

Department of Health Care Policy and Financing
Colorado Medicaid Community Mental Health Services Program Advisory Committee
 January 26, 2012

Present: Beverly Hirsekorn, Jerry Ware, Matt Ullrich, Andrea Skubal, Zim Olson, Louise Boris, Erica Alikchihoo, Libby Stoddard, Rob Kepplinger, Jim Dean, Elizabeth Hogan, Tina Gonzales, Barbara Harrison, Janine Vincent, Matt Ullrich

Absent: Haline Grublak, Lacey Berumen, Randle Loeb, Rolf Kotar, Rose Romero, Beverly Winters, Marceil Case

Next Meeting: February 23, 2012 - 9:00am – 10:30am (new location at 225 16th St., 1st floor)

ITEM #	ISSUE	DISCUSSION	FOLLOW-UP	RESPONSIBLE PERSON(S)	DUE DATE
1	Update on AwDC Implementation Andrea Skubal	<p>Andrea explained that AwDC is “Adults without Dependent Children funded by HB-1293 hospital provider fees. It covers adults ages 19-64, without Medicaid eligible children in the household, and not eligible for any other Medicaid program. She gave a history of the program development, and the changes in the funding expectations since the program inception.</p> <p>We have submitted a request to CMS to roll this program out to those who are under 10% of the federal poverty level, capped at 10K people. We’ve been working with stakeholders extensively, but we’re waiting on approval for how to manage the 10K cap most equitable. We are essentially proposing a lottery process, although we’re not calling it that. The 10,000 people will initially be allocated to all of the ACC regions based on the 2010 estimates of uninsured in each region. During the first 45 days, a lottery will take place in each RCCO region. After that, if there are still places available, then access to the program for eligible adults will be on a first come, first served basis statewide. Benefits will be effective May 1st and will run until 2014 when health care reform expansion is implemented.</p> <p>There was substantial discussion about the types of documents applicants should have in order to confirm citizenship and eligibility, and what would happen if they didn’t have all the hardcopy documents. Jim asked</p>			

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		<p>about the “70-day” rule to get your documents in, and Andrea replied that applications will go through several different programs that can verify eligibility. If for some reason they can’t prove it without hardcopy documents, then their applications will go into a “pending” status. Even if someone submits an application that has all the supporting documentation, it’s still going to take 45 days to get everything into the system.</p> <p>Andrea also indicated that they are required to initiate the application upon receipt. If someone puts their application in on April 14th, and the deadline is April 15th, it won’t just sit there, it WILL be looked at. And, there will be an analysis after 15 months to see if it’s possible to expand the program.</p> <p>Beverly requested that Andrea address the issue of not turning in those applications early, and that it’s to the applicants’ benefit that their applications are as complete as humanly possible. She suggested that BHOs could help clients assemble documentation, if needed. Andrea cautioned that people cannot apply now. If they tried, the system wouldn’t even recognize the applications.</p> <p>Jim inquired about the provider fee funds that were initially to fund the entire AwDC population. He feels that this is a huge discrepancy and wants to know if funding was diverted to some other program. Andrea responded that income from provider fees is significantly lower than we had anticipated.</p> <p>There was a brief discussion of CICP, but there is nothing to get the client “off the street,” and the fact that even the people who get AwDC won’t have a lot of the available assets. Clients will be diverted to apply for SSI</p>			

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		<p>if they are eligible for it, but they will not be removed from AwDC coverage until they get the SSI approved and benefits begin.</p> <p>Barbara Harrison reported seeing a new trend at the ombudsman's office where people are complaining that they've had applications in for 60 days without approval, and the counties are saying they don't have adequate staff to process the applications. Beverly says that there <u>are</u> funds available (to hire temporary employees to help with the heavy workloads), but offices and counties are not willing to be perceived as being unable to do their jobs, so they don't ask for the money.</p> <p>There was some discussion about whether there would be resources available to help some of these people who need it (like those who are eligible for SSI) to complete the necessary paperwork to get all the benefits that they're entitled to, but Andrea answered that the department does not provide application assistance.</p> <p>Jim indicated that there is some incentive to enroll people for this program rather than SSI because of the federal match. SSI does not offer a federal Match. The question raised about what constitutes "income" and Andrea said that she would get clarification for the MHAC.</p> <p>Zim asked about outreach and if the program could be advertized, e.g. at food banks. Andrea answered that we're going to have regional meetings but they're going to be pretty high level. If we do open up another meeting, I'll send that information out as well.</p>			

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2	Update on PACE Behavioral Health Matt	<p>Matt described the PACE program (Program of All-inclusive Care for the Elderly), and its goal of keeping the elderly in their homes for as long as possible. Eligibility, services and capitation rates were discussed in detail, as well as the application process. Matt stated that although clients COULD go through the county, most of the program growth is through word of mouth. He also confirmed that clients enrolled in PACE are excluded from enrollment in the BHOs.</p> <p>Barbara Harrison voiced a concern based on personal experience that these organizations visit independent living facilities and recruit from there. One organization had a client fill out an assessment sheet, and he was enrolled from that without understanding what he was doing and what he was giving up.</p> <p>Matt responded that he needs to know about instances in which the SEP didn't ensure that the client knew all his/her options. The program requires that clients for provided with total information about options and choices. Client also have grievance rights. They can go to anyone at the organization and grievances can be in writing or oral. They also have the right to call Matt personally. We're making an attempt to make the process more user-friendly. Matt indicated that clients have every opportunity to make their concerns known, and asked the Ombudsman to let him know if she ever hears about anything like that again. Matt also explained the ways that potential PACE clients are supposed to be given the information to help them make an informed decision about participation.</p>			
3	Updates/Soapbox Group	<p>The policy letter directing BHOs/providers to share client information with the Ombudsman's office was redrafted and resent to the BHOs and CBHC for distribution to their members. All staff interacting with clients should</p>			

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		<p>also be aware of the Ombudsman as a resource for clients and refer clients there, as appropriate. Barb told the group that a similar letter has been sent out to the MCO and ACC program, and the RCCOs are not clear about whether they handle that or the BHOs handle that.</p> <p>Marceil's been working closely on the MI waiver renewal. A draft waiver should be available by Feb 7th, and the comment period will run through the 29th. We'll send out a link with instructions on how to respond.</p> <p>Zim reported on a hearing at the capital on Feb 6th – SB-32 is changing the Medicaid program, and he is planning to go and maybe comment on it. Rule 365.</p> <p>Matt reported that Sean Bryan is attending our February meeting. Sean has been managing the SEP contracts, and should be able to address concerns about the SEPs that were voiced at our last meeting. Please send any comments or concerns to Matt so that Sean can come prepared to respond on Feb. 23rd.</p>			