



## Minutes

### Transitions Stakeholder Advisory Council

Google Hangout Weblink: [meet.google.com/emq-kfpb-aex](https://meet.google.com/emq-kfpb-aex)  
Google Hangout Call-in: +1 470-268-2030  
PIN: 614 405 288#

Thursday, May 6, 2021  
2:30 – 4:30 p.m.

#### COUNCIL MEMBERS

- Clarice Ambler, DRCOG X
- Meghan Baker, Disability Law Colorado
- Anne Bartels, Sandata X
- Amy Dixon, CPWD X
- Monique Flemings, AHOD Services X
- Paige Gallaher, Atlantis X
- Jennifer Giurgila, Jefferson County X
- Fallon Gillespie, Rocky Mountain Human Services X
- Ashly Johnson, DRCOG X
- Jennifer Krulewich, Focus Cares X
- Tracy Martinez, Touch of Care
- Jenn Ochs X
- Lisa Smith, Team Rubicon
- Neal Waite, ADRC Region 3B X
- Miriam White, SJBAAA X

Shannon Buchanan, Billy S. Allen, Brad Taylor, Ian Engle, Sheryl Kessler, Ian Engle, Libby Hastings, Jane Sinclair

State Staff: Kidron Backes, Katy Barnett, Matt Bohanan, Nora Brahe, Janelle Poullier, Courtney Thomason

Attendance Link: [forms.gle/EDaybu73WZAnPZH7](https://forms.gle/EDaybu73WZAnPZH7)

#### 1. Welcome and Introductions

2:30 p.m.

- Approval of the April Minutes – Meeting minutes were approved.



- Purpose of Today's Meeting- Start with program updates, opportunity to learn about skills training for members in community that are at risk of falls, discussion on grievance process and members in the community without services, ending with council updates and open forum.

## 2. Program Updates

2:35 p.m.

Katy shared that the Public Health Emergency (PHE) has been extended again and expected to extend through December 2021. The PHE is in effect until further notice from the Department. Link to notice:

[www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx](http://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx)

Katy informed attendees that the Department has started a new process of getting stakeholder feedback to ensure meetings are effective. The Office of Community Living Strategic Outcomes Division is using surveys to track feedback of meetings and objectives based on what is shared by attendees. Link to the survey for the Transitions Stakeholder Advisory Council:

[www.surveymonkey.com/r/transitionsrvcs](http://www.surveymonkey.com/r/transitionsrvcs)

Matt provided a high-level overview of the most recent stimulus package. The relief act associated with the PHE is allocated to states to address infrastructure issues. Internally, this is a high priority for the Department and they are currently looking into various projects and a variety of supports to put in place.

Nora provided an update that the program has passed the 1000 total transition mark. Katy thanked all stakeholders for their help hitting that significant milestone.

Courtney with DOLA shared that, on average, 29 vouchers were issued through the program a month.

## 3. NYMBL Presentation

2:45 p.m.

Dr. Nathan Estrada who is a Physical Therapist and Vice President with NYMBL, a company that works with large organizations to mitigate fall risk and in home intervention using phones and tablets, shared a presentation with the group. Dr. Estrada shared that a third of all adults fall per year, there are 287,100 falls in Colorado that results in \$870 million in healthcare costs. NYMBL is balance training for older adults that is supported by DRCOG. NYMBL is the first digital health launch for older adults in Colorado with 600 older adults doing balance classes in the first 3 months. NYMBL combines fun cognitive games and a behavioral health approach focused on the little things you do on regular basis. Outcomes show NYMBL reduced fall related EMS calls by 35%. DRCOG and



NYMBL joined forces to benefit the wellbeing of Colorado older adults. They have 5000 spots to fill, eligible to anyone 60 or older in the 8 counties in Denver metro area. Link to NYMBL: [nymblscience.com](http://nymblscience.com)

Jane Sinclair asked what things people are doing with the program. Nathan shared it depends on health status, they recommend starting at low level, assess performance, keep them at easier level so they can progress balance using safe, cognitive movements together. NYMBL honors the fact that everyone journey is unique. It is a digital platform for people to do safely on their own. NYMBL has never have reported fall because of methodology.

Monique Flemings asked if El Paso County residents can get on list. Dr. Estrada shared he is trying to make this a statewide initiative instead of county by county. He's on a mission to prevent 1 million falls that is focused on needs of older adult and helping them decrease falls no matter what county they live in. Dr. Estrada's presentation was posted on the Council's webpage. Dr. Estrada shared his email for further follow up: [nathan@nymblscience.com](mailto:nathan@nymblscience.com)

#### 4. Grievance Process

3:00 p.m.

Ashly Johnson with DRCOG, a contracted options counseling agency for 73 nursing facilities in the region, wanted to share experience with concerns from members. They receive calls from residents or social service staff and DRCOG provides education. DRCOG often has to explain that it is not their program, they are just the options counselors and they direct individuals to the transition coordinator or case manager. They always provide members with HCPF contact information which is usually Nora Brahe's and depending on severity of the issue the options counselors may also reach out to Nora directly. As options counselors, if someone wants to enroll, they do and if they decide not to, that is ok too, their role is to help the member make an informed decision about what's right for them. Ashly's team often have multiple discussions on how to handle grievance issues. If they get grievance information directly from resident, they encourage them to make calls to HCPF. Overall takeaway is that we need more discussion on what the formal process is for these situations.

Katy shared that options counselors are the first contact for members in the transition process, so starting with Ashly's perspective on grievances is positive. Katy asked if other Council members would like to share experience with grievances and what education and best practices need to be out in the community when there are grievances in the program.

Jennifer Ochs shared that from her experience she did not know who to contact and shared it would be best to make this as easy as possible for members to



know the process. Lack of understanding where the process starts and who to contact is a huge issue for members.

Monique Flemings shared she has never seen or heard about the process. We need to sharpen edges so they know where to direct agencies.

Katy said each Transition Coordination Agency is responsible for having their own grievance process. In addition, CDPHE has process for skilled nursing facility grievances. She understands that different agencies and different responsibilities causes frustration.

Matt shared the grievance process is something that will be more public in the future. The Department is looking to streamline the process so regardless of where question or concern lie, like getting PAR approved or not hearing back from TCA, there is a grievance process in place. The Department is developing a Google form to define grievance process to include type of concern, description and then an identified Department subject matter expert for each type of concern to triage. The Department is excited about the data Google forms capture as they can triage and send to someone that can provide answers quickly and can also track issues and to be more proactive instead of reactive to be more effective. Matt explained Kidron Backes is on the case management team and will be point of contact for the Google.

Kidron Backes, Case Management Care Coordination Specialist, shared that she is excited to join the team that includes Victor Robinson, who is head of the unit. They have developed a complaint form that provides direct access for people to get in touch with CM unit if there are concerns with provider agency or CMA. The process is not finalized at this time but Kidron shared a link to the form so that stakeholders have access but to keep in mind the Department has not yet finalized the process. Kidron said having the form shouldn't be the first step in reaching the Department or solving a dispute. They want everyone to be aware of grievance and resolution process within CMA's. Part of the rules and contracts that CMA's have with the Department is that a grievance and resolution procedure is in place. The Department is still working on a name for the form, which is a form for individuals to submit if established grievance procedures with a CMA are not resolving the issue. One way the Department intends to use the form is to not just react but also to look at trends and patterns if there's a CMA not handling member complaints well. The goal for the unit is to offer proactive technical assistance to CMA's. They will issue an official memo soon to identify the information shared today, but Kidron encouraged everyone to continue to use the grievance process with CMA's and use link below to escalate if issues are not resolved. If someone is at severe risk with health and safety, reach out to the Department and Kidron shared her and Victor's contact info:

[kidron.backes@state.co.us](mailto:kidron.backes@state.co.us) or [victor.robertson@state.co.us](mailto:victor.robertson@state.co.us)



[Link to CMA complaint form](#)

Fallon Gillespie with RMHS asked if the form is only against CMAs or is it for CMAs that have a complaint against provider agency? Kidron shared complaint or escalation form is not designed for CMA's to be used for provider agencies but if there are issues with providers escalate to the Department if something is not going well. Kidron shared the message to CMAs is to know the Department is there to be a partner, especially when able to work proactively to prevent from escalation to an emergency.

Fallon asked if they have a member that has complaint, should they contact the Department or CDPHE? Kidron said if member has a grievance or dispute, they should use the processes a CMA has internally to resolve. If they're unable to resolve conflict with provider, reach out to Kidron's team and they can assist.

Katy asked Kidron to explain her new position. Kidron explained that the Case Manager Care Coordination Specialist's main role with Department is to help anytime there's complex care collaboration with a member to help improve the outcomes for the member. This is done by working with complex and creative solution teams for high-risk situations for members with multiple agencies involved with care collaboration. Kidron is also working with the team for support level reviews, if there is a member that feels they are not having their needs met at current support levels they can reach out to her team to look at higher levels. Also, working with Regional Accountable Entities (RAEs) to have more clarity for roles they have, identify where missing pieces are in coordination, what meshes well to identify how to have better collaboration with RAEs and CMAs to meet member needs.

Katy said they felt the CMA form is good for this group to know about but still go through Kidron and Victor's team when working through escalations. That team's work with CMA's is core to the work the Department does. Katy also shared CDHPE health facilities complaint link: [cdphe.colorado.gov/health-facilities-complaints](https://cdphe.colorado.gov/health-facilities-complaints)

Miriam White asked what the procedure is when nursing facilities are not returning calls about members who have requested options counseling, how do you move forward? Katy said for situations when they are have issue getting simple information like a Medicaid ID Katy is happy to help but when a facility is not working with them, they should get ombudsman involved.

Clarice Ambler shared with Miriam the role of ombudsmen is to help if they run into issues where the conversation stalled, or they are not getting information from the facility. Her advice is to call the ombudsmen, they are there to help and escalate the issue. Miriam shared referral came from ombudsmen; the individual



wanted to transition, ombudsmen referred over to options counseling and the facility gave Miriam a hard time. The occurrence has been reported and is being investigated.

Monique Flemings piggy backed on what Clarice shared. She had situation with a facility that gave her a hard time about moving an individual and she had to get the ombudsmen involved. They were able to share the members rights and regulations that helps elevate the member's voice if need be.

## 5. Members in the Community without Services

3:30 p.m.

Katy started the conversation by asking Council members to take the Google Poll to find out where the biggest breakdown is for stakeholders for members in the community without services. Katy said they are casting a wide net to capture where everyone sees biggest barriers to successful transitions. The goal is to get feedback on process, define where work needs to be done and develop tools to help get folks in the community. Based on the feedback from the poll, we also want stakeholders to talk about best practices seen in communities served that can be put in place to serve all members in the community without services.

Katy asked for feedback from folks that voted for financial eligibility which was the biggest barrier followed by housing. Shannon Buchanan shared that her sticking point is financial eligibility, she worked for the county prior to working for a TCA. Service providers in the community need a PAR to provide services, PAR cannot be set up until county switches eligibility from Nursing Facility to HCBS and they have 30 days to do that. It's not that members aren't financially eligible, it's that piece of paper has 30 days to be done and members are waiting.

Monique shared that in El Paso county they experience 60-120 days waiting for service to start due to financial eligibility. They are taking all the way to 45 days, if they have contentious transition, adult service has stepped in and they started service and paid for them. How do we find pool of providers that can provide services so they can start transition?

Jennifer Giurgila from Jeffco shared that financial eligibility office is right next door to Jeffco's SEP and is also under the same manager, all CM's send certs and DS1's and they have agreement they will get them back in 5 business days. Going through one point of contact works well for Jeffco and HCPF should work with SEP's and DHS to get together to understand how crucial it is to work together to help individuals as it's life changing for them.





Matt encouraged ongoing conversation about community services and all barriers in the system that makes it challenging to manage as well as sharing operational and creative solutions to address support. Matt's previous experience working for a service agency helped shed light that the best solutions come organically by community members getting creative. The Department wants this feedback. Capacity issues make things challenging along with having two levels of eligibility (medical and financial) and understanding of program. The Department wants to hear barriers that exist and asked for people to find and share their creative solutions. Matt said Larimer county SEP had close relationships, as soon as a TCA had a referral, they sent the member's information to the county to identify and prevent barriers to financial eligibility. Jenny said Larimer County is the only place they do not have financial eligibility processing delays.

Jenn shared need to work on financial eligibility and housing but once solutions are identified there needs to be work on transportation. Also, members need to know how to ask for what they need when looking for transportation and other services.

Katy offered to reach out to the Department's County Liaison team to join a meeting and help the group better understand financial eligibility processes and provide feedback on issues at the ground level.

Ian said it would be great to bring in the county liaison to discuss financial eligibility and the options counselors to help with damage control. Ian stated everyone has the right to engage in getting out in the community and the options counselors should have conversations with residents asking them if they want to explore options to transition to the community. Katy asked if there are concerns with options counseling in his region to ensure they are having conversations with individual that they have right to receive services and giving them all information needed to make decision on their own. Ian shared that many in nursing homes don't know they have the right to explore transitioning to the community. He shared TCAs are doing work that options counselors should be doing. Katy clarified the role of options counselors is to explain the services available to members but allow them to make a final decision.

Ashly Johnson shared options counselors in the Denver region get a lot of referrals and as far as nursing homes understand they are the first step for Medicaid referral process. They go in and talk about HBCS and what supports they need and have conversation about what might be available that the resident is not aware of. In the Denver region, options counselors receive referrals that aren't necessarily for options counseling. Ian said good to share best practices with the options counselors in his region and thanked Ashly for chiming in.



Jenn shared that nursing homes need to get on board with transitioning individuals that are interested. Amy shared that the nursing facilities sometimes ask residents the required MDS Section Q “return to the community” questions in a way a resident does not understand.

Shannon said she has nursing facilities ask individuals “You don’t want to move back home, do you”? It is how the question is worded, they ask the question but in a way that a member can’t answer and that is a breakdown in system. Katy shared they recognize that at it the Department as well. Ian appreciated Shannon’s comment on the question posed by nursing facility. Ian thought it was posed by options counseling and not nursing facility. Ian was really trying to talk about what Shannon described.

Katy confirmed it is a federally required question from the MDS Section Q “return to the community” portion. Facilities are asking resident if they want to get back in the community. They rely on facilities to ask members if they want to move out and it is required by CMS to establish this check point. The Department is working on improving member’s informed choice and training facilities about their responsibilities. Ian shared it would best to have ombudsman ask question. Clarice said the federal requirement is for facility to ask the question and the ombudsman needs to be brought in if facility is not providing information. Clarice encouraged Ian to reach out to Katy if there are issues that do not seem right, reach out to her to work with him and the region. Ian also suggested pulling in CMS to do some work together.

Brad Taylor said there is a big breakdown in the system and parts are broken. He wonders how many transition referrals we would receive if options counselors really gave people option of talking to transition agency. He does not think individuals are getting opportunity to go through process and they never make it to transition coordination level.

Monique Flemings said barrier in El Paso is referral for ULTC 100.2 along with getting connected to case manager at SEP and the process taking too long. She has one now where SEP got referral for ULTC 100.2 and no contact was made to member for two weeks.

Shannon Buchanan said the SEP in her area is wonderful, they have a vested interest in member and they make sure paperwork is ready to go and having them involved with risk mitigation and planning helps the process.

Katy thanked everyone for sharing their concerns. She will bring in members from the county liaison team to address barriers discussed.





## 6. Council Updates

4:00 p.m.

Anne Bartels shared she is now with Sandata, the EVV provider for the state. Anne provided her contact information to be a resource for anyone that has EVV questions or issues. [abartels@sandata.com](mailto:abartels@sandata.com) or cell 720.363.7896.

Clarice provided an update that Ashly Johnson is resigning from the Council and thanked her for her hard work advocating for options counseling in the Denver Metro area and across the state.

Clarice shared a new options counselor job opportunity with DRCOG and provided link with more details.

[www.governmentjobs.com/jobs/3068555-0/transition-counselor](http://www.governmentjobs.com/jobs/3068555-0/transition-counselor)

Paige shared details on the next education sub-committee meeting and invited all on the call to join which is Wednesday, May 26<sup>th</sup> at 11am. If anyone was interested in joining the meeting they should reach out to Paige, Katy, or Clarice.

## 7. Open Forum

4:20 p.m.

Katy thanked everyone for the great discussion and reminded everyone to fill out survey on today's meeting. [www.surveymonkey.com/r/transitionsrvcs](http://www.surveymonkey.com/r/transitionsrvcs)  
The next meeting is Thursday, June 3, 2021. See you all then!

## 8. Adjourn

4:30 p.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify John Barry at [john.r.barry@state.co.us](mailto:john.r.barry@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

