

ENTRY POINT / ELIGIBILITY SUBCOMMITTEE

SEP MINORITY REPORT

2014

1. The recommendation to move assessments and eligibility determinations to a comprehensive access point is not evidence based (There have been no stats/data provided to suggest the current system is not working)
2. SEPs have not been identified as inappropriately approving or denying applicants on a significant scale
3. The idea that a single intake person can know & assess for ALL waivers, state programs (e.g. HCA, AFC) and all the associated services is very unrealistic within the current complex structure of the CO LTSS System. In other words, it doesn't seem people are considering of the magnitude of the "mental demands" of the job, currently and in this proposed revised form.
4. Creates another silo & hand off point
5. Creates an increased likelihood for inconsistencies between case mgmt. agencies since this will add another layer of agencies that provide waiver case management in the form of assessing and service planning. This means more contracts, monitoring, assessment & service plan training, etc.
6. Since assessment and service planning are an essential function of ongoing case management, the most streamlined approach is to keep intake with CCBs and SEPs
7. There is value to having face-to-face contact with the intake assessor and the ongoing case manager
8. The often referenced Balancing Incentives Program (BIP) does not apply to Colorado because CO is considered "balanced" with regard to the # of people on HCBS and the # of people in nursing facilities (ranked #7 nationwide)
9. If the BIP is to be referenced, the 'Conflict Free' Case Management portion does not apply to the majority of SEPs because the main conflict pertains to case mgmt. agencies that are also direct waiver service providers
10. The intent of the BIP was not to require a "Conflict Free" Case Management model, but per Mission Analytics, a "Conflict Mitigated" model as it is geared toward states operating within a managed care framework with a disproportionate number of consumers in nursing facilities.
11. The conflict brought up at the last meeting about it being difficult for an employee of a SEP or CCB to deny someone at intake is not agency based, but individual personality based. The denying assessor still has to attend a hearing and still has to tell someone they are denied, etc. Therefore this type of conflict is not resolved by moving a conflict avoidant personality to another agency.
12. This recommendation is not based on the current design of the LTSS system, but rather on future based massive system reform efforts currently not in place (e.g. assessment reform, waiver integration, rule simplification). In other words it is hinged on potentials, nothing more. The implementation of this recommendation minus other major reform efforts would probably result in a slow death or in an unsustainable, overwhelmingly complex system.
13. I personally support moving intake to a comprehensive access point as one of many ways to mitigate conflict for agencies that provide case management & direct HCBS or other LTSS services