

Department of Health Care Policy and Financing
Colorado Medicaid Community Mental Health Services Program Advisory Committee
 May 24, 2012

Present: Beverly Winters, Haline Grublak, Jim Dean, Louise Boris, Rob Kepplinger, Beverly Hirsekorn, Jerry Ware, Matt Ullrich, Erica Alikchihoo, Marceil Case, Sarah Hoerle, Eric Stricca

Absent: Elizabeth Hogan, Lacey Berumen, Libby Stoddard, Randle Loeb, Rolf Kotar, Rose Romero, Tina Gonzales, Zim Olson

Next Meeting: June 28, 2012 - 9:00am – 10:30am (225 16th St., 1st floor)

ITEM #	ISSUE	DISCUSSION	FOLLOW-UP	RESPONSIBLE PERSON(S)	DUE DATE
1	MI Waiver Sarah Hoerle	<p>Sarah did a PowerPoint Presentation on the MI Waiver. She mentioned that the rules emailed with the agenda were so that people could look through them before the presentation. We talked about the difficulty when someone goes off a waiver for a number of reasons, and how they have a hard time getting back on the waiver.</p> <p>The main point is that when you do get on a waiver, you have access to all the state plan services, which is important because if you lose your waiver services and don't have SSI, you lose all the state plan services, too. The target group will be individuals with no long term disease , must be 18 or older, have one of these diagnosis codes (bipolar, schizophrenia, depression, etc), and conditions need to indicate why you're at that level of care. Financial status will be verified by county/ social services.</p> <p>If you're on the MI Waiver, there is an assumption that you need this level of care and that you must meet the criteria (the nursing home level of care).</p>			

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		<p>Eric Stricca spoke about an income trust. If you're at 100% of income, most of the time you can't afford to pay for long term care services. So if you're over income, you are allowed to put money into a trust, in order to get access to public benefits (a Special Needs trust). A Miller Trust means you have too much income to qualify. It's stricter than other trusts because it is earmarked specifically for Medicaid reimbursement.</p> <p>Sarah spoke about how people get on the waiver (referral, case management agency, eligibility assessment).</p> <p>Sarah stated that there must be a reasonable indication for services every 30 days. If the needs are more extensive than offered with the waiver, then their case manager should advise them about what is available. Termination of waiver services could be dependent on financial eligibility, number of services, not keeping assessment appointments, or refusing to sign forms.</p> <p>Sarah and the group talked about the possibility of just suspending waiver services for individuals for a short period of time instead of terminating services. For example, if someone was placed in jail or left the state for a period of time. Re-evaluation periods, suspensions, and determining financial eligibility differently were all discussed as possible solutions.</p>			

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2	<p style="text-align: center;">Future Meetings</p> <p style="text-align: center;">Matt Ullrich</p>	<p>Talked about future meeting topics and the plan to go to bi-monthly meetings after next month. The BHO RFP is coming up soon, and that will be a big topic in the future. A tentative timeline for the RFP was given to the group.</p>			
3	<p style="text-align: center;">Updates</p> <p style="text-align: center;">Group</p>	<p>Louise – We’re building a new clinic, and we’ve received federal funding to do so. We will begin construction of a 50,000 square foot facility for integrated health care. We’re very excited.</p>			