



MINUTES
Colorado Choice Transitions Advisory Council

303 E. 17th Avenue, 7th Floor
 Conference Room 7D
 Denver, CO 80203

October 29, 2015
 1:00 – 4:00 p.m.

Present:

Sam Murillo, HCPF	Nora Brahe, HCPF
Anaya Robinson, ILC and TCA	Ashley Sandoval, SEP
Jose Torres, CCDC	Dawn Russell, ADAPT (By Phone)
Ed Milewski, HCBS Consumer	Tracy Martinez, Provider (By Phone)
Marijo Rymer – Arc of Colorado	
Kelsey Meredith, Legal Center	
Chris Roe, DOH	

1. WELCOME AND INTRODUCTIONS

2. APPROVAL OF JULY 2015 MINUTES

- a. Sent out 2 weeks ago.
- b. Jose motions to approve the minutes.
- c. APPROVED, none against.

3. COMMUNICATION PROCESS UPDATE

- a. Sam provided summary of issues log template that was approved at the last meeting. Sam has not been able to proceed with efforts to streamline and increase efficiency of the issues log. Ed Milewski raised issue of ensuring that pain medication regime is uninterrupted during the transition from institutional care to independent based living arrangement.

4. ISSUES LOG

- a. Template for a snapshot of what we are doing with projects related to the program.
 - i. Nothing has been done with the template yet.
 - ii. Ed: Someone who recently transitioned found it difficult to get pain medications once they were out, we need to find the doctor for those before we get out.



1. Sam addressed concern restating the concern of clients who are transitioning need to address all concerns before transitioning out into the community.
2. This will be housed in the issue log.

5. MDS SECTION Q DATA

- a. Long standing issue.
- b. We have received the data from our contractor.
 - i. They are in shared pool hours, which means they will get done when our contractors have leftover time to work on them.
 1. The process is being looked into to be done in house however is currently not.
 - ii. Organized reports by ADRC Region.
 1. ADRCs will receive the list and go visit the people.
- c. Concerns about Nursing Facilities Asking Section Q Questions
 - i. Can skip the Quarterly meeting but must be asked at the admission, quarterly, and when anything changes.
 - ii. Must include the resident.
 - iii. The state will now be getting the data to monitor the facilities and individuals being asked the appropriate questions.
 - iv. Options Counselors are the first step to the Transitions process. This list is just to inform options counselor that someone said yes but that no referral was made.
 1. This is a way for us to look for patterns. For example, NFs that don't ever have a Yes answer, probably isn't offering the services or trained properly. We will be comparing the referral list to the MDS data to see if NFs have a pattern with Options Counseling.
 - v. We currently have a 10 day timeframe and 93 facilities. Will this change that?
 1. We want to give the NFs the chance to refer them first.
 2. Hoping the list is small because they have already gotten referrals.
 3. We don't want to create any more capacity issues.
 4. Nora's response: we will be sure to work closely with DRCOG and other options counseling agencies to make this work.



6. CCT TEAM UPDATE

- a. The team now consists of Nora and Sam.
- b. Please be flexible and patient.
- c. Looking at the hiring process and scope.
- d. Nora will not be having CTS meetings as often and traveling as often. But she is still available through email or phone for specific issues.

7. CMS CHARTER APPROVED

- a. Submitted April 30, 2015
- b. Stakeholder engagement wording needed to be adjusted.

8. REBALANCING ISSUES

- a. Working with Budget on what this will look like when we are ready to deploy and use some of those funds.
- b. Flexible in what state's needs turn out to be.
- c. Home Modification challenges present transition barriers.
 - i. Options for use of CCT Rebalancing Funds to pay for home modification prior to discharge is being researched. HCPF budget is being consult regarding financial feasibility and procedures.
 - ii. Use of the funds to pay rent while home mod is being completed was discussed. The issue is we have to lease the home before the modification and someone has to pay the rent while it is taking place. This is a barrier.

9. DME ISSUES

- a. DME issues, including provider and equipment availability, dual enrollment benefits and coordination, were discussed. RCCO care coordinators will be added to transition options teams will assist with dual enrollment benefits. Some TCAs have loaner equipment that can be used to expedite transitions. Close collaboration with SNFs regarding necessary DME is essential.

10. SEP REPRESENTATION

- a. Ashley Sandoval is leaving Colorado Access. She thanked everyone for the council and all the work.
 - i. Need a SEP representative
 - ii. Council membership discussed. Council voted to provide the opportunity for representatives from TCAs and CILs across the state to become members of the council. One TCA and one CIL representative is needed.



11. PROVIDER COORDINATION

- a. Would like a systemic conversation. Are things working like we would like them to?
 - i. Ed: When the county is asking for information: the Why question needs to happen. The county is asking for these things but should also provide why they are needing that information.
- b. TCs and ICMs when accepting referrals: Need to monitor and ensure that they are not forgetting their roles and guidelines.
 - i. Nora is getting a monthly report and will document the referral date in order to properly monitor.
 - ii. Attempting to tighten up.

12. MEETING DISMISSED

