Please standby for realtime captions.
>> Rollcall.
>> Christy Blakely
>> Care
>> Cecile Fraley
>> Patricia Givens.
>> Simon Hambidge
>> Bregitta Hughes. Jessica Hughes, Amanda Moorer.
>> Charlie Lippolis.
>> Present.
>> David Potts.
>> Here in sunny Arizona.
>> Don't rub it in.
>> Donna Roberts. Sweden present.
>> You ready to go. Next meeting is scheduled to be Friday, April 12, 2019 beginning at 9 AM at 303 E. 17th Avenue, Denver, Colorado 80203, 11th floor conference room. Remind everyone in attendance that this facilities private property. Do not lock the doors or stand around the edges of them. Please Solaja cell phones while in the media. If your listing via auto stream please the link to rejoin the meeting. The question and answer feature is enabled for the webinar. Please submit questions and comments for each role at the spoken form time the agenda. Please identify yourself and your comments. Please identify yourself when speaking. Their individual testimony sheets. Open format for each if you need help finding the role in which you're interested please ask staff Rachel. Staff and you have a five minute limit on testimony. I would entertain a motion for the approval of the minutes.
>> Motion any second? All in favor.
>> Mr. Potts?
>> All in favor, aye. We are done.
>> [Indiscernible - low volume]
>> Do we have David Denovellis on the phone or in the room?
>> Welcome. Join us. Take a breather for a minute. Just a minute though.
>> Members of the board, good to see Walkin. Hope everybody is enjoying their early March.
>> [Indiscernible] here to give a quick legislative update see what's been going on the last couple months. We are officially halfway through session. I believe there's 58-57 days but who is really counting? Department has three department bills on their agenda. Their all in process right now. First one is extending and continuing the breast and cervical cancer treatment program is set to expire the ship. We are currently working with sponsors, lieutenant governor's office to make sure we get that drafted, introduced and extended. I have faith that that will be. Next one we also have a bill we working on oral health Colorado. Colorado dental Association, senior dental. Low income program for Colorado seniors. What we would be doing is giving the flexibility to set the rates rather procedures not just the new ones that we bring to. I think that this could increase access. There's a waitlist that usually happened about three quarters of the way through the year. Some of these rates are much higher than Medicaid some other with the Medicaid so it would someone come up some I come down, it would be up to the board and senior dental advisory committee to set those. We are working on that. Hopefully come a joint bill but we will keep you up-to-date on that. Another one really technical one expanded access to the civil monetary penalty fund. The department [Indiscernible] monitor this fund. Several penalties from the nursing facilities. One of the purposes of the fund is to make sure services available if the facility closes or shuts down, noticed the option of service for the other purpose of the fund is to give out nursing home innovation grants. The subordinate house [Indiscernible] CDPH he recommends these grants to the grantees got there is a statutory limit the amount of money that can be granted out we are looking to remove that statute of limits so we can use more of that money to send out more grants. Those are the department bills and we have a list of the bills that we've been working on heavily supporting one very big one, very happy and relieved still not done yet but now spell 19-01 hospital transparency bill pass for Houston yesterday it passed the Senate Health and Human Services committee. Unanimously. This bill is something that the department has been working on for many years and want to thank Senator Rankin, Senator Marino into representative Kenny to help us get this through. Most of the final steps. This will require hospitals in Colorado that received the hospital provider fee [Indiscernible] that primary data to show what the [Indiscernible] are going up, is going down can change and given the state -- was actually going on in the hospital pricing. We are very proud to support the bill and hopefully it will get to the process. Another one that just passed the

house, House Bill 10 04, proposal for affordable health coverage option. Requires DOI and HIPAA to study and some of the proposal for an affordable estate back option for healthcare. Hopefully to bring down and seeing how their karst that we see not just private insurance cost of Medicare, Medicaid, want to take a look and see if you can find a way to bring those costs down. Hopefully through something that they can do.
>> Another one that has passed the house and will have a hearing in the Senate next week and will see before you hopefully if it goes through the dental services for pregnant women on ship. Currently children enrolled in ship have dental services, pregnant women and roles do not. This bill will let the pregnant have the same dental benefits on ship as children do. That is halfway through. First hearing next week. Hospital 1193 we are going to go monitor that just a few minutes, that's a behavioral health support for high risk families. Elements of the special connections program. Are part of it we run special connections so parenting and pregnant women with substance use and behavioral health problems help get those taken care. This would allow us to continue to work with DHS, allow us to work with the federal government to add into the 1136 substance use disorder inpatient waiver that we are working for. Also allow DHS to provide treatment residential treatment and a childcare pilot for people receiving treatment in the interim on that. This bill is up and its first committee this morning.
>> Senate Bill five I told you about last time, that supporting prescription drugs from Canada. Department supports that bill, gone through its first Senate hearing awaiting Senate appropriations allow the department to design the program to import for certain prescription drugs from Canada with the idea to hopefully lower description.prescription drug cost. Another one that's we just its first hearing this week this is a review continuing in-home support services. This is a program very popular throughout the last 5-7 years come up for renewal in help then human services committee voted unanimously to send that onto the next committee. We met at the instead of extending it for seven years. We will be extended for nine years so hopefully nine years and another part of that it amended the definition of eligible person to any waiver that we have federal pool for. Used to be that the specific work called out. We would have to run a separate bill for every waiver. The way a look at that and said let's get rid of one of the hurdles that the department would have to expand this to other waivers so should budget time in politics allow it would be easier for us to extend to other waivers in the future without having to build one by one or just want to bill for each waiver. That's about where we are right now. It seems like a lot and not going to do. If anybody has any questions, please, I'm here.
>> Questions?
>> Misuse.
>> Thanks for your presentation. Is a little clarity for the expansion access to the facilities fund. Is that only for nursing homes or does it extend to assisted-living facilities?
>> It is only nursing homes.
>> Thank you.
>> Any other questions? Anyone on the phone have a question for Mr. Denovellis? We can send you back to the capital.
>> Good to see you all. Have a great day. Thank you.
>> We are going to move into the role section of our agenda. I would extend the motion on the final adoption for document one. Document one, it must be 18-12-20-A, revision to the medical assistance will come concerning durable medical equipment start of service, section 8.590 incorporated a statement of statutory duty contained in the record.
>> Second.
>> All in favor.
>> Aye.
>> I'm sorry.
>> Aye.
>> Mr. Potts ?
>> Aye.
>> All tran03s, passes. Let's move on. We going to go to the final adoption agenda and we have document two. Should we call Candace Bailey?
>> Thank you. I'm sorry.
>> I'm not trying to change her name.
>> Your name.
>> The manager and members of the board. My name is Tim Cortez and I'm the program development in relation section editor in the office of immunity live. Today I'm presenting two emergency roles for final adoption clinician transition services. The roles codify successful services from the Colorado choice transition services demonstration. A quick reminder, transition were provided under Colorado choice transition program if a demonstration funded by the --

grant as of December 31, 527 members have transition under the demonstration project and 93 percent are successfully limit in the community one year after transition. Estate to know people under the current observation was December 31, 28. The medical services board passed emergency roles on December 14, 2018 to avoid a gap in these services starting January 1, 2019. In the meantime we work with stakeholders to multiple engagements to finalize certain elements of the rules for final adoption. So referred to I think it's a documentary which is in reference to the coordination. The first emergency rule for final adoption is transition coordination we work with stakeholders to lead up to the December MSP meeting and we saw many issues can had prior to that meeting. Since emergency adoption in December we work with stakeholders to add a timelines for when certain things need to be done during the transition process. 20 public review there was a request that a complaint procedure must be in place for all transition coordination agencies we added this requirement. We remove any references to Penny federal approval as an a state plan amendment has been referred by CMS. The second is transition services which I believe is document two. Symmetry transition coordination a majority of the issues were resolved to tickled engagement prior to the December MSP meeting. However we still needed to resolve whether to include training on personal care in the 20 service and how to ensure appropriate oversight. We work with stakeholders of the course of three meetings to resolve this issue. So any type of hands on personal care requires a Class A or B license. Some providers indicated they did not plan to offer training on personal care as part of their business model for training. With the expansion of the service to a broader population in transition type we expect will be need for training on personal care. So we created a hybrid model for the service where providers want to provide training on personal care must obtain a Class A or B license. Divided they do not offer the component will simply need to be certified as an HCBS provider. Also addressed flexibility the home delivered mail service by adding an option to ship them out. If it's ship the provider must concern the milk in a timely fashion and to determine whether the client is satisfied with the quality of the meal. With that, they give a commitment to the services and I will now take any questions.
>> Any questions for Mr. Cortes?
>> Dr. Loveless or Mr. Potts, any questions?
>> This is Dr. globalist, I don't have a question but I have a comment. I remember these rules coming up in December and ample discussion and I'm just really pleased with the progress that's been made and I'm very impressed with what I consider 93% success rate which transitions out of higher-level of care. I think it's wonderful so thank you.
>> No questions, thank you.
>> I would entertain a motion.
>> Mr. Potts, you did have a question?
>> No.
>> Okay. He didn't have any questions. Do we have any public testimony? We don't. I knew that. All in favor.
>> We don't have the issues so let's go ahead and read the whole thing. Read both motions and we will vote.
>> 18-0/
>> Revision to the medical assistance will concerning life skill training on delivered meals, peer mentorship and position set up section A .553 incorporated statement the final approval of document three MSB 80-08-16-
>> Revision to the medical assistant role assistance will concerning targeted case management transition services. Sections 8.519 and 8.760 incorporating the statement of purposes specific statutory 30th obtain in the record.
>> Motion. All in favor? Aye. Dr. Lippolis?
>> Aye.
>> Mr. Potts?
>> Aye.
>> It passes. There you go. Thank you very much. Very strong work. We appreciate what you are doing.
>> Now we are onto the initial approval agenda and were going to do document four. That is Erin Johnson or are we going to change that person too? Hi, there. Welcome.
>> Producer self.
>> Good morning. My name is Erin Johnson if a qualified health center which and us. In here to present the revision to the federal qualified health center will concerning reimbursement for additional approval. Effective date for the role revision is May 31, 2019. In summary, the purpose of this will revision is to cover reimbursement for the antagonist injection curtly sold under the brand name [Indiscernible] a qualified health centers are primary care service providers that offer comprehensive care to Medicaid members. Their designated by the federal government to provide care to underserved populations and are often called safety net clinics. The antagonist injection ritual is an opioid antagonist medication for substance use disorders. It is a once a month injection that prevents relapse to opioid dependence after they could talks. It treats alcohol dependence. And 2018, Colorado legislature December 1007 this allows premises and

Golden Colorado Medicaid to enter into a collaborative agreement with one or more submissions to administrate the adjustable opioid antagonist medication for substance use disorders and receive the Summit from Colorado Medicaid. Many federally qualified health centers have an on-site pharmacy and at least one of their locations. Federally qualified health centers may now decide receiving the antagonist injection in the hall to the pharmacy. For a qualified health centers pharmacy made Bill of the fee schedule in. The federally qualified health center currently provides antagonist injection pivotal in the clinical setting [Indiscernible] in which we federally qualified health center [Indiscernible]. Currently, the average of federally qualified health center is $140 where the average reimbursement for the ministration of the virtual is around $1000. Therefore federally qualified health center is incentivized either administer the drug in the pharmacy for enhanced reimbursement or client to separate pharmacy or clinic. Under this will revision federally qualified health center will achieve fee schedule amount to for administering the drug in the clinical setting. This will change is necessary to match a qualified health center payment policy [Indiscernible] and to incentivize the Sematech mast injection for Medicaid for treatment of substance use disorder. It also has a very qualified health centers to choose the most appropriate care for the administration of antagonist injections. Because of the current payment structure this will revision is expected to be neutral this will distract from the pharmacy not federally qualified health can for the federally qualified health center. The department has worked with the Colorado community health network fighting which represents the federally qualified health centers. That they have submitted a letter of support for this rule to the board. The department is currently working on the state plan amendment for this reimbursement change. We work with CMS on several reimbursement changes and do not expect the state amendment [Indiscernible] this will revision has been approved to the Attorney General's office. Thank you. I will now take questions.
>> Who is going to do a letter of support for this one?
>> [Indiscernible - low volume]
>> I believe we received a.
>> For document five and six.
>> I just double checked and this is not the document they supported her so that is just an FYI because we do have somebody in that organization. Anyway, there was a letter, yes, it was supposed be letter for this document as well?
>> [Indiscernible - low volume]
>> That was my understanding.
>> The letter we have is not for this document. The letter we have is for document five and six. Clarifying for everybody because I just got confused. Any questions for Ms. Johnson?
>> Just a comment. Thank you for to support this. [Indiscernible - low volume]. I just wanted to thank you.
>> Strong work. Good. Anybody else? Dr. Lippolis, Mr. Potts, any questions?
>> I have none, thank you.
>> No thanks.
>> We don't anybody want to publicly comment? Then I would entertain a motion. Where just streaming to this. Weldon. You did very well. I know you were nervous but we don't bite much. Just nibble around the edges. Motion is 44117, is that correct?
>> It will move the initial approval of document for revision to the medical assistance will concerning federally qualified health centers, incorporating the statement of basis and purpose in specific statutory authority contained in the records.
>> The motion, second. All in favor. Aye. Dr. Lippolis.
>> Aye.
>> Mr. Potts?
>> Aye.
>> So passes. Thank you very much. We appreciate it.
>> We are screaming through this. Kevin Martin. We are going to do document five. Are you doing document five and six? Do not hurry. We will mosey on up here. Thank you. Kevin Martin, and healthcare policy and financing. We talked about a very similar revision just a couple of months ago. This is for the long-term acute care hospitals and the rehab hospitals. In the original rule that was passed we referenced freestanding to this but to our attention after the world was passed by one of the long-term acute care hospitals that they were actually designated by Medicare as a hospital in hospital which we were not aware of because there is a Medicare designation. So we just change the language slightly because the original intent was to exclude unit and satellite locations that's why the freestanding language was in there to begin with so we just changed it to be more specific. We were moved freestanding and said we were excluding state park units and satellite locations. And also to the review by the Attorney General there were a couple of other tweaks that were suggested to make it active and still passive so there's a lot more department will statements.

>> Any questions?
>> On the phone, any questions?
>> Just a quick one. On a Mac 300 five D number two, the department shall reimburse, they will set the per diem, is there different per diem's for different care facilities?
>> Yes. There is a separate per diem for the [Indiscernible] hospitals for the long-term acute care care group. The rehab care group and the [Inaudible] rain injury care group.
>> Okay because the per diem, this is Dave Potts, because the per diem is the services required is what differentiates?
>> These services that are generally rendered at the type of facility is what determines the per diem. So it's more of an overall global average per diem.
>> Okay. Thank you.
>> Any other questions? No public testimony. I would entertain a motion.
>> Initial approval of document five and SB 19-01-20-8. Revision to medical attorney long-term acute care in the repetition DM reimbursement. Sections eight freezes .5 point A incorporating the statement of [Indiscernible - low volume] statutory authority. Motion second. All in favor.
>> Aye.
>> Dr. Lippolis?
>> Aye.
>> Mr. Potts?
>> Aye.
>> So passes. Thank you very much. We appreciate and hope your foot gets better and better.
>> We are going to go want to document six, Karli Cheatham. I'm going to check to see if , are you on the phone yet, Dr. Pat? She will probably announce herself when she does. Good morning.
>> These introduce yourself and give us your information.
>> Good morning. My name is Karli Cheatham and I work in the [Indiscernible - low volume] the division and I'm here to present on the proposed rule changes to the CMS. For Wamac. We've gone through a lot of engagement for the roles and we received a lot of feedback and we made some adjustments and [Indiscernible - low volume] in general. I will just go through the actual language we changed. [Indiscernible - low volume] change in the definition of homelessness from the person does not have a place to live was in imminent danger of losing a person's place of abode to express and would permanently lose their housing as evidenced by eviction notice or summary residence during the night supervise public or private facility that provides temporary living accommodations or any other unstable non-permit situation to cement but do not have a stable housing situation to go upon discharge.
>> In this criteria a lot more detailed than it was previously to be able to encompass different situations that individuals may find themselves in. The other criteria were adding and a new criteria of loss or incapacitation of primary care service. Person's primary caregiver is no longer in the person's primary residence to provide care for the primary caregiver is experiencing chronic long-term or life-threatening physical or psychiatric condition that significant limits the ability provide care. Or otherwise incapacitated. The family caregiver is 65 years of age or older and continuing to provide care poses an imminent risk to the house and welfare of the personal primary caregiver. Premier caregiver poses a threat to the health and safety of the person. Or regardless of the age based on the recommendation of a professional the primary caregiver cannot provide provision [Indiscernible] health and welfare. Adding in this category is going to allow for individuals who are experts in issues with their caregivers to cement inattentive fashion and waiting on the witness. Also added in an accepting or declining [Indiscernible] timeline within 30 calendar days from the date the enrollment was offered. Upon written request of the person, family or legal guardian an additional 30 calendar days may be granted to the [Indiscernible]. Person does not respond to the offer within the allotted time the offer will be considered. And we are reviewing that feedback as well if there are additional changes that could be made. The changes the asked for our permanently language not necessarily content.
>> As you know I was involved with some of the conversation around the 30 days and the 30 days is not only except the spot but also find a place to live. It is just accept the spot in understanding that you will then need to proceed with enrollment and that was where the 30 days alone was not enough to do all that in 30 days.
>> Right, we don't have an actual enrollment time and in there. we haven't done [Indiscernible] stakeholder engagement regarding the enrollment timeline just yet and this also is not an appropriate place in our regulations to put the enrollment timeline. That would be in a different area. We wanted to just keep this accepting [Indiscernible] so that we don't have 10 offers pending out there in the world for an extended period of time.
>> And we can move further down the list if we get an answer from those individuals. That they can Wamac after.
>> Just for the board, the current list we are talking about is how many?

>> 2800 something.
>> It is not insignificant and these are all people that have [Indiscernible]. Just pointing that out. Ms. Hughes thank you for updating us in this. Wondering what this proposal will change what will be the immediate impact of that waiting list?
>> We have done some projections for our next fiscal year about the potential impact of individuals that were qualify under this new regulation and have made the request to our budget and CMS when we renew our neighbors . waivers to the mountain that increased to participants. We don't have an exceptional gauge of how many individuals in the community that they could fall into this category. We did is we looked at historical enrollment and how many individuals had some sort of caregiver issue going on that we had ended up approving and we also looked at the age of the individuals that were currently on the waiting list with the assumption that they would likely have an aging caregiver as well. But we also advised 300 and nonemergency enrollment earlier in the fiscal year and that took care of the number of individuals that are already aging and that would likely have aging caregivers. But the immediate impact will be compensated for within the request that we've made to serve those people within our budget. There will still have to go three emergency enrollment process by filling out the forms and the CCB will fill out the form the community center board and explain to us what they're situated is, what they need this criteria the department will approve or deny that request.
>> Follow-up.
>> [Indiscernible - low volume] it doesn't seem like we really have accurate number how this is going to impact the 2800, correct? So is there something else you need to be bringing to the table right now to make sure that we can get this extremely high number down [Indiscernible] something else that stakeholders could present to us that would eliminate this list because I find this wait list to be extremely over what any of the other weavers are or if we have any more [Indiscernible] I know we went to that with the EBD waivers so I'm just wondering if there's anything else we can do [Indiscernible]
>> Additional exceptions, so what you mean? Been looking for something to eliminate the waitlist. Is that something that you and the stakeholders have spoken about and is that something that we can look forward to bringing now while it's in front of us?
>> I don't know that a change in any of the other regulations in the protocol would we would be able to impact the waiting list because primarily what we require in order to do that is defunding. It is not necessarily the roles that are limiting our ability to get through that waiting list, it is just our ability to secure the funding to serve all the individuals for each person that is on the waiver their annual [Indiscernible] is approximately $70,000 a year to serve them and then that obviously continues going up every user of any person that would put on the waiver with the assumption that they will be lifelong participants and that waiver the cost goes exponentially quite fast. That is kind of where we find ourselves at each other when we make budget request and when we engage with our stakeholders. I think at the department level we are also working on other initial initiatives that lending themselves the ability to tear down the waiting list a little bit at a time by offering changes to the way that our waivers are designed, the way the risk management system is design, our crisis pilots we have all of that kind of happening at the same time and this being an opportunity to open the door to more individuals that were potentially at risk for expressing a crisis without having them get to that crisis just yet.
>> Good morning. Is 2800 on the waiting list, how many are clients are there on the waiver?
>> 5600. I don't have that exact number.
>> Just trying to get a feel for the scope.
>> We also have about 4000 individuals who were on what we call a safety net waiting list. They are people who are eligible for services, they have mental disability. They are likely enrolled in a different waiver currently, but they have indicated to us that they are not looking for the resident
>> Waiver right now. They do want to have a record maintained with the state in case they need the services in the future. In addition to the almost 3000 people that we have actively said I would like these services right now, as soon as they are available we have an additional 4000 out there that could potentially be eligible for services in the future that have the stomach I need to be met through other means.
>> So there's about 12,000 clients or potential clients on this waiver adding all those numbers up, is that right?
>> Lament
>> Thank you.
>> Any questions from the phone? Dr. Lippolis , Dr. Potts? Any?
>> This is Dave Potts. I would just like to congratulate the work was done on making this more inclusive to people that are couch surfing and other options that were not addressed when we first heard this. Than the language is very easy to

read and I think kudos, thank you.
>> There was a lot of stakeholder engagement and we really appreciate that. We do have some testimony, I want to say Christian, [Indiscernible]
>> Identify yourself
>> Good morning. With the arc of Colorado. On behalf of the 15 chapters states serving more than 9000 folks we really believe that this rule needs to disseminate an emergent need of those on the waitlist. Staff, the stakeholder process we believe has been robust. In terms of this will promulgation. Few areas where going to work with over the next 30 days or so.
>> 2000 flags in the ground for I/DD they each represent the sermon on the waitlist. Had a board member come up to me as she was growing up for lunch and she said take one of those flags out of the ground. My daughter was just offered a slot. She's been on the waitlist for 20 years. What this does is it provides some flex and get folks into much-needed services. There is one story. I think the changes in front of you are critical and it really clarifies what constitutes an emergency and start focus to that caregiver component.
>> Thank you for your consideration today. This is an important role.
>> Thank you very much. Don't leave yet. Any questions?
>> An ability on the phone have a question?
>> This is Dr. Lippolis. I don't have a question, I have a comment. I appreciate your testimony. I appreciate you putting 3000 flags in the ground frankly and I appreciate signing shining sunlight in this area to the board's questions also and comments. A 20 year wait, that is your whole childhood. So that him hard in an addition to all these tremendous numbers so they're seen as much remaining work that Medicaid is doing to try and wrap around that there is a little summit that needs to go to legislator to try to get more money in my personal opinion so I appreciate this conversation. I appreciate your testimony. Thank you.
>> Thank you.
>> We appreciate the work you do. Take you very much. We have Ellen the same.
>> Please come to the table and introduced herself.
>> Thank you manager and members of the board. The cement looking at both related to healthful 1814 service seven. One of the primary drivers behind that legislation which with our partners at the arc of Colorado and others. That was an invitation bringing up at 300 people from the [Indiscernible] waitlist as well as adding the additional emergency criteria for people who have aging caregiver concerns and then related to the next bill and Samantha will help teach people. With a letter of support for both of these. We just want to take the department of course for the cement work on both of these pieces and for working with us specific. We do feel strongly that this and helping to bring each year more people onto the waiver and help them prevent is Neri where they might experience a crisis due to caregiver or caregiver moving into a nursing home and previous to this that would have had to access emergency enrollment through one of the other criteria such as homelessness or something either. We really hope this will help fill that gap that we are trying to address with that bill. Tank you very much.
>> Any questions?
>> Anybody on the phone?
>> Hearing and, thank you so much. Anybody else want to testify? At that is the end of our testimony. I will entertain a motion then.
>>
>> Medical assistant drill section .500 .7
>> We are going to move on to document seven. Bryan Fife .
>> I am Brian.
>> Welcome and please introduce yourselves.
>> Good morning, my name is 22, a program administered. Spec morning, my name is Anthony Howard. Financial compliance specialist for the office of community living.
>> Today we present you
>> Expected say we present the section a .505 concerning the increase in reimbursement rates for direct support of professionals work for civilizations. Before I jump into the overview of this will I just want to preface I have a tendency to speak fast so if anybody is saying going to quit please just let me know, stop me in the middle go to have that tendency just putting that out there. This will intends to implement House Bill eight UNESCO 1407 which requires the department to seek a reimbursement rate increase of 6.5% for specific services and the development told his abilities support living services and children etc. supports waiver. This increased rate was implemented on March 1, 2019. The goal of 1407 is to stabilize the direct support professional workforce by creating a pass-through of the increased funding

for increased compensation of these individuals. In addition create requirements provider must report the use of increased funding for the next three years. This will was created out of the collaboration with stakeholders to ensure the implementation is with the goals of not only testicles but providers as well as employees. We want to make sure that this will that we are presenting is not punitive or overly burdensome. While most of the language mirrors house Bill 1840s and seven there are a few key takeaways I which to address right now. Within the definition sections I created a division called direct benefit. The goal of that definition is to ensure that the compensation has passed to these direct support professionals are strictly benefits them. It is not in the direct benefit that may benefit down the line but is directly will increase their compensation at that moment of pass-through. Second we also put language around payroll taxes. This is regarding a lot of stakeholder communication we had that when you increase individual's wages there is a corresponding increase in payroll taxes but we want you to ensure that the employees could also pay the portion of payroll taxes which we find that to be a direct benefit because of those payroll taxes such as social security and Medicare directly impact employee although it's been paid by the employer. Next 10 section 8.505-to we added language that the employee a contracted service agency must use this increased money within 60 days after the proposal of the state fiscal year. This provides times for the claims to be paid out because for the first reporting period is from March 1 to June 30, 2019 then you have a minute were a lot of people make it paid claims after that for those date of services so we want to provide enough time period that the claims have been paid out as well as enough time period that the employees received those compensations pretty immediately so we can start stabilizing that workforce instead of waiting until the last moment of December 31, 2019 for the reporting period. S, Department has created forcing patches within those rules. This allows the department to recruit discernment for three different scenarios. One is they failed to report. Next is they failed to allow us to perform an audit if they are chosen for an audit. Then fell to use increase funding appropriately. It should be noted that although there is recruitment actions of these are not automatic. There's plenty of time for reconsideration as well as provider does get appeal rights with these recruitment actions. In short, I want to provide an overview of where the house Bill [Indiscernible]. The 6.5% involves the increase to the reimbursement rate so individuals will get a 6.5%, they have just now March 1 has passed, so what that 6.5% that's for all the services that were identified in that bill. You take the aggregate of that 6.5% and the provider gets to choose how they pretty much implement that. They can choose what direct support professionals they want to implement to so long as is all direct professionals and they choose how much compensation. It could be one was increased to one DSP or direct support professional, tempers increase to another direct support professional. We want to provide them the flexibility to target where their need is and where they need to stabilize that workforce so if they need to stabilize work orders on one service line, we want them to target that service line and have that flexibility to use that increased compensation. The last thing I would like to say about the regulation is that it provides a lot of flexibility to the agencies. We are trying not to make it over burdensome or
>> We want them to have this flexibility to help the best serves their agency as well as serve their employees within their agency. In the department is and will continue to engage in stakeholder engagement. We know that this is a new process. They will be going pizza and we hope to continue to engage to answer questions that they do have two art FAQs, three memos as well as stakeholder meetings. As we are going through this and there are operational questions I have had a lot of individuals reach out to me and I call them directly and answer the questions as well as having stakeholder meetings as well as getting out constant FAQs. That is hopefully I wasn't too fast.
>> I didn't even need my seatbelt. Thank you.
>> I'm going to ask a question. The 6.5% is in reimbursement of the services. Spent yes, we took the 2018 rates for those services identified on houseful eight UNESCO 14 service seven and added 6.5 percent increase.
>> Has a new rate sheet rate sheet been sent to all the providers so they know what to bill?
>> We have posted a new fee schedule online to the great and getting out communication to our member service and provider to try to get a larger group of individuals so they know that this reimbursement rate took effect March 1. We had some providers bill during this period and it is in effect.
>> But you are not coming back and saying you did not bill enough? Okay. I'm just asking those questions. Anybody else? Ms. Roberts.
>> Thank you for letting it be less prescriptive in regard to reimbursement to individuals [Indiscernible - low volume] I appreciate it.
>> He really is very, very nice. Especially for the front-line workers that work so hard for our folks and which there's much turnover.
>> Just a comment of clarity. Thank you to both of you. The 6.5 increase is for all the waiver programs?
>> For those three identified waiver programs.
>> What are those?
>> Development he disabilities, supportive services and children's expensive supports.

>> You know where I'm going next.
>> Go-ahead.
>> Is there any conversation or discussion regarding all the other waivers to get in line with this or where do we go?
>> The goal of the will is to implement the hospital in the department is contrary to have discussions of how we can devise to workforce for all waivers and Thrall service so these discussions are ongoing and we have to determine what the best course of action is.
>> There's no money yet. I'm just reading between the lines. Anyway. Anyone on the phone have a question?
>> This is Dr. Lippolis, it is not the question again I just appreciate I can the financial flexibility and just having been a medical director of a psychiatric unit and the front-line staff is, they are your 100% you rely on and those type of environments at home if you're trying to keep someone home. Being able to pay a night differential pay more at night and being able to have that flexibility or whatever you need to do or having more different types of people and offering them a little more, offering someone else a different rate, it really does make a difference because especially when you are at the low end of the pay scale an extra few dollars an hour is huge. I appreciate this. I hope it makes a difference and I hope we can see the data of it making the difference that can get us more money. I'm excited about the flexibility piece having been in this position of being constrained by that myself. Appreciate this. I hope you see good improvements.
>> Thank you for there's comments, Dr. Lippolis.
>> May I respond ? What part of the bill is that we have [Indiscernible] how it has worked so we are extremely excited to see how the increase of this funding stabilize the workforce and will can we do in the future.
>> We do have some public testimony. You guys can sit down and it is very fun because Ellen [Indiscernible] and Miss Janet are going to switch up so both of you come up and --
>> Allen, senior director of policy and relations for alliance that neglected to say last time I was here just a few minutes go alliance is a statewide association of most of Colorado's community center boards and a large number of our provider agencies that serve people with intellectual and development with disabilities. That is who we are. Again we worked with the ark of Colorado and many other stakeholders on this particular piece and Colorado as well as the nation are experiencing a ready a significant workforce crisis. Our average statewide turnover rate among direct support professionals is nearly 40%. That is really what we are trying to solve, because all. We don't think this will solve the entirety of our workforce challenges and Colorado, but we think that it will certainly be getting to do that. I think this has been a significant learning experience for all of us as to our knowledge this the first time in Colorado that anyone has implemented a rate increase in this way directing it to a specific sector of the workforce and we are happy to be the test case. So we appreciate the work that they have been working closely with us to do with all of the different nuances and questions that come up along the way as we work to implement this. It has been complicated but they have really been very responsive to us as well as our members and other providers in the community to address those. I do feel that these rules are a perfect balance between the really strong accountability piece which we absolutely wanted and flexibility piece of that everyone has mentioned so far. It is really critical because of the diversity of our provider industry in our state as well as our local communities that providers be able to push those funds toward funding really expensive healthcare coverage and mountain areas as well as wages all across the board. We do feel this would make a legislative intent and we strongly support this. Thank you.
>> This is Chris from the ark of Colorado. As we work to whittle away at the waitlist I think it is important to balance those who are entering into the system with actual providers who can provide services. So the boots on the ground are absolutely critical in terms of attracting people to the work and retaining people who are already providing services and we think that this bill goes a far way in helping us do that. We believe the categories of the rate increases are absolutely critical because we are talking about quality of life for folks. That turnover, that 40% come is very difficult. It is disruptive in families lives. The work of DSPs can be difficult and as rents, cost-of-living and competition, frankly, in the job market increases year over year we need to provide some incentives of the workforce, level the playing field to attract those workers and retain them. So we are in full support of this bill. I think it is a creative solution. It's been great to work with in terms of the rules promulgation and thank you for your consideration.
>> Thank you. Any questions for either one of our folks?
>> I want to thank you all. I know it takes a lot of work to bring this together. I was sitting here wondering how you collaborated with so many people to get those 3000 flags down.
>> The ground was frozen too. So it was twice as hard.
>> I just wanted to encourage you guys to keep this energy up regarding what's best for our community with these folks and we appreciate the time and effort this can be a start for very wonderful day for the organizations and for the clients so thank you. Appreciate it.

>> I just want to disclose I do want to pass that forward to young adult women one being my daughter. So we just really appreciate what this will do for front-line workers that we work with every single day and we know the hardships that they do and they do the really hard work of taking care of our loved ones. I just really appreciate that and just am saying that out loud. I would entertain a motion.
>> Rule is document eight, correct?
>> Seven.
>> The initial document seven 90-01-02-A, revision to the medical assistance will concerning reimbursement rate increase for direct support professional workforce stabilization, section 8.505 the statement purpose and status specific statutory authority attained in the records.
>> Second. All in favor?
>> Aye.
>> Dr. Lippolis?
>> Aye.
>> Mr. Potts?
>> Aye.
>> Dr. Gibbons?
>> Aye.
>> Take you so much for all of your hard work.
>> We are ready on number eight and we are getting Jeff Wittreich .
>> I will be back next month.
>> Good morning, sir.
>> Morning as we discussed my name is Jeff Wittreich . And the lead analyst in the finance office. Am here to present on MSB 18-09-05-A in this is for revision to the healthcare, affordability and sustainability feet and collection and disbursement. This is the Chase Field that we discussed earlier today. What these rules are is Graham's revised every year. We are supposed to calculate these fees and payments based on the different set of parameters. The rules in front of you are to update the calculation of those payments. I don't know if you are familiar with the Chase program but it is a program to assess a fee on hospitals on a monthly basis. Use the money to draw down the federal matching dollars the news that the collection plus the federal matching dollars to make payments to hospitals for department desired goals. As I said before the fees and payments are every year and this is what the rules are in front of you. The rules don't have any considerable changes. We do have two list the actual per diem fees that are assessed to facilities and a large portion is revising the actual per diem the amounts from $300-$312 and things like that. We also have made a few minor revisions to the calculation of some small payments. Nothing considerable. We just had some limitations on how much payments can be made every year based on our upper payment limit and based on that we had to make certain adjustments because of the methodology isn't being changed, just more of how Gospels are being assessed so one is a facility has an limit or take cost and payments and for most hospitals they are allowed a certain percentage and some houses hospitals have different percentages for different reasons but nothing will significant just change the way they have to do every year. The rules in front of you have been working a lot with the provider community. We've been working with the Colorado Hospital Association on creating the model so they have been involved extensively in the calculations and creation of the 18-19 Chase model. In addition we did present the model to the chase board last week and they do recommend that we you approve this model today. No issues, no conflicts so far so good. Hopefully you guys don't have any issues. Any questions or concerns?
>> Any questions?
>> Anyone on the phone have a question?
>> Do we have any testimony? No testimony so we would entertain a motion. You did that. Wonderful. I move them initial proof of documents or it MSB 18-09-survived-A.. Assistant will healthcare affordability and sustainability incorporate this database of purpose and specific statutory authority contained in the records.
>> Second.
>> I've a motion and second, all in favor? Aye.
>> Dr. Lippolis?
>> Aye.
>> Mr. Potts?
>> Aye.
>> Dr. Givens?
>> Aye.

>> It passes. Thank you so much. We appreciate that.
>> Thank you.
>> I need a motion for the consent agenda and what I have down see what you guys think, I have four consent two, three, four, five, seven and eight. Four, five, seven and eight, I have six not as a consent because there was discussion about ongoing discussion with Mark.
>> I agree.
>> Would somebody make that motion?
>> Four, five, seven and eight.
>> To act documents four, five, seven and eight.
>> Second.
>> A motion and second, all in favor?
>> Aye.
>> Dr. Lippolis, Mr. Potts, Dr. Givens?
>> Aye.
>> Good. We got everybody. So now we going to have a closing motion. All was adopted at this mechanical services board of the Colorado Department of healthcare policy and financing with the criteria of the state administrative commission to incorporated by [Indiscernible].
>> Motion and second, all in favor?
>> Aye.
>> Folks on the phone?
>> Aye.
>> Do we have any public testimony today? We do not. May I ask for a five minute break before we go -- I just need a minute. Thank you. Before I hear from you.
>> I will be really brave.
>> We going to close the rules part of the meeting and we going to go into updates and previews but I would like to take a few minutes. If we can come back 25 after the hour. That will give you 10 minutes.
>> Nobody was jumping around saying pick me. I apologize people but I've got to stand up for a minute.
>> Thank you.
>> 10 minutes.
>>
>> [The meeting is on a break and will resume at 10:25 a.m., MT.]
>> Mr. Potts, are you sitting in the sun with a glass of lemonade?
>> No. It is just nice down. I've been watching the weather back in Colorado and my sympathies go out to you.
>> Okay. Off we go. Mr. Massey.
>> Thank you. In the spirit of being brief since we are running ahead of time I will be brief as well.
>> We want to hear what's going on.
>> As you heard from earlier the session is a little more than halfway over, thank goodness. Very busy session for us but besides our bills which so far we have been doing very well with healthcare seems to be the topic the store for a lot of our newly found friends down the street. We are playing both offense and defense on a number of measures that are moving through the legislature. As most of you are aware the governor with the new lieutenant governor set up office [Indiscernible] saving people money on healthcare so we are establishing a strong collaborative relationship with that office and in fact we just had the lieutenant governor here for a visit a couple days ago. That went very well. I think we will just enhance that relationship more as we continue to look at creative ways that are evidence-based that we can actually lower the cost of healthcare, create a number of tools that we are working on that actually benefit our arrays, our next version of the collaborative and our providers. I think it is a great time for innovation in health and we are excited about some of the possibilities. We are the throws of implementing what we passed last year, Senate Bill 18 266 which actually directed us to focus on saving costs, hence we have a new office within the department which is based on gathering data and improving quality monitoring quality so we are very actively involved in the implementation and have been hiring and filling those positions and working toward collecting the data that we have longed for for a number of years and been put to good use. That is in full force at this point. We are working on value-based contracts with the drug companies trying to make sure that we bring the cost down a pharmaceuticals for our members [Indiscernible]. We are one of three states that's actually moving toward implementing this where if a drug is not as cost-effective as we had been promised we will be looking for additional we needs and the like to bring down costs. Again, we are working very closely with the governor's office. It is going to be, I was just talking when we were on break a minute ago it is

going to be interesting to see at the end of the station how many bills are going to have to be prioritized because typically as the session goes, bills, and if they have a fiscal note they tend to stock up in appropriations and we are getting ready to go to what's called the long bill which is the budget balancing bill for the year. All the bills will have to be prioritized because erratically you might have $300 million in spending and there might be $500 million in bills that are stuck up so at some point we are going to have to prioritize which will move forward and which are going to have to be next year's potential agenda. That will be coming shortly. The session ends early this year because of the early start so it will land on May 5. We will be anxiously awaiting that after the passage of our bills and summary bills we are supporting. We are making every effort to work with our stakeholders which has been very rewarding for us because we've had a lot of real great collaboration on some of the bills we support and they support. That continues to be one of our biggest outreaches and we are working very hard. I'm excited because we are finally able to put in to affect some of the IT changes we want to make that actually have a direct customer benefit. As all of us are keenly aware everyone has these these days and that includes our clients and when we can start doing things like [Inaudible] messaging and a number of things that help on a preventative basis I think will be a big plus for us so I think we are starting to move in that direction as well. It is an exciting time. A lot of great innovation. We are thankful that this is one of the governor's top priorities, obviously the [Indiscernible] is one of their biggest probably his primary but I think healthcare comes in close second. Again, it is good to be prioritized and I think it's going to be exciting to see what happens in the next couple years. Thank you for the work you do. For those of us that stay in Colorado and fight the weather and some bail out and go to Arizona. But nonetheless, thank you for the work you do and look forward to our continued collaboration.
>> Questions for Mr. Massey?
>> Any on the phone? Questions for Mr. Massey?
>> I have none. Thank you for the good report.
>> Let's go on to some of our previous for next Cassandra is not here, she is. I did not see you. Ms. Keller, will you please come talk to us about nonmedical transportation services and what we are going to be doing next month with that.
>> Cassandra Keller, I am part of the community options benefit section. I have quite a few cohorts here today as we all bring it forward to some news for you. I will tell you briefly what I will be bringing next month. We are making a change to the nonmedical transportation benefit last session we received the Terry approval to add public transportation to several of our waivers that don't have that so we are now putting into the elderly Leninist. Waiver come at the community mental health supports bringing, brain injury and spinal cord injury waiver so this change that we are making to the world will allow the use of public conveyance to be utilized by waiver participants. Basically this will is going to mirror one already in effect for folks on the development of disabilities and supportive living services waivers.
>> Any questions?
>> All of these are rules we will be seen next month. See none, thank you. We appreciate that. Rhyann Lubitz.
>> You can introduce yourself. We have multiple people here.
>> A whole wall want to come over here?
>> I see Lindsay. Thank you.
>> Introduce yourselves.
>> Katie Maguire, I'm with participant direction, the support specialist and I focus on Sumer direction.
>> 2010, but spent supervisor which is a fancy long title to say I work on benefits and services to our members can direct and manage their own care. So there are two waiver options for that. One is consumer directed attended support services and Katie and I will be here next month presenting a bill for consumer directed attended support services, it is a revision and really we are looking to revise this rule to make it a much cleaner, better clarity, better structure, better flow. So we spent the last year working with our participant directed programs policy collaborative, they go by the [Indiscernible] and you will win a prize. We have worked for well over the last year with our stakeholder group to really revamp our rule to ensure that it is very clear around service definitions, getting streamlined definitions amongst all of our waivers and our services, to have it be very clear what it can be used for. Versus what the tent and cannot perform. We also are looking at restructuring the termination process to ensure people have ample opportunities for retraining prior to being removed from our service delivery option. The last we going to be implementing at a utilization cap. Right now a member can use 100% of their monthly budget then go beyond that without a cap, it is just that they would hit their annual authorization. Records reporting 129% cap on that so somebody could use their budget plus maybe emerging funds up to 29%. But then after that that would not be able to be paid out. Trying to have measures to ensure people don't have issues managing their budget where we don't catch it in a timely manner to get them on course. With that, I will take any questions.
>> CDA S, [Indiscernible]

>> I don't have any questions, but I'm glad that this is coming.
>> See you next month.
>> Thank you.
>> Hang on a minute.
>> Anybody on the phone?
>> Have questions?
>> No thank you.
>> Thank you very much.
>> What was your last name?
>> Maguire.
>> I present that. Now we've got Diane Byrne is next. Supported living versus supported living services. Anybody eyes rolling? I can hear my.
>> Can morning, my name is Diane Byrne. Am also on the community options benefits section and I see some of the benefits. One of those is the supported living program which is the brain injury residential service. The role I will be presenting next month is a minor change. We are adding an additional type of licensure at the request to ensure the sustainability of all existing providers and provide appropriate oversight for help, safety and quality of service. This is a residential service for the brain injury waiver, about 200-250 people a year. We are adding the [Indiscernible] license with an additional SLP certification as an acceptable licensure type. This is at the request of CDPH he. The Department of fire prevention and control of all spent working with the AG's office to ensure this is going to be a sustainable one. Any questions?
>> I don't have any questions. Anybody have questions? Anybody on the phone with questions?
>> No thank you.
>> Thank you so much. See you next month. Lindsay Westlund. You are going to talk to us about family support services program.
>> You are bringing somebody with you. With got extras.'s
>> Good morning, my name is Lindsay Westlund and my colleague is will Smith and we are going to introduce the rule to family support services program for FS SP to you all next month. As a preview, FS SP is a state-funded only program that provides services and supports in a flexible way to families who had the primary caregivers for an individual with an intellectual and developmental disability or developmental delay. With the understanding that these families may experience higher costs associated care for the individual or additional stresses so these families experience of this in a way that other families do not when they are not the primary caregivers for an individual. High respect it is quite limited in scope over this program and historically department has used an extensive manual to provide guidance surrounding this program so the manual is pretty exhaustive, about 100 pages long and so what we found as we have had more focus on this program in auditing this program and how it is actually operationalized is that there's definitely a need for the department to be able to enforce this policy that exist, but we cannot do that because it is a manual. We need to move these operationalized, move [Indiscernible] operationalized into our December. I want to -- we have not 100 pages of regulations into a role. It has been substantial and for that reason we have been engaging with the stakeholders for about a year and a half on these changes. So next month we will deftly look forward to reviewing what those changes are and move from there.
>> Any questions for Miss Westlund? Dr. Lippolis , Mr. Potts, Dr. Givens, any questions?
>> No, no questions.
>> Thank you very much. We appreciate it and Esther Tucker is going to talk about stay supported living services. I'm just going to give you guys a warning that with this many rules up it will be a lengthy meeting next month. I'm just warning you. I'm just trying to be kind and warning.
>> Everybody appreciates it.
>> Please introduce.
>> My name is Adam Tucker and I'm in a CBS benefits specialist in the community options benefits section. I am focus for today but my focus areas is the state supported living services program which is a state general fund only program. Up until now this program has been around for many but for now's I had regulation around. Arrested the belief is that is designed to support individuals around this community be supported living services waivers weightless. But as that waitlist has been eliminated this program the state program has gone through some changes so we are just trying to come in and actually give some regulation around what we are hearing that CBs are currently using these funds for. Really is designed to support people who are in temporary situations where they need some extra support, maybe that support as they are enrolling into the river and they need that support while they are looking for providers getting

service plan created. They can also support people in becoming and remaining independent in the community. We know sometimes people may find that pest infestation is an issue for them remain independent in their own home so we want to be able to give some flexibility in this program to allow for that. As well as of those individuals who may not quite meet level of care for one of the waivers or who need some extra supports just so that they can continue to be independent in the community. So creating this program creating regulation around it to one, make sure we can track quality of what the program is actually being effective in the community, but also creating allowing for the flexibility so that communities around the state can really engage with people who need these kind of temporary supports as they find more permanent funding or more permanent community resources to support them ongoing. That is what we are hoping to come and share with you guys in the next meeting. Happy to take any questions.
>> Any questions for Mr. Tucker?
>> Anyone on the phone have questions for Mr. Tucker?
>> It will be happy reading so this next month Michelle Craig.
>> Introduce yourself, good morning.
>> Good morning. My name is Michelle Craig and I'm a complex cement program development and evaluation unit supervisor and I have my colleague here with me. I'm developing specialist that works with Michelle.
>> We are here to preview hopefully briefly for you some changes we are making to the roles for the comp committee a services children's habilitation residential but program waiver also known as the trip waiver. We receive authority the hospital the cement changes to the trip waiver to better serve children and youth with complex support needs and intellectual development on disabilities. The four major changes involved with the wreck legislation are one, removal of the eligibility requirement that the child youth be part of the child welfare system the addition of two new services to better support the child in the family home. Transfer case management from the county departments of human services, to case management agencies which will be provided by the community board. And the transfer of recognition of the waiver from the Colorado Department of human services to the torrent of healthcare policy and financing. [Captioners transitioning]Just briefly we will go into more detail next month, but we have been engaged in getting stakeholder engagement on these changes. Today we had six various meetings with stakeholders, not to mention meetings with counties, boards, advocacy groups . overall the feedback from the stakeholders has been really popular, with engaged provider support, with a lot of feedback that we've been able to incorporate into the waiver with annual revisions, particularly in the areas of requirements, drafting services, and in addition provider type.
>> Any questions? This is also going to be a good fun read. Very needed. We have children actually already identified that can go into a CHRP slot come July 1 . So solutions for those kiddos with developmental disabilities and health needs.
>> Is this part of the waiver, the regulation we just approved? Only for adults?
>> Yes, only for adults.
>> So this will help amazingly, we are really excited for this to come through. Any questions? Not seeing any here, any on the phone?
>> Okay, thank you so much. We will look forward to seeing you next month. Okay, we will adjourn this meeting, on agreement of everyone shaking your head. Okay. And the meeting is over.
>> Thank you all .
>> Thank you guys did
>> Thank you everybody, goodbye.
>>[Event concluded]