



Children's Extensive Supports (CES) Waiver Stakeholder Engagement Closed Captioning Transcript June 3, 2019

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[Please stand by for realtime captions]

>> Good afternoon everybody. We have a couple of people that are checked in. We will give folks a few more minutes to join for the conversation. Thank you.

>> Okay. We will get started. This is the stakeholder engagement opportunity for the home and community-based service. We have a few folks joining today. If you have questions, please feel free to jump in.

>> Ask us questions. I will the folks in the room introduced themselves.

>> Hello. This is Candace Bailey, a community section management specialist.

>> Hello. I am Diane Byrne. I oversee the modification benefit.

>> This is Lindsay Westlund. I'm a benefits specialist for a lot of the service on the waiver.

>> This is Kathleen Homan. I am on the community option team as well. I am over respite and youth day.

>> For the order of the meeting, we have a PowerPoint that will review the changes that we are proposing to the rule. We are happy to take comments throughout. Feel free to ask questions or give us input as we review the changes.

>> Okay. My colleagues up here will be presenting on the rule revision that we are proposing for the CES rules. We start off with the mission, improving healthcare access and outcomes for the people we serve all demonstrating sound stewardship of financial resources.

>> We are the community options benefits section. We are housed in the office of community living. We manage benefits found in the waivers. We collaborate with other sections in the office and those across the department, our focus is on promoting effective services and supports within HCBS waivers. That is how we achieve the department mission when it comes to folks overall health in the community.

>> The rules that govern the waiver, and all the programs Are found in the regulations and there is a link on the webinar. Specifically, for the waiver we talk about the rules that are found at section 8.503.

>> There is a draft of the rules that you can download from the webinar. Feel free to do so. Keep in mind it is a draft and the rules are being reviewed internally. There is room for changes to be made in the rules.

>> We will present these roles to medical services board, MSP, the process can be reviewed on our site and we want to let folks know what the process looks like and when there is an opportunity for engagement. It is a nuanced process and there are a lot of steps. There is a department head that runs the MSP process.

>> The stakeholder engagement is important. That is why we are hosting the meeting today. It is vital for the department receives perspectives that affect the benefits and without this input we would not be able to achieve our mission in creating efficient services.

>> The amount of engagement needed varies depending on the proposed changes. Based on the attendance today, we are not going to host any further stakeholder reviews for the changes and we will have Diane talk about the home accessibility benefit which is undergoing some engagement.

>> We have to engage as we move through the process, how much feedback there is. We will listen today. We can meet again. I am stopping here for any questions. There are few people in attendance. Jump in and let us know if you have any questions.

>> The summary of the changes that we are looking at May include updating outdated language which is offensive and we want to change that to make sure it is meeting the goal of person centered culture and the changes in the department.

>> We are updating citations and we want people to know the correct citations when they read our rule. We have some formatting changes, we remove inappropriate language. We are adding a service, youth day service that will include the service scope, inclusions and exclusions.

>> We are removing third-party documentation as an eligibility requirement.

>> The language and citation changes, we are removing references to mental retardation throughout the rule, we want to make sure the language used in the rule is reflected of the department.

>> We are updating statute references. And references to other rule sections.

>> We will update those as well. We have concurrently, there is another change on updating the definitions section of the rule. The changes will be presented a month before we present our rule changes if everything goes according to schedule. The draft that is attached to this presentation does not reflect all the changes to the definitions section.

>> The rule will incorporate the changes as they are approved. We will be removing references to the support services, the financial management services, they are not applicable to this program. We will take those out of the definition section and that is the only thing that will not be captured in the upcoming changes.

>> We are updating the language when we reference the department and its agents.

>> With the formatting changes, one thing you will see in the draft is we have removed the professional services heading. Movement therapy, massage therapy are listed separately. This is a formatting change and there are no changes to the service scope, inclusions/exclusions or any substantial changes apart from formatting. The goal is to set up the department to make changes towards benefit alignment more quickly and easily in the future. Breaking apart this professional services category is when we do that in the rule and in the waiver application as well.

>> Any questions/concerns?

>> Back on the definitions, I have been working with Heather and Britney on some comments from developmental pathways on the definitions on the other rules. There has been some questions and the beat around the use of client authorized -- looking at the CES rule it looks like you are reflecting some of the changes here currently. Are those conversations happening in the department?

>> Yes. The definition section will reflect the rules that Heather is bringing to MSP in June. The rules will incorporate all the approved changes that her team is making to the definition section. The only thing that is different for the CES rule is any reference to the program, it is not available in this waiver.

>> I assume -- it was true for DD. There were persons of rule that referenced authorized rest. And the authorized rep was removed from the definition. What I am asking If the definition section comes to an agreement on whether it is client representative or authorized representative, will the rule that refers back to the definition the updated?

>> Yes. We will double check all of that to make sure the references are accurate and up-to-date based off of any other changes.

>> Thank you. It is important when you get the back and forth with advocates or families about the clarity about responsibilities.

>> Thank you.

>> Now I will hear things over to Kathleen to talk about the youth day service.

>> Hello. As you can see on the screen, I have a brief overview of the youth service as it stands. On the left is the general bullet points for what we include as the service in a couple of the limitations are on the right-hand side.

>> I will read the rule as it is currently drafted to give you a better overview of the entire rule. Youth day service is an extension of respite. We were requested by CMS to put this in place, it is for the chair of youth ages 12 to 17 while the primary caregiver works, volunteers or seek employment. The service can be provided in the residence of the youth or the service provider or in the community. The service itself can be provided by individuals in 15 minute units. Those service definitions -- the way they are built, the individual -- there is no other youth in the setting was receiving this service, they are not receiving respite or some kind of third-party supervision. The participant -- reimbursement is limited to the waiver participant.

>> With the limitations, we have a service that is limited to ages 12 to 17, it may not substitute or supplant special education and related services that should be covered through the IEP in the school district.

>> This includes afterschool care provided and funded through any education system for the student. The service cannot cover any portion of camp and it is limited to 10 hours per day so we do not have a per diem for this.

>> That is the entire definition of the service as it stands. We presented this to the children's disability advocacy group and they provided feedback for us.

>> We have incorporated what we could at this point and we are looking to incorporate other feedback for the service once it gets put in place. Any questions?

>> If youth day is an extension of respite, why cannot be used to pay for camp?

>> Essentially got campus covered through respite and this fund is coming out of the child's ball because youth day is specifically for 12 through 17 it is specifically for parents who need the supervision and this care for the children under 18 while they are seeking employment working or volunteering. It is specific to the fact that they are employed and for maybe a typical child, they can stay home unsupervised or home alone if they were over 12.

>> With children who are on this waiver receive services, that is not the case. This is an extension of respite in the sense that it provides care and supervision while the parent is specifically doing certain activities.

>> I misspoke when I said respite, respite as stated it's for the relief of the primary caregiver. I see this as an extension of respite in my mind because I've been working on this for so long. And because it is for supervision of the child.

>> It is distinctly different and that is why it does not cover camp.

>> Any questions on the phone?

>> You will have the contact information at the end of the presentation.

>> Is there a limit to the number of individuals that can be served within a group setting for this service?

>> I believe when we were speaking with rates we have a capped currently at three. I have not heard back definitely if that is going to be how they bill for groups or if that is how there's going to be defined. I did hear that it is potentially three in a group.

>> Would that reflect that path? Is that the rate schedule that would reflect that cap? Right now it says, the group setting. It does not say up to how many. How would the limitation for providers be identified?

>> We will make sure to identify that in regulations or in the rate schedule. Likely, the regulation. We need to have further discussions. It will be clearly defined someplace easily visible for folks to know.

>> Thank you.

>> Any other questions?

>> Will the cost be included in the respite cap?

>> No. They are separate services. There is no current limitation to the dollars or units for youth day . Respite will still maintain its limitations or thresholds. They are separate services.

>> Other than the 10 hours a day.

>> Any other questions?

>> Why would the service be included in EVV requirements?

>> The rationale behind that, it is aligned with respite. Based off of everything we received from the federal government because of how closely it relates to respite, we were required to include it. Personal care can be included as well. They can be provided. That's another rationale for having it included. Hopefully, that helps.

>> We will move on to the other change. That is the removal of third-party documentation. This is the change we are making based off of previous stakeholder engagement which was a working group to think and talk about the waiver.

>> This is the change that is stemming from those discussions. It is a change that is within the department's authority to make so we talked about that quite a bit and we have to operate within the restrictions that the authority will allow us.

>> This we think will improve the process and is in the authority to remove from the rule. It is a way to look at reducing the length the application process. If you have any questions about that, please, let me know.

>> We will talk about the home accessibility benefit. This is not part of the rule change moving forward. In July.

>> Hello. I will receive home accessibility benefit. These will change -- this is more of a preview for things coming up and a plug for a separate stakeholder engagement opportunity. A little bit of background, there was a budget request that was put forward by the Department of local affairs, the division of housing, that was the oversight of the benefit over to the division of housing. This was approved in May and funded so now we are looking for approval from the federal partners, CMS. And then we will start the transition process. For those of you who attended the meeting you know we have been working with the division of housing on the home modification benefit for the other waivers for about five years.

>> Is a long-standing relationship that has improved the quality of the benefit on the other waivers and something we want to expand so the CES waivers can reap the benefit.

>> The division brings a ton of expertise to the process. They improve the consistency of projects approved across the state. They perform inspections of projects after they are done for holiday. Anytime there's a complaint or an issue, they do inspections and help resolve the complaints. They do a random sampling of all projects to make sure we are overseeing all the work.

>> This will be a great relationship to expand because it will help us align the benefit across all the waivers. To make sure that let's say someone moves from SLS to EDD, or vice versa, it will make sure the oversight for the benefit is the same no matter which waiver landscape you are looking at.

>> What we are looking at right now is how we improve the benefit.

>> The relationship with the division of housing will be starting later this year and we are looking at revising the rules to put into overrule a lot more oversight and guidance for case management, providers, we will create construction standards and they already exist for the other waivers.

>> We will copy those over. The rule updates will be putting a lot more guidance into the rule like the process to help make sure that whether you are in a certain county, you're getting the same experience when you try to get a home modification because we see some different processes across the state.

>> That is because the guidance has been not very clear so we are putting more guidance in the rule to make sure people know what the process is and what to expect.

>> We are getting from feedback on priorities. Stakeholder feedback on what is necessary for the benefit, it will look a lot more similar to the other waivers and rules in the end. But they may not look identical.

>> We have come up with a couple of examples where it probably will look a little bit differently. The goal is a usable, printable and consistent benefit with little disruption as possible. Any questions?

>> There was a recent memo that went out for home modifications and it mentioned the need for three bids for modifications and currently we are only requesting to. Has this changed?

>> Yes. This was from the previous guidance. I believe it said you're required to get through three bids but if you cannot submit documentation you have tried. Yes. The goal is to try to make everyone -- everything streamlined. We want to have all waivers required to do three bids attempted. If you can only send in one that is fine. Document that you attempted to get three bids.

>> You would say on 6/1 I sent the evaluation to these three contractors. I heard back from one of them within two weeks and I did not hear back from the other two but I sent them follow-up emails. Put the dates you did the follow-up and say I did not hear back from them.

>> For the case managers on the phone, there was a memo that was released about a week ago. It provided some of the guidance that we have been discussing over the last five, six months about the process where you should get the evaluation, the number of bits required, the information that needs to be included in the evaluation and the bids.

>> There was guidance on how the home benefit relates to DND. That should help answer some of those process questions.

>> I want to double check for listeners on the phone. The last I heard at the stakeholder meeting, the long play is that the vendor pool between the waivers would be blended in expectation would be that all vendors would be Medicaid approved vendors. Is that still the direction you are leaning towards?

>> The goal. You're correct about blending the provider pools. We have enrolled providers on the EBD side. There is no billing through the case management agency.

>> When there are providers that all those I will use accessible systems that work all over the area. They built directly for the EBD side and they go through the case management agency on the CES side.

>> For a provider like that who is enrolled, we will transition them to do their own billing so it doesn't have to go through the case management agency. This reduces liability and we have been the direct financial relationship with the provider and if they don't do a good job I can void their claims. And that is harder if it goes to the case management agency.

>> We know who is doing how many jobs, we have an idea of tracking when it comes to projects where if we have three complaints for one vendor, we may not know if that is three out of 100 projects or three out of five projects.

>> The second one is more serious and by having them: their own it helps us with tracking and data control that way. The second part of the question is different. If that will be all providers being enrolled providers. That is not where we are going. We are not sure what it will look like in the future, I would guess we will not move to 100% of home modifications being billed directly through the providers. Some of the building will go through CCB.

>> We want as much billing as possible to go directly to the provider for the reasons I was just saying to help us make sure we have as much information on the quality, quantity, of services as possible. Did that help?

>> Yes. I want to make sure we're on the general track.

>> Will you say when you anticipate going to MSB with the draft rule?

>> The goal is to go to MSB in October. It may not include everything. It will include things like the division of housing partnership, some of the stuff that is in the memo will going to that rule. I may go back with some smaller changes later on but I hope to have them at the October MSB for a presentation. That will give us a 12/31 effective date.

>> That is when everything will be official. We will start the transition maybe a little bit sooner. I will ask people to introduce some of the concepts into their programs and projects earlier on. A lot of that is introduced already with the guidance that has come out through the memo.

>> The stakeholder meeting that I host is on the second Wednesday of the month, 1:00 until 3:00. Here is a link to the stakeholder page. That is the same day as the children disability advisory committee but that is in the afternoon. You can spend the whole day with us.

>> We have started to go through the rule. We are breaking that down into three sections, what it is, what the benefit is, and what it is not.

>> How to get it which is really about the process and it deals with the case management side of things. And the third section is provided requirements. Things like licensure, enrollment, and stuff about billing.

>> We are starting to go through the first section. If you want to join it will be great and we can go to the other items. Later in the year once we have a lot of that stuff in place, we will talk about how to transition from I transition period into a monitoring period and what will happen if we find out something that we have implemented does not work the way we thought it would.

>> Will this require waiver amendments?

>> Yes. It does. That is part what we are waiting for from CNS. We have to put into waiver amendments that the division of housing is a contracted entity for these waivers. Any time we are working with an outside authority we have to get approval from CNS to do that. Right now we been doing a one off. If I have a tricky issue where what the division and their help we can get a release of information and I'll ask them to consult. I did that for a few projects so far.

>> Once we get the approval from CMS and we get all the agreements signed for data sharing, they will be on officially, full steam ahead.

>> Any other questions?

>> Here is our contact information. We will collect any feedback you have about any of the changes that we have proposed today.

>> Any other questions/concerns?

>> Thank you so much.

>> Thank you.

>> Perfect. Thank you.

>> Thank you very much. Thank you for participating. We appreciate your time and effort to participate in all the activities we throw at you constantly. Thank you so much. Let us know if there is anything else. Please reach out to us with any questions. Have a wonderful Monday.

>> Thank you. Goodbye.

>> [Event concluded]