



## Nursing Facility Provider Fee Advisory Board Meeting Minutes

225 East 16th Avenue, 1<sup>st</sup> floor conference room

January 27, 2015

### 1. Call to Order

Matt Haynes called the meeting to order at 10:32 a.m.

### 2. Roll Call

There were sufficient members for a quorum.

#### A. Members Present

Arlene Miles, Lonnie Hilzer, Greg Traxler, Janet Snipes, Dan Stenerson, Lori Nelson, and Paul Landry

#### B. Members on the Phone

Cindy Bunting

#### C. Members Excused

Chris Stenger, and John Brammeier

#### D. Staff Present

Matt Haynes, Jeff Witreich,

### 3. Approval of Minutes

The minutes from the November 11, 2014 meeting were approved as written.

### 4. CCRC Discussion

- Does a rule change need to be made to define CCRC? Term doesn't need to be over descriptive, must identify all 3 categories, distinct programming for each classification should be taken into consideration.
  - Is the best way to move forward to go with 50/50 like Arizona?
  - What is the best case scenario for facilities that are below 50/50?



- **Arlene Miles**- California and Arizona models do not identify with all Colorado facilities. Show data for what causes IL facilities to jump between 1-3%. Definition of what CCRC means/stands for needs to be accomplished. Refer back to statutes, verify numbers and ratios, suggesting percentages as a guideline rather than a standard. How would we know that independent living is different from assisted living, to be able to know that there is independent living there? If we are going to change anything it should be the policy where you grant an exemption then make it an application process
- **Dan Stenerson** – The campuses generally have a majority of their units as IL, with residents who transition over to AL. Some patients want to transition to be near their spouse, what are the guidelines for those circumstances.
- Data/Information provided is missing the program piece.
- **Lori Nelson**- Term for CCRC should dictate if you have x number of SNF beds you are exempt.
- **Dan Stenerson**- Agrees with Lori Nelson, rather than a ratio there should be a set number of beds to meet the qualification.
- Minimum number of beds needed to qualify for exemption is 45 beds
- **Matt Haynes**- Worried numbers could call for a possible statute change. Need to drill down on what CCRC means, decide set percentages, and decide who will be grandfathered in.
- **Dan Stenerson**- Have to grandfather in facilities that were accepted in the beginning. Worried about setting a minimum threshold. Package services vs. non-packaged services.
- **Arlene Miles** – Facilities that lied to get exempt should not be allowed to be grandfathered in. Gather every facility's data who would be considered exempt into a spreadsheet and look for ratios.
- **Janet Snipes**- Agrees on gathering data without specific names and looking at places who are trying to not pay the provider fee.
- **Lori Nelson**- is this information that needs to be gathered and evaluated every year? Is it necessary to have facilities delicensing beds?
- **Matt Haynes**- Need to look at SNF vs AL bed ratios. Facilities can get all 3 categories by changing 2 beds. Currently, no facility has 50% of their beds as AL. Need to address facilities with obvious abuse.
- **Janet Snipes**- How do we affirm that these facilities are offering all 3 services?
- **Lori Nelson**- Are they all encompassing? Do they provide reference to services in printed marketing materials? Define number of beds for each service? Compare census data.
- The Nursing Facility Provider Fee excludes the CCRC because they traditionally have a higher private pay census
- **Matt Haynes**- Recap- Look deeper into mixed AL and IL facilities. Think of percentage threshold, application process. Have facilities that provide all 3 services submit data each year, as well as provide marketing materials to demonstrate how facilities are presenting themselves.



- **Board is in agreement, data will be pulled and sent out to Members.**

## 5. RUGS and CPS presented by Ashleigh Perez

- Overall, facilities saw an increase in proposed rates under both groupers 48 and 66
- Both groupers are sensitive to changes in Medicare utilization, less so for Medicaid
- Medicare residents utilize higher Nursing and Therapy Case Mix Index than Medicaid (more acute, resource intensive)
- Impact on Groupers 48 and 66 for Medicaid are similar (40% of fee increase related to facilities with higher than average Medicaid utilization)
- Colorado's system using the MDS 2.0 and the 34 grouper data CMS created a crosswalk that converted the MDS 3.0 assessment to the RUG III 34 Grouper
- Do we still want to utilize this crosswalk or jump into 2015 and start utilizing the new system? Would correlation help determine penalizations?
- Classifies every one of the residents into these 34 groups
- Only difference between 48 Grouper and 66 Grouper is the number of rehab categories
- Where a resident will fall under the 66 grouper is significantly different from where they will fall under the 34 groups
- Under the 66 grouper there would only be about a \$750,000 increase
- Under 48 grouper rate increased
- Under 66 grouper rate decreased
- Only difference in the two is the rehab categories
- **Janet Snipes-** Gather updated data. Comparison of interview able and non-interview able. What does or what will the state pay for? Will they pay for these high rate rehab categories?
- The reason there is a difference is because the rehab rates are being grouped
- You can better distribute the population between 23 categories then you can under 5 categories
- Board wants to see data used in a scenario that would showcase the category differences within 3 random facilities.

## 6. Public Comment

There was no public comment

## 7. Action Items

There were no action items



## 8. The meeting was adjourned at 12:15 p.m.

The next scheduled meeting is at 10:00 a.m. on Friday, February 20, 2015 at 225 East 16<sup>th</sup> Avenue, Denver, CO in conference room 6 A/B.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Matt Haynes at 303-866-6305 or [matt.haynes@state.co.us](mailto:matt.haynes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

