



MINUTES

Transitions Stakeholder Advisory Council

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

Thursday, October 6, 2022

2:30 – 4:30 p.m.

COUNCIL MEMBERS

- Clarice Ambler, DRCOG X
- Meghan Baker, Disability Law Colorado X
- Anne Bartels, Sandata X
- Monique Flemings, AHOD Services X
- Paige Gallaher, Atlantis X
- Jennifer Giurgila, ACMI X
- Fallon Gillespie, Rocky Mountain Human Services
- Jennifer Krulewich, Focus Cares X
- LaShawn Love, Love Foundation X
- Tracy Martinez, Touch of Care
- Jenn Ochs X
- Jane Sinclair, CPWD X
- Neal Waite, ADRC Region 3B X
- Miriam White, SJBAAA X

Attendance Link: <https://forms.gle/EDaybu73WZAnPZH7>

1. Welcome and Introductions

2:30 p.m.

- Approval of September Minutes Minutes were approved
- Review of Action Items Matt shared today’s agency, starting with welcome and introductions, program updates, with majority of meeting focused on DOJ findings from last month’s meeting. Matt will facilitate a listening session to talk through strategies to discuss those concerns. Today the hope is to hear from everyone to get feedback and conclude with open forum.



Clarice: Is stepping down as Chair and this is her last meeting. Enjoyed time with everyone and inspired by all the work everyone has done. Received update from Jennifer Ochs on the Direct Caregiver Action Group to collect stories. Will get copy of the flyer. Jenn asked group to share with others.

Jenn: Sent PowerPoint about Independent Living and what we can offer in terms of transition service to raise awareness.

Matt: Huge shout out to Jen with what she's done, it's a great resource!

2. Program Updates and Resources

2:40 p.m.

- Matt: Clarice we will all miss you a ton. You've contributed so much to the council. We never realized someone like Clarice would come into this roll. You bring a ton to the table and will be missed by the Dept and everyone here.

3. Monthly Topic: DOJ Strategy

3:00 p.m.

- Review the feedback from Department of Justice (DOJ) stakeholder engagement

Matt: Intent for this to be a listening session and share ideas amongst each other. Earlier this year DOJ issued findings letter that Colorado is violating Title II of the ADA. Background, the Dept was aware in 2019 that there were concerns which resulted in these findings. This is an opportunity to identify things we can do better and important to come to this group to start conversation. Main areas outlined below. Identifying importance of housing and SDOH. In May, passed House bill that allows to dive in and address issues. We are just at beginning of discussions to work through strategies findings.

Letter suggested four main areas of improvement.

- Provide information to Prevent Unnecessary Institutionalization.
- Provide Effective Transition Services
- Expand Access to Colorado's Community Based Service System
- Integrate Access to Integrated Community Based Housing Opportunities

MFP opportunities looking to see if there are supplemental services such as landlord guarantee program to help build housing options, housing modifications. Looking at nursing facilities to see how we can provide more training and support. Eligibility is an issue for effective transition services.

Ian: The current switch to Medicaid services provided in facility and HCBS waivers for services in the community and how that is changing with Case Management Redesign (CMRD). Understanding is that SEP can now make the switch to make it more efficient.

Matt: Ian brought up great points. The Dept is redesigning the way services are provided to members. There's a new case management system that combines existing case management systems to consolidate and do a couple of things. Along side of that is the

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CMRD, structural and operation point. Historically, SEP and CCB handled case management, now they will be combined to serve both. Looking at caring case management system and how we can work with people to support them and streamline eligibility processes. Currently, we have 10 waivers in CO with unique eligibility requirements. Different process to approve for each waiver, new waiver consolidating all waivers into single HCBS waiver to determine eligible for HCBS as a whole. Identifying Medicaid for all LTC Medicaid programs, PACE etc. To Ian's point, members will be authorized for a year and eligible for programs for the year. Right now, go from HCBS to another or SNF, need to do new level of care and determine if eligible. Now they will identify all up front. Structure if Person is approved for HCBS and SNF could be needed they won't need to go through new level of care and benefit because already identified eligibility. System is looking at programs the same. When CM goes in to see if member is approved, current world- CM is emailing sending something to county, county does own documentation. New world, CM enters in Caring system, CMBS will have communication to decrease turnaround time and financial eligibility won't need to be renewed.

Ian: From user perspective how can we continue to create efficiencies and help folks using resources to explore options on their own.

Shannon: With new CMRD will the CM be able to change they are on HCBS go to SNF and transfer back out? Problem is county has 30 days to do level care so SEP can't PAR for home services prior to that date. Is that still the case that SEP can't PAR until that has been switched.

Matt: Clarified Shannon's question. Will there still be delays when changing program because of services not being authorized because of changes in system. High level overview now. Will still need to take steps with County to say now they are being provider HCBS services, still manual. Part of hope is we all have system we can be confident in when person is moving from one program to another.

Shannon: If County has 30 days to give PAR still in same situation. Putting members in the community with no services. Need to update timeline of when county needs to have that paper done.

Mary Jo: We have someone who has been in independent living for almost 6 months without a PAR, eligibility requirements stuck at the county level. This is not an exception, disconnect with getting county to do what they need to do is making this problematic.

Matt: Clarified financial eligibility they have 90 days federally, CO requires 45. Not what we are talking about here. Once they are determined eligible, it won't have to be reviewed again in the new model. Counties currently, without financial eligibility it will be 10-15-day turnaround. Recognizes that is too long too. Manual piece to wait on paper, eliminating paper and back and forth between CM and County. Systems will speak to each other. When enter service and support process, that is when they know person is eligible.

Monique: Eliminating financial eligibility piece is huge. If Nursing Facility level of care is approved, why wouldn't we make assumption we could do temp eligibility for services. Keep members in safe system until agencies are approved to take on case.



Amanda: What Matt is describing happening thru CMRD, some other things around presumptive eligibility. This would change the way we do transitions. How is the state exploring presumptive eligibility?

Matt: We are looking at ways to address challenges and incorporate presumptive eligibility around LTSS. Trying to simplify processes and exploring Presumptive eligibility and one of those is waiver 1115. Exploring all avenues.

Lashawn: Think what I'm hearing, as we continue to take steps forward with new system functions. We are hoping to start doing services, because there's a presumption person is eligible, the Money will follow.

Matt: Goal is to eliminate eligibility challenges so members can get services in home quicker. Trying to approach it from number of different levels.

LaShawn: I've been dealing with transitions with physicians not supportive because members functioning needs to approve. Olmstead Act states member has a right. If program isn't going to support them, are we weighing on physician letter?

Matt: Valid point, how much do we weigh physicians information and how much do look at individuals desire to transition. Advocating for member or the program should be one in the same.

Shannon: I use the letter as input. I address physician concerns in the risk mitigation

Monique: Can we brainstorm for members being discharged out of the program. Help with resolutions to help mitigate this happening so members have coverage from that happening. It's happened twice recently.

Ian: He's seen the same thing happen. Part of larger problem, nursing facility refers person for transition. When nursing facility is referring, they are looking at someone that is a problem. If can't get housing and everything else set up, they end up with no place to go.

Mary Jo: They had this happen recently, asked if it was because they aren't paying.

Monique, 3rd person on caseload that same issue has happened with and still fighting case.

Jenny: Similar case received referral from facility for person not interested in transitioning, but facility referred because can only stay through end of PHE.

Brad: Presumptive eligibility is important; have individual they are waiting for SEP to get person approved for personal care. If presumptive eligibility was across the board it would help with a lot of areas.

Mary Jo: Remembers call from past meeting, "In an ideal world, what changes can be made to improve this program". Taking power out of nursing homes for referrals was the suggestion.



Matt: Referral source is something they are looking at.

Ian: This may fall into CMRD, understanding that when it goes through it allows SEP and nursing homes to push the button for transition. Suggest something included that when in nursing home member can explore options.

Mary Jo: Imagine we can walk into nursing facility and could identify a few people that look capable, visit with those individuals, and create more opportunities to make people aware of transitions program with lunch and learns. Make effort to have program more visible and understandable.

Matt: that is something that needs to be addressed, have presence and relationships with what we have to offer.

Shannon: Agree MDS has always been an issue. A lot of time SEP has to do assessment from hospital to nursing facility. Could they let them know then about options. Or, when state comes into nursing facility ask individuals if they are aware of OC? Shannon is OC where she is and gets individuals that say they want out. Any forms besides MDS from nursing facility would be fantastic.

Mary Jo: When talk about program, they find pockets in facilities where people are independent but now, they can't access them.

LaShawn: Back to DOJ findings and wonder about TCS, what are conversations to outline way process works, where are stakeholder meetings at for that discussion?

Matt: Clarified one of focus areas is TCS, it was from DOJ, working with 300 areas to better understand findings. As far as input, critical to get input. When this group met last month that was first public engagement done by the Dept.

Lashawn- Concern is way work has shifted but haven't had stakeholder meetings to discuss how we are doing the work. Need to make recommendations waiting on physician timeline with 10 days to make initial visit and 6 weeks from time get referral to make recommendation. 10-day timeline doesn't account for missed time to start process. There is a disconnect.

Matt: Clarified state rule 10 days to initial visit, 10 weeks to make recommendation. Way trained and pushed, evaluated at 10 day and then 6 weeks to make referral. Need to look at 10 days and 6 weeks luring into each other. Maybe 6 weeks after the initial visit?

Monique: Timelines trained to today don't match federal regulations. LaShawn talking about CO code regulations.

Matt: Helpful to hear feedback, if we have magic wand, continue to think about that if things now aren't effective and look at it fresh. We want to have those conversations as well. This is long process and want it to be collaborative and use the space to talk about things more.



Lashawn: Part of frustration is working with facilities with no social worker or DON. Challenging to speed up guideline processes to major staff shortage we're dealing with in real life. There are 4 facilities currently working with that have no social worker contributing to challenge getting communication.

Brad: Now that we have the DOJ, feels like under more pressure to follow 10 days, 6 weeks. Having to do more work, reports are getting longer, and those functions aren't covered financially anywhere. Figure out if we can support transition program with reimbursement on units. Program is not funding cost it takes to run the program. Not sure how other agencies are making it financially.

Ian: 10 days and 30 days is a real thing, when it comes to having user friendly system to move back into community out of nursing home. Use the DOJ findings as opportunity for model on how to do this right.

Matt: There is still a lot of details to work out. Pressure to be perfect from some and that is not the case. We want to dive into programs to see how to improve those and need to do day to day work without adding pressure to us. In a position where we feel that is conflicting talk through that, reach out to Matt to discuss.

Monique: Give DRCOG kudos on options counseling referral form. Able to share with members in the community which has been useful. Ian mentioned conflict of interest for nursing facilities to the program. Have medical emergency plan and possibly transition out. Change narrative by using referral tool alone across the state to get word out about services. Advocate for community to refer anybody, loved ones can make referrals on their own.

4. Open Forum 4:10 p.m.

5. Council Updates 4:00 p.m.

Ian: This group is doing important work and wants to keep us all together.

Lashawn: There is the 6.06 Dollars to Digitalize grant opportunity available. Link to Intent to Apply Form: [Phase 1 - Intent to Apply \(20 minutes\) ARPA 6.06 Provider Digital Transformation and EHR Upgrades Grant \(google.com\)](#).

Matt: Want to acknowledge all the work Clarice has done, we are really going to miss you. We wouldn't be where we are without you. Thank you, Clarice and best wishes!

6. Adjourn 4:30 p.m.

Matt: Summing up high level takeaways from today's meeting are presumptive eligibility conversation, need to ensure processes are locked down. Accountability to assure members get eligibility they need. Physician attestation how much we are weighing that when looking at recommendation. Discharge planning- look at admission procedures and see how we can do that for



discharges. Nursing facility and overlapping period, is there way to provider them with care and support so they can thrive in community. OC related to MDS and the need for new referral resources.

**Next Meeting November 3, 2022 –
Topic: To Be Determined**

Submit Questions, Issues, and Comments:

<https://forms.gle/iRZb5zWq5SyMctEe8>

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