

**Adult IDD Waiver Redesign Stakeholder Meeting  
June 18, 2019**

**Draft Stakeholder Notes for Review on August 16, 2019**

**Stakeholder Attendees in the Room**

Rob DeHerrera  
Michelle Hoffner  
Tamara French  
David Bolin  
Kathy Derdzinski

Rebekah Stewart  
Stephen Shaughnessy  
Charlene Willey  
Jessica Eppel

**Stakeholder Attendees on the Phone**

Regina DiPadova  
Kelsey Ness  
Rob Hernandez  
John Klausz  
Jeff Newman  
Ellen Jensby  
Shawna Boller  
Heidi Haines  
Theresa Jordan

Leslie Rothman  
David Monroe  
Gerrie Frohne  
Pat Chamberlain  
Linda Medina  
Madeline Landgren  
Jodi Walters  
Kidron Backes

**Staff Attendees in the Room**

Alicia Ethredge  
Candace Bailey  
Matt Baker  
Kelly O'Brien

Lori Thompson  
Rebecca Spencer  
John Barry

John Barry opened the meeting at 12 noon. He explained meeting processes, speaker queue, and that a Parking Lot record would be maintained throughout the meeting. Introductions were completed. The HCPF Mission and Vision statements were read (these and all documents related to Waiver Redesign can be found on the HCPF website).

**Stakeholder Notes**

Stakeholders approved the draft Stakeholder Notes from the 05/15/19 meeting

**Stakeholder Co-Chair Report**

Carol thanked everyone for their input to the Co-Chairs

1. Gerrie stated that the Co-Chair meetings included their doing "policy" which has been excluded by consensus from their tasks. John B. confirmed

that meeting preparation and design is the only scope of Co-Chair meetings, and this concern will be addressed at a future Co-Chair meeting.

2. Charlene dittoed her concern about policy discussion occurring at Co-Chair meetings.

### **Open Forum #1**

1. Pat requests a discussion of the existing Parking Lot issues, plus how CDASS will be in the redesigned waiver.
2. Gerrie requests at least 3 upcoming meetings to be scheduled and announced.
3. Charlene asked how we address concerns about the just-received HCPF answers to our questions?

### **Meeting Materials**

John B. described the documents related to this meeting, two Personal Services & Supports (PSS) documents, one being the "working document" with stakeholder edits incorporated into it, and the second being a "tracker" document including all comments that have been made, whether incorporated or not.

### **Bolton Actuarial Recap and Question & Answer Period**

Michelle Hoffner spoke about the Bolton Actuarial Report from where it was left off on 5/15/19, discussing the Support Plan Budgets which Bolton calls SPALs. Budget controls are in place to maintain sustainability. They planned budgets for people eligible for Residential Habilitation and for people not eligible for Res Hab. In the cost analysis, Bolton used flexible separate budgets for Core Services (Personal Supports, Homemaker, Mentoring, Supported Community Connections, Job Coaching, Residential Habilitation, Respite, Behavioral and Transition Services) and for Ancillary Services (Assistive Technology, Rec Passes, Hippotherapy, Movement Therapy, Vision and Dental). This allows for flexibility for choosing various services, while maintaining an overall budget limit for cost containment. This way the Department can control costs to ensure long term fiscal sustainability instead of the current use of Unit Limits, which are seen as more restrictive/less flexible to individual members.

For example: A Support Level One member who is not eligible for Residential Habilitation would have approximately \$18,000 for Core Services and \$2,700 for Ancillary Services. In setting the budgets, Bolton used Prior Authorization Request (PAR) data.

1. Charlene requested clarification. Lori stated that the PAR data is based upon the member's Person-Centered Support Plan, thereby reflecting the

actual identified needs of the person more than would Claims Data. Michelle continued that Claims Data can be reduced by lack of access (to providers) which can affect the needs for services. For determining costs for projecting legislative budget requests, Bolton used Claims Data. For determining member budgets, PAR data was used.

2. Shawna asked about Bolton including costs for 18-21-year old's who receive EPSDT benefits and SLS recipients who receive medical services. Lori responded that EPSDT for youth and ~~nursing~~ Medicaid State Plan costs for adults were not included, only HCBS ~~SLS~~-waiver costs.
3. Gerrie asked if Bolton would produce the cost of serving waiver members who have the unit limit barrier of 1200 hours per year of community activities plus 500 hours of supported employment, because this unit limit is ridiculous and a pet peeve of waiver recipients. Candace clarified that task was not part of Bolton's contract with the Department, but HCPFs internal budget folks could look at analyses to get those numbers.
4. Pat asked about the basis of budget requests. Michelle: The individual support plan budget uses PAR data to set the support levels for each individual who qualifies for daily support needs or those who do not. So, we don't use historical (claims) data that is potentially understated for giving a picture of an individual's needs. The claims data is used for cost projections.
5. Pat: So, we are sending a legislative budget request that will not cover any of the unmet needs? Michelle: Bolton is doing a cost projection that uses claims data that assumes no budget limit, but we have reflected increased utilization and increased provider capacity, so this gets back in line with the PAR data. So, the budget request is not understated.
6. Rob D.: Is Bolton adjusting the claims data with items like provider capacity, adjusting the PAR data as well to get to "apples to apples", and using 2017/2018 for both claims and PAR data for the same time period? Since we have no actual definitions, this is just a tool and a big number.

Michelle: Our model was built with each of the current services like Non-Medical Transportation for example, as individual components. But you can use the new services and massage them very flexibly into the appropriate place, Core or Ancillary, 4 SPALs or only one.

1. Carol requested that Bolton not use the term "SPALs" as this acronym has negative connotations for SLS waiver members in Colorado. Carol also asked if there are scenarios similar to Bolton's, in other long-term Colorado waivers? Candace does not think so because support levels are not used in other waivers.

2. David shared about acuity measurement. Michelle stated that the issue of an overall waiver cap is different. Candace confirmed that there are some unit limits in other waivers but not overall spending limits. None of the other waivers have support levels except SLS and DD.

### **Personal Supports Services, Service Coverage Standard Review and Live Edits**

John B. said that it was time to begin discussion of Personal Supports Services (PSS) Service Coverage Standard. This is the working document where we will be making live edits today and putting comments if we cannot make a live edit today. On the HCPF website under Waiver Redesign, there is also the PSS tracker document where edits have already been incorporated.

Matt explained that based on input from the 5/30/19 stakeholder meeting, language here has been de-medicalized, with more person-centered, values-driven and important-to-the-member changes having been made. Personal Supports help to implement the professional services like Speech Therapy. The Nurse Practice Act (NPA) has an exception for DD providers to be delegated to provide medically necessary tasks. HCPF is still checking if j tubes can be included here along with g tubes.

1. David: Using "enteric services" would cover all of this. The upcoming Sunset Review of NPA could affect any official wording here.
2. Jeff would like to emphasize "important to" in each stated service so that waiver members are aware that they can access activities important to them like going to a bar for a beer in the afternoon.
3. Gerrie: In the current DD Comprehensive waiver, we are limited to the number of OT, PT, Speech therapy visits by the rules in the State Medicaid Plan. We need to include an additional number of therapy visits here as enhanced services for individual needs. Candace added this would be "extended State Plan benefits" and would be a separate service.

Matt moved on to Member-Directed services, saying that HCPF intends to carry on the CDASS model at least until one year of usage-results data is known. Until more data is known, further additions beyond CDASS in SLS would not be planned.

1. Gerrie: IHSS (In-Home Services and Supports) is now an allowable service for all waivers. And for Health Maintenance, which specific tasks are HCPF approved as "skilled"? Matt added to the PSS edits, to consider the IHSS model, and to better define skilled health tasks.

Matt moved on to Limitations and Exclusions in PSS.

1. Carol asked what is the relationship between eligibility for Home Health Care services and eligibility for the redesigned waiver services? Candace explained that is very dependent upon individual circumstances and outside of the daily rate. One can get Long Term Home Health services in addition to Residential Habilitation in the case of tracheotomy or ventilation services, very serious skilled care needs, but there are no hard and fast service definitions.

Matt introduced the Mutually Exclusive section. ~~When required,~~ Personal Support Services must not be billed at the same time as another service, such as job coaching. The job coach could however choose to provide personal care (feeding, toileting) during their time with the waiver member.

1. David: People need personal care services while on the job.
2. Carol: A person could get personal care help as long as it was billed for a different time than the job coach billed for.
3. Pat: So, a job coach can help with toileting?

Candace clarified that this could be required of the job coach beforehand.

Matt moved on to Retainer Payments for the purpose of continuing payment for consistency of service provision when the waiver member is hospitalized or otherwise away from the provider.

1. Carol: Residential providers often feel it is important to go to the hospital with their client and we need to encourage their being supportive.
2. Gerrie: Would legislators have concerns about a provider being paid while the client was on vacation with family for 30 days per year, either in or outside of Colorado? And if Medicaid is paying the hospital, how can the provider bill for exactly the same hours? Candace noted to deal with the vacation issue as well as the Medicaid billing issue.
3. Jodi stated there should be no limits on vacations for the people we serve.
4. Pat asked about needing a definition of Legal Guardian. The Department recorded this as a parking lot issue.

Matt went on to discuss the Settings Final Rule with five principles needing to be described in more detail here. Matt suggested that anyone having suggestions should email those suggestions to him or any of the waiver redesign HCPF staff at [HCPF\\_IDDWaiverRedesign@hcpf.state.co.us](mailto:HCPF_IDDWaiverRedesign@hcpf.state.co.us).

**BREAK**

## **Residential Services, Service Coverage Standard Review and Live Edits**

John B. introduced the Residential Habilitation Service Coverage Standard live edits document. Matt said the definition is for people who need 24/7 services. Under eligibility, an individual must show that they meet needs-based criteria and require 24/7 access to supports.

1. Charlene: is it correct that 100% of people on the current Comp waiver will be entitled to the Res Hab services? Michele confirmed that is correct.
2. Gerrie: for many people on the Comp waiver now on support levels 1 and 2, how does Bolton justify that they will continue to be eligible for Res Hab in the combined waiver? Lori stated that when the new ~~Colorado~~ universal Long-Term Services & Supports Assessment Tool is developed, everyone will have new assessments and new Support Plans.
3. Gerrie stated that is very worrisome for people currently on Comp on lower support levels, as it would be very unfair for them to no longer be eligible for Res Hab based upon their no longer meeting the eligibility criteria needing 24/7 services.

Matt continued. The four covered services of Res Hab are: supporting needs when and where they are needed 24/7; residential environmental safety assurances (snow removal, maintenance); health and wellness ~~welfare~~ coordination services (coordinating access to Professional services); and, transportation into the community (distinguished from transportation associated ~~described~~ with employment services or home-to-day program transportation).

1. Carol requested clarification and examples for "environmental safety assurances".
2. Charlene asked for clarification of coordinating health and wellness. Does this cover healthy lifestyle activities like exercise at a rec center or yoga? Matt stated that it includes the daily implementation by the residential provider, of a professional's treatment recommendations. Lori added coordination of daily implementation of a doctor's suggestions on health, diet and exercise. And direct support, going with a waiver member to a rec class or yoga, for example.
3. Rob D. asked about waiver members who currently are on the Comp waiver, but who in the future could lose residential services, due to a Support Level decrease. Lori explained the Department's commitment not to reduce resources between now and when the new assessment tool is adopted. That is when the needs-based criteria would be applied for those lower support levels that might not meet the criteria at that point. There is not going to be any change in resources just because they have a support level redo in the interim.

Candace continued: What Lori is referencing is for waiver redesign only. The promises made about not making any changes, are specific to the combined waiver. Something happening with current services and assessment, "current, current, current", that could change. We cannot make any promises that nobody in the future will have any changes. She wanted to make sure everyone is clear on that.

Matt continued, discussing the overly prescriptive elements in ADLs and IADLs that have been struck.

1. Gerrie suggested that the similarly placed language in the Personal Supports and Services document be copied as it applies here in Res Hab too.
2. Pat got confirmation on her question that frequency and duration are determined by the assessment tool. Secondly, Pat questioned that an individual's safety does not depend upon the place they live, so why are "provider owned and operated settings" separated here? Matt explained it is to distinguish these from family owned settings whether the family is the provider or not. Candace added that we need a note to clarify that a resident needs to be safe regardless of where they live.
3. Carol dittoed adding the PSS language in lieu of the eliminated ADL/IADL language.
4. Shawna suggested removing the specificity of "provider owned, etc." in regard to environmental safety, because ensuring all safety, like tripping hazards, is a responsibility under the daily rate.
5. Gerrie: Please add "provider owned and operated" to the Glossary.
6. John K: would transportation be a billable service or covered by the daily rate, if someone works but does not receive any "employment supports"?
7. Tamara noted that with new changes, we will be held to Dept. of Housing quality standards.
8. Charlene would like clarification on the different types of transportation. Lori elaborated that for day programs or employment, one can use a bus pass, Access-A-Ride, or an agency billing for transportation. Here in Res Hab, incidental transportation services are embedded in the daily rate. If the residential provider chooses to provide transportation to employment or Day Program, this is a distinctly separate billable Non-Medical Transportation Service. ~~the employment-related agency can choose to reimburse the residential provider.~~ The daily rate includes incidental transportation to the grocery store and the bank afterwards, etc., everyday life activities.

9. Pat: Employment is very important to my son and everyone, so we need to ensure payment for transportation back and forth to employment (e.g., Uber) regardless of how it would be billed.

Lori confirmed that Non-Medical Transportation to employment is a separate, billable service (not included in the Residential Services daily rate) but can also be provided by the Residential Services provider.

10. Kidron reiterated: I just want to make sure I understand that transportation for going to the grocery store is expected to be provided under residential services and is accounted for in the daily rate.

Lori confirmed that is correct.

Matt summarized that he would make sure that Section 5, A through E would include the language from the Personal Supports and Services document in the equivalent sections, and this could be verified at our next discussion of the Res Hab document.

1. Carol: Res Hab is not about just sitting at home, but we need to add to the Services section to ensure that the resident be taken out of the residence to do whatever is important to them: choir practice, theater rehearsal, Special Olympics, going to the park to look at the birds, not just to the grocery store and bank. Anything that you like to do, out and about, during the normal course of your day. This would be separate from Community and Personal Engagement (CPE) and this would be included in the residential daily rate responsibilities.

## **Open Forum #2**

1. Pat added that with two or three people living in a Host Home, not everybody wants to do the same thing, so we need to ensure that each of these people have the supports from their residential provider to get to the activities outside of the house, that they will choose.
2. Gerrie: We need to ensure that the Real-Time editing process continues at the next time we continue to discuss the Residential Habilitation Service Standard. And, secondly, we regrettably have not seen the full Bolton Actuarial Report, and apparently HCPF does not want to pay Bolton to return. So, I am formally requesting that we have a stakeholder meeting dedicated to the full Bolton report after it is available so that our questions can be resolved with some internal HCPF budget staff as Candace suggested, before the improved actuarial report goes to the Governor on 11/1/2019.
3. Charlene dittoed about pasting the wording from the Personal Supports Services document into the Res Hab document and dittoed the concerns about the full Bolton report being analyzed further.



4. Shawna expressed the concern about individuals receiving PSS with a lot of personal care needs that would cost more than a Support Level II at \$106 per day if they qualified for Res Hab. There could be an influx of people who have personal care needs of less than 4 hours per day, but that would cost more than having a per diem rate.

### **Parking Lot**

John B. moved to the Parking Lot items from today's meeting. Candace, Lori and stakeholders added items to this list:

- Plan for additional stakeholder meetings moving forward
- Release of Bolton report and a stakeholder meeting to discuss changes and edits with HCPF budget staff
- Copying and pasting from PSS to Res Hab
- CDASS as agenda item for future meeting
- How are we going to give feedback to Q & As?
- Stakeholder Co-Chairs making policy decisions during planning meetings
- Add Parking Lot items to future agendas
- Discussion on how stakeholders can engage with State Legislature about moving forward with the consolidated waiver

Stakeholders were all reminded that emailed questions and input can be sent to the team at the email address on the waiver redesign stakeholder website [HCPF\\_IDDWaiverRedesign@hcpf.state.co.us](mailto:HCPF_IDDWaiverRedesign@hcpf.state.co.us). HCPF will work with the Co-Chairs on the best path forward for future meeting dates. John B. adjourned the meeting at 3:00 p.m.

Respectively submitted,  
Gerrie Frohne, family member