



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Children's Extensive Support (CES) Waiver Second Renewal Meeting Closed Captioning Meeting Date: September 06, 2018

Disclaimer: Below is the closed captioning dialogue captured during the second CES Renewal meeting held on September 06, 2018. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio. Should you have further questions or comments please email HCBSwaivers@state.co.us.

>>"Please stand by for realtime captions."

>>[Captioner standing by]

>>[Captioner standing by]

>> For those attending the meeting to discuss the waiver [indiscernible] we will give everyone another 3 to 4 minutes, then we will get started, just to give time for people to sign into the webinar after lunch and for those arriving back to the room. Thank you.

>> [Echo]

>> Hello to those that are accessing data phone . I want to remind everyone if you are having conversations in your room, remember to mute your line. We will get started in 2 to 3 minutes. Please mute your line if you are having any conversation in the room so it doesn't go across the entire webinar in general. Thank you.

>> Sorry about that.

>> Greetings everyone this is Dennis from HCPF . Thank you for joining us. This is the meeting to discuss the renewal of the children's extensive support paper or the CES waiver . Number two of the day for any view that may be on the phone that participating this morning. Much of the same material but we will try to focus this conversation this afternoon on the nuances of the children's extensive support waiver and how some of the details of that program are documented within our waiver application.

>> So, hopefully for those accessing via webinar you see the mission slide. As a reminder the mission of the department is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. Similar to what I said a couple of weeks ago when we discussed this first part. These

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meetings are really focusing on ensuring that our a CVS programs are in full compliance with the rules and fact sheets of our federal partners. And to ensure we don't risk any federal match this allowances or other issues we could have with the federal partners. If we operate the waiver program outside what our waiver applications as.

>> So housekeeping. For everyone's reference, we will probably be moving through this presentation this afternoon relatively quickly. We only have one person participating in the room. With the Colorado health foundation. In our webinar numbers are lower than we anticipated. We might move through quickly. That being said, we do have the line completely open now. If you have a question feel free to ask it either via the chat, to let Sarah and Julie know that you have that question. And we will pause for a moment. Or you can chime in over the phone for the time being. I think everyone can be a short not to talk over one another and whatnot.

>> If you are participated today in the renewal meetings, this is number two of a planned three meetings we will have. Two weeks ago we had a meeting, very similar, to discuss A, B, C and D. And we will talk about E and F here and two weeks later will be G through J.

>> Ground rules. Relatively simple, please hold all questions or comments until there is a break in the presentation. If you do have a question you want to use the tap chat box to flag as per questions, let me know and we can stop at the next moment. Some of the team material is dense. Any pauses in the presentation we will use for questions.

>> Additionally, regarding the entire engagement process, we have set up two different share inboxes for stakeholders to use. The first one is [indiscernible]. That inboxes for anyone with questions about this entire renewal process whether it be when meetings are or how they can get themselves or coworkers added to the distribution list. Hcbswaivers@state.co.us. Or for other details or logistical questions relating to the stakeholder process and for stakeholders to submit any feedback regarding the waiver applications themselves, LTSS.publiccomment@state.co.us. Regarding structure, the way things are written, the way things are explained in the waiver application, or just to tell us we found this typo on this page. You can send that to LTSS.publiccomment@state.co.us.

>> For the meeting purpose today, it's an education role in nature. We will inform all of our stakeholders of the waiver result process and what the federal partners for Medicaid and Medicare services require. The reason I explain what is in the content of the current waiver application for the CES waiver, to try and explain how those narratives illustrate the detail of how this waiver actually operates in the community.



>> And a reminder to anyone, a reminder for those that participated two weeks ago, our disclaimer for anyone that is participating for the first time today, this process is operating and occurring outside of the scope of some other policy efforts going on. Many people interested in this particular waiver, the supports waiver, are probably also interested in the efforts of the waiver implementation counsel. That counsel will be working to put forward different concepts and ideas for grooming the waivers. The various waivers for individuals with intellectual and developmental disabilities . after they received budgetary and authority from the Colorado General assembly, that authority will then be passed on to [indiscernible] waiver administration and compliance. To request federal approval of those changes. Are those efforts. -- Or those efforts. This waiver operates outside of the boundaries of case management. We will be discussing appendix D today, the process for individuals. That particular appendix is not impacted. Those requirements we will discuss a little bit but ultimately the implementation of conflict free case management, CFCM , will happen outside of the scope of the CES renewal .

>> Speaking of scope, a reminder to everyone if you are reviewing the CES waiver application, things that we can change or things like grammatical and technical language errors. Other things we cannot change, or any type of existing contracts that exist between the department and vendors. Those contracts were generally speaking were executed through the public request for proposal process and followed a lot of procurement rules. We cannot change those just because of this waiver waiver rule. We cannot change any budgetary allocations. If we have any suggestions for new services on the CES waiver, it could be a beautiful service that could be utilized by all children, but we cannot change that in the waiver application until we have approval of that service from Colorado general assembly.

>> The next light is a quick overview and illustration that I put together to explain all the different moving authority that are involved in getting a waiver to operate within a community. The first, just starting in the lower left-hand corner, waiver authorities really starts with federal statute did the U.S. Congress initiated the Social Security act, that provided states the opportunity to begin Medicaid programs, and eventually federal state they to change for allowing CFCM programs and those were adopted at the federal level. And Medicare and Medicaid adopted their own rules and regulations around the various Medicaid programs. That then impacts how states implement these programs. Then at the state level, state legislature in Colorado general assembly were passing off statute with budgetary authority for the department and Colorado's healthcare policy and financing. To operate the Medicaid program. And the state level agency will pass the rule on how that Medicaid program will operate.

>> In between the state statute and the rules, state level authorities in the federal level authority, the waiver application is what we will be accepting today, to where we are explaining to partners how the programs work, the federal programs look at the



application and say does this application meet our statutory regulations. And requirements. And often times these negotiation are pushing back and forth, between us as a state and our federal partners to ensure that all requirements of these various authorities are honored.

>> Any questions online at this point?

>> So I am going to skim over the HCBS waiver authority relatively quickly . For those of you on the phone for your reference, HCBS waivers , the term waiver comes from waving a particular part of the Social Security act that applies to the larger plan or Medicaid program, commonly known as [indiscernible]. The fact we are establishing programs that waive those requirements, for a specific target group, can be provided thus to Pacific targeted services that remain in the community rather than an institution, there are a lot of requirements that go along with these waiver programs. And that's what we're really talking about when we talk about the waiver application explanation of how we meet those requirements.

>> And waivers operate on five-year cycles. We are coming to the end of the five-year cycle for CES waiver. It expires June 30, 2018. Reviewing stakeholder engagement right now 2019. And the renewal process and development and new application. That way on or around the end of June next year we will start a formal public comment. That will run for 30 days until the end of February. We hope to submit the renewed application to CMS around March 1 so that way it can be going into effect on July 1 2019.

>> Now we will begin the discussion on what is the requirement of the different appendices.

>> Today we will cover three. It's actually 2 1/2 really appendices . D will be about planning and service planning and ensuring to meet the requirements of the person centered. The second one we will go over very briefly as participant direction. The CES waiver doesn't have any directed services, we will talk about it briefly. And the last section is participant rights . we will talk about how we ensure those rights are protected.

>> Still seeing no questions and no one chiming in online. I will keep rolling.

>> D did appendix D, identified participants centered service plan development process that outlines how the participant plan is implemented and as well as how it is monitored. There are three sections of appendix B . the development, implementation and monitoring as well as the quality improvement section.

>> Within appendix D, one of the first things that is documented is the qualifications of case managers. I want to draw everyone's attention to this qualification listing on the



slide now. This is the qualifications for case managers that we as a department have put into the waiver application for an amendment that is currently out for public comment. There is a public comment. That began this past Saturday, 1 September that runs through September 30. We are proposing to CMS the qualifications for case managers who are developing service plans. That we meet the same definition and qualification list for case managers who are complete the initial or reevaluation process of the level of care for an individual. All case managers, whether they are intake if you will or ongoing case managers, who might be completing the planning process. Will need to have the same credentials and qualifications in order to provide those cuts supporting those individuals through the processes.

>> Service plan safeguards around development, all service plans under the CES waiver are developed through the 20 community centered boards across the state. They document independence D that there is an agency for this waiver. And that CCB's are required to complete the waiver application which includes assessment data for each participant, before they can submit the support plan through the department care case management system.

>> Throughout the service plan development, the process, case management agencies are obligated to provide information to those participants about the potential services they could receive under the waiver, as well as the other supports and resources that would be available either through the waiver and/or just generally in the community.

>> The three components of that process, the case management has to oversee are the documentation, the monitoring and the overseeing of those services as the services are implemented for that individual that remains in the community.

>> So within the risk assessment and mitigation portrait of support planning, the level of care assessment and CES application are the first portion of that support planning. Those of the areas that document services or the supports the individual may need. In addition to that level of care SF cement assessment, the backup plan and contingency plan are also documented moving forward and what services will be included in that service plan.

>> I will also note here part of the risk assessment and mitigation of this is the case manager identifies a contingency plan that has to be documented with in the overall service plan, to at least begin the process of planning for unintended circumstances, for circumstances where either a natural support is no longer able to provide the services, or maybe a wavered service, if for some reason the wavered service is no longer able to be delivered to the waiver participant, case managers are required to document a contingency plan to state what should happen if any of those dire or unexpected circumstances do occur.



>> Case managers are required to document within the waiver participant service plan that they have notified the participant that he or she has the choice to provide, the choice to receive services from any provider they would like. Any provider that is willing and qualified to provide that service to them. Waiver participant should be provided with the statewide list of qualified providers so they can choose which provider they would want to at least begin the process to determine if that provider can serve them.

>> Ultimately the service plan is subject to the approval of Medicaid agency. Colorado, and Colorado the Department of healthcare policy and financing is a single state Medicaid agency. At the end of the day we as a department have the ability to approve and monitor or disapprove any service plan or any waiver for appetites up and across any other waivers. For any participant across any of the waivers. And the utilization system are the BUS service plan system in there, as well as case manager [indiscernible] the you LTC 100.2.

>> And the slide says, case managers are responsible for monitoring of that service plan and for monitoring the health and welfare of the participant. This is included as disclaimers. When we discussed the roles and responsibilities pages of the service plan that we utilize here in Colorado I will throw out, into this process as we have a new long term long-term care assessment and process, this responsibility for monitoring the implementation of the service plan and the health and welfare of the participant, these will be more defined parts of that new assessment and new service plan. Anyone on the phone if you want to speak to this at all, we have made specific modules in those new documents and developed to more fully explain what we currently have here.

>> This particular slide probably doesn't do the topic enough justice. But there is a portion of D, a specific section of the waiver application where we as a state have to demonstrate two centers for Medicaid and Medicaid services, what those monitoring safeguards are. And how we as a state are ensuring that service plans are being developed appropriately, implemented appropriately. This is largely where we are documenting to CMS our steps and transitions for becoming compliant with the conflict three case management regulations that were passed in 2014 . we currently have language in this particular part where we demonstrate what the technician plan is for compliance by 2022, as well as where we are at in that milestone did and what the next steps will be.

>> I will throw it out there is a note that this is one of the sections with the waiver application where there is a restriction in the CMS web portal, where as IT infrastructure sometimes goes got CMS put a character count on this particular box. I believe it's only 6000 characters you can use. Our plan for implementing is about 12,000 characters. If you're going to the process of reading the waiver application, you get to the end of this box and it says these refer to additional information in the main module. You have to go all the way back to the front of the waiver application in order



to finish reading the rest of the narrative. It is a complete narrative going from a penance D back to the first part of the information.

>> The last section of appendix D is quality improvement. Where we outline some performance measures to demonstrate to our federal partners how would we ensure that all of the other parts of the appendix are actually occurring. Two weeks ago if you participated in that meeting, I don't think I did enough justice to these quality improvement performance measures. I just wanted to point out for the purposes of appendix D, some examples of performance measures we use. Within appendix D there are three examples of performance measures. The first performance measure is, we explained to CMS we are monitoring the number of individuals whose service plan address the need identified in the twin 20. ULTC 100.2 . As a state, we are tracking all of the CES waiver participants who have a 100.2, it should be all of them, and further that those assessments identify that what each individual needs, from their waiver services. For instance if we have a child who is a choking risk, and we need additional supports with eating, a support plan then should be identified in services that will help that child complete the eating activity of daily living. What we are demonstrating to CMS is what is the number of CES waiver participants who have those waiver services that match the 100.2 assessment. The needs identified in the waiver 100.2. All divided by the total number of waiver participants.

>> The first performance measure I want as an example.

>> In that example, personal care is now estate plan benefit, not a waiver benefit.

>> What services did CES, what would you use to document choking hazards? Or quality measure on choking hazards? Respite?

>> We have some specialist here from the case management division, if they want to respond or I could.

>> Go ahead.

>> Performance measures, what we are documenting really is that within the support plan the case manager has to identify both waiver services as well as land services. What we are really measuring is to ensure the support plan identifies that within the assessment says the child was a choking risk. Somewhere in the service plan the case manager has to address the need of that individual. Maybe that is personal care, but now that it is a state plan benefited should be documented within the service plan by the case manager that the child is pursuing receiving the personal care. Either pursuing it or has it running. Just identifying the case manager has assured that the individual's needs are being met, whether through the waiver service or otherwise.



>> But, if you are using an actual example of a waiver benefit, waiver service, it would, I mean for an action, it would be about maybe, that the child was involved in Girl Scouts in the community, and engaged in activities with the Girl Scout troop or something like that. Is that what you are saying?

>> I think that is part of it . I think what you are touching on his maybe evolving situation that we have right now where with the final rule that was passed in 2014, by CMS. They really plug in a lot more requirements around person centered planning, I'm sure the states are looking at both.

>> Let me phrase it this way. I think the intent of that in 2014 was to assume that states a meeting the health and welfare of the HCBS participant. And that goes one step further into requiring states begin looking at the person centered planning process to go beyond. Addressing individual's goals and to address all of those type things. So as a community connector, you would be hard-pressed to say, full disclosure I don't know the service all that well. You would be hard-pressed to say how much that service directly activity affects the activity of daily living. And the ability to accomplish goals or to meet their needs beyond just welfare. Does that make sense?

>> My point there, I think we have the performance measures in the future, and to start looking more at how service plan and service delivery is simply leaving improving individual's goals are just improving their lives. Right now, if they are.

>> Sorry, I was looking up what the CES measures are currently.

>> I think there is some evolution on those. The point is as we go through the evolution of the performance measures, to be where we can begin monitoring how this is moving towards those types, those goals.

>> Right.

>> Does the waiver application address anywhere, where [indiscernible] is involved in this quality assessment?

>> For those on the phone the Ray is the regional accountable, new version of the regional care coordination agencies as part of the accountable care collaborative. The accountable care collaborative within the state plan, how it impacts the HCBS services directly .

>> I know. I am trying to get at what is the responsibility of the case manager around monitoring the quality? If they are only monitoring the waiver services, that is one thing. But the waiver services are not all of the stuff in the ULTC 100.2 . So, your first example around choking hazards, more than likely that child would be waking working



with the speech/language specialist, with swallow studies, follow up at the hospital, those kinds of things. Increasing textures, increasing the ability of the mouth, physical therapy, all of those things that are not waiver benefits. However they would be something that a network provider who was helping that child eat would have to know about. And incorporate. I get how the case managers can do the respite, but how the case manager can do quality improvement around the state plan benefits.

>> This is Sarah. One of the first quality measures, performance measures in the section, is looking at the service plan affecting the waiver services and the nonwaiver services. And so looking like a benefit, you are definitely looking at, from the ULTC 100.2, the service reflected on care. You are also looking to see what the participants needs with nonwaiver services. Part of that is reviewing and making sure as you're going through that, that not only the person's needs for the waiver services but also the nonwaiver services. That is not done. That is what we are measuring.

>> If not, what does that, what do we need to do, more training or [indiscernible] on how you look at the state plan services for a guess [indiscernible] I guess these are different performance measures to meet the overall basic improvement of the quality assurance, I was going to read it, that the state demonstrates the plan and implemented system [indiscernible] so the performance measures are how we get to that. Is that looking at the service plan, looking at waiver services, and maybe starting with what you were talking about with the RA why. How to incorporate that, did we have it before. There would be a need to improve on our performance measures, which is part of what I think the process is.

>> Yes. And from my perspective, as an advocate, that is the biggest plus. You are the mom sitting with this complicated kid that may have feeding issues, behavioral issues, and you're accessing a state plan and waiver services, you're trying to keep them in the community, trying to do school. You are responsible for trying to coordinate all of these myriad of systems and theoretically we are saying a case manager and the centerboard is going to help you. But are they? That's what I'm saying. If I say, if I call my case manager and say you know my doctor just recommended that I see the specialist. Are they going to record in their that it says you can't see this one because it's not in the network, or whatever. And therefore your could to get substandard care are not the care that was recommended. So how do we reflect that in the performance measures to ensure the whole system of care is actually possible. Helping them and their families.

>> I don't think we are doing it to that.

>> We are saying on one hand and then were not saying it on the other hand. And therein lies the rub it because nobody knows, you know, where does the buck stop. Who has authority, and who has, how many people do you have to call? To get to where you need to get it to?



>> This is Dennis. I agree with you 100 percent . is like one hand talking to the other. I think there are two components. It's just the nature, let me back up. I think the nature of the Medicaid program, the way their actually structured beginning at the federal level, is in such a way by the time you find the state level you have to have these things. I think the accountable care collaborative is trying its best to design if you are familiar with the key performance indicators [indiscernible] symbolize those agencies to do all the care coordination and their designs [indiscernible] on the HCBS side, we are trying to kind of be the other side of the jigsaw puzzle. We can just blend two puzzles together, but you look at the other side and say we have performance measures that are ensuring the lawncare case managers are implementing services and assuring individuals may be [indiscernible] meet the needs identified in ULTC 100.2 , and the other example, we all have performance measures but the number of individuals who service plan addresses health and safety risk through a contingency plan. So the case manager having that conversation with either the waiver participant themselves or the [indiscernible] it would be predominantly within the parent of the child to ensure that like if mom or dad, whoever is the primary caregiver for the child, is, maybe they need knee surgery or something. They have to be down and they need care for a while. And they already have an instruction on pursuing something. Whatever the circumstances are. Does that make sense? I'm trying to make the point, I don't think there's an easy answer. You cannot just blend them together I think we have to work as a state to ensure that the HCBS measures are doing their bare minimum as well as encouraging collaborations with the state plan benefit, and the state plan benefits [indiscernible]

>> How did I do quick

>> I would say I think this is a perfect example of how we need to improve the quality insurance measures. So I think that I would like to have any feedback, maybe we could talk about, hey this is what we say we are going to do but I don't know if one hand is talking to the other. And how we effectively measure that. I would like to figure out how do we measure that. How do we figure out how forgetting the waiver services in the nonwaiver services, or the contingency plan. It's not like a check box, with the assessment tool or anything. So we are really getting [indiscernible] improving our quality and making sure people are getting the services that they need and therefore quality services. There is an email box, if you would like to maybe start talking about this right now, I think it's a perfect time to do it. As we renew the waiver so we can go through and say does this meet assurance of effectively measuring this. As often is, performance measures that just get passed down, sometimes we don't maybe stop and say they are not doing what they're supposed to be doing. I am just putting that plug out. I would like to get more feedback from folks in the community.

>> I think that would be great. Basically who is responsible when something is not working? Where'd you go? And what is happening now is you're just getting passed around. So far performance measures, you know you get to the accountable entity,



whatever that entity is, after five phone calls. And three hours. That you've met a performance measure. Because this waiver, it can get very complicated. It's not dealing with sort of run-of-the-mill, [indiscernible]. This is nightmare for families to figure out how to access everything through every silo and system. And you got this kid who is incredibly difficult to live with usually. Or requires a huge amount of your concentration and thought process. And then you are expected to manage the care, which is

>> Like you said, but we are doing right now is really yes, five or six phone calls, I might get connected to the correct entity. And maybe another measure is hey we have this assessment or survey showing it says it was Matt but really, the actual experience is not being that. Then you have two different things. And the client experience is vastly different than what maybe you are reporting on. If we can maybe email to that HCBS mailbox , hcbswaivers@state.co.us . I would appreciate any feedback. Starting a workgroup or anything like that.

>> We might introduce

>> I'm sorry this is Carol Meredith.

>> Thank you.

>> Any other questions online?

>> Perhaps another performance measure I thought would be applicable, or for reference. We do have a performance measure for the number of service plans we are providing support to address changing needs of that waiver participant. So the waiver participant had some type of change in their life, whether change in their medical condition, physical abilities, potentially a change in cognitive ability. A change identified through a narrative or an incident or some other source of change identified, the performance measure is there to make sure the service plan was adjusted as well.

>> Okay. This will be really quick to discuss. Participant direction services, D. . E .

>> For everyone's reference, and Colorado we have two different variations. Our most independent what is up and direction is the consumer directed attendance and support services. We are a service that exist in the adult waivers to take care of the formally known [indiscernible] CDOS , in support of [indiscernible] services waiver. We also have in-home support services, which is available in multiple adult waivers and in the children home community waiver. If CES had participant direction it would be here.

>> We will jump right into F.



>> Appendix F is about participant rights and how those rights are protected. There are three different sections that do a few different components to them.

>> The first and most widely known portion of the participants writes is their opportunity to request a fair hearing. Many case managers Orest stakeholders know this case managers or stakeholders know this especially in 803 form . we have state-level rules that require that an 803 is submitted anytime an individual service increases or decreases, or a denial or acceptance on the waiver program. For example if the case manager conducts a 100.2 assessment and finds the child is not eligible for CES services, they are required to submit an 803. And the 803, the case manager prints it out and mail sent to the individuals family . on the printout is an explanation of what the decision was or why or why not they were receiving waiver services. What roles apply to whatever the decision was made. For instance if it is about targeting criteria of the CES waiver, and the child is determined not to meet their criteria, the targeting criteria portion of the CES rules are cited on that 803, and initially on the 803, that the parent or child could exercise their appeal rights. They need to submit to the office of administrative court to request the hearing to take place. And additionally within the next section of F is the additional dispute process service we have in Colorado. So a formal if Hill process is the most formal way to resolve disputes. However we also have written contractual, the community center board. The CCB's must maintain logs and produce those grievance logs to the department regularly, to state any type of grievance that was submitted to them and how they responded to that as well is the timeline in which they responded. That is one of the additional dispute resolution processes we have. We also have appendix F, the dispute process or PASA , a program through service agencies.

>> With and appendix F, in the dispute resolution process we have that participant has to provide at least 15 days that the agency must respond within 15 days, to do that in formal negotiation. If they're unable to resolve that, it can be presented to the department or SLA or higher to anyone partial to that decision. Ultimately it does come to this department through reviews and any type of dispute decision. And just of note if the dispute doesn't begin at the PASA , there is a reviewing department, CDPHE , public health and environment department, to handle any kind of dispute with the PASA . So if an individual have a complaint about the PASA, they should first try to informally resolve that review with PASA itself, or take it to CDPHE , and if CDPHE is not able to mitigate any type of dispute, then it is escalated to the department of health care policy and finance for final resolution.

>> The department is responsible for operating these grievance complaint systems. We have rules that document that process in the CCR. And with that, we are through the slides.

>> Any questions?



>> There is one question. Does this proselytes process also included for specific waiver benefit is denied? We've had families who had gone to court to appeal a denial, one and had the CCB overrule the court decision.

>> This is Victor Robinson, case management specialist. I need to get additional information about that. What is the administrative Rogers code for ruling on that, that the compliance board must comply with that ruling.

>> If you could unmute your phone to provide more information. Or otherwise you can email us to either Julie or I did there are our email addresses. If you are comfortable doing it now we might be able to provide some guidance over the phone.

>> She is typing.

>> Her mike is not working.

>> She will email us.

>> The slides are downloadable through the webinar right now. You can download it from there, or Julie and I as well as various others email addresses are included in the slides. You can download from that and choose an email that way.

>> If we have questions regarding the waiver application process, do we submit those during the public comment period in January?

>> Is that the same person? If you have questions about the whole renewal process, how it works, you can email us now to the public comment inbox, or wait until January. What I will say is at least the waiver application process is very much guided by federal requirements. What we are doing is a state right now, the renewal of the three waivers specifically, the DD waiver the SLS waiver in the CES waiver. Were trying to do the stakeholder engagement now to process this fall, so we can have time in the month of really October through December, to make sure we are identifying all language changes that we need to make. Because we do have these waiver amendments that are currently out for public comment right now. With the waiver timeline, we open it up so these waiver amendments will be approved on or around 1 January. That way then we can use all of this work we are completing between now and 1 January for the renewal to have all the potential language changes aggregated and Julie and I will have a mad rush in January to implement all of the waiver changes in the waiver applications. That way we can have a public comment. From the end of January through February. We are on a strict timeline there, as opposed to me explaining all of that. If there's any question about how that works, email us now or during the public comment time..



>> And a follow-up, the Colorado application process is very different. More complicated than other states. That is not a federal mandate, how can we get those concerns addressed?

>> I would love to have a conversation to discuss how other states do it differently. We have had many communications and conversations with the federal partners over the years. Regarding making processes either easier or more transparent. What we are doing right now as we understand the most transparent and stakeholder friendly as possible. Again if someone has tips from other states that they think would make it easier for stakeholders to understand, as a department we are willing to discuss those.

>> My guess is the correct answer, [indiscernible] you are talking about the application process for getting on the CES waiver, or Colorado's application process for the CES waiver?

>> She said yes.

>> So if you are a family and you're trying to apply, applying to the CES waiver is pretty damn hard.

>> That's what she is saying.

>> Other states are easier.

>> I'm sorry, I misunderstood the original question. To that end if you have comments on the actual CES application, yes you can send that to the ltss.publiccomment@state.co.us now and we can log that is part of the listening log to the CES application in the overall application process. My apologize apologies for any inconvenience.

>> This is Sarah. I would like to say also, definitely now until the end of the public comment periods, send us feedback. Any suggestions, as we are always trying to obviously improve our program. And we really appreciate the collaboration of our community and individuals who are on the waivers. Families, providers within the agency. Don't think again you have to wait just for that public comment time.. That's why we have these email boxes, is that we can get that information and incorporated.

>> Incorporate it.

>> And something this morning, when we were discussing the DD and SLS waivers, we are in the middle of the renewal process for the CES waiver. That doesn't mean once the waiver is reviewed that it is static for five years . we will probably be running frequently [indiscernible] through the course of the next five years. [indiscernible]



decided Julie and I will be the busiest state employees, with the waiver methods all the time. Send us feedback, if we don't have authority to do it now we could do it at a future point.

>> I'm trying to make a joke [laughter]

>> Okay. We can still talk about questions but if it's okay with everyone I want to bring one thing up. The next meeting is September 20 from 1 PM to 3 PM ET. Almost an identical format to what we have done today. 1 PM to 3 PM MT.

>> During the meeting the intent right now is to discuss four different appendices. The first will be G, which is health and welfare . that discussion will primarily focus on how we as a state monitor any type of critical incident reports that are both critical incidents that happen to waiver participants, as well as how we monitor the frequency of those and how we track them. And kind of a fluid situation for the last couple of years. We will discuss that. First and foremost. The next appendixes H, which is the overall quality appendix. Relatively short appendix in terms of quality input where we outline the different systems involved to measure all of the performance measures that we have had in the other appendixes. I is the financial integrity. Where we will discuss financial integrity from two perspectives . the first is the methodology for how we set the rates in the second is how we ensure the money is paid to providers, whether we ensure those services are actually in network. And the last appendixes G J, cost neutrality did a lot of math and I will do my best to explain to everyone how we ensure that it is cost-effective for individuals to remain in the community as compared to being in an institution.

>> We will be discussing those on September 20 from 1 PM to 3 PM mountain time . please if you are any of your colleagues or anyone else in the community are interested, feel free to have them email must email us. Here is our direct content contact information. Please send that to the HCBS inbox and we are monitoring that constantly, trying to answer questions and respond.

>> Unless there's any other questions, I think we can adjourn for today. I give everyone one hour back. 55 minutes back. We will talk to you next time. Any other questions? Thank you.

>>[Event concluded]

