



State Medical Assistance and Services Advisory Council

225 E. 16th Street
Denver, Colorado 80203
August 28, 2013
6:00pm – 7:45pm
MINUTES

ATTENDING:

Council Present: Robert Bremer, Andrew Davis, Mark Thrun, Rebecca Lefebvre, Dennis Lewis, Blaine Olsen, Peter McNally, Louise Vail, Victoria Vowel

Council Absent: J. Scott Ellis, Theresa McCoy, Nancy Stokes

HCPF Representatives: Judy Zerzan, Patricia Connally

CDPHE Representative: Steve Holloway

HCPF Presenters: Candie Dalton, Rachel Reiter, Joel Risberg, Bonnie Silva

Guests: Gerrie Frohne, Christine Ho

Meeting called to order at 6:00 p.m.
June minutes were approved.

Opiates

Cathy Traugott presented. Colorado is one of seven states involved in the National Governor's Association (NGA) Prescription Drug Abuse Task Force (PDATF). Prescription drug abuse is a growing problem mainly because people do not view it as a problem because the drugs are prescribed. Governor Hickenlooper is a co-chair of the task force and the PDATF hopes to increase awareness of prescription drug abuse and misuse.

Colorado's plan included open collaboration with stakeholders and established the Colorado Consortium for Prescription Drug Abuse Prevention (CCPDAP) which is taking an inter-agency and inter-university approach to the matter and they have a goal to reduce the rate of misuse in Colorado from 6% to 3½% by the year 2016 and to prevent 92,000 people from misusing prescription drugs. This goal is a part of the State of Health program and of the Colorado Department of Public Health and Environment (CDPHE) winnable battles program.

Colorado's five prong approach involves:

(1) Prescription Drug Monitoring Program (PDMP). Currently PDMP use is limited (run through Board of Pharmacy). Only physicians can view records (Medicaid is excluded from viewing). CCPDAP is looking at how to increase access to PDMP, what that would entail and how to deal with the controversial privacy issues.

(2) Practitioner education. Currently involves getting the word out on best practices, and prescribing practices. Boards are implementing new policy guidelines on the use of controlled substances and PDMP guidelines and calling for more responsible prescribing by physicians.

(3) Safe disposal of drugs. PDATF is looking at current and new ways to dispose of drugs. This includes take back programs, pharmacy take backs, incinerators, etc).

(4) Public awareness efforts involve making people aware of the abuse and misuse and looking at what other states are doing to help bring light to this issue.

(5) Data sharing efforts involve bringing everyone to the table and determining what information can be shared and what is being looked at.

HCPF specific actions/plans that are have or are being implemented: (1) Opiates require prior authorization on the preferred drug list and there is criteria around the medications. (2) Some opiates are preferred and there is criteria on when non-preferred drugs are allowed. (3) Working with University of Colorado on drug utilization review (4) creating an education piece for Medicaid. (4) Encouraging dosing limits and how to switch from one drug to another. (5) Getting rid of grandfathering. (6) Tracking client use and provider use. (7) Report on Colorado's opiate use due out in November.

Consumer Directed Attendant Support Services (CDASS)

Candie Dalton presented. CDASS is one of two delivery options provided under the Home and Community Based Services. The waivers that can access the CDASS delivery option are Elderly, Blind and Disabled (EDB), Community Mental Health (CMH) and Spinal Cord Injury (SCI). Under this program clients can direct their own care maintenance, have authority/control of their annual budget allocation and retain a lot of autonomy and flexibility in directing their medical care and services.

The Participant-Directed Programs Policy Collaborative (PDPPC) is department/stakeholder collaborative that meets monthly to look at what changes need to be made to CDASS to make it programmatically stable and financially sustainable. The cost of CDASS is high but an advantage of the program is that clients can stay in the community (which can be less expensive than nursing home) and the preservation of the family.

CDASS has safeguards in place that attest to a person's ability to live on their own. Clients must have a physician sign off that they are able to take care of themselves in their private home. HCPF plans to expand CDASS into other waivers, specifically the Brain Injury waiver.

Social Media

Rachel Reiter and Joel Risberg presented. HCPF wants to better utilize social media and is looking to market its product (Medicaid) more effectively and efficiently. The plan to be more effective and efficient calls for upgrades to the current website to make it more user friendly. HCPF has also hired a webmaster (Joel Risberg) who is charged with launching a consumer friendly health care site. Both sites (Colorado.gov and the health care site) will be easy to navigate, will be regularly updated and will have current and relevant content.

HCPF surveyed stakeholders about their professional use of social media and there are about 58% of stakeholders do not use social media professionally. Most forms of social media are on

the increase and HCPF wants to take advantage of the technology available. Facebook and Twitter are becoming more common in the workplace. HCPF is specifically looking for ways to reach out and recruit providers and has found that the most successful way to engage providers is through peer to peer interaction.

Some of the complications associated with social media is having personnel and financial resources available to handle the back and forth response in real time (twitter lines) and liability issues if not timely or appropriately responded to.

Home and Community Based Services (HCBS) Waivers

Bonnie Silva presented. Ongoing waivers are approved for a five year period. Those due for renewal/amendment this year are: (1) Persons Living with Aids (PLWA), (2) Children with Life Limiting Illness (CLLI), (3) Developmental Disabilities (DD), (4) Children's Extensive Support, (CES), (5) Supported Living Services (SLS), (6) Brain Injury (BI) and (7) Children with Autism (CWA).

The PLWA waiver enrollment is steadily decreasing and it is an administrative burden for HCPF to manage. The service package that is available in PLWA is also available in the Elderly, Blind and Disabled (EBD) waiver which also allows for additional service options (home modification, respite, alternative care facility, transitional management and cost, consumer directed attendant support services, and in home support services). The amendment to move PLWA to EBD will be submitted to CMS by the end of the year.

As a result of an audit it was determined that the CLLI waiver was not following the original intent of legislation. In order to bring the waiver into compliance the following changes are being made: (1) Palliative/Supportive Care is being redefined and narrowed to include only care coordination and pain and symptom management. (2) Expressive Therapy is being updated to include certified music therapists. (3) Respite care will include a CNA skill level, removing inpatient respite. Changes will also be made to nutritional counseling, massage therapy, and bereavement counseling.

The DD, CES and SLS waivers are being amended to increase the waiver cap to take on additional enrollments cost neutrality figures are being adjusted to more accurately project expenditures to demonstrate that it is less expensive to live in the community than in an institution.

BI is being amended to implement Consumer Directed Attendant Support Services (CDASS). Clients can select their own attendants and manage an annual allocation. Clients will also be able to access other HCBS waiver services that are not duplicative of CDASS.

CWA waiver is being renewed and is not proposing any changes. There was discussion around (1) the waitlist for this waiver, the fact that it is capped at 75 and there is a wait list of 286; (2) children can receive the waiver for only three years.

The meeting adjourned.