

**AGENDA**  
**Children's Disability Advisory Meeting**  
(Formerly known as Medicaid and Kids)  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, **CID Room Located in building C**  
Denver, CO 80246  
**Oct 8, 2014**  
**10:00 a.m. to 12:00 p.m.**

**NOTE NEW ROOM- CID Room, Building C**

**Call in number 720-279-0026**  
**Pin 323983**

**Meeting purpose:**

- Share current issues in children's services

**Introductions: (sign in please)**

**Look at sign in**

Dennis Roy is back to HCPF as HCBS Waiver Manager. Yeah!

Slot is new to HCPF

**Agenda items:**

1. Discussion of changes in DD – Barbara Ramsey, HCPF/DD
2. Pediatric Assessment Tool (PAT) and Personal Care Tool (PCAT) **Presenting on Friday at MSB will be sent by Alex for attach to notes**
  - Request for the most recent data from the PAT Meredith Henry **November**
  - PCAT 7<sup>th</sup> public stakeholder (documents to send\_) draft of the rule for MSB Nov 14
  - Listening log, 18 Personal share Tasks and work to meet timeline Jan 2015. PCAT workgroup Children's service 4<sup>th</sup> Friday
  - Candace-Renew Life limiting illness workgroup for renewal. Submitted March to CMS

**Next Month:** Changes in Eligibility Children & Home Care Allowance-Danielle Dunaway

**Updates/Open Topic/ Questions:**

1. Waiver follow up of distribution urban to rural?
2. Any updates on the Medicaid Buy-in?
3. Any other updates?

**TOTAL ENROLLED & WAITING LIST**

HCBS Children's Waiver:no wait  
CES Numbers:no wait (agency specific delay)  
Autism:296  
Children with Life Limiting Illness:42 open slots

■ CBS  
Children's  
Waivers

■ CES  
Numbers

4. Items for the Nov 12th agenda, besides Danielle?

5. Discuss Meeting Dec 10? DISCUSS location for 2015 meeting

### **Other Updates**

Barbara Ramsey, Director, Division for Intellectual and Developmental Disabilities (DIDD), provided updates on the work of the Division. DIDD is first Division in the newly formed Community Living Office. Jed Ziegenhagen is the newly selected Director of CLO. Barb and Jed have worked together previously. Barbara was with HCPF in prior years, as the Manager for Community Based Long Term Care. During his college years, Jed was a direct care provider and has a passion for people and this work

July 2012, Governor Hickenlooper released an Executive Order charging HCPF to establish a develop a plan for meeting long-term care needs in Colorado. This Executive Order established the new Office of Community Living and charged HCPF to develop the Community Living Advisory Group (CLAG), comprised of stakeholders, to develop the plan.

DIDD's work is lining up of other groups: PDPCC, CLAG and recommendations from these groups in the design of long term care.

Adding CDASS to SLS in July 2015 , waiting since 2009 to do this. Redesign the adult waivers- HCBS DD, SLS, looking ast how to combine the waivers,. Need to be inline with CLAG. Heelp create more flexiblity in the waivers.

Redesigned waiver focused on meeting the needs as they need it. Redesign will enclude person centered direction. Identifies what Person centered means. HCBS new regulations form CMS must meet PC requirements.

Some initiatives for waiver redesign include moving to full self-direction, not just with attendant care, but by obtaining waiver approval so all services will be self-directed; transition support services to assist in the transition from school to work and from home to other living situations. (similar to CCT)

Additional support for employment will include expanding school to work support and adding the discovery process to the waiver, which helps a person match skills and interests to jobs so that work is meaningful.

Redesigned behavioral services will address recommendations of the gap analysis conducted by the JFK Center. The JFK work identifies gaps in services for individuals with co-occurring conditions: I/DD and mental/behavioral health needs. Gaps are identified where individuals needing behavioral services for stabilization or in emergency situations are treated in hospital emergency rooms, picked up by police or otherwise have the behaviors brought under control, but once stabilized, are returned to the community without support. Redesigned behavioral services will assist individuals and their families by providing consistent ongoing support in the community, while adequately meeting emergency needs.

The redesigned waiver will also incorporate the recommendations of the Olmsted Community Living Plan developed by stakeholders. A redesign workgroup is currently working on the waiver application which will be presented to the community for review and input. The plan is to obtain CMS approval for implementation in July of 2016.

- This year - new structure establishing the Office of Community Living
- 2015 – adding CDASS in SLS
- 2016 - implement waiver redesign implement( Olmstead and CLAD recommendations)

Another change underway at DIDD is work towards a person centered culture. Implementation tasks already in place include person centered training. Tim O'Neill, the Executive Director at

DIDD first partnered with Foothills Gateway who started the work for person centered training at the local level about two years ago. DIDD staff, from the receptionist through management, including IT and financial staff, attended training so that everyone understood person centeredness and carried the practice through all levels of work. DIDD management staff participates in an on-going leadership team with the CCB, provider and area leaders. This training is based on Michael Smull's model. Training has been extensive in order to create a culture of person centeredness throughout the state.

DIDD supported LTSS Division and CDPHE staff to receive training and partnered with the LTSS Division who had a contractor evaluate Colorado's person centered culture in the long term care system. Staff now work with leadership teams hosted by CCB's that include local agencies to get a buy in at an executive level in order to change orientation and practices. These teams work to carry out a formal strategic plan- (Envision/Weld County, Foothills Gateway/ Ft. Collins, Colorado Bluesky/ Pueblo, Mountain Valley/ Glenwood- including other western slope CCBs),

Structure of the I/DD system now.

CCB Agency		
Eligibility	Case Management	Services

New federal regulations prohibit the same agency from providing case management and services to the same client. Some history: CCBs started as local groups of people who came together to provide support for families with family members who had developmental disabilities. Eventually, the statute was developed to establish CCBs, which provided an avenue of support using state tax dollars. In the 1980's, the state received a Medicaid waiver for services and case management which allowed the state to match general fund tax dollars with federal dollars, so more services could be delivered. A 2004 federal audit directed the state to allow any qualified provider to deliver services, so CCBs were no longer the only agency to deliver services, a system change completed in 2006. About 96% of program funds are Medicaid program dollars. CMS released new regulations, effective March 17, 2014 that prohibit the same agency from delivering case management and direct services. The next steps will be to consider separating case management and eligibility functions. The ULTC 100.2 assessment is an eligibility function not a case management function. Changes are underway now across all long term service and support programs according to the recommendations of the Community Living Advisory Group, the Colorado Plan for Community Living and the Office of Community Living. CCB designation for an agency is directed in statute. We may need to open the statute to align practice and new federal regulation with state law. The type of financing for these changes will influence what the new models will look like; managed care or fee-for-service. All of these changes are being done with transparency and stakeholder engagement.

**Questions-** denver metro group?? Not sure why growing organically so Division to assist, a group could be created (RMHS, Developmental Pathways, employing *Eden principles*) How will be work to create an articulated plan.

- Will Behavioral Health Organizations and community mental health centers be involved with these groups? *Plan in the works to identify changes within the strategic plan and integrate. Carol shared that cultures are so different, difficult to get services coordinated.*
- Emilie asked about options for families who do not want to use the CCB for service delivery and whether the CCB is required to refer to other qualified providers. Contact Lori Thompson, DIDD Assistant Director for Programs Services for assistance. CCB, as the case management agency is required to assist with the provider chosen by the individual receiving services. Also, call Beverly Hirsekorn, 303-866-6320 for eligibility issues.

- The funding for these new processes sounds expensive. Where will you get the funding?
  - o *Funding is appropriated by the General Assembly using state tax dollars to match with federal dollars through the Medicaid state plan and waivers. Through greater consumer direction in the redesigned waivers, funds are used more effectively. If additional funds are needed, a request is made. Sometime funds are reduced, especially in economic hard times.*
- What will be the CCB structure going forward-
  - o *New federal regulations require distinct separation of service delivery from case management. We don't know how that will look yet.*
- Any relations with ACC?
  - o *Yes, one of the pieces that must be considered is how to align the new federal requirements with the ACC. Services for individuals with I/DD must not be isolated from service to other groups, but be fully integrated. Integrating mental health and behavioral health with medical services will be included as part of the work. Driving to full integration. Needs are met for all populations in similar fashion, no more carve outs.*
- RECOMMEND RCCO, devil in details
- Guin B-Agencies need to get the SEP and CCB information on PARs. Don't miss the importance of making sure agencies are knowledgeable about changes
- Ryan Z-RICO - *The contract is out for public comment. Is that round of stakeholder involvement completed? Candace has been involved as it is out but there is some collaboration*
- Sam-Emilie *Rural versus Metro services are so different. CCB may not acting within regulation regarding choice of providers, but what if there is no choice? (no providers available from which to choose). This puts families at a disadvantage. Address the cultural shift of misinformation and options. How are families finally able to reach a person with accurate information? (Additional comments that the issue is bigger than that. Some folks feel this issue is not just in rural areas).*
- Sarah- *This situation is not always intentional, but rather a cultural practice in some areas. Providers and CCBs are learning to be more collaborative, where previously, providers may have felt left out of the process. Some county departments and groups have open arms, where other areas have collaboration among specific groups that are hard to break into. It's challenging to provide help. There is a need for more access to what is happening in those areas.*
- Babara comment- *These are conversations held in CLAG and recommendations in the report. There is work underway to make these huge culture changes. Local communities and individuals change one person at a time. Know your rights and seek people to provide needed support.*
- Anne McNally – *CCBs try to help. These changes are confusing and we assist families best we can. WE can help each other learn by communication with the staff at CCB, find out what has been communicated and why, rather than go to the state first.*

Barb Ramsey - Some history of CDASS and SLS waiver: In the early 2000's, the Department had an 1115 demonstration grant to provide CDASS. The demonstration grant was for a limited time period. During operation of the 1115 waiver, the General Assembly passed legislation directing the Department to include CDASS in all 1915(c) waivers. During 2006-2007, the 1115 demonstration waiver expired. The Department developed a 1915(i) waiver to the state plan to transition the 1115 demonstration waiver recipients in order to maintain continuity of services while CDASS was included in the 1915(c) waivers. Individuals were co-enrolled in the 1915 (i) and EBD or SLS

waivers. Once CDASS was implemented in the EBD waiver, eligible individuals were transferred from

from the 1915(i) to the EBD waiver. The same process occurred as CDASS was added to the MI and BI waivers, leaving only those co-enrolled in the 1915(i) and the SLS waiver. During 2008, CDASS was added to the SLS waiver, effective July, 2009. However, problems with FMS structure for CDASS in the other waivers caused a delay in implementation and CDASS was removed from the SLS waiver. Issues were resolved in January 2013, and the work to add CDASS back to the SLS waiver under the newly designed FMS process began. 24 of the original 50 people remained co-enrolled in the 1915(i) waiver. These individuals represent the most complex needs. The Division is asking these individuals and their families to let us know what makes the 1915(i)/1915(c) combination work so that we can incorporate their experience into a CDASS model that works for the spectrum of needs represented by individuals enrolled in the SLS waiver.

The combination of access to self-direction through CDASS, plus changes in the family caregiver model, which no longer require that a person be an employee of an agency in order to deliver services, creates greater options for individuals receiving services and their families. Creates an avenue for service delivery in rural areas where agency providers may not be available.

Sam points out that these changes and simplification will be a game changer. Asks if people who are now on EBD have to wait until July 2015 to accept an SLS slot in order to get CDASS? Waiting is a problem. And SIS (Support Levels) can limit services.

Barb responds that people don't lose their place on the SLS waiting list if they don't accept an enrollment now. SLS was appropriated 2040 new enrollments which means a total over 5000 individuals can be enrolled. So, though no one will receive CDASS in SLS until July 2015, an individual who is provided an option to enroll now, is going to be denied enrollment when they decide to accept later, at the time CDASS is available. I understand some folks fear that if they don't take the enrollment immediately, they will not be served when CDASS is made available in the SLS waiver. Families keep their place on the waiting list.

Question: What does it mean to be on waiting list? The Department is developing a Communication Brief responding to this question. The brief will incorporate information from the HB 14-1051 legislation community engagement process. If you want to be on the email list to receive Communication Briefs, let Christy know and she'll forward the names to me.

Eligibility for CDASS for individuals who are enrolled on SLS will be available during the individual's annual planning meeting. If a person is not enrolled in SLS, he or she can move to CDASS when they enroll in SLS. Upper limit for services just changed from \$35,000 a year to \$45,000. Health maintenance will be counted outside of the upper limit and the Support Levels if approved by CMS in the amendment. Changes to the waiver will still need to control for cost. The cost of the waiver cannot exceed the appropriation.

**Next CES works well but with redetermination may not qualify lacks the support services. Let Sheila know to come next Candie Dalton**

**Questions** Emilie asked whether the gap analysis addresses the needs when a youth leaves CES and the addresses the cliff that occurs during transition.

Yes, the gap addresses that concern, but it is not a primary focus of the report. The report makes recommendations about how to deal with lack of access for everyone. The waiver redesign will include changes to address some of these needs.

## **OTHER MEETINGS:**

**Waiver Redesign** Workgroup meets 4th Monday of month in 9-12 AM, 303 East 17th Ave, 7th floor

**Meeting Dates for 2014:**

10-12 on the 2nd Wednesday of each month.

**C1D - Room located in Building C,**  
November 12 - C1D, December 10 - C1D