that it's a confusing about complying with CMS because it sounds like right now with the recommending it is less and they can do that and I say that and I am empathetic and the concerns that you have as well as [Indiscernible] there is also something hopefully but I guess even empathetic I'm not comfortable I think it would lead to potentially and it is the CMS roles which are confusing so . I think you Dr. Fraley a thank you Mrs. Cummings.

The final adoption [Indiscernible - low volume] divisions of medical assistance rule for private identifier number section [Indiscernible - low volume]

It has been moved and seconded so any opposed, abstained, Miss Blakely collects,?

Approved, I .

Thank you. Miss Roberts?

I .

Thank you . >> Let's move on to document for and I would like to call on Ryan .

I am sorry Valerie.

Welcome and please introduce yourself to the board. Good morning. Members of the board my name is Mallory and I'm the transportation policy specialist at the department in here to present the Non-Emergent Medical Transportation or NEMT the final approval in last month my colleague Ryan Dreyer is not here today was here in provided very thorough overviews on how the benefit is administered as well as the Stakeholder Engagement process that occurred in this collaborative and I will give a brief summary to recap and NEMT is a benefit for Medicaid members who are on state transportation to and from Medicaid covered services and

NEMT has administered different ways about the state and we have some counties that administer at the county level and we have some counties that come together for multicounty broker type model and we have the state contract broker which administers to the counties. I want to address the changes that remain since the last meeting and with the definition of urgent care at 8.01 4.1 V, we removed the word unplanned because of ventricular concerns with an intensely insular dialysis and we added order facility in the word picked up from a discharge appointment pursuant to stakeholder feedback and the additions were provided with clarity and if you want to know the department made a slight change to the order of the wording by stakeholders in order to clarify picking up from a discharge appointment is only considered urgent care if it must happen within 48 hours. For the guidance from the Attorney General we added dates by reference all of which are highlighted in the document you received as well as referencing the definition of taxicab services. Those are the changes we made since the last meeting and I want to acknowledge yesterday around 3 PM we received another requested change for stakeholder groups in the department did not make the changes at this time due to the notice we received the letter and this is been a very long intense review process with Stakeholder Engagement over about an 18 month period and with the information we received last night, which were request for language for reimbursement we feel we would request additional time to do research and engage with the stakeholders to make sure any changes they are requesting would not have negative downstream impact. With that I would ask you to consider approving the understanding we are moving forward to discuss the stakeholders perhaps including that change if it makes sense in a future revision .

Thank you. I want to point out a couple of things, we have a printed copy of the latest revisions I want to make sure, look for [Indiscernible] , and Christy and Donna have that is that correct?

Christy and Donna you should have that electronically and it should be updated so it is in both places.

I think Chris pointed out to all of us as well on the website for you, Christy and Donna as well, with that said do we need to dive into any type of testimony or does anyone have any questions? >> This Roberts or miss Blakely do you have initial questions?

I am good .

This is Donna and I am fine . >>Thank you .

Is there anyone who would like to sign up for testimony who has not had an opportunity to do so?

Okay. If you are ready I will interim motion., Entertain a motion .

I made the final approval of document 19 Dosh 04 -- 19 Dosh a the Medical Assistance Benefits Rule concerning Non-Emergent Medical Transportation [Indiscernible - low volume] contained in the records .

All in favor please say I .

Any opposed? NEN scene. Miss Roberts?

I .

Mrs. Blakely? >> I .

Thank you and motion passes and thank you .

We have one last final adoption for document five, hello and welcome . >> Please introduce yourself to the board and share with us about document five .

Thank you Madam President
my name is [Indiscernible] and I am the supervisor over State Programs and Special Financing Division I will be going over the senior dental health program for low income seniors and when I brought the document forward the increase was to match the current rate so they were not below Medicaid level and we had 27 that needed to rise up and unfortunately I later found out after I came in front of the board the 1% across-the-board rate increase for Medicaid dental had taken effect on July 1, 2019 however due to delays on the state plan amendment the rates were not posted until July 16 and the rates that are currently that you're now reviewing have increased by the 1%. We do have one more addition that will now be increased which will be on page 53 and that

will be for procedure code D7471. I am open to take any questions . >> It takes a lot to get through 53.

It's next-to-last . >> Which code was it again?

D7471. That will be there move of lateral extensors [Indiscernible] .

I get it. Are there any questions from the board?

This looks clerical and you're my favorite person to come to this Board .

[Indiscernible - multiple speakers] [laughter]

Those are kind words.

When we talk about something
--

Miss Blakely or Miss Roberts any questions or concerns?

This is Donna, no .

Thank you. Do we have any testimony?

We do not. Okay. If there is no questions I will entertain a motion .

I move the final approval of document 19 Dosh A7 -- [Indiscernible] two medical assistant special financing rules concerning Colorado dental healthcare program in section 8.960 incorporating statement in the specific statutory authority contained in the records .

There you go . It has been moved in second so all in favor say I .

Opposed? Miss Roberts?

I .

Miss Blakely?

I .

Motion passes and thank you.

Great job
we made it to the final adoption let's go into the initial approval agenda document six, Aaron Thatcher?

Document six in the Powell on the right or left, there is the increase of the 19 Dosh 08 -- 02 a and this will be I think our latest version. So welcome and please introduce yourself and sure about document six please. Thank you for being here today and my name is and Thatcher and I

am on the response for personal-care imaging services and in-home support services and as the president mentioned we have updated and I would like to explain some background and we have an updated copy and there are two things that were updated per Attorney General guidance to update the sections in the Attorney General recommended moving to a plug of language in the rule and we did that and then third we had [Indiscernible] they are highlighted in the rule and we will go over those in a minute the increase of the reimbursement rate for compensation of direct care worker it is a recent law passed in Senate Bill 19-238 in the requires a request 8.1% increase to the reimbursement rates of personal-care and homemaker services 100% which will be passed through to the workers providing the workers so it establishes a minimum wage for the service provider so again people who provide personal care and homemaker services to waiver participants in the Medicaid population so there is a three-year timeline in the first year of that rate increase 100% of that increase we passed through to the workers in the second and third year 85% of any future rate increase would be passed through so this increase funding must be reserved and used to increase compensation of direct care workers which we will get into and then really this rule talks about how the department is able to audit and request recording and ensure compliance. I'd like to go to the rule real quick and actually I will probably have Stakeholder Engagement because that's a quick process for us but we have done a lot of work and I think we have very engaged stakeholders related to this issue back when the bill was in the house and senate and everyone has been a hearing will to that so a quick process as they law is due to take effect January 1 2020 we are in a short timeline. Specifically the stakeholders have requested unemployment insurance be included as compensation and as such they ask this be included as a direct benefit to the care worker and the department is unable to grant this request employers are mandated to pay annual premiums determined by the Department of Labor in our department does not consent Unemployment Insurance to be a direct benefit to direct care workers and changes to employee pay raise do not affect an employer or an employment insurance premium. Additionally stakeholders have asked workers compensation insurance be included as a direct benefit in the department is able to , is not able to address this request because workers comp and insurance to be deducted from employees wages and with that being said we said no to those two things and we did incorporate a lot of stakeholder request and language into this rule. We had a couple of reporting requirements updates which were incorporated and also language from statute, one tricky thing about this bill is it really mirrors 1407 which is a bill passed in 2018 and the rule for that , we have to stay in alignment with that due to reporting requirements so any questions before I go on?

Any questions for Mrs. Thatcher?

Great. Thank you .

Continue forward .

Thank you. Getting into the roles real quick this is really like I said it has to be enacted generally first 2020 and the definitions if

you start on page 1 of five these relate to the department to the insurer and the home care agency compliance with passing through the rate to the direct care worker that you will see on D home care agency the definition, we included some language highlighted which basically states for the purpose of this section home care agency includes agencies providing the work waiver services listed below and we do agree with the stakeholder population and like many of these agencies they don't provide Medicaid services they may have other lines of business and we want to make sure we are getting specifically the information related to these two rate increases so homemaker and personal care services. >> Following along in the rule we have not had any changes aside from again the language on page 1 and we do have on page 3 of five we incorporated stakeholder request to input on the record showing defense receipt for the services listed in this section would be used to help audit if we determine audit as a healthcare agency compliance the department would have the home here, home health agency adoptions listed in the rule together information of the compensation

back to the workers. With that being said I would like to open up for questions and I know this is a tricky rule in it is brand-new and there may be questions that I could try to answer .

Yes.

The statement as opposed to question and thank you for giving this .

You are welcome .

I believe that helps everyone .

I agree. But like any other questions from the board?

Any questions from the phone, Donna or Christy?

Know, this is Christy no questions .

Thank you. Do we have any testimony? Frank yes and first is Ellen [Indiscernible] .

Ellen, come on down . >> Please introduce yourself to the board and share with us your comments please .

Thank you manager and members of the Medical Services Board my name is Ellen Jansky director of public policy for alliance which is state what association representing agencies that provide services to people with intellectual and development disabilities and I was here several months ago when you all passed the roles for HB 1407 and also this law as to 38 was not aimed directly at providers it did Sloop Hasan under this umbrella of homecare agencies that members provide an under the licensure requirement and our main concern with this rule is to make sure it was aligned with 1407 requirements for the agencies who are required to report under both laws and I want to thank Erin the department to work with us to make clarification to the language and ensure we are threading the needle carefully and there is an equity in

the way agencies would be reporting and we also had a concern about how this law with the general assembly has conflicting laws in the same session and it will enact with the equal pay act which is also past and requires agencies to pay people fairly and we submitted that question to the department and appreciate their willingness to escalate to the legal team and help us think through some of those. We support the rule .

Thank you. Any questions before she exits?

Thank you .

Anyone else?

Next is Betsy Murray .

[Indiscernible - participant too far from mic]

Okay .

Mrs. Murray , and what chair? >>
Welcome Miss Murray and Michelle's and Lisa Fisher comments on this document . >> Good morning my name is Eliza Schultz and I represent homecare [Indiscernible] of Colorado [Indiscernible - low volume] and I want to thank Ms. Thatcher for
all of her work on this rule and this is a bit of a beast and bear to have arms around in the lot moved quickly in the legislature with a lot of changes along the way and I am grateful we are here today and grateful for her work in response and always being available to stakeholders to hear from and visit with us and clarify for us so thank you to the team on this one. We are very pleased with the changes in front of you today with the home healthcare agency and a lot of drafting at the capital the term includes also mean including but not limited to. When you have a definition of homecare agency that it says it includes these things, that is not an exclusive list and we really appreciate the change that says only agencies that will receive this increase to comply with this rule and we were concerned it will include other agencies that do skilled care and not the ones that do the reporting requirements so we really appreciate the clarification. We also appreciate the clarification around the financial reporting and the rule previously said any financials have to be submitted not just Medicaid financials and if we had an agency that had 80% private pay as part of their business line and 10% Medicare and 10% Medicaid the rule is the written would've included all financials be required to be submitted and we did not feel that was the right course and we felt indicates certainly was entitled to see Medicaid dollars but not potentially the other business line and we really appreciate those two changes. The membership is still concerned with not being able to set increase for unemployment insurance and for them with 100% increase in zip actually not holding the business harmless and will cost them consisting to comply with the law and there is a call to business but the capital that was not part of the conversations in our conversation said that only compass, workers compensation would be excluded and if you look in the rule it says other programs and we believe in

insurance or unemployment insurance is other insurance program by definition so we would like for that to be an allowable use for the increase and we are also concerned about privacy concerns around what would be open to the public especially when it comes to the finance financial reporting and there was a deliberate attempt at the capital to exclude language in the bill that would have said for each employee for every employee, we excluded that so it would be aggregate information in with some of the tax return requirements that included in the financial data we are concerned in the healthcare and all of the other reporting that you could drill down to the individual employee compensation which was the deliberate attempt to renew from the legislation and we are concerned that information may be coupled with [Indiscernible] which is something we tried to protect against and understand with the attorney general involvement in those two sessions would be difference of opinion and how that should be executed but we wanted to be on record with is concerned I want to thank Erin , Ms. Thatcher, for her help in the changes that in front today which are very much appreciated and we will be happy to take any questions .

Thank you and any questions from the board for Michelle's?

Miss Murray?

I just want you to know what an outstanding [Indiscernible] . I've been around a long time in the homecare association and one of the strongest advocates in rural Colorado happened to be her father and her parents even attended my wedding and -- [Indiscernible - participant too far from mic]

I have known this Charlin to a minimum thing, she is made all of his connections yet [Indiscernible - multiple speakers] and I know she will be an outstanding chair and congratulations . >>
I just had to put in that plug .

[laughter]

Did you realize, this was my first?

I did. I set back here [Indiscernible - low volume] [laughter] and I went to another [Indiscernible - low volume] and she said I think you are right .

Thank you for drawing attention to that .

[laughter]

I appreciate the kind words .

Okay do we have any other comments regarding to the rule? To make any questions from the board?

Yes, I think I could use a little more clarification of understanding the direct benefit language and

why that is considered excluded?

It sounds like it is an issue like the result.

Dispatcher .

I will go to page 1 of the rule, direct benefit is, in trying to simplify with 1407 which is the rule I believe it is 8.504 which was referred earlier this year direct benefit comes from that rule and essentially what we're looking for here is compensation and other ways to directly benefit the homecare worker

so there is a lot of ways a hunker agency could do that and we not instructing them to do specifically one thing, we are giving a home care agency the ability to decide what makes the most sense for their business and their employees and we want that to directly benefit them and we have come in our stakeholder meetings we had members of the community who were caregivers and homecare workers who stated on record with and implement entrance and workers comp which is not something that benefit me as an employee like vacation time and bonus or wage increase but we do not feel like we ever get to use unemployment insurance and if we do get that a lot of times we are fighting in court to keep that benefit so in light of the reason to have direct benefit again it comes from streamlining what at what level foreign 1407 and something directly benefit someone and someone being the homecare worker.

Any follow-up questions from the board?

I believe we have additional public testimony.

Thank you . >> Next .

Melissa Benjamin? >> Miss Benjamin . >> Please introduce yourself to the board and share your comments please .

My name is Melissa and I am a care provider and I have been a care provider for 17 years and I am also part of Colorado care workers unite and I have been providing care for 17 years and providing care and facilities am [Indiscernible] in private pay and agencies and I have care for veterans and elderly folks in you name it, I have done it. The bill that we are testifying on today is important to me. I am here representing Colorado care workers unite in our membership and it has made of director workers from across the state of Colorado and we are here today in support of the agency's rules and implementation of Senate Bill 19 -- 238 and they have met the full intention of the goals and policy set out in the bill and reflects consistent reporting methods of definition as house bill 18 there's 1407. It was used as a guide in the development of the bill. I have prepared notes because this bill is so important to me it's my livelihood and it is off feed my children. As caregivers, one of the main priorities was to have transparency on the implementation as well as a system of accountability when it pertained to having reimbursement rates. As care providers we are also very concerned about the consistency and overall quality of training and preparedness for these essential in-home services and additionally a

robust and inclusive stakeholder process on the topic of training we believe will be

a quality workforce meeting to meet the high end growing demand in homecare and addressing the alarming turnover rate of 82% in homecare no one is investing in the workforce and they don't get trained they leave and when it leave it impacts the classic take care of because they lose her caregiver and there is no consistency. That is why we stand up for this bill and we are fighting for it because this is what is needed for the people we care for and for us as caregivers. We appreciate the engaging process that has been weighed out and we look forward to continue participating in the implementation of Senate Bill 19-238. On behalf of our membership, thank you and on half of the membership thank you Erin for being in this process with us , it has been quite a journey .

Thank you Mrs. Benjamin. Any questions from the board? >> It is nice to hear a partnership with stakeholder groups and I appreciate you coming. Thank you .

Thank you very much and I appreciate you .

[Indiscernible - low volume]

Lauren .

Good morning . Hello Lauren . >> I am people care health centers services so people care is licensed in the state of Colorado and we provide care to children with disabilities, to veterans with long-term care needs and aging adults and we are licensed throughout the state serving all 54 counties and we predominantly provide care in the rural parts of the state and I'm here also , appreciate the opportunity to comment on the rulemaking and appreciate their hard work in department is undertaken to comply with the new legislation in general and we are supportive of the rulemaking with a couple of exceptions. The exceptions, the first one which I believe has been noted previously is we are opposed to the omission of unemployment insurance as a component of compensation to which the rate increase can be applied unemployment insurance as originally conceived is an employee benefit. It is also in fact a benefit for employees who to no fault of their own, have been separated from employment for reasons without cause. The intent of the original is be 19 to 38 was to provide a rate increase with a pass-through to director workers such that 100% in year one of the pass-through would be applied toward compensation and compensation was defined as including employee benefits. There is no question unemployment insurance does in fact benefit employees . Who meet criteria, just like health insurance, benefits who need what they don't need it and they don't have the opportunity or they don't need to take advantage of it but when they have a need it is there to support them. In the absence of including unemployment insurance in the definition compensation in the rulemaking, effectively what is happening is because unemployment insurance is a proportionate benefit and proportionate compensation costs as wages increase, the cost of the unemployment insurance premiums increase and therefore even though the intent of SP-19 to 38 was to be cost neutral to employers, the impact

of not including unemployment insurance is, this is a rate cut to employers and agencies who are delivering personal-care and homemaking services to a Medicaid population. That is an employer population that already is working under very difficult financial conditions with very low reimbursement rates. Effectively what we are doing is, we are providing a cut and if we are not on a net basis , if we are not including the increase in the unemployment insurance premiums within the definition of compensation for that reason I will those

to the omission of unemployment insurance in the definition of compensation in the second area that I have concern about is the view of the financial record . I believe there may be a draft of the rulemaking but I have not seen it and it may include language that limits the financial documents that are available to support agency compliance with the rule and it is positively important for agencies and myself and others across the state to be able to justify and show the reimbursement that we receive approving CMS at the ratings, have in fact been dedicated 100% portrait care worker compensation but because agencies have different payer sources and it is very difficult to go through the cost structure of an organization and say this piece

of expense related to care management for quality assurance is related to Medicaid services verses or Medicare services or private pay services and I think we need to make sure they documents that agencies are responsible for providing in support of compliance are limited to the revenue or the reimbursement for providing Medicaid services. Likewise, address the payroll costs for those employees, the director workers performing personal-care and homemaking services that are at the intent of the legislation. Going outside of that of those employees and going outside the Medicaid employees providing Medicaid services, and the reimbursement outside of that which is hurting the Medicaid personal-care and homemaking service delivery, going outside of that it complicates the analysis and becomes confusing and it potentially could be misconstrued so my concern is let's keep it simple and let's provide the data that is absolutely necessary to the department to ensure compliance and let's not overstep that by providing a whole laundry list of additional financial information that is potentially confusing and morbid is what is necessary to ensure compliance. In the final piece, it is with regard to any financial information, especially payroll information, that personal compensation information for our employees, we protect the privacy and confidentiality of our employee information and we are happy to provide that to the department but are very much opposed if that information with the subject to the Colorado records act and requests and could be made publicly available for parties that really are not directly involved in assuring compliance with the rule and ultimately the statute.

I appreciate the opportunity to share that with you .

Thank you.

[Indiscernible] . I will go would Lauren .

[laughter]

That's perfect. Any questions for Lauren .

I feel there are a couple of reoccurring themes in regard to our testimony and this, while we are at the omission from initial, I think the board would value some continued conversations before we get to the final or even clarification existence and something that we are willing to discuss or I guess I'm hoping the board
has continued dialogue. We have a webinar question so Chris can you read that for us.

Yes this is from Leslie and Leslie asks how does the or how does this impact providers who provide personal care and homemaker services but not provide three home care agency?

Thank you, Leslie for posing that question online and this statue requires homecare agencies who bill for personal-care and homemaker services that pass through their increased reimbursement rate directly to their workers. We exclude [Indiscernible] which does a personal-care and homemaker but that is specifically excluded in the statute and otherwise if you or if you're working as a director worker for an agency and they are billing for personal-care homemaker services they would be required to pass through that compensation and as I believe it was mentioned earlier it is an aggregate and it is not individual to individual and it may not be something each care worker is going to say on their paystub but one component on this bill as there is a stakeholder group called the training advisory committee and they are working through the next three months to develop the language for notifying the homecare workers how this bill is impacting their compensation. >>
Thank you Miss Thatcher. Ms. Roberts or Ms. Blakely do you have questions? >>This is Christy and I do not .

I do not .

Thank you both. Any other questions from the board?

One question. Was there a concern about records and privacy, is that something the department is anticipating? >> I have no idea how it works .

Thank you for the question. I will tell you I'm not the correct person or the privacy officer but the provider agreements to allow the department to gather records related to Medicaid assembling and we are aware of that concern and I am not the person auditing and we have a special segment of our department dedicated to that and I have been informed in auditing, the team will work with the homecare agency and figure out what reports they can provide to demonstrate compliance so we are not requiring an agency to provide one specific report and generally with request and my experience has been as those protected health information that is redact did however I cannot answer on behalf of what the [Indiscernible] .

I am not sure that makes the stakeholders feel important or comforted, maybe almost but could you get a firmer answer ?

I wanted to clarify that Protected Health Information for the patients is different than protected information for providers and while that may be privacy concerns for both I want to , I just don't want to complete those. There is quite a bit of leeway in our fiduciary responsibility to audit providers and if you would like us to go back in the interim and get more codification on that point where happy to do that but this is not a privacy issue it is an employee privacy issue and I hope it's helpful.

If I may, thank you and there are two kind of issues and one bring we are monitored by statute to implement this rule by the end of the year and we have that timeline barrier that does impede is taking a long time to do this engagement. We have been swept and engaging with stakeholders and reaching out for more information. The other scenario is when this was passed, we did not get additional funding to develop the neutral and get additional fact and the funding available was essentially, we are supposed to get the same troll in the same reporting requirements on the same everything to get that done and so what I am proposed or what I propose in the situation are perhaps some of these things that are hanging would be to come back at a later date and once this is approved with 1407 rule and this one together because we would have to address both of those roles at the same time and right now I am only presenting [Indiscernible - low volume] .

I think that is helpful .

On the previous one, were there is the same privacy concerns?

I cannot answer that I was not the person who put that in but we did hear about unemployment insurance.

[Indiscernible - low volume]
right please introduce yourself to the board .

My name is Carl and I'm the director and serves as a management and I actually have I guess a continuation from 1407 and what we are actually requiring is basically a department made form that really looks at high-level information and if there's anything concerning in terms of what it looks like they would actually dive into the additional records and with that said it really is again the department created form that will have some type of general information and what amount of wages they were paying the previous year to the amounts now and within that the department will then hopefully have a keen eye to understand what additional components of that would need to go through records and we don't anticipate as granular thing homecare individual X and Y and Z to understand what that looks like unless there were significant audit risks and I think the overall component of the work that has been done as try to understand there are privacy concerns and I would say to Erin's point having similar conversations with 1407 under Medicaid

provider agreements in general any provider billing Medicaid is submitted

and that is not unique to homecare and not unique to anything it is actually extensive as someone having an interest in maybe a hospital or community they could get [Indiscernible - low volume] and that does not extend to other lines of business and we have no interest in that nor do we have any legal leeway getting that information so this is specific to this particular set of services and within Medicaid.

Does that help?

It sounds like that piece of the anxiety is they can take a breath .

I hope so. I would encourage them to .

That is good. Thank you. Like any other questions from the board?

The direct benefit payment is still ongoing in my head but I think, I feel like we have heard and I think it will describe, we heard a little bit from the director worker community but not necessarily, we don't consider this a direct benefit but I thought I heard similar before we are hearing from agencies that this is something they would like to have included an understanding this is specifically designed to benefit the direct care workers as a statement. There is the question that I have, what are, just tell me process this, what would be the implication for unemployment insurance if it was included in the language of the benefit, would you be noncompliant with federal employment law or something to help us understand why is there [Indiscernible] ?

In the fiscal know, thank you and this is in Thatcher. In the fiscal note it did not include any funding for an additional troll or NE staff and we cannot vary from 1407, we have this limitation that was built into the fiscal note in the statute and if there were a need for additional tools or a different tool or a change in the tool that would require funding which I do not believe we have . >> That is correct. I think this is a different interpretation and as an employer the best majority of employers with some exceptions are required to have unemployment insurance and I certainly understand what they're saying it raises with one of the corresponding increase in wages and what you are paying someone however over the last five years in conjunction with friends at the homecare association and others interested in ensuring there's access to care and all individuals across the state within the services we received over 20% of an increase to that particular service line

within personal-care of which none of us are actually directly required to be passed through. The intent of the bill really was to ensure the wages were directly passed through to allow for some type of stabilization within a direct care workforce market and right now that is certainly pinched and there is a lot of work we're doing and Erin mention the training advisory committee and we are trying to figure out how to get the right people to provide the right service at the right time in the community to ensure people can receive the services they need to live independently. In our interpretation and having this

conversation we do not believe that is a direct benefit in that is I think Lauren said the cost of doing business and being an employer .

Thank you. >> Any questions from the board or on the phone?

Great. I will entertain a motion . >> The initial approval [Indiscernible - low volume] incorporating the statement in basis and purpose of statutory .

Second .

All those in favor say I. Opposed, abstained. Miss Roberts?

I .

Miss Blakely .

I . >> Thank you. Motion passes. Thank you Miss Thatcher and thank you for joining . >> Are we still doing okay?

Okay let's move on to document seven
welcome to the table Diane Byrne.

Welcome. Please introduce yourself to the board and tell us your rule .

Good morning Madame President and members of the board. My name is Diane Byrne and I am on the community options benefit team in office of community living in here to present the revision to the medical assistance roles concerning HCBS benefit home accessibility adaptations for the children extensive support and supportive living service waiver sections 8.50 0.94 pointbe .6 and 8.50 3.4 0.8.5 and rolled number MSP 19-07-02 a. Quite a mouthful .

A little bit of background on the roles in presenting these are two roles being presented together in the SLS labor is first and the one for the rule start on page 11 of the document and they are identical changes in their are very minor terminology differences in the children's section we talk about parents in addition to guardians. The home accessibility adaptations benefit also known as modification benefit provides modifications to a person's home to help remain in the community safely and independently in a similar benefit exists for other adult waivers the elderly blind and disabled [Indiscernible] in CMHS, brain injury or VIN spinal cord injury. The changes I'm making to these two roles mirror the existing , I will be calling them the [Indiscernible] roles and they mirror the roles that were up dated 2016 with this Board which I think some of you may remember and there are minor differences where appropriate and updated citations and some more specific references to specific modifications as well. About 1000 modification projects open , happen through this project area and two enterprise are on these two waivers. The background of the changes that were implemented with these two roles, we are adding oversight through the division of housing over the Department of local affairs and they have seen the modification benefit for the for waiver since late 2014.

It has brought a lot of improvement to that program and they improve the quality of work by performing inspections and forcing repairs and timeliness in providing trainings and construction expertise. The last legislative session the legislature approved the expansion of the division of housings oversight to the additional two waivers . The goal of the changes in this rule update are using the division housing and construction expertise to help guide case managers and providers and people receiving services. We would like to improve the consistency of the benefit and treatment processes and centralize the approvals of more projects at the division of housing. Previously the case management agencies for the two waivers had the authority to approve the projects up to $10,000 in projects now over $2500 will all be approved at the division of housing. This will also increase the calling upwork through the creation of construction standards for projects and putting in provider standards for provider enrollment requirements and quality of work. Performing inspections and assisting with complaint resolutions and enforcing warranties and repairs. It also will align the process for accessing the benefit across all six waivers

that offer it and this will help reduce confusion between people who may be hearing about the benefit on one waiver but they are on a different waiver. The division of housing will be conducting training together shortly after the implementation of this rule to help inform case management agencies and advocacy groups and families of the upcoming changes. The trainings will be ongoing in the division of housing conducts at least yearly trainings for the existing four waivers they oversee. Again the changes mirror what the division of housing has been doing for the waivers for about five years. A few examples of the changes that are going into this rule, we have detailed the case management process quite a bit more to make sure everyone has a close and expense across the state and what we saw were case management agencies have a lot of leeway up to the $10,000 mark was there were differences in process and differences in what were being approved from Montezuma County to in the Denver Metro area. Centralizing the process at the division of housing and really expanding the amount of language and guidance in these roles we are hoping people will see a more consistent experience wherever they are in the state. We have also added quite a few provider qualifications and requirements for warranties and repair and we have detailed the inspection process and also clarified reimbursement processes as well. The changes were made through monthly meetings with stakeholders and advocacy groups

since December [Indiscernible]

such as the children's disability advisory committee the division of housing participated in the engagement events advised us on the technical and practical aspects. Any questions.

Any questions for Miss Byrne? >> Any questions on the phone from Donna or Christy?

I am good .

We do have public testimony .

Naomi humor . >> [Indiscernible - participant too far from mic]

[laughter]

[Indiscernible - participant too far from mic] >> Could you please introduce yourself to the board and tell us thoughts on this rule .

Good morning my name is Naomi Hubert and I am with the local division of housing and I wanted to emphasize some of the points made by the division of housing has been overseeing the existing waivers in the program because of the oversight that we have at the division of housing the experience and also my personal experience in the construction world and overseeing construction projects is how important it is to have processes and procedures in place and talking about going to someone's home and tearing out a bunch of stuff it can be stressful on the individual and we do have a vulnerable population and it's important to have the processes and procedures in place this oversight to ensure the customer which is the Medicaid or participant is receiving the services they need in order to stay in their homes and not or be as independent as possible. The last five years been doing this oversight we have seen improvement in our contractors and the work they are doing and they know they are being watched and they are providing a better product we have seen improvement

with relationships between case managers and contractors and we do work with both professions and getting modifications completed and also been able to provide trainings for case managers and contractors for new contractors and as stated we have provided this on a limited basis . We also meet with contractors on summit to discuss any issues or problems or concerns they have and we want everyone to be involved in want everyone's input to continue to make this a better program. We are excited about the possibility of taking on this waiver . >> Again emphasizing having the oversight in this type of program to ensure we are providing [Indiscernible] .

Thank you any questions from the board?

I want to make a comment the extra oversight, just finishing up a construction at my own house, it is a thing, having accountability and making sure builders are doing it correctly is crucial so I appreciate this .

Any questions on the phone? But this is Christy , we have had construction going on and over the years, we have had it done inappropriately and had to redo them ourselves in out-of-pocket and I echo those comments. That thank you Christy I appreciate those comments .

Can I have a question or ask a question?

[Indiscernible - multiple speakers]

Is all of this sort of home improvement, I wonder [Indiscernible - low volume]

Rich this will move all of the home application programs under the authority of the division of housing. We retain the founding authority in the division of housing has day today oversight on the approval of

almost all of the smaller doll , dollar amount once [Indiscernible - low volume].

[Indiscernible - participant too far from mic]

Thank you and we appreciate you and your testimony the spot they [Indiscernible] .

[laughter] >> I will entertain a motion.

[Indiscernible - low volume] I realize as I am saving --

Can you continue document seven for us.

I did the initial appropriate must be maintained by 07/02 -- [Indiscernible] to the medical assistance benefit home accessibility adoptions waiver section 8.50 0.994 .Vida six and eight at 503.40.a.5 and basis on the purpose and statutory contained in the letters . >> Good job .

They second that .

All in favor please say I . Opposed. Sustained purpose Blakely?

IPO but Roberts .

I . >> Motion passes and thank you very much and thank you Miss Byrne .

Does the board need a recess?

I believe so .

[Indiscernible - low volume]

[laughter]

We can do a 10 minute break to allow everyone to have a quick break and those on the phone we will be back at 10:40 . >> [The event is on a 10 minute recess and will reconvene at 10:40 a.m. Mountain Time. Captioner on stand by]

Hello. This is Christy .

Hello Christy. I am on. How are you?

I am okay. Not driving because of the surgery but okay.

Okay. Not in pain, hopefully .

I am only two weeks out from my final infusion so I have to be careful.

I am sure you do. This was her second or third surgery?

My third .

That is what I thought.
Let's hope that is it . >> How is your leg?

The same .

They referred me for testing to see if there is a pocket of infection or if I'm allergic to the prosthesis or bouncing it., That is a lot .

It's the pits but I have a leg .

Yes. >> Okay I can get your attention back again to resume the meeting . >> I am ready .

Please introduce yourself to the board and introduce us to document eight. A directed morning by the president and members of the board my name is Cassandra Keller I am one of the home state services unit supervisors. I'm here today to bring forward regulation revisions to the residential habilitation as well as individual residential services and support and I will
so these residential services and support options under the developmental disabilities there is about 6000 individuals on that waiver with a variety of studies and over the past two or three years the department has meeting and discussing concerns because of such and welfare of residential services and a lack of oversight of those residential settings , as it apartment we had seen a need for enhanced oversight of the service and the settings in which participants reside in the department perform are put forth a budget request and the budget request approved this last session to transfer funds to the Department of local affairs to deal LA and division of housing to create an Inspection Program a provider home settings which would include post homes .

This will allow housing to physically inspect each of their host homes were participants reside as well as provider owned or leased settings. They would be inspecting for safer living conditions and fire in safety and safety from their home. Those are the regulations or the program for the inspection from the division of housing included in these regulations and so are quite a few changes and you see quite a bit of red in your document. I will just go through some of the other changes we have done. I have restructured the rule for approved clarity and organization as well as editing language to be [Indiscernible] and it has been quite some time since the regulations have been touched and when I got the chance we have move things around and we've been updating [Indiscernible] that's all throughout the document and we added quite a few we have been having emergency plans in place and practicing evacuations in we have the home accessibility including fire safety and monitoring requirements by the provider and incident reporting requirements are outlined and we outlined where the response

or who has responsibility for the actual home environment of the actual home and property

and we are including requirements from the Department of human services and there is a requirement that any direct care provider submit to a production service background and we are referencing that program and requiring direct care providers are subjected to the background checks. The other thing we included provisions for the department or the division of housing inspection to ensure the home needs housing quality standards. What we are doing is mimicking the inspections that many other public housing in the vouchers would go through. There's going to be a couple of actual requirements specific to individuals on the waivers but in general it is going to be mimicking that same process all of the others go through. One of the other things we have added requirements that when a provider to the Program Approved Service Agency's, that is what we refer to as this side of our provider population as PASA and requiring they have a contract in place with each of their contracted providers and the leading rule in the system and the Medicaid enrollment in these PASA

in the contract with providers or other family caregivers and what we are looking for is a contract between the contracted entity in the provider. We outlined the requirements and what we expect to see included in the contract. We've also revised the process for determining the number of people who can reside in a single setting. Up to three individuals can live in a single setting without turning into what Department of Public Health And Environment calls in congregants having sold more than three people was required and we outlined what we would expect and criteria to be met for one to three individuals living in a home . By outlining the process we created equity across the state and before it used to be three individuals who lived in the home would be up to the [Indiscernible] to determine if that was appropriate or not. As Diane reference report what may happen in Montezuma County may be different than Denver so we are creating an equitable process across the state. Lastly we added requirements to the

federal requirement rule and we're adding a few elements from that requirement for settings to be homelike and ensuring there are disagreements or resident agreements with their provider. As I said we have had lots of stakeholder meeting's rep this process and we have received comments and feedback

from providers and family members and local fire jurisdictions in case management and applicants and other agencies and we have had lots and lots of back and forth and updating this rule until the last set and really trying to strike a balance between protecting the participants that we serve and ensuring

they have safe homes they live in and we have proper oversight and ensuring we don't have too much of a burden on providers in a think we struck a pretty good balance and I hope that is a good balance and that is what we have done on these. Any questions .

Thank you Mrs. Keller and I want to direct the board, we have three stakeholder incumbents and to our posting on your iPad and then we have a third that came in about in the 11th hour last night pretty late [Indiscernible - low volume] and then I think overall pretty resounding support from these two stakeholders that we have on the iPad and the third had recommendations and we have been, have you had a chance to

look at that? I did take a look this morning and I believe those were from Leslie and she's been participating in this process throughout and we made quite a few changes and suggested from her, I have not had a chance to go through this with her but in general they are repetitive comments we have seen in the past. We have addressed items that we can and as I said we're trying to strike a balance between what is good for providers and for participants and I think some of the suggested changes for example there is one that says not all individuals need to practice on a quarterly basis by evacuations and I can understand that may be a pain for providers and everyone to do but we also have heard a resounding comment from the fire jurisdictions and families and advocates fire safety is incredibly important and practicing those evacuation procedures is important for's commentary like that example but we are just not able to make that change. We will look through and address all of those .

Great. Any questions from the board?

I have a question . One comment about the [Indiscernible] , I wonder if you could talk to that because I don't understand .

Absolutely and this is Cassandra. That is from our friend Kerry easterly at I can't remember which one and she has been part of this process as well and as I said before it used to be each CCB, it was different now each one operated and it could be they said there could only be 10% individuals in a host home and another may say it does not matter anyone can live in a three bed so the concern would be there is potential there are more individuals living in a three-person host home so I am the host home provider and serving three participants and what we've tried to do is outline if there are individuals who reside in the home this criteria is met and that is saying is the host home provider able to provide for three individuals with needs or are they working as of the home or have Outside Employment and do they have backup care identified and things like that. The hope would be we are not seeing a huge increase in homes but I don't know that is entirely a bad thing as long as these criteria are being met. One of the other comments we received is about respite which is not an available service in this waiver and we are not changing the language to stay respite and there would be backup care and the expectation as a trainer for animal provider and host home there is identified backup care available in a process in place for that. So those are the changes we have seen as well . >> Any questions from the board? Track how about on the phone Christy or Donna any questions or comments?

Thank you . >>NEN from Christy. >> NEN from Christy .

I do believe we have one testimony .

Steven Parker .

Thank you for coming [Indiscernible - participant too far from mic] I can follow that one pretty easily please introduce yourself to the board and share with us your comments on this rule .

By NEMIS even Parker and I am the fire marshal and I am also the vice president of fire marshal association of Colorado. I am here in support of this rule specific to the fire safety provisions as outlined in I want to give you a little background, my experience dates back to May 14, 2016 and we had a pretty devastating fire that hit not only at apartment but the community as a whole pretty hard. Within this process, through the work with various stakeholder meetings, I believe the updated roles are a great step in the right direction to ensure the safety of the residents in those host homes. I appreciate not only the education I been able to provide but the education I have received as being a part of this process and host homes were completely foreign to me and most fire departments and being exposed to this after-the-fact has been a very positive experience in we have learned a lot with our agency how to change things. In closing, the greater Colorado fire service is looking forward to the implementation of these new roles and hoping to have a collaborative partnership .

Thank you and we appreciate your comments. Any questions before he leaves the table?

Again a statement and thank you very much for your service and of course the situation that was painful for everyone, thank you for walking through that and not giving up when you possibly could have .

I appreciate that and I do appreciate the opportunity . >>Thank you . I don't believe we have any other comments or testimony is that correct?

Correct.

If there is no other discussion I will entertain a motion . >> Anyone?

[laughter] >> I moved to the approval of document zeropoint, 8.0609, I'm on the right one? They support residential habilitation in individual residential services and supports incorporating the statement and basis and purpose and to the statutory authority contained in the records.

Second .

Moved to second all in favor please say I .

Opposed, abstained, Miss Roberts?

I .

Miss Blakely? >> I .

Thank you and motion passes. With continue forward. Document nine, Nancy Dolson. There is another person. Please introduce yourselves to the board and share with us your comments on document nine .

Thank you very much Adam President and good morning my name is Nancy Dolson I'm a Special Financing Division director at department and I am here today with my colleague Rebecca who has been working very hard on

this rule and she will go through the presentation of that and she and I are available for questions .

Thank you to the chair and thank you to the board my name is Rebecca. And I Special Financing Division specifically the hospital cost analysis team. The proposed rule I am presenting applies to implementation of hospital 1900 001. Hospital expenditure report. Hospital 1900 001 is about the 2019 General assembly regular session and doing the result of legislation the department will collect data from hospitals and financial statements, Medicare cost reports an additional data like utilization and financials and physician hospital purchases. The data is being collected and compiled as a data set to be used for another requirement at hospital expenditure report. The hospital expenditure report will provide hospital financial and utilization information to review the hospital industry in Colorado. Legislation is specific on what is required of the department and hospitals in direct access to correct this data in hospitals on what to provide. There is a little bit about what is included in the proposed rule. The proposed rule describes hospital exemptions to the data collection process, the middle of page 2 and 16 [Indiscernible - low volume] and and and specifics on the statements to the department as on page 2 beginning on line 17. A proposed rule describes mine items expected within submissions to ensure consistent and comparable data sets in and the bottom of page 5 beginning on page line 18 is an example of that. Last and most importantly the proposed rule allows hospitals an option to submit the required seven years of historic data to those completed to the Colorado hospital tonight program and this is on page 5 lines 23 through 25 and this is a program most hospitals has participated in and includes nearly every piece of reporting submission data and this would be a great alternative to having to submit a department design reporting submission. The last Medical Services Board meeting you asked me about the administrative demands from the proposed rule and how many full-time employees it would require. As stated earlier legislation is specific on what is required in hospitals and allows us to collect data on what to provide and departments in is to make the process as easy as possible for hospitals and we are administrating the legislation under the good-faith effort and we found hospitals are actively engaged in cooperating with the department under the legislation described good-faith effort. In order to hand off the legislation the department is actually begun the data collection process something like a [Indiscernible] . We had a great response with some hospital setting a statements mission within minutes of the request. We want to take an opportunity to thank the hospitals for their submissions and thank them for the questions and has been very informative and they drafting process and we want to think Colorado hospital association and health systems and individual hospitals and other stakeholders for providing feedback and the feedback along with the experience and questions of the soft launch has help make the proposed rule clear and inclusive. We must nature corporative feedback that make sure we include language that hospitals complete their submission if the data is available. We received in a corporative feedback on the description of a forward schedule.

Also we had about the deadlines described in the roles and this is another benefit to participating in the department data collection

process early in not only the department input on best practices of the data collection process but spreading out parts of the data collection process the statement submission and recording submission over the longest span of time. It passed in March and legislation was effective in August and we are all working to satisfy the requirements of the legislation under this good-faith effort. From what we have heard, hospitals are very aware of the legislation and to be as transparent as possible we are keeping hospitals by sending regular emails and wrapping this up I would like to give you the heads up the Attorney General's office is still reviewing language and there may be updates between now and the November medical services meeting. I want to thank you for your public service and dedicating your time to this Medical Services Board and we will be happy to answer your questions .

[Captioner's Transitioning]

>>Any questions from the board ? I believe we don't have any testimony and no webinar. Anybody in the audience, it's starting to look like just department staff now.

Well then, Miss Roberts or Ms. Blakely you do have any comments or questions that we need to address? >>Nope, I am good. And nothing from Donna. >>Wonderful. Let's entertain a motion. Moving the initial improvement of document 9 revision to the medical assistance role concerning hospital expenditure court data collection section 8.4000, for purpose and specific statutory authority containing records. >>I second that. >>All those in favor please say Aye. And opposed or abstained. Miss Roberts. Tran14 . Ms. Blakely. >>Aye. >>Thank you, the motion passes. Thank you very much. Let's continue forward, document 10. Welcome to the table Matt Baker. And other duo. Please introduce yourselves to the board and share with us document 10. >>Good morning Madam chairman and board members I Matthew Baker the policy advisor with the office of community living. >>I'm Candace Bailey the section manager for the community options benefit section here in the office. >>We are here to propose three types of tactical changes to our rules. The first type of change would affect rule 8.4.5. This rule applies to elderly, blind, and disabled waiver. The change we made was the removal of appealed statutes that's found within the section. Our second type of change both applied to rule 8.553. This rule is associated with our waiver transition services. And in this rule we propose to add to the conflict provisions a geographic exception and this is required for us to express in the rules of federal government. So in doing so we are fully aligned with the federal authority. And clearly we out of conflict management. The change we made was simply fixing typos throughout. It's a fresh new rule and we got it out in a hurry. I don't know who wrote it. That they need to work on their typos [laughter] so that's all that I have for introducing these technical changes. >>Any questions from the board? Any questions on the phone? No public testimony? >>All right. Singh none let's move on and I will entertain a motion. >>The initial adoption with document 10 19/07/24/A, revision to the medical assistance role for home and community based services for the elderly, blind, and disabled, 8.485, life skills training, home delivered meals, peer mentorship, and transition set up 8.553 incorporating the statement of purpose for specific statutory authority. >>With second

that. >>So all those in favor please say Aye. And opposed . Abstain. Miss Roberts. >>Aye. >>Ms. Blakely.

Tran14. >>Great, the motion passes. Thank you all very much. That was short and sweet. Let's move on to document 11. I would like to bring forward Anna , please introduce yourself to the board and share with us document 11. >>Good morning thank you for your time today I'm Anna the lead eligibility policy specialists who oversees the Magi program. I'm here today to present the rules to update concerning the Magi programs. For those who want familiar with those rules in order to determine household composition and income our rules follow the internal revenue called Dashcode these are updated due to changes for the tax cut. As well as 2014 -- seven for guidance received from our partners for Medicare and Medicaid services. These changes include the following. Updates to section 8.100.1 which is our definition. I did add a new definition which is adjusted gross income. Because it's referenced within section 8.100.4. Adding that would help. I also updated the definition for difficulty of care payment. So for section 8.100.3 point K 7. Addressing eligibility criteria with the difficulty of care payment can be exempt for an applicant or a member who is being determined for our Magi medical assistance program. And for section 8.100 I added some clarification to income received. When this income type can be exempt. Of the revisions within this section include changes to remove allowable deductions and to provide care. Policy also added clarification for our rules for a tax dependent who is applying for benefits and who lives with someone other than their parents. If they are a child or a tax dependent, we will start using their income to determine eligibility. Changes to the Colorado benefit system will be made and be in alignment with our federal regulations effective December 2019. The department would like to think the Colorado Center on Law and policy for their feet back on these policy changes. Are there any questions that I can answer at this time. >> Other questions on the phone? I don't believe we've got any public testimony. Does anybody want to sign up for public testimony who has not had an opportunity?

Okay. Then let's entertain a motion from the board. A >>The initial approval of document 11 must be 19 .08 point the medical assistance role concerning Magi role updates section 8.1.0 0.1. Section 04 incorporating the statement of basis specific for statutory authority contained in the reference. >> Seconded. >>All those in favor please say Aye. Opposed. Abstained. Miss Roberts.

Aye. >>Ms. Blakely . >>Tran14. >>But why am I always last, my name starts with a B [laughter]. >>Well actually I want you to know I have been switching the order to make sure you guys stay on your toes. So you're just the last one in this round. All right. But I have been counting [laughter] >>You're supposed to be the support of past president [laughter]. Okay I didn't realize that was my role the other rule I need to make is still requesting that you provide granola once a year to the board. >>Are you putting that into the bylaws? Yes. Exactly. We will put a vote to that. >>The motion passes think it we appreciate it. >>It seems to me that 910 11 would go to consent and document 6 had a lot more conversation that we as a board may not want to have on. >>Document nine they said the Attorney General's office

you know I hesitate to put that how you all feel about document 6. >> I make a motion to add those documents to the agenda. >>It's been properly moved and seconded so all a favor please say Aye. Opposed. Abstained . Ms. Blakely. >>Tran14. >> The motion passes. Thank you all very much. All right. We've officially wait for me go to closing. Then it will be official. A closing motion. I move that all rules adopted at this meeting of the medical services for the Colorado Department of healthcare policy financing move the criteria the state administrative procedure act which are incorporated by reference. >>Seconded. >>Been properly moved and seconded. All is in favor please say Aye. Opposed. Abstain. Ms. Blakely. >> Tran14. >> Motion passes. Discuss with Ms. Blakely about her attendance [laughter] she's talking and the mute button is on. She's discussing. Okay. Now we have officially completed the rule portion of the meeting and we've got just one rule preview then we can do open forum. Heather, please provide the rule preview for the case management section updates. >>Good morning Madam chair and members of the board and Heather the case management specialists here at the department. And if you know these regulations were reviewed in June of this year and adopted on August 30th. Prior to the final reading we did have some stakeholder feed back at that time we weren't able to make those changes because of the time constraint so we made a commitment to come back to that to present the updates and changes. We will be bringing to you next month, changes to these regulations which merely align the definition, citation, and clarify regulatory language that they have asked us to clarify. >>All right. I think we do remember that so I appreciate the preview and that you have the opportunity to work through some of those. >>We are anticipating rule coming next month. Any questions before they leave? Any questions on the phone? >>Thanks for checking. We are good. Let's move to our final agenda item which is department updates. >>And Casey Johnson I come from Denver health but I have about 20 years of experience doing health policy and Colorado. My background in terms of training is I've got a doctorate in health policy research from John Hopkins and a degree in math for bioethics at the University of Virginia. Excited to be here joining. And this is actually my second tour of duty and when I worked the Medicaid agency with Christie wrinkly in the 1990s Lee, she sat outside my office and was impressed. So I sought medical services board from on other side. >>We also have a new staff member who I don't see here but we will make sure she comes by next. Dr. Lisa is a new medical director we will make sure she comes next time. We are excited to have her she's got a great background in terms of system transformation and innovation. She was the deputy chief officer . She's can continue to do that as our chief medical officer. And happy to be here. To mean updates. CMS has granted our request to delay this. There's a good faith exception policy that allows us to take more time to operationalize the policy we've been granted that. This means that we will not have to implement January 1, 2020, this means that providers can voluntarily participate in a soft launch of this new procedure which we actually encourage. And we will eventually pass to align with this requirement. That will happen more around 2020 this summer. What it means for family caregivers is that we don't have to go or require that live-in caregivers utilize this technology. Working with stakeholders as we develop the system going forward. About a soft launch we encourage it to become available for use September 30, 2019,

is that past tense. Providers are encouraged to participate early adoption it will help to be the best for everyone. If you are interested in doing that, the timetables have changed. So let me clarify that. Chris Sykes will tell you how to sign up for that newsletter there will be additional information. >>The other piece of news for the department doesn't relate directly to the Medicaid program but it relates to another initiative that the department is doing around estate option for affordable healthcare insurance. This relates to the bill that passed last session 1004. The task to create estate option for healthcare insurance that's more affordable for people who fall into the gaps for Medicaid and Medicare, and private insurance. So this proposal was designed to save people money and on health insurance it would be available starting 2022. The department releases a draft proposal and we are looking for comments. We've already done 14 sessions and gathered a lot of input. We released the draft proposal and are seeking these products. That's my major meshes to you. Will give you some highlights about what's in the proposal and encourage you to go look at it. And provide comments. The key features of the proposal is that is designed in such a way that hopefully it can save people up to 18% of projected premiums. That's for people who purchase their own insurance on the market. That's after today's announcement that premiums have already gone down. Plan to be administered by insurance companies to be sold on and off the exchange, connect for help Colorado and for people who qualify for subsidies to the exchange, they can apply their subsidies to this new type of insurance to design the costs are low there's no financial risk to this state or taxpayers hospital reimbursements will be set at the state level and are set at a rate to align with other states at approximately twice the Medicare rate. The range is 175% and that's lower than currently but Colorado has one of the highest reimbursements in the country so we are trying to bring these rates more in line with other states. And a little bit more for the hospital trend that is behind that. The reduction to consumers is achieved. Hospital prices in Colorado have grown 55 7% faster than the national average. And hospitals have surpassed $2 billion in profits. So again we are looking for comments. A couple of other things that might be of interest. There will be an advisory board that will be established to continue this stakeholder collaboration engagement. So your thoughts on what that will look like will be useful. License insurance agents and brokers will receive commissions for selling state option plans. That continues the broker role. And a list of those options is available to any Colorado resident. The plant will be available on the individual market as I described. And there's hope if it's successful that maybe it would be available to a small group. But that was the initial offering. >>Small group meeting businesses? >>Small employers. Individual market refers you to purchase insurance on your own and then small group as if you're an employer. >>So just a lot of people. >>That would be available initially in the draft proposal. So >>This is not scheduled to actually be a real thing for two years? >>The legislative date was 20/22 so the comment period is up until October 25. We are highlighting it because that's coming up soon. And we are looking for written comments, at this time and after October 25, policy and financing in the division of insurance will collaborate integrating these requirements and producing a final report by the 15th. So time is tight. Those are the major department

updates. >> Thank you, any questions from the board? Christie or Donna do you have questions or comments for Tracy? >>None at this time. >>So with that Ms. Johnson, welcome to your first board meeting. With that, we will adjourn. Thank you all. All right everybody. Thank you Christie and thank you Donna. >>Thank you all. >> [Event concluded]