COLORADO
Department of Health Care Policy & Financing

Minutes

Transitions Stakeholder Advisory Council

Google Meet Weblink: meet.google.com/gjj-gmae-xff
Google Meet Call-in: +1 347-480-3624
PIN: 515 646 803#

July 6, 2023

2:30 to 4:30 p.m.

COUNCIL MEMBERS

- Meghan Baker, Disability Law Colorado
- Anne Bartels, Sandata
- Monique Flemings, AHOD Services
- Brittany Wright, Atlantis
- Jennifer Giurgila, ACMI
- Fallon Gillespie, RMHS
- Kara Marang, Ombudsman
- Carla Mickelson
- Jennifer Krulewich, Focus Cares
- LaShawn Love, Love Foundation
- Tracy Martinez, Touch of Care
- Jenn Ochs
- Patricia Cook
- Neal Waite, ADRC Region 3B
- Lauren Bell, DRCOG
- Mary Baughman
- Mary Mekbib

1. Welcome 2:30 p.m.

- Approval of Minutes - Anne Bartels – Minutes were approved
- Approval of co-chair interest - Brittany Right – Approved

2. Open Forum - Questions or Concerns 2:35 p.m.

a. Monique - Having a really hard time placing high level of care cases because of long PAR wait challenge and wanted to bring conversation to council to advocate for regulations to change. Have acute services, Medicaid pays for start of care without prior auth, some agencies provide 60 days of care and then try

to drop members from services because they are waiting on a PAR. Then there is a 60-day lag without services. ULTC-100 completed and goes through the case manager for functional determination and then to Medicaid for financial determination. Would like to know why members must certify to that level when they are coming out of nursing facility.

b. Maria - Has dealt with same issue with wait time increased and issues at the County with what they are dealing with after end of PHE. What works for them is after client signs lease, they have a month to collect assessments and other info needed to mitigate wait time for high-risk individuals. Hoping that Case Management Redesign (CMRD) can help resolve these issues. Monique - comes down to federal regulations with 90 days, need to change regulations. Matching certification that allowed member to be in the facility in the first place is needed.

c. Lisa - at state level, advocate for state changes and look to CMRD to help solve issues for near future.

d. LaShawn - asked how many people have had a chance to play around with the new system. BUS is read only and hasn't been able to put any log notes in. Matt - for TCA's follow up with Nora. Any other questions, drop in chat or reach out via email. Monique- PowerPoint sent out on June 13, 2023 by Nora has contact info for case management tech support.

e. Julie Becker - HCPF. According to Rhyann, all transition coordinators should have access to the Care and Case Management (CCM) system now, as it rolled out 7/5/2023. If you are struggling to get into the CCM, please contact the call center at 1-844-235-2387 to get a login and or password setup for the CCM. This is an external contractor that is supporting access to the CCM during this transition.

f. Lisa Smith - HCPF, provided a Google Drive link to some guidance documents that might be helpful!

Here is info I have for BUS and CCM from our staff. The BUS is read-only and the CCM is now live. Transition Coordinators should be documenting in CCM now. If they need to look back at historical data in the BUS for reference, Rhonda Johnson can unlock the account for them (rhondab.johnson@state.co.us), but there is no data being entered in the BUS.

3. Options Counseling Process and Referrals 2:45 p.m.

- What initial referrals look like, where they come from, and challenges

a. Carol Seest - Larimer County Aging and Resource Center, Transitions Services Options Counseling for 2 ½ years, has a good foundation of tools, forms use

including Transitions Services Referral Tool Form to start referral process. Created user friendly form for Larimer County Office on Aging, that Carol fills out for each resident to present to transition coordinator. Includes goals, strengths, priorities, financial info, criminal and narrative. Also, have a written release of information for Larimar County Office on Aging to exchange information.

b. Referrals are from Social Services Director, MDS Section Q referrals that Lisa send and from the state directly. Fills out Google tracking sheet and puts all info in SharePoint. Meets with resident, lets them share story, fills out paperwork and asks if there is anyone in their life, they'd like to have included in transition process. Also, asks if they would like Ombudsmen included. Provides housing information and shares info with Focus Care. Challenges - MDS Section Q, difficult to track down residents. Carol tries to get residents cell phone when she meets with them initially, if they don't have one see if they want a free government cell phone.

c. Challenges - tracking down Social Service staff can be challenging. Another challenge is home care agencies that take Medicaid are short staffed. When transitioning out, asks residents if they have natural supports or people in their life that can help them. Let's them know it's a process and takes some time to transition into the community.

d. Outreach - They send out letters at the beginning of the year to facility administrators to review transition services and see if they can present at resident councils and speak to social services staff. Continual educating with nursing homes. They input all the option counseling information in SUDS.

e. Carla - Asked if someone is at a hospital and can't go back to nursing home, is there any assistance to help them transition. Matt - when looking at long-term hospitalization, there should be something that can be done and to reach out to him or Lisa in those situations. Shannon - Asked if that could be used as a life changing event to use for transitions. Matt-only qualifies for members with HCBS services.

- How relationships and referrals work to transition counselors

a. Carol- the more you can have open, friendly dialogue and communication with the coordinator and manager the better the outcome.

b. Lisa thanked Carol for the great presentation!

4. Transitions Services Website Update 3:15 p.m.

- What do you want us to add to the transitions services web page that would be helpful to community members to know?

a. Pauline - feedback from family members and members is it's overwhelming with all the information included. They need it to be as simple as possible because they feel it's too much.

b. Lauren - data and storytelling that paints the picture of OC and TCAs work would be helpful. Big picture for CO or broken into region would be good. Graphs/charts that you mentioned would be great to include.

c. LaShawn - helpful to have testimonials to read a highlight of their story. Lauren - working with TCA's and people interested in sharing story. Reach out to Lauren if you have anyone interested in sharing their story. lbell@drcog.org

d. Lisa - trying to get people to use Options Counseling form because it's the fastest way to get to options counselors.

e. Ann - Suggested including that housing assistance help may be available to you.

f. Carla - Thinking of individuals coming from homelessness that aren't good at navigating the internet, so they aren't discharged to the street. Lisa - shard the in-reach team is working on higher level of education in the nursing homes.

g. Peggy - looking at a page that has both English and then scroll down to Spanish. If I only speak Spanish, I am never going to know it's there. They need to be broken out. Lisa - agreed that's a great point and they will look into it.

5. Open Forum on Wins and Challenges 3:30 p.m.

a. Lauren asked for an update on the MFP annual report with how many transitions occurred, like what was shared last year. Lisa- will add that to the list of topics to present when it comes out later this year.

6. Next Steps and Topic for Next Month 4 p.m.

Next Meeting August 3, 2023
Topic: Long-Term Care Application Process

Submit Questions, Issues, and Comments:

https://forms.gle/iRZb5zWq5SyMctEe8
or email Lisa.B.Smith@state.co.us

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify John Barry at john.r.barry@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.