

Adult IDD Waiver Redesign Stakeholder Meeting
Wednesday, May 15, 2019
Location: Developmental Disabilities Resource Center
12:00 p.m. – 3:00 p.m.

Department Staff and Contractors attending in the Room

Alicia Ethredge	Candace Bailey
John Barry	Ke Zhang
Kelly O'Brien	Lori Thompson
Marci Eads (HMA)	Matt Baker
Michelle Hoffner (Bolton)	Rebecca Spencer
Scott Nelson	Zach Smith (Bolton)
Josh Negrini	

Stakeholders attending by phone or via computer (webinar)

Kristie Braaten, DDRC	Carol Collier, parent
Shawna Boller, parent	Theresa Jordan, parent
Cassidy Dellemonache, P2P, parent	Darlene Beals, parent
Diana Holland, DDRC	Donna Downing, family member
Ellen Jensby, The Alliance	Gerrie Frohne, family member
Gina McGrail, parent	Heidi Haines, Arc of Colorado
Jeff Newman, Community Connections	Kendra Kettler, Ft. Collins
John Klaus, Mt. Valley Developmental Services	Kevin Graves, provider
Michael Hoover, self-advocate	Rob Hernandez, former legislator

Stakeholders attending in the room

Benu Amun-Ra, Family Voice Council, Dept of Human Services	Bob Lawhead, parent, CDD Council, Co-chair
Carol Meredith, parent, Arc of A/D, PASA, Co-chair	Charlene Willey, parent
Dawn Caldwell, parent, PASA	Jessica Eppel, Mosaic
Joanne Elliot, parent, DDRC	Jodi Walters, Parker Personal Care
Karen Roberts, parent	Kathy Derdzinski, parent
Marilyn Fausset, parent	Pat Chamberlain, parent
Rob DeHerrera, DDRC, Co-chair	Steve Shaughnessy, RMHS
Tamara French, Discover GoodWill	

John Barry opened the meeting at 12:00 p.m. and began the recording of the meeting. Participants attending in person and those via telephone introduced themselves (see above).

Alicia explained that blank notecards are available for anyone to write their meeting input in lieu of speaking, if they would like. John described the HCPF Mission Statement, the Office of Community Living Vision Statement, today's Agenda, and the list of meeting materials which were sent to all Stakeholders beforehand. All these documents can be found on the HCPF website.

Stakeholders approved the April 10, 2019 IDD Waiver Redesign Stakeholder meeting notes which will be posted to the HCPF website. John explained that the April 22, 2019 Stakeholder meeting notes are still being reviewed by HCPF and will be sent to stakeholders and brought for approval at a future meeting.

1. Bob asked about HCPF's approval of sharing the email contact information of all stakeholders with each other, and John asked that this issue be tabled to the 2nd open forum of today's meeting.
2. Laurel asked about the Chat Box availability on the webinar. John reiterated from last meeting that the Chat Box would be discontinued going forward in order to focus on one mutual ongoing conversation.

Discussion of Co-chair Onboarding Meeting of May 7, 2019

1. Carol M. stated that Co-chair roles were agreed upon at length. Also, that if one Co-chair was unable to serve, a back-up person would be invited and appreciated, to listen in on all Co-chair meetings.
2. Rob D. added that all stakeholder meetings would include 2 Open Comment periods and input from those forums would be addressed at the following meeting. John added that the Open Forums were to identify issues, not to resolve issues and not to generate a "back and forth" discussion. John added that there would always be a Public Comment period in all Co-chair meetings.
3. Bob: the 5/30/19 stakeholders meeting would focus on Res Hab.

Open Forum #1

1. Pat asked if we could explain the Open Forums. John further explained that announcements, flagging, or identifying an issue could be done during these 10-minute forums. The input would go to the Parking Lot.
2. Gerrie described the inability to hear speakers
3. Bob: what about the sharing of stakeholder contact information? John plans to research this with HCPF.
4. Bob: stakeholders have submitted Res Hab questions to HCPF. John expects HCPF to give written responses in a Q & A format as soon as possible. However, May 30th is unlikely.
5. Pat said appreciatively that this would dissuade family worry. Candace expects that the 100 or so questions might be answered partly today and then followed up by the submitted answered questions. Marilyn requests information on Host

Home Provider quality and retention. Candace noted that a HCPF meeting on 5/23 focuses on IRSS and Host Home oversight, and that the regulations would be “open” for discussion then.

Actuarial Report presentation

Michelle Hoffner of Bolton Actuarial introduced the slide presentation (which is available in full on the HCPF website). This HCPF contractor has been working since October 2018 to estimate with flexibility, the cost impact of the redesigned combined waiver. “Must” inclusions include the number of Support Levels, Service Plan Authorization Limits (SPALs), dollar limits by Support Levels, unit limits, mutually exclusive services, new services, and rates and caseload.

Michelle noted the Department’s commitment that there would be no “reduction of resources available to people currently receiving services”. Their two goals are: 1) determining who will meet the daily support time criteria, therefore eligible for Residential Services, meaning Res Hab and, 2) projecting costs for various scenarios. They will use Washington State’s combined waiver similarity to Colorado, to develop their algorithm.

1. Pat: Please define Bolton’s definition of a daily support need? Michelle referred to Slide 7 which enumerates the elements of the daily support need-
2. Charlene: Cautioned actuaries that Colorado’s SIS does not pick up daily needs accurately. Michelle admitted that as a problem until Colorado transitions to the new assessment tool. Lori added that is especially true of behavioral support needs because of current gaps. The implementation of the combined waiver will be closer in time to the actual use of the new assessment tool.
3. Bob asked for confirmation that anyone having needs described on Slide 7 would be eligible for the Res Hab daily rate. Michelle confirmed that as the best estimate to determine predictable costs.
4. Rob D: is Bolton using actual Colorado SIS scores, and does Bolton understand that cost projections for HCPF vary widely from the costs of actually rendering/providing services? Michelle confirmed these statements.
5. Ellen: Is Bolton only including SLS people for whom you have SIS Support Level scores? Michelle confirmed.
6. Gerrie: If you are guaranteeing no resource losses for anyone currently on Comp, and if people on SLS on Support Levels 1 & 2 may not be eligible for Res Hab, is it not discriminatory that on Comp now, Levels 1 & 2 can keep their Res Hab resource and on SLS, 1s & 2s cannot get Res Hab? Candace said that the Actuarial report is a flexible starting point only, to have something to go to the legislature with. Michelle: Gerrie’s question would be addressed in upcoming slides. Michelle stated that the Washington Algorithm for Mid-frequency Supports, used every 2-4 days, (Slide 8) was not used by Bolton because

Colorado does not have the data necessary for Exceptional Medical and Behavioral Support Needs to be included in Bolton's determination of SLS members needing Res Hab. 74% of the SLS population would be eligible for the Res Hab Service. Slide 9 shows SLS Res Hab eligibility for each SIS Support Level, 1-6.

7. Pat: Did Bolton do the same comparison for the Comp/DD Waiver? Michelle: No. Pat said it would be interesting to see those results.

Michele described the four elements of the Cost Module (how Bolton determined costs). Changing nothing; Simply combining waivers; Combining the waivers and Adding New Services; and Slide 13, Adding services and removing unit limits for Behavioral Services and Non-Medical Transportation.

1. Gerrie asked why the costs of Home Modification, Vehicle Modification and Assistive Technology were not added, as these are services in SLS but not Comp? Candace explained that these 3 services are covered under the per diem daily rate in Comp already. Gerrie asked that these be specifically written into the Actuarial report.

Michelle emphasized that any of Bolton's assumptions can be changed as they have been costed independently. On Slide 14, included in the costs are the Support Level Module; Detailed Claims Data; PAR data; and the 17/18 rates. Inputs available to be added are: Completion of claims not yet paid; Increased rates; own-wage elasticity to adjust for needing to pay providers more; Service limits; Utilization shifts from an SLS recipient moving to a daily Res Hab rate; New Services; and adjustments for calculating Individual Support Plan Budgets/SPALs.

1. Rob D: are day program caps still in place? Michelle, Yes, but all of these other add-ons are available for manipulation into the cost module.

Slide 15 notes that for the "own-wage elasticity", a 1% increase in rates can result in a 0.5% increase in the number of available providers.

1. Dawn asked if Bolton researched both urban and rural services. Michelle: No, but their research included all the US, geographically.
2. Pat asked about other reasons for underutilization. Michelle: some undefined gap still remains.

Slide 16 describes Bolton's additional assumptions.

1. Carol M.: SLS members who use up their SPALs on day activities, would spend more on behavioral services if that were an available added service in the combined waiver. Michelle asked that this item be deferred until the SPAL discussion.

Slide 17 delineates the costs for expected utilization of these added services: Acupuncture, Behavioral assessments, Caregiver training, Chiropractic, Chore services, Electronic support systems, Intensive supports, and Medication reminders.

1. Pat: are these available in other Medicaid waivers? Candace described other Colorado waivers which include these various services.
2. Karen asked for a definition of Intensive Supports. Matt: it is a comprehensive wrap-around service for people going into crises and training those who support those needs.
3. Marilyn: why is the cost for caregiver education so low? Matt: this is related to attending conferences. John announced that this agenda item only had 5 more minutes to complete.

Slide 18 shows that when Bolton removes service limits, they estimate a 15% cost increase as no further utilization will increase due to services being unlimited. Slide 19 deals with the Individual Support Plan Budget (aka SPALs). Using PARs as an actual number to identify needs, Bolton sets a SPAL at 90% of what members will actually spend. Slide 19 show the 2 SPALs, one for Core services and one for Ancillary services.

Slide 20 shows the amounts of costs that Bolton's assumptions have produced: Doing nothing, Combining waivers, Including added services, and Including added services and removing service limits. Also noted are the costs for including serving the entire As Soon As Available DD Waiting list which includes people already receiving SLS plus 745 who are not currently receiving SLS. Slide 22 shows Bolton's conclusions, suggestions for further data gathering and analysis. John said that any further questions could be emailed to him or to the Co-chairs, and these would be responded to by email. A Break was announced.

Lori introduced a discussion of the Crosswalk of Current Versus Proposed Services for Residential Habilitation and Personal Support Services. This is the more detailed, service-specific Crosswalk, and the other is the High-Level Crosswalk. (These documents are on the HCPF website for the Waiver Redesign.) Input regarding these documents will comprise a Q & A response from HCPF that will be posted to the website. Matt continued: Res Hab services are 24/7, all-encompassing, received from a service provider, and include micro-components like transportation into the community. Personal Support Services (PSS) are proposed, intermittent, incremental services. PSS are built into Res Hab services or can be accessed separately. An advantage of PSS is, "do I want to get this service?" Res Hab presents a huge cost issue for individuals to get the services they need and want. Right now, there have not been any service limits specified in Res Hab. The only new component in Res Hab is staff retention, to address turnover, if the individual is in the hospital or vacation, the provider will get reimbursed (retainer payment).

1. Gerrie: families need to eliminate the current cap on Day Habilitation hours so people get their needs met. Also isn't Day Hab a duplication of services as day hab occurs during the 24/7 Res Hab? And if these are unresolved, may they be Parking Lot issues? Lori: There is no current cap on Res Hab for 24/7. The 4800 cap on Day Hab is not one of the service limits removed under Bolton's cost assumptions. Removing that would require additional decisions. Federal CMS is aware of Colorado's not double-dipping, or duplicating services by paying per diem for Res Hab and discrete Day Hab services with differing providers, different procedure codes, so that is not a concern.

Alicia suggests getting input on "What Do You Like, What Do You Not Like, and What Is Still Missing?"

1. Jodi is happy and relieved about the full daily rate, and likes the absentee, retention-payment factor.
2. Marilyn likes that adaptive skill deficits are being covered and likes the daily rate.
3. Pat asks that the word "justify" for 24/7 services be changed to "require".
4. Dawn asks that "training on member's needs-based criteria" be emphasized for any case managers using the new assessment tool that will replace the current SIS so that case managers will not be subjective. Also, currently evaluating emergencies is not being responded to quickly enough. If someone were to have their Support Level lowered and not have a process (i.e.: more frequent assessments) available to remain on their current Support Level for some additional time, they might risk losing their housing. Dawn also requests a substitute word for "day services/ Day Hab". Matt: HCPF is planning to substitute "Community and Personal Engagement", that has its own Service Coverage Standard, and could occur nights as well as during the day.
5. Rob H.: if 1:1 services are needed in the Service Plan, there is not enough funding for a Day Hab provider for a lower tier individual. This relates to Res Hab as it is a risk to not have any Day Hab provider available.
6. Carol M.: asked that this go on the Parking Lot for now. Candace offered that this is also a "Rates" issue for a different time.
7. Jodi asked for a definition of "Legally Responsible Person". Lori said that this term is in the glossary that Matt has provided (available on HCPF website).
8. Jodi: in retainer payments, it needs "contractors and host home providers" added to "employees". Also the Certification Requirements for both Res Hab and PSS need to be the same, not different as they are in here. And using the term "clear" related to background checks is too problematic and prescriptive; needs more latitude. Also with Dept of Labor looking at the use of employees versus contractors, using the words "written assignment of duties," needs to be changed to "client specific information." And it would be excessively hard to

demonstrate "competency", with a requirement to "demonstrate competency to the satisfaction of the client and the authorized representative".

9. Shawna: need to add "provider rented" or "person living in their own home," to the "provider owned" requirement. Also, whenever the word "staff" is used in Res Hab, substitute "provider" so that contractors may be used too. Matt corrected a wording error, "personal support staff", replacing it with "residential service provider".
10. Carol M.: the exclusion, "if a person can receive services in any other way" needs review. Candace will ask technical guidance assistance to clarify if this typically required language needs an exception in adult Res Hab.
11. Marilyn: waiver participants and families are never told about all the services and rules that can affect them as users. Lori explained that HCPF has planned for training and outreach for all stakeholders as the combined waiver is implemented.
12. Jeff: there needs to be a statement that all services are person-centered and important to the person's wishes. Support providers need to have responsibility, and their oversight should be based upon the individual's wishes.
13. Charlene: 1st "dittoes" getting definitions. Also, needs explanation of why "Res Hab services are not to be delivered in the same plan as Assistive Technology, Caregiver Supports, Personal Supports, Intensive Supports." This statement is very confusing and scary for families needing services.
14. Tamara: is Res Hab definitely a daily rate? Lori confirmed.

Alicia asked if any issues were missing.

1. Jessica: How does Billing work for Retainer Payments? Candace explained the need to look at HCPF billing and the HCPF rate staff would be able to figure this out. Scott confirmed.
2. Pat: Family Caregivers need to be paid the Retainer Payments when their family member is in the hospital and family is working extra hard.

Due to shortage of remaining meeting time, John began the 2nd Open Forum.

1. Gerrie: this meeting location should not be used again due to the audio difficulties.
2. Carol M. shared that during the initial CLAG sessions on waiver redesign, DD waiver users demonstrated much lower State Medicaid Plan costs. This factual input needs to be considered by Bolton Actuarial in their cost determinations.
3. Pat: in Bolton's Scenario 4, would a Support Level 1 individual still be able to access the unlimited funding resources? Also, families need human examples/case studies for each of the different support levels through the whole service and funding process. And full Consumer Direction is needed in Res Hab services. Also, to get honest input from individuals and families, the new SIS

replacement tool needs very thorough, lengthy, detailed training before the actual assessments are done.

Parking Lot

Rebecca Spencer presented the current Parking Lot (PL) issues:

1. Stakeholder contact information
2. Recruitment and retention of quality host home providers
3. Delineating each service within the cost model
4. Day service unit limitations
5. New name for day services
6. Rates for day services for various support levels
7. Rob D.: Rates for All services.
8. Charlene: clarity on various definitions.
9. Gerrie: planned Small Group format for 5/30 meeting is discriminatory, denying equal access to phone in participants, and should never be used in HCPF meetings, especially not a separate, unequal small group for call-in participants.
10. Small group format is difficult for webinar and phone participants
11. Mutually exclusive table for redesigned services
12. Carol M. requests access to the questions that HCPF has already received
13. Charlene requests documenting the next 5/30 meeting on Res Hab, in "real time" format. This means making no changes without stakeholder agreement, so we will all know what has been changed, when and by whom, for any work product being created.
14. Access to questions the department has already received.
15. Real time note taking and real time editing in the next meeting.
16. No changes to documents unless we all agree on them and can see them.
17. Consumer Direction for all Services
18. Written documentation of any decision the group makes.
19. Q & As done by 5/30.

Next Steps

Next steps are the 5/30 and 6/18 meetings at Community First Foundation in Arvada. Alicia mentioned that an HMA contractor, Marci Eads, would be presenting a waiver redesign comprehensive report at the 6/18 meeting.

John closed the meeting at 3:00 p.m.

Respectfully submitted, Gerrie Frohne, family member