



Conflict Free Case Management Updates and Case Management Redesign Webinar Transcript June 12, 2018

Good morning everyone. Thank you for joining us this morning. I would like to start with asking everybody on the phone to mute your phone lines. We have not muted you all, but we are sharing feedback and noise for those of you calling them. If we hear it, we will automatically mute you.

Hopefully, you are here for the management updates and case management redesign. PowerPoint we are going over today are available on the department's website. With me from the department is a Heather Fladmark the specialist, and with that we will get started.

There are plenty of opportunities for questions and feedback today, so it is easier if you put your questions in the chat so that we can have those recorded. But you also are able to unmute yourselves and talk as well.

Today's agenda is to provide you all the conflict free case management updates regarding community centered boards and single entry point agencies and provide an overview of case management in Colorado currently. Also the future of case management any discussion of redesign and next steps and questions and feedback you have about everything you heard today.

The mission of the Department of Health Care Policy and Financing is to improve health care access and outcomes for the people we serve while demonstrating stewardship of financial resources. Case management is a key part of achieving this mission.

To achieve the mission, the department through the work of the office of community living, aims to streamline access to long-term services and support and improve service coordination and increase service options and quality. This work aligns with the departments overall scope and outlines the performance plan, which is to improve health for low income and vulnerable people of Colorado and enhance the quality of life and community experience of individuals and families and reduce the cost of healthcare in Colorado.

I am making sure we can see the chat for any questions that do come up while we are talking.

This next slide organizes the initiatives, to achieve the vision and outcomes, the department in collaboration with community partners has initiated several multi-year initiatives to transform the delivery of long-term services and support in Colorado in order to be responsive to the needs of people regardless of where that person falls in the age or ability continuum. The slide here organizes those initiatives in the overarching goal and access and coordination and increasing service options and quality. The green bars you can see on the slide, show interdependencies between initiatives, so decisions made about one initiative and green affect the other initiatives in green. For example, if you are looking at the new functional assessment tool under streamlining access to services, that impacts people in the support planning process under improving service coordination and it also then has impacts under person centered budgets under increasing service options and quality. Again, those green bars show the initiatives and interdependencies between those. It also identifies the initiatives the department is undertaking to make sure high-quality administration of the program under operational excellence initiatives, and you can see under the operational excellence initiatives conflict free case management is one of those we are working on to achieve that. We are here to talk about case management redesign and updates, but I wanted to show you at a high level how that work fits in with the department's overall vision and work to redesign those supports in Colorado.

So conflict free case management updates. For those who may or may not know, House Bill 17-1343 passed in 2017 which was legislation specific to the separation of case management from direct services as it relates to case management and services provided for the community center boards and agencies serving individuals

with intellectual or developmental disabilities and the three IDD waivers. What the statute did was add the definition of conflict free case management that aligns with the federal regulations, so it says pursuant to the regulatory citation, services provided to a person with an intellectual and developmental disability enrolled in a home and community-based services waiver that are provided by case management agencies that is not the same agency that provides services and supports to that person. Service agencies and case management agencies are responsible for ensuring persons who are employed by the agency meet the requirements of this.

That was a new definition added and another was eligible for home and community-based services. This definition was added to differentiate from people with intellectual or developmental disabilities who are not eligible for home and community-based services or HCBS waiver. There other services and programs provided to the community center boards that serve people with IDD so this was added to differentiate between those individuals and those enrolled or eligible for a TBS and the definition for interdisciplinary also changed last year to align with the person centered planning rules from the federal centers for Medicaid services. It now means a group of people convened by designated community centered board or case management agency that includes the person receiving services, the parent or guardian of a minor, a guardian or authorized representative as appropriate, and others chosen by the person receiving services who are assembled to work in a cooperative manner develop or review the individualized plan. The person-centered planning rules that says for a Nina the plan is developed by the case manager and the individual and obviously any legal guardians as necessary. And then whoever else that person chooses to be there. This definition changed to align with that. Additional highlights from this require the department to notify communities by July 1 of their options for complying with concept free case management. Those are case management only, provide services only, to continue providing both case management and direct services but not to the same individual, or to discontinue providing both case management and services.

Community center boards were notified of these options in a letter dated June 9 of 2017 and additionally House Bill 17-1343 allows for community center boards for comprised mainly of rural or frontier counties to ask the department to get a federal exception from the federal government and those requests have to be received by the department by July 1 of 2017. And additionally House Bill 17-1343 requires community centered boards to do a business continuity plan by July 1 of 2018 and then all individuals receiving HCBS and one of the three waivers must be enrolled in a conflict free system by 2022.

This next slide shows a different timeline of those events I just talked about and again in June 2017, the department issued the four options for compliance to the community center board and the information the department would need in order to determine if the exception to the federal role would be [Indiscernible] from the federal government. That was sent June [Indiscernible] from the federal government. That was sent June 2017 and by July 1 of 2017 the department had received 10 requests from 10 Community Ctr. boards to seek an exception for that rural piece and the third and fourth quarters of calendar year 2017, the department reviewed the request for rule exceptions and in the first quarter of 2018, calendar year, department notified those 10 CCB is that the department would seek a rule exception for those areas. The waiver has been amended and those were out for public comment from the end of April to the end of May and have now been submitted to CMS for review and approval.

The business continuity plans, on December 29 of 2017, department issued the requirements or guidelines for the business continuity plan to all 20 community centered boards and in the first quarter of calendar year 2018, the department hosted a webinar to review the requirements and answer any questions. In April 2018, department hosted another webinar to go over frequently asked questions regarding the business continuity plan and answer any questions that came up. Again, those are due to the department by July 1 of 2018. So approximately three weeks out.

Updates regarding single entry point agencies and conflict free management, House Bill 18-1288 was a department run bill this last legislation and there were several goals of this bill and one of those, in order to do the efforts to implement community living and advisory group recommendations to create compliments of access points for all long-term services and supports which also calls for choice and case management agency

in this bill was separating eligibility and case management within a single entry point agency as House Bill 17-1343 did with community centered boards and this was a recommendation from the eligibility subcommittee of the community living advisory group to create these access points to assess level of needs and provide actions counseling to individuals and then provide a system to choose case management agencies. Additionally, recommendations were [Indiscernible] able to access long-term services and supports through a common entry point. Another goal of House Bill 18-1288 was to help move Colorado for the long-standing goal of conflict free case management and into compliance with federal regulations that prohibit a provider from providing case management services and direct services to the same individual. Additionally, the goal of this bill was to align the processes across all of the waivers and the desire has long been expressed by the department by many stakeholders. House Bill 18-1288 did not pass the Senate committee, and therefore did not become legislation. There are four single entry points and conflict providing both case management and direct services to the same individuals. Those that are considered rule -- world or frontier have been given the opportunity to request a rule exception from the centers for Medicare and Medicaid services and those four single entry points have been asked to provide business continuity plans for the department by July 1 of 2018. The department will review and follow the process for community centered boards that was outlined in House Bill 17-1343 with these four single entry point agencies.

I will ask there any questions about the conflict free case management updates? You will have time later but I wanted to offer that opportunity now as well.

Overview of case management in Colorado. This slide shows the current case management structure in Colorado. There are 20 community centered boards that are all private or nonprofit agencies providing case management services to individuals with intellectual and of elemental -- developmental disabilities and there are 24 single entry points and 21 of those are county based and three are private which means they go up for bid every five years and there are also three waiver case management agencies and these agencies provide case management for the children's waiver only. And these agencies are nonprofit organizations and again that only provide case management for the children's waiver and these entities must be certified Colorado Medicaid provider and they must have qualifications described in that waiver and a bachelor's degree in the human behavioral sciences world like nursing or social worker psychology and demonstrated competency in client interviewing and population knowledge and developing a care plan.

This next slide shows a map of the 20 community centered boards in Colorado currently. This is along with their [Indiscernible] areas and this PowerPoint you can download from the website so if you want to have a copy, you can have that and look at it and -- in your free time. It provides access to waivers with individuals with intellectual and developmental disabilities and these exclusively function from an eligibility for services and provide management also known as TCM and also provider subcontract services and support for individuals enrolled in one of the three IDD waivers. These serve as a one-stop shop for individuals with IDD in Colorado and have developed strong relationships with individuals and their families and service providers and local employers and other community resources. The 20 CCB throughout the states are the only entities in Colorado that currently provide targeted case management for Colorado's three IDD waivers, person with his abilities and living services and children's extensive support waiver.

Case managers employed by CCB's are required to have a bachelor's degree in education, five years of experience in the field of developmental disabilities or an appropriate combination of educational experiences to serve the needs of individuals with IDD's.

This next slide shows the map of the 24 single entry point agencies in Colorado. A single entry point is a single access or entry point agency within a local area where individuals can obtain information on and be screened for eligibility for HCBS waivers and other long-term services and support. These agencies make referrals to appropriate programs and complete level of care eligibility determination for medicated funds and support and provide case management individuals and non-IDD and HCBS waivers. A single entry point maybe a private or nonprofit organization or a county or multicounty agency. Of the 24 single entry points overseen by the

department, three are non-county operated by non-government private organizations and the other 21 as mentioned are county based and multicounty based, many of them.

Case managers employed by single entry points must have a bachelor's degree in one of the human behavioral sciences field. Single entry points can get case management for the elderly and blind and disabled and community and mental health supports and children's HCBS and illnesses in brain injury and spinal cord injury waiver. Additionally, they provide level of care determination for skilled nursing facilities and for the program of all-inclusive care for the elderly or pace. Expect the federal government, CMS, allows for case managers to be reimbursed in three different ways. Colorado's programs have developed organically over time to meet the needs of the target populations, which has resulted in approaches to waiver structure, administration, and payment for case management. CMS allows for case management reimbursement as administrative function, as targeted case management, estate plan benefit, and as a waiver service. Because of the way in which Colorado and their program has developed, these waivers provide case management as an administrative function and three as targeted case management and one as a waiver service. So Colorado uses all three methods of reimbursement currently. Which, as you can see on this slide, depending under what waiver a person receives services, that person will have a very different case management experience than someone else. This slide organizes the waivers and shows you the way in which the waivers -- case management is reimbursed and the agencies providing case management that waiver. The children's waiver is the only one where they have all three case management agencies providing in Colorado. Not all single entry points or community centered boards provide case management that they can if they enroll in a Medicaid provider for that waiver and meet the qualifications. Again you can see the other waivers that are provided as an administrative function as a single entry point and as targeted case management by the community centered board and the children with autism waiver which and June 30 is currently provided by the community centered boards as an administrative function. So at this point many community centered boards are the only agencies providing case management for all three types of reimbursement. Case management redesign in Colorado. That is where we are headed.

In the future, the goal is for individuals to have a clear path from learning about long-term services and support options to setting up Medicaid funded services are other ways of getting those services. As mentioned, House Bill 18-1288 included the ability for individuals and non-IDD waivers to have choice in their agency after eligibility determination. With the bill not passing, department continues to explore this option as a goal of choice aligns with community living advisory group recommendations. This mountain you're looking at shows steps one and two and ideally it would be performed by the same entity where an individual will learn about all of the potential options for long-term services and support, not just those funded by Medicaid. Once a person determines that they want to go down the Medicaid route they will be assessed a level of care eligibility and that agency will coordinate with the Cos. for financial eligibility. Once determined eligible, there will be opportunities for that individual to choose his or her case management agency. Once the case management agency is chosen, the individual will assess needs and develop a support plan and set up and start receiving those services. This is what the future we hope to have looks like.

Why should we redesign case management in Colorado? We are talking about redesigning but why? Number one, let's provide a more person-centered case management system for individuals. Person and family centered management requires matching the appropriate level and type and timing of services and support to the need of individuals and families. Good case management can produce a number of positive outcomes including decreased emergency room visits, reduction in hospital stays, community integration, stability and families, and reduced costs. Additionally, the department is seeking to align case management waivers and I know I said that a few times and at this point we have so many processes happening for individuals in the three waivers versus individuals in the non-IDD waivers and having choice. The community living advisory group identifies that it is difficult currently for individuals and families to navigate the system for long-term service and support. Redesigning will provide the same type of case management to all individuals enrolled in these as well as the same process for accessing and receiving long-term services and support. This provides increased ability to assist individuals in navigating the systems that include Medicaid and other public assistance programs and medical systems and the others that you are familiar with and the work you do.

Another reason to redesign is to look at tailoring case management to individual needs and preferences. Tailoring case management allows individuals to have as much choice as possible and potentially receive the level of case management that is tailored to the individuals need and preferences and also having community and case manager ratios low enough to support a responsive person-centered system.

Another reason to redesign is to offer choice. I think you are familiar with the current system based off of your disability and age and the waiver in which you want to receive services. You have to go to a certain agency to receive eligibility determination and your case management. You don't have choice. Those agencies are structured and if you live in that area, that is your agency. House Bill 17-1343 from last year directs the department to develop a third-party entity to assist an individual with IDD in choosing his or her case management agency. Again, that bill was specific to individuals with IDD and you saw the future of case management and the department is working to make sure how do we offer choice all individuals. Another reason to redesign is to increase the quality of case management. If we can restructure and redesign this it helps them in the processes and the requirements for case management and qualifications and we are looking to increase the quality of case management through that work.

I will ask on the phone please meet yourselves. I am not sure. We are getting some background noise. Thank you.

To get to the future safely, department is redesigning case management in Colorado and one of those first steps is to look at the case management agency and case management qualifications. This work originally stems from House Bill 17-1343, which made this a requirement. And that bill requires the department or that statute to develop case management agency and case manager allocations. The department is looking to align these qualifications across all agency waivers and not just those serving individuals with intellectual and developmental disabilities. The process for these developing qualifications has been extensive and the department contracted with a vendor who conducted research in Colorado to see what is currently in place and across the country and other states and other waivers what are those qualifications looking like and how are other dates structured and what do they require other agencies in the case managers and based off of that work the contractor provided recommendations for the department and the department took that out to all the stakeholders in November 2017 to say this is the work the contractor did in these are the recommendations and what are your thoughts and what is your feedback? What you like and not like and what is missing? The contractor took all of that feedback and provided final proposed recommendations for the department and the department reviewed those and made additional edits based off of feedback we are ready heard at the stakeholder meetings as well and send those out in February 2018 for a two-week informal public comment period and said here is what we are thinking should be the final qualifications and give us more feedback on this. We got that feedback, so thank you to any of you on the call that provided that because we appreciate your taking the time to do that. The department reviewed it and revise the qualifications again. And here today, we are here to give you those proposed qualifications and get some feedback to work on making these final and make the rulemaking process.

Qualifications for a case management agency. Case management agencies must provide services in accordance with state business operating hours and days. Agencies must have a physical location in Colorado and meet all required case management activities for the areas in which the agency serves. So this was a change from what was originally proposed. I don't have the previous language, but it was much more loose and general and it didn't require a physical location in Colorado. We got lots of feedback from various people about that, so this requirement was added or changed I should say. Agencies must be a public or private and not-for-profit and meet applicable state and federal requirements and that you can read and look at those pieces. In the agency must demonstrate proof they have staff and meet the case manager qualifications and they must meet the staffing pattern that is indicated within regulation. Agencies must provide case management individuals that select that agency as long as that individual resides in the county or counties in which the agency elected to provide case management. So if the agency says they want to serve the entire state of Colorado, and somebody in La Junta says they want that agency and not physical location is Denver, have to provide that service to that individual there and meet the required activities. If an agency says they

are only serving Bent County and somebody in Denver County select some, that agency doesn't have to provide case management. Agencies must possess the administrative capacity to deliver services in accordance with state and federal requirements. They must have established community referral systems, demonstrate linkages and referrals with other agencies and they must document and maintain individual case records in accordance with state and federal requirements. Agency must demonstrate the ability to meet all requirements governing the participation to providers and state Medicaid programs and they must have one month reserved financial capacity to maintain operations. This was a change from previous allocation proposals and previously the said three months and a lot of feedback said that this could be prohibitive to new agencies entering the market. So it was changed to one month.

The agency must possess appropriate financial management capacity and systems -- I will make one more ask to please mute yourself. I understand that you have other work you need to do and I appreciate that, but it is distracting when it interrupts our webinar. If we hear anywhere background noise, we will automatically mute everyone. Please mute yourself so we don't have to do that.

And agency must demonstrate ongoing financial sustainability reserves that match one month of expenditures that are associated to the number of individuals expected through that catchment area and provide stability for case managers and individuals in providers and agencies must submit a financial statement to the department for review annually. Agencies must establish and maintain working relationships with community-based resources and organizations, hospitals, service providers, and other organizations. They must have a system for recruiting, hiring, evaluating, and terminating employees. And the agency's employment policies and practices have to comply with all federal and state laws. This is a change from the previous ones as well and we are much more prescriptive and specific there but we had a lot of feedback to make it more broad that it is applied by all state and federal employment laws.

Additional qualifications for an agency, they shall maintain current written job descriptions propositions, maintain adequate liability insurance and maintain a website with a minimum of contact information, hours of operation, resources, program options, and services provided.

Qualifications for a case manager. Case managers -- all must be employed by an approved case management agency. The educational experience. This was changed from what was previously proposed a staff of feedback from across the state. A case manager must have a bachelor's degree in a human behavioral science or related field of study or if they don't, they may qualify if they have experience working with long-term services that supports populations and a private or public agency and that work experience is on a year for your basis and this is for the education and if an agency wants to use a combination of experience and education for a case manager to qualify, the education must have a strong emphasis in the human behavioral science field and in these cases when that individual does not have that degree requirement, the agency can request a waiver from the department to ask for approval to hire that case manager.

Additional qualifications, case management supervisors must meet the same minimum standards that the case manager does and demonstrate competency in pertinent knowledge and skills. I have we have this more prescriptive when we first proposed these and made this more general and up to the agency to determine if those individuals who had case management experience can demonstrate that competency should be a supervisor. Also they may not be related by blood or marriage to the individual receiving services, or be related by blood or marriage to any paid caregiver of the individual receiving services, or may not be financially responsible for the individual receiving services, and may not be the individuals legal guardian, authorized representative, or be empowered to make the decisions on the individuals behalf through a power of attorney, and they may not be a provider for the individual receiving services or have an interest in or are employed by a provider for the same individual.

Case managers must complete the following within six months of their hire date. Completion of department approved case management training and that would include such things as service plan development and monitoring. Additionally, they must receive training specific to the populations served and must demonstrate competency and all of the following areas. Application of a person-centered approach to planning and practice,

knowledge of and experience working with populations served by the agency, interviewing and assessment skills, knowledge of the policies and procedures regarding public assistance programs including Medicaid. They must have the ability to develop support plans and service agreements. They must have knowledge of long-term supports and services and other community resources, and must have competency in negotiation, conflict resolution, intervention, cultural and linguistic training and interpersonal communication skills. And they also have to complete the approved case manager certification. That has not yet been determined but it is exploring what programs are already out there. And also what would be the best way to have that happen in Colorado.

Additional qualifications for a case manager our background checks. All staff must have the following minimal background checks and screenings. A criminal check, child abuse and neglect central registry checks, Medicaid exclusion list, the sex offender registry, and the Adult Protective Services data system check. These must be repeated every three years and proof of these must be maintained and made available for audits.

Okay. The redesign. Looking at reimbursement. Again, we are redesigning case management. As I mentioned, several slides ago, CMS allows for case management to reimburse in three different ways. As an administrative function, targeted case management, estate plan, and as a waiver service. Colorado has all three of those currently. There are advantages and disadvantages to each of those models as well. The advantages of an administrative function which is three contract, allows for the funding directly to the budget appropriation. So the department gets \$20 million for case management as an administrative function and we know where that is going to be spent and assess ability for the department to make policy and staffing changes as well. It is common use across the country when case management is provided by department or state staff but not so much through outside private entities or other based entities but through the department and staff themselves. Disadvantages are that case management agencies are most vulnerable to state budget cuts. We have limited utilization data available. So I can look into a case management system now and know that somebody on the elderly and blind and disabled waiver is receiving case management that not how much. There is no amount of time tied to the documentation. There is limited assurance that fund -- funds are used for those purposes. Advantages for targeted case management is more accurate tracking of utilization and expenditures, and they not only have the document case management activities but associate an amount of time with those activities so I can pull information on John Smith for a year to see how much case management was provided and how many hours of time to the received for case management. If agencies are less vulnerable to budget fluctuation, the department can customize rates for each waiver population. Case management may be available to waiver and nonwaiver individuals and targeted case management allows for the provision of transition case management from an institution up to 180 days prior to discharge. You can also pay for level of care eligibility termination as targeted case management. Some disadvantages are less control over expenditures from the department. And this is an administrative burden on agencies to bill for services and track the time.

Advantages for waiver service case management are similar to that of targeted. More accurate tracking of expenditures and utilization, agencies are less vulnerable to budget fluctuations and you can customize rates. This does limit the provision of case management for those individuals enrolled in the Weaver. This provides potential eligibility pathways for some other options that the department is exploring to receive that long-term service and support. Disadvantages like targeted are there are no control over the expenditures, they have a burden to track and bill for their time and other activities such as no wrong door which includes choice counseling and intake and eligibility determination can't be paid as a waiver service. You have to actually be enrolled. Based off of this information, and the work the department does, department is exploring targeted case management as the best option for the following reasons. They feel it is more person centered and provides choice among providers and we can look at having higher-quality case management and their is increased oversight so we can look at utilization and expenditures and it allows for changes to targeted case management without having to do those waivers and it receives a higher match from the federal government. Targeted receives what is called the federal match annual percentage versus the federal financial participation. The federal financial participation or FFP we receive 50% match so for every dollar the department Spencer Medicaid we are getting \$.50 from the federal government and the federal match annual percentage or F map

can be higher when the budget on federal levels is good and could receive a higher match so that allows -- sometimes it is 51 or 52% match so instead of \$.50 of state we must do more -- could do more. So there is that. The targeted case management as an option is in line with the department performance plan and allows the department a better offer choice for administrative and it is too restrictive and it doesn't allow for the level of case management that we believe is necessary for individuals involved in a HCBS waiver.

The next steps. I want to say that the department will make sure we keep everybody informed through the normal communication channels, so you got notification of this meeting somehow and hopefully that is on that email list and we will continue to engage stakeholders in all the initiatives in the future so continue to stay tuned for lack of a better word. But what happens next?

The department needs to amend the regulations for case management agency and case manager qualifications to include stakeholder input received through these meetings. That is not the easy process that some people think it is. Because we are looking at aligning across all waivers, there are about five sections of the regulation we have to open up to create a new section for case management agency and case manager and move things. It is a very lengthy process but Heather has been working on it for several months. This is not easy and it takes a lot of time to be thorough and make sure nothing gets missed. But we want to get these qualifications finalized after -- I think today is the last day of the meetings. So our goal is to present these to the medical services board in September of this year. This means we have to have some final pieces done about one month from now. That is what we are aiming for. That is one piece. The department will receive the business continuity plan from the community center boards and review our process after July 1 of 2018 pack.

The department also needs to develop a process for the third-party entity for help with choice of case management agency and we want you involved and your support and feedback on that and what is it look like and how do we implement that and look for that to start in this upcoming fiscal year. We also need to determine the best method for case management reimbursement. Is it targeted case management? That is based off of the research and our work with all of this and that is what we feel that we have to make that final determination and it may not end up being that but we are exploring that and part of that is looking at case management agencies that may be on this call and I am not sure that we have any. We have somebody from our rates division who is going out to shatter some case managers across the state in a single entry point and CCB's to look at the work they do to how much time are they spending so that shadowing is underway and there will be a survey coming out and I was hoping we would have it out yesterday but I am hoping within the next week or so and that will be for case management to look at, what is there case like and how much time do they provide case management for individuals. So if they are a case management agency on the call, please share that with your managers and have them complete that.

In this upcoming year the department will also be conducting a community impact survey. What is the impact of transitioning to conflict free case management within your communities? For some, is there a loss of providers because of the organized healthcare delivery system, and again that survey will be coming out after the beginning of the fiscal year, and the department with our contractor will come around probably in November but no dates have been set. To review the results of that survey with everybody and get any additional thoughts or feedback based off of those results or anything that may have been missed from that, that will be coming as well. There will also be communications coming out starting this month so be on the lookout for kind of a case management newsletter and redesign newsletter which will talk about conflict free case management and reimbursement so be on the lookout for that. As I said, continued partnership with all of you for those who participated in person or on the phone or in other ways. We want that. This is a lot of work and we want your feedback and we want this process and the shift in this redesign for the people who are receiving services in the agencies providing those services, whether it is director case management and families and to everyone. We will continue to partner with all of you as well.

With that, what questions do you have about what you heard or what feedback do you have about this. Do you love this or did you think about this or concerns. We have a lot of time for that peace and what we want

to get from all of you. I would say if you can type it is the easiest way but you do have the ability to unmute yourselves and ask your questions or concerns that way or your feedback as well.

I see a few people typing in the chat.

Why has the case management qualification to prohibit being related by blood or marriage to a caregiver added? I don't remember if that was already part of our original but that is something the federal government has implemented in other programs that provide long-term services and support. There is an inherent conflict of the case manager is also the one who is responsible for that person, whether it is blood or marriage or the inherent conflict is there or there is not an unbiased third party overseeing the health and safety and satisfaction of those services for the individual. So to eliminate as much conflict as possible in the system.

Where can we email feedback on the case management qualifications? We will have at the end of this a slide that has our contact information so you will have that. Heather is the best one to send it to because she is the one compiling it but you will have both of our email addresses.

How can that possibly be tracked and monitored if you are prohibiting by blood or marriage?

That is a good question, Leslie and we want to look at some of the other states that have some of these programs in the federal government where they have implemented this to see how they are tracking and monitoring. I guess there is also a piece of me that hope people are honest and ethical, I think is the way I would word that, but I think that is something we would want to look at some other states to see what they have done to implement those requirements.

Should not say to the same person as with the CM? I don't know if I understand. Can you clarify that, Leslie? I will send you a follow-up -- okay. Thank you.

What other questions or thoughts or feedback? Again this not your only opportunity. We are really trying to finalize those qualifications, but once we start the formal medical services work process, those rules get sent out again for public comment and the readings that medical services board allows for federal comment so there are a lot of other opportunities, but we would really like to be able to get these as final as possible so we can present those and get those moving along. I know a lot of people are anxious for these. This is not your only opportunity.

Other questions or concerns or feedback? We do have the time. We did schedule the time for it.

I don't see anybody typing. Well, I will move the slide forward. There is our contact information. I know you were asking about that. Heather is the best person because she is the one compiling it and taking notes at the in-person meetings. I do see Kidron typing. We will wait for that to come in.

If an individual or guardian is not satisfied with CM services with the CMA that they choose, what is the process for them to choose a new CMA? Great question and part of what needs to be developed with that third-party entity. I have gotten a lot of feedback already on what that looks like. Some people have said there should be open enrollment and some people say it should be whenever I want to change, we want to develop that process with all of you as we get there so that is something we are starting in this next fiscal year is what that looks like. So if you have thoughts or feedback on that prior to copy shoot that to Heather and she will track those. But that is what we need to figure out how what does that look. There are concerns of somebody wants to change agencies on a daily basis and they will actually never get case management services and there are some of those concerns, but we also want to make sure that people do have choice. Any thoughts you have about that, please shoot those to Heather. We wanted to be person centered but I can imagine there individuals that wanted to change. So what is that look like? Great question. When we get to that piece, we start to develop that, please continue to come to these meetings and participate and reach out. And I am asking all of you on this call to reach out to individuals and families to have them participate on what that should look like. How do we do that in Colorado.

Other thoughts or feedback or concerns or questions? Any plan to change the monitoring requirement? I don't know if you're talking about the frequency in which that occurs? No discussions have been made to change the frequency. Those are waiver specific so we have to look at each waiver and then amend the waiver in those cases. But I think we are looking at clarifying monitoring requirements so what case managers are required to do in terms of monitoring, I know that has been a tricky subject for many case managers. So also whether they are receiving services and versus other ways -- no discussions have occurred about changing those pieces but more clarifying on what does that monitoring entail what are the responsibilities in terms of those four components of targeted case management, that assessment service plan and referral and monitoring. I think more clarification about what that is versus the way in which monitoring is occurring. But that does not mean it is never open for discussion or for potential for changes. It is not a part of the conversation right now.

Any other questions. I won't hold you here for another hour and a half but there is our contact information for after you are done today and you think oh my gosh why did not I ask this or that. Please send that because we want it. For those following this process, especially with the qualifications for agency and case manager, changes have been made based on the feedback we did receive. So we do want and use your feedback and we can't always depending on what some cases are but we do want it and we have made many decisions and changes based off of that. So not hearing anything on the phone and not seen anybody typing, you all have an hour and a half of your day back. Thank you for taking the time to spend it with us this morning. We know it is difficult, but we do appreciate your involvement and listening and participating. Again, there is our feedback and this PowerPoint is on the department's website that you can download and have your own copy if you would like. With that, we will go ahead and end it and say thank you again and I hope you all have a great day. I am sure I will see or speak with many of you soon.

Thank you.