

Department of Health Care Policy and Financing
Colorado Medicaid Community Mental Health Services Program Advisory Committee
 February 23, 2012

Present: Beverly Winters (phone), Elizabeth Hogan (phone), Lacey Berumen (phone), Libby Stoddard (phone), Beverly Hirsekorn, Jerry Ware, Matt Ullrich, Andrea Skubal, Zim Olson, Louise Boris, Erica Alikchihoo, Jim Dean, Janine Vincent (phone), Barbara Harrison (phone), Pat Doyle, Rolf Kotar, Marceil Case, Sarah Hoerle, Sean Bryan, Erica Alikchihoo, Matt Ullrich

Absent: Haline Grublak, Randle Loeb, Rose Romero, Rob Kepplinger, Tina Gonzales, Zim Olson

Next Meeting: March 22, 2012 - 9:00am – 10:30am (225 16th St., 1st floor)

ITEM #	ISSUE	DISCUSSION	FOLLOW-UP	RESPONSIBLE PERSON(S)	DUE DATE
1	Single Entry Point (SEP) Q & A Sean Bryan	<p>As Acting SEP contract manager, Sean oversees other staff and is here today to address questions from this group.</p> <p>Question - With the reluctance of many persons to discuss their personal differences with strangers, what obligations do SEPs have to probe in order to develop an idea of eligibility?</p> <p>Answer - We encourage on the front end of this question and assessment process – when they're filling out the 100.2 form, that the intake person be very clear, open, and tell the client how their answers are going to impact the decision process for eligibility. That would be both functional and financial. When difficult questions are asked we need to keep reminding ourselves that clients need to be informed the reason we're asking. If the client is still reluctant to share, they are allowed to</p>			

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		<p>present their evidence at an appeal if they are denied eligibility.</p> <p>Question - Are there written guidelines for the case managers to follow on the initial assessment?</p> <p>Answer - Each agency has developed their own process for going through the assessment, each case manager develops their own style to get the questions from the 100.2 form answered.</p> <p>Beverly Hirsekorn – I have concerns about uniformity and consistency. We have regional trainings and additional trainings on new programs. Do you perform any such training?</p> <p>BHO answer - We certainly do. We haven't had the resources in the past 18 months to do actual face to face trainings, but we do conference call trainings and we obligate the agencies we work with to provide training to new case workers. We need to establish a training program for the 100.2 program as well as any other actions to help people establish eligibility.</p> <p>Sean – what obligations do case workers have to help clients with substance abuse per the</p>			

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		<p>service plan? When it comes to helping the client choose where to turn for those services, obviously the SEPs have greater knowledge of what's available in the area - churches, community supports, etc.</p> <p>BHO response - The case managers are responsible for following up to make sure those services are being given in the most appropriate manner. Client choice is the most important part of that process.... But a lot of clients don't have exposure to the scope of those services and cannot make an informed decision on their own. They are provided with a list of providers that they must pick from, but now, if the client reaches out to us for additional assistance to help them choose a provider, we've asked the case managers to utilize their experience around the dependency of that provider to provide services.</p> <p>Sean - With respect to mental health and substance abuse services, the SEPS are well informed about what services are available in the area and they constantly update their lists to make sure that these services are still being offered.</p> <p>Beverly Hirsekorn (?) - The families don't know how, or they're kind of lost as to where they</p>			

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		<p>can get their needs met. I'd say that a list is not enough. I don't know how we could make that better. Some of the SEPs are not aware of community services. So, how do they become aware of the community services, and is there any way for them to go further than just providing a list? Like giving them more technical assistance. You say they are aware of the BHOs and I'm curious if there is anything saying how they coordinate with the BHOs?</p> <p>Louise – we give them a list of options in the beginning, so at least they have a place to start. So, I guess I'm wondering why you think that's not enough?</p> <p>Beverly Hirsekorn (?) - I'm saying that they might need a little more technical assistance, like if the patient is overwhelmed by having to call the all people on the list and repeat several times what they're looking for, and ask questions, so I'm wondering if the case worker can't be of more assistance in helping the client.</p> <p>Sean – I'm not just talking about one massive list. I'm talking about lists for specific services. SEPS represent about 30 million dollars in contracts to the department. SEPS are</p>			

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		<p>targeted by our provider community with requests to refer business to them.... They need more business. They provide lists of what their services are, who their qualified PCP providers are, who the home-maker assistance people are.... If the client needs a little more hand-holding, the case worker is mandated to follow up to make sure that one of those providers has been selected, or they will help the client to choose.</p> <p>Marceil – the SEPs serve a wide variety of users, most of them don't have cognitive disabilities and they're able to look at the list and make their own choices.</p> <p>Bev – what happens if someone contacts a provider, and in the process of the provider learning what the needs of the client are, the client is turned down by the provider because that provider is "cherry picking"? Can they report it to the department?</p> <p>Sean – we can't force a provider to take on a client if they can't offer the proper services.</p> <p>Louise – are you asking if there is one provider who always turns down specific patients?</p> <p>Bev – I hear it from Julie Reiskin, and I just</p>			

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		<p>wonder how we as a department have the ability to stop that refusal to take on a client.</p> <p>Louise - it would be interesting to know if that provider is saying no to everyone with a specific issue or issues.</p> <p>Sean – I think this IS an issue, but it’s outside the realm of the SEP to police that. I don’t know how to address that right this minute.</p> <p>Barb – what do we do when we come across a SEP who is not coordinating with the BHO, but making decisions within their own office?</p> <p>Sean – as of July 1, we will have a requirement where the SEP must work with the BHO and it must be documented. And in answer to your question about what can be done to ensure that the financial eligibility works as quickly as the functional eligibility determination is made - The financial eligibility side is the one that has typically presented more problems. Those applications need to be processed within 45 days of receipt. But those questions need to be answered completely and if they aren’t or the client balks, then the process can take longer. The deadline can be extended to 90 days, but the worker is encouraged to close that case as</p>			

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		<p>soon as possible. There is a unit here in the office that monitors that determination to make sure that these things are happening on a timely basis.</p> <p>Bev – if there are circumstances and Colorado legal services and eligibility have a relationship, and if there are individual cases that are problematic, I can intervene and help to move that forward.</p> <p>Jim – I understand that there may be problems with eligibility, but there are these individuals who are already on SSI, and they shouldn't have eligibility issues. But the SEPS don't follow up with the county to make sure that the process is moving along. My understanding is there is an obligation on the part of the county to move things along, but I'm saying that if they're eligible for SSI, they should be immediately eligible for Medicaid and there shouldn't be any kind of a wait. Sometimes it's up to 9 months and people can die in that time!</p> <p>Bev – sometimes I won't hear that there are cases like that out there so I'm wondering if there is anything we can do contractually to make sure that this isn't happening. I agree there should be better coordination.... But I don't know what the process would be for that.</p>			

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		<p>Sean – I agree there is a problem with that. They courier the documentation over to the county to make sure the documents are not lost. Most of the SEPS have access to our eligibility systems, so they can go ahead and look up whether their client may be eligible.... But I just don't think there is any easy solution.</p> <p>Jim – is there a protocol for the SEP to follow up after a certain point, you should have to have one - that might help.</p> <p>Sean – I'm not too concerned that LTC isn't following up, not just once, twice or three times or more. We could add it to the contract, but I'm not sure it would do any good.</p> <p>Sean – Another question that was sent in is: "What is the process for ACBS procedures for transitioning to the community-based placement?" What I suspect this question is really about is discharging clients from nursing facilities to an ACF, but I think that's because of the providers who would like to be guaranteed payment.</p> <p>Jim – I have someone at Fort Logan who is ready to be discharged and has been determined to be functionally eligible, but they're found to be financially ineligible</p>			

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		<p>because they've been in an institution. We had to go through an elaborate song and dance to get a letter from the county saying that the client is eligible... but the facilities have been burned with individuals who have been there for 6 months without the facility receiving payment.</p> <p>Matt – thanks Sean for coming and answering our barrage of questions. One more question dealt with SEP agencies by county – there is a list online that I can send everyone.</p>			
2	<p style="text-align: center;">HCBS Waiver for Community Mental Health Supports – Renewal Application review</p> <p style="text-align: center;">Marceil and Sarah Hoerle</p>	<p>The HCBS Waiver is in the process of being renewed. You can send me comments either by email, or fax – comments are due by next Wednesday. You can go to different websites to see the draft. We're going to submit it by March 31.</p> <p>Right now we don't have any NEW services included in the waiver, we just want to get it renewed and then do an amendment. We did publish a specific email alias – we really need to channel public comment to one spot so that one person doesn't get overwhelmed by thousands of emails... we have a listening log, and we'll review that, and see what changes we can make to the waiver and submit to CMS. We'll be talking to CMS and our</p>			

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		<p>technical people to see if we're really on the same page. Then we'll use the next 90 day period and CMS will send us a long list of questions, and if we answer them adequately, they will send us an answer by July 30th. We compare the cost of having these people in the community, versus having them in a nursing facility. I'm confident that we'll get this approved by the end of the fiscal year.</p> <p>Bev – a workgroup is working on new suggestions for amendments after it's been approved and wondering how they will get all that information to you and how you will handle it?</p> <p>Sarah – we're going to have stakeholder comment eventually, but right now, we are working on the stakeholder comments we got back in November. Things have to be very carefully evaluated to make sure we don't violate any Federal rule, etc.</p>			
3	<p style="text-align: center;">AwDC Implementation Update</p> <p style="text-align: center;">Marceil</p>	<p>We are still on track, the timeline was April 1st when people would start that implementation date, people getting involved, services not being provided right away but getting things in swing. April 1st is when applications will begin being reviewed. Even if you're the first person to get your application in, it will be examined to</p>			

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		<p>determine eligibility, and if you're deemed eligible, then the client will go into the lottery.</p> <p>Jim – I got an email that said they would give 20% of the weight to 10% below the poverty level.</p> <p>Louise – I heard that they were going to look at the poverty level but that it really didn't make much difference as to whether they made it into the lottery. Date is April 1st to May 5th.</p> <p>Matt - Marceil and I are working with the BHOs and helping individuals get connected with the RCCOs, we're working on getting the rates set up, negotiating that right now... looking at other states, other reports that come out of similar programs. If you have any very specific questions, Susan Mathieu would probably be the primary person to talk to. If you have questions that I can't answer, please email me and I'll get them to the proper person.</p> <p>Louise – so it's been decided that this population will go through the BHO.... Even with mental health benefits. There was some discussion as to whether the mental health piece was going to go through the BHOs</p>			

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		<p>Bev – it’s going to look exactly the same. It will be seamless.</p> <p>Matt – If you have questions, please send to me and I’ll get them to Susan Mathieu</p>			
4	<p style="text-align: center;">Ombudsman Overview</p> <p style="text-align: center;">Janine Vincent</p>	<p>Janine –we serve those who are assigned to BHO, ACC, +++ We assist those who have issues with quality of care or eligibility or when things have been denied.</p> <p>Barb – when a client calls, I’m determining if they qualify, are they in a managed care program, do they have an issue to appeal or do they have a grievance? I’ll go first to the provider level, then to the BHO if we don’t get resolution. We generally get resolution with the provider level.</p> <p>Jerry – you’re doing monthly and quarterly reports?</p> <p>Barb – yes, and also annual</p> <p>Jim – are they available online?</p> <p>Barb – the annual is online, but if you need access to the other ones, I’m sure they will be made available to you in one way or another. We’re seeing an average of 10 cases a month,</p>			

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		<p>and they can be quite time intensive, spending several hours on the phone with the client, the provider and the BHO trying to resolve the problem. Once the issue is resolved, we close the case and send out a survey to see how the client feels we meet their needs. Currently we're assisting ACC clients and have been seeing an increase in those calls and the complexities of them, so we're working with the contract managers in the department to get some procedures in place to deal with them.</p> <p>Question - if a person is with the BHO, are they definitely NOT with the ACC? Or will they stay with the BHO? If they are with a RCCO, they will be assigned to _____???? The BHOs in the future will be integrated with the RCCOs to provide services.</p> <p>Right now, there is not a formalized appeal or grievance process for the ACC.... What will determine..._____?</p> <p>Matt – I'm not sure if there is an established process or procedure, but I know they're working very closely with the ombudsman's office, and the ACC/RCCO worked really closely to provide services and they got a huge result for that client.</p>			

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		<p>Bev – can we get Marceil here to define for us what the process is for the ACC...? We know that adults without dependent children will go right into the ACC, and those with substance abuse issues.....</p> <p>Matt – we’ll have Kathryn and/or Greg, come and discuss more about what’s going on with this brand new program for us.</p> <p>Question - The Child Mental Health Treatment Act – identified as a major area in last annual report, recommendation was to have better training in the provider community, there was a lot of mis-information out there. Has anything been done around this recommendation about more training, and are you still seeing a lot of calls around the child mental health treatment act?</p> <p>We are not seeing many calls for residential services.... It’s actually a very seasonal thing, increasing during the summer months when children are not in school. Right now, Todd is working on those issues. We have worked with him in the past, and he’s aware of the need for re-training.</p> <p>Jim – what’s the status of the advisory board? It’s been suspended, are there any plans to</p>			

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		<p>reinstitute that?</p> <p>Barb – we don't have any information on that, and we don't know if it's going to come back.</p> <p>Jim – outreach – it would be nice if we could assume that 10 calls a month were representative of the number of people who experience problems. What are you doing about outreach?</p> <p>Answer - We work closely with the MHOs and MCOs and we provide them with info often about what we have available, we attend meetings and let them know – right now, we are working closely with the ACC program.</p> <p>Jim – is there info going directly to the client?</p> <p>Barb – that's in the initial handbook when they're first enrolled.</p> <p>Jim – according to the statute, you are to serve as personal representatives to the person with the issue. Is that made known to the clients?</p> <p>Barb – are you referring to the ALJ level?</p> <p>Jim – do you see your role as a mediator or more as an advocate?</p>			

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		<p>Barb – I actually do both. I am oftentimes a representative, but I also find myself mediating between the client and the provider. Upon intake, we do a conference call with the provider, and I ask them to authorize me to speak on their behalf, and oftentimes, I’m representing them in that respect.</p> <p>Jim – then you see yourself as speaking for and on behalf of the client.</p> <p>Barb – in the mental health realm, I often am acting as their representative.</p>			
5	<p>Updates/Soapbox Group</p>	<p>Marceil wants you to know that we’re having a duals stakeholder meeting on March 5th. If you’re in that group, you should have been receiving that information. If you haven’t, it’s on our website. The working adult’s buy-in program is going to be implemented March 1st coming up, these individuals will be receiving the disabled rate, and they’ll be getting the same benefits as everyone else, it’s just a way that they can buy into Medicaid. If you have questions or concerns, email me and I’ll be working with Marceil to answer them for a while yet. Please send ideas for discussion points in the future to me or Erica.</p>			