

Conflict-Free Case Management Task Group
 October 8, 2014: 1:30 – 4:30
 Health Care Policy & Finance Department
 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7B

Date: October 8, 2014			
		State Staff Present:	
Task Group Members Participating:		Brittani Trujillo - DIDD	
Amy Ibarra – Horizons		Lauren Stanislao - DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-advocate		Facilitator:	
Edward Arnold – Parent		Claire Brockbank – Segue Consulting	
Hanni Raley – The ARC of Aurora		Guests:	
Joe Manee – Self-advocate		Donna Sedillo – Host Provider and Caregiver	
Kathy Hill – Goodwill Industries		Ellen Jensby – The Alliance	
Linda Medina – Envision		Gerrie Frohne – Advocate and Family	
Maureen Welch - parent		Denver Fox - Parent	
Rob Hernandez – Provider		Steve Hemelstrand - Parent	
Tom Turner – Community Options			

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Meeting	<ul style="list-style-type: none"> Wrap up outstanding issues and walk through report recommendations 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> Brittani Trujillo welcomed all attendees. All guests introduced themselves. Task Group members had no issues with the changes to the September Meeting Summary. Maureen indicated that Steve Hemelstrand was not satisfied with how his comments at the end of the September were presented in the Meeting Summary. A transcript of his comments was referenced in the Meeting Summary and provided as an attachment. 	<ul style="list-style-type: none"> Claire will determine what modifications may be necessary to reflect Steve’s comments (Note: this has now been resolved with no changes to the September Meeting Summary)
II. Access	During the September meeting the group bifurcated access issues into those pertaining to access to CM and those pertaining to access to direct services. The Group had not	<ul style="list-style-type: none"> The different viewpoints regarding access to CM the

<p>Exceptions</p>	<p>determined if it would make a recommendation with respect to creating exceptions or otherwise accommodating insufficient access to direct services.</p> <ul style="list-style-type: none"> • The Group concluded that this was not directly within the scope of its charge but should be noted in the “Implementation Considerations” section of the report. • The Group continued to disagree on the need for an exception process in anticipation of access issues for direct services. As previously noted, some felt that this would not be necessary because once the state eliminates barriers for independent case management agencies (CMA), there will not be any access issues. Others felt that no matter what barriers are removed or support provided there will be a need for exceptions to address access issues. 	<p>potential need for an exception to the CFCM requirements will be reflected as an area of non-consensus in the final report.</p>
<p>III. CMS Follow Up</p>	<p>The Group had asked Brittani to pose a few specific questions to CMS during the meeting she attended recently. She was able to speak briefly with CMS but they advised her to put her questions in writing. On September 30 she wrote an email inquiring whether any of the below options meet the standard of the new rule.</p> <ol style="list-style-type: none"> 1. Grandfathering for those people in services who have a long-standing relationship with a case manager, can they be “grandfathered” into a CFCM system by receiving both CM and direct services provision from the same agency. 2. Can a person in services “waiver” their right to CFCM? Can they make an informed choice to receive both CM and direct service provision from the same provider agency? 3. Can an agency provide both case management and service provision but not to the same person? For example, can Agency A provide CM to Jon and direct service provision to Amy, while Agency B provides CM to Amy and Agency C provides direct services to Jon? <p>CMS had not responded as of the meeting on October 8, 2014. However, the Group agreed to proceed without their response in light of the requirement to complete the Task Group’s work in October.</p>	
<p>IV. Final Report</p>	<p>The group discussed the set of recommendations Claire had compiled. They agreed upon those which represented consensus and those which did not. The following recommendation was not decided upon as some members expressed the desire to do more work before agreeing or disagreeing regarding consensus.</p>	<ul style="list-style-type: none"> • The Group will need to determine how to characterize the one outstanding recommendation. It will

	<ul style="list-style-type: none"> • There needs to be no ambiguity with respect to separation between organizations providing case management and services – boards, finances, financial relationships, staff, supervisory relations, subcontracting for case management or services provision etc. <p>After discussing them individually, they were bundled into three distinct options for the Department to consider as recommendations to achieve CFCM.</p> <p>The substance of the discussion around the final recommendations is reflected in the draft report, circulated to the group on October 12, 2014.</p> <p><u>Report Process</u></p> <ul style="list-style-type: none"> • Claire will provide a draft report to the Task Group by October 15 • Comments by October 20 for discussion during our October 22 meeting. • Updated document will be circulated following the October 22 meeting. • Once the report has been submitted to DIDD, it will go through internal clearance and then out for public comment. <p>Note: During this discussion, Claire received permission to delay completion and transmission of the Meeting Summary in favor of getting the Draft Report out sooner.</p>	<p>be discussed during the October 22 meeting.</p> <ul style="list-style-type: none"> • Discuss scope of changes during October 22 and need for a second revision/review process before October 31.
<p>V. Case Management Training</p>	<p>Lauren Stanislao has been hired by the Division to develop CM training for CCBs and any other new entities as the system evolves. She provided the Group an overview of her work. She is the first person the DIDD has hired dedicated to case management training. She is developing a specific curriculum addressing all the things a CM has to do – hard skills, soft skills, and person-centered approach. Also becoming a Person-Centered Planning Trainer.</p> <ul style="list-style-type: none"> • Members of the Group asked for an opportunity to provide input into the proposed certification process. • Rob asked how to find the Medicaid State Plan for case managers • Rob also requested that a Glossary be provided in the training material <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary. The specific attachment regarding Targeted Case Management is only viewable as a PDF document and does not have an exact link but may be found by clicking on the</p>	<ul style="list-style-type: none"> • Lori will let the group know how to provide input into the training material at our next meeting. <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary.</p>

	below link then selecting Section 3, Supplement 1a. Here is the link: https://www.colorado.gov/pacific/hcpf/colorado-medicaid-state-plan	
VI. Miscellaneous	<ul style="list-style-type: none"> There was discussion around the Public Guardian Advisory Committee. Although the Group agreed that this would be noted as an Implementation Issue, there was interest in the recommendations made by this Committee. Hanni provided the following link: http://www.courts.state.co.us/Courts/Supreme_Court/Committees/Committee.cfm?Committee_ID=41 At the last meeting we had a guest comment about CO CMs not belonging to a national case management association. Linda noted that associations are medically based CM, whereas we are community service based in Colorado. 	
VI. Guest Input	<ul style="list-style-type: none"> Steve Hemelstrand, participating by phone, noted that it is important that DIDD and HCPF have their eyes wide open in terms of how they implement this. Many people believe that there is a move afoot via the use of business formation techniques to circumvent the COI requirements. Developmental Pathways as an example. Causes financial benefits to accrue. <ul style="list-style-type: none"> Steve requested that a copy of his statement from September 9 be included as an attachment to the Meeting Summary (attached) Denver Fox, participating by phone, noted that the high turnover rate of case managers is striking. He believes it is indicative of the need to professionalize case managers, give them status via a certification or something along those lines that attests to their training. Appropriate payment is also important. No other guest comments. 	<ul style="list-style-type: none"> Attached: <ul style="list-style-type: none"> Steve Hemelstrand statement
VII. Next Steps	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire. Requests for modifications should be accompanied by specific suggestions rather than general statement of concern. 	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire
VIII. Future Meetings	303 E 17th Ave, 7th Floor <ul style="list-style-type: none"> October 22, 9:00 – 12:00, conference room 7C 	

Attachments

- Steve Hemelstrand: electronic statements