10/8/2018

Medical Services Board (MSB)
Department of Health Care Policy and Financing
303 E. 17th Ave.
Denver, Colorado

Targeted Case Management Transition Services State Plan Amendment
Public Comment

The Center for Independence (CFI) is an Independent Living Center in Grand Junction serving the western slope communities of Grand Junction, Montrose, Glenwood Springs and the surrounding counties. We are a Transition Coordination Agency that will be impacted by the potential changes under the TCM-TS HCBS regulations. We have delivered 3 transitions last year and 2 this year. This has given us some experience and insight in the best methods to rally resources and contacts to effect a complete relocation. Conceptually, I can understand and support the consumer centered intent of these regulations and the conflict free case management that recognizes the importance of separating monetary considerations from the best outcomes for consumers. Nevertheless, the recommended changes that will take effect after January 1, 2019 will have a negative effect on the promptness, delivery, and consistently of transition services for consumers waiting in nursing homes.

- In separating the concurrent activities into three or more agencies, the service has more separated not seamless issues. Any delay or diminishment of the ability of any partner will delay the process. Currently CFI provides all of the services: Transition Services (TCM-TS), Independent Living Skills Training (T-ILST), and Transition Setup Coordination (TSC) as one complete set of wrap around services. We have staff expertise that does housing location for the voucher, we have IL specialists who teach activities of independent living, we have a truck and maintenance staff to make moving day coordinate with all of the TA activities, and we can compile and store household goods for ready use.

- The cost of this service will rise as the transition setup coordination agency as a single entity will need to outlay all of the set-up apartment rent, household goods, and stocking costs. Nonprofits such as CFI can leverage donations and community supports that make efficient use of the household start up dollars. We spend less than $1500 for basic

startup. Unfortunately, we were part of the demonstration pilot that has yet to be reimbursed for our efforts. This produced the need for us to lower our out-of-pocket costs and be creative with donations. Acknowledgement of this issue and the desire to correct it, gives me hope that we will eventually be paid.

- Rural Colorado does not have multiple replicating agencies to fill all these roles which will limit consumer choice.

- Even if we could entertain becoming a Home Care Agency Class A or B licensed agency, the licensing and administrative costs are prohibitive. A steep initial cost and cost over time are not going to be covered by the limited number of rural transitions in a year.

I am not well educated in the regulatory framework that has produced these program designs. I am submitting this testimony in hopes that the rural western slope perspective can be incorporated in the MSB decisions.

Respectfully,

Linda V. Taylor

Linda Taylor
Executive Director
Center for Independence
Grand Junction, CO 81501
ltaylor@cfigj.org
P 970-241-0315 Ext. 11
F 970-245-3341

October 12, 2018

Members of the Board:

My name is Candie Burnham, Executive Director of Atlantis Community. Atlantis Community is a Center for Independent Living in the Denver metro area that began transitioning people out of nursing homes 44 years ago. I'm here representing the Atlantis community and other Centers for Independent Living knows as CILs in Colorado.

CILs are certified by the federal Administration for Community Living (ACL) and the Colorado Department of Labor and Employment (CDLE) to provide five core services to people with disabilities, including transitions, independent living skills training, and peer mentorship. CILs are consumer-led and cross-disability organizations that operate with a deeply held philosophy that people with disabilities have the right to live in the community without unnecessary processes that prolong access to or prohibit that right. It is this philosophy that led ADAPT and CILs across the nation to work with federal legislators to pass Money Follows the Person (the federal demonstration project which currently funds Colorado Choice Transitions). The changes the Department of Health Care Policy and Financing propose will remove CILs as a provider for the very services we helped create. More importantly, the proposed rules will hurt consumer who have benefited from the unique transition style that CILs provide. We believe that the proposed model is unsustainable and that in short order there will be few agencies providing transition services.

The rule proposed by the Department will negatively impact CILs, ability to offer transition services and as a result negatively impact people with disabilities. Attached are the specific rules that are concerning, but I highlight a few below:

<u>Case Management</u>

The proposed changes require transition coordinating agencies to become case management agencies and transition coordinators to become case managers. The process to become a case management agency is administratively and financially burdensome. For example, case management agencies are required to have one month reserved financial capacity, which for small nonprofit organizations is difficult, if not impossible. The proposed rule includes a provision exempting case management agencies from this requirement if they are established prior to January 1, 2019, but this amendment does not address case management agencies wanting to provide transition services if they are created after the date.

Disability advocacy organizations, such as CILs, cannot also function as case management agencies because of the appeals process. When a case manager reduces, denies, or suspends a service, the consumer has the right to appeal the decision. During the appeal hearing the case manager defends the denial as a representative of the state. As advocacy organizations, we advocate for consumers to ensure they receive the services they need. There is no ethical way to represent the state while also advocating for the consumer. Additionally, there is a fundamental difference between advocacy and case management.

As a case management agency, CILs must comply with conflict of interest rules, which state that a case management agency cannot also provide services to the same person. While conflict-free case management makes sense in a typical case management model, it does not make sense for short-term transition services. Separating the coordination of the transition from the provision of services, such as transition setup expenses, further complicates the transition experience for both consumers and providers.

Independent Living Skills Training (ILST)

ILST is currently provided in the Home and Community Based Services – Brain Injury (HCBS-BI) waiver. ILST is beneficial to consumers; however, the current requirements are so problematic that there is only one provider in Colorado. The proposed rules expand ILST simply continuing the known flawed design in the HCBS-BI waiver.

ILST is not a medical or personal care service, yet the proposed rules require ILST providers to obtain Class A or Class B license from the Colorado Department of Public Health and Environment. As evidenced by the lack of provider capacity, the administrative and financial requirements to obtain and maintain licensure create undue burden on agencies. The Department states that licensure is required to keep people safe. It's important to note that licensure is not required for services such as supported employment or some residential services for people with intellectual and developmental disabilities. It is illogical to require licensure to teach people skills to live independently. Licensure goes against the IL philosophy.

Stakeholders have repeatedly requested continuity of service definitions across waivers; however, continuity should not take priority over effective and meaningful services. When there is a flawed program or definition it should be resolved, not replicated. The Department has known about the concerns of ILST in the BI waiver for at least three years. This would have been a great time to work with us to develop a service that could be implemented in the BI waiver and expanded into the other waivers. I appreciate the Department's commitment to reexamining ILST in 2019. It is not to consumer's or provider's benefit to implement flawed policy, even temporarily, when good policy is possible. There are places including the in case management rule being presented today with inconsistencies so clearly it is not imperative that all definitions be 100% consistent.

Peer Mentorship

The purpose of peer mentorship is to connect with someone who has similar lived experiences. It is through this connection that people learn about things such as resources, techniques for service and benefit navigation, and developing community relationships. The proposed rule does not accept lived experience as a minimum qualification. If someone has a spinal cord injury and lives in their own apartment, navigated through Medicaid and other processes, involved in their community and can get training on rules from a CIL, shouldn't that, in and of itself, make them qualified to mentor someone else who has a spinal cord injury? Lived experienced should be included as a minimum qualification for all services, not just peer mentorship. Lived experience is necessary to provide peer mentorship--someone without any life experience is not qualified to be a peer mentor. You will hear from people today who are incredibly qualified to be a mentor or

teach independent living skills not because of training or degrees or certificates, but because of their own personal life journey.

We are deeply concerned about will happen to people who want to live in the community if these rules are implemented. If the Department moves forward with these rules Atlantis will no longer offer these services through Medicaid. We will continue to transition people into the community as a CIL. SEPS and traditional providers will be required to do case management and provide services. It benefits the whole system when all participants in a process can come together and work in coordination. Atlantis will use other funds to work with the client but there will be no funding or infrastructure to coordinate with the SEPs or others in advance. They would simply be notified when someone is moving out.

We respectfully request the Medical Services Board not approve these rules as written. We have provided the Department with our suggested solutions, which will be shared in detail in upcoming testimony.

Thank you.

Transition Services 8.553

Page Number	Line	Comment
8	21	Incorrect citation for 25.5-10.209
Page 9	22-23	What is the difference between ICF-IID and Regional Center (HCBS group home operated by regional center?).
Page 10	40-42	Rehab stays should count. By time someone has been in rehab plus nursing facility for 90 days it can be very difficult to reestablish services with provider and maintain housing.

Transition-Independent Living Skills Training 8.553.3

Page 13	1-23	Some services are more personal care in nature and not true ILST. Eg., Developing and sustaining self-care skills such as personal hygiene, medication reminders and supervision
14	13-14	Class A or Class B license is problematic and unnecessary for a service that is teaching independent living skills and not providing personal care
14	37-39	ILST coordinator must have five years of experience and a degree. This is more than a case manager.
15	4	Provider must share ILST program service plan with other providers implementing or supporting any service of the plan. Why not just share part of plan that is relevant to the other provider? This is not consumer driven.
15 and 16		Requirements – Too strict. Doesn't allow for lived experience or experience in other areas such as advocacy.
16	19	what if there isn't an incumbent ILST trainer. Why can't the coordinator train new staff?
16	29-34	background check. If provider or prospective staff disagree with assessment of risk they can appeal the decision to the department. Is this saying if the state says it's a risk and provider disagrees or is it saying staff can appeal to the state.
17	28 (along with P.13 L. 36)	why can't staff provide NMT so long as ILST isn't provided/billed at the same time?

Transition Setup 8.553.4

19	16	can provide transition setup expenses if comply with 2505-10 8.487 and 8.500.98(dd) There are additional requirements to becoming a PASA. Although this cannot be changed through this rule, the Department should consider a provider approval process that is consistent across all waivers and services.

Peer Mentorship 8.553.6

24	24	Comply with cdphe – does this mean licensure? Peer mentorship should not require licensure. Department has already removed this from the DD and SLS waivers.
25	26	Colorado peer mentorship manual. If they are moving forward with requiring specific training areas, each organization should have the discretion to determine the appropriate training needs rather than a prescribed training. Remove requirement to have certificate of completion.
24	1-3	peer mentor has contingency plan for emergency issues. Unclear why this is necessary. It's not required for other transition services.

TCM-Transition Services 8.519.27

2	5	case management qualification do not allow lived experience
2	30	CMA requirements are burdensome. Transition services should be included as a waiver service or exempt CILs as they are already certified.
2	34	all services authorized by transition case manager causes concerns with appeals for advocacy organizations
2	35	coordination of all services and monitoring. There is a lot of training that needs to happen with transition coordinators and providers before they should be expected to take on these duties. This training hasn't even begun.
3	8	CM functions in addition to transition services. Workload capacity. Transitions are already complex so to add all of the responsibilities of case management will affect the number of transitions completed.

Case Management 8.519

32	31	This limits new transition providers from starting services
33	5	Unsure how "administrative capacity" is defined
33	13	This limits smaller organizations from forming to provide transition services
34	28	Clarify that hard copies of rules and statute are not required so long as electronic links are made available
35	11	Non-profits may not have staff to assist with clerical needs
35-36	32	Must ensure lived experience is included as a qualification
36	8	Some clients leave nursing facility and request CIL provide representative payee services. There is a shortage of payee services available so there might not be another option.
36	11	We might provide other services to the client. This should be allowed.

October 11, 2018

My name is Anaya Robinson. I have worked in the Colorado Choice Transitions program since April of 2013. I worked as a Transition Coordinator for two and a half years, an Options Counselor for nearly two years, and have spent just over the past year supervising Options Counseling and Transition Coordination for the ADRC in the Denver Metro Region.

Having worked in this program since essentially its beginning, I have been able to see many of the pros and cons of the flexibility of the demonstration project. Grants for demonstration projects are extremely helpful in formulating a plan for how to best implement a sustainable option. I believe that moving Community Transition Services into the State Plan option through Targeted Case Management is currently the best option to sustain this program in a structured and supportive way. Throughout this project, the requirements, structure, and enforcement around Transition Coordination Agencies has been something that was lacking. Moving this benefit into Targeted Case Management will allow for increased accountability for providers which will assist in increasing quality of service and outcomes for members. This move will also support program sustainability and support for agencies with the ability to bill for work done as it is being completed, which in turn will support program budgets which has the potential to decrease turnover and increase the effectiveness, efficiency, and longevity of agency staff.

Of course there are also concerns with this model, as with any new program. I believe in this options as long as agencies are assured the ability to make decisions of substituting lived experience for professional or educational experience. Individuals who have transitioned and/or are or have been beneficiaries of LTSS services and supports will always be the most knowledgeable in how to navigate these systems to best support the individual. No amount of professional or educational experience can surpass that.

My other concern is that the 240 unit limit is not adequate to fully support a transition to community. I do, however, understand that historically, Transition Coordination Agencies have not tracked their time because of billing a flat rate instead of utilizing a units based billing system. Thus, we do not have a current data set to support an increase in a unit cap. My hope in supporting this rule is that the Department will re-evaluate after the first year of this programs implementation the unit cap and utilize the billing data and documentation from the TCM-TS agencies to determine what that cap needs to be increased to in order to fully and effectively support members transitioning.

Overall, this is a positive move for the program to build professionalism, sustainability, quality, and outcomes on the transition coordination end. I believe it will increase the ability of this program to successfully support the members transitioning in a ways that are not able to occur in demonstration projects, while simultaneously increasing the programmatic integrity, accountability, and financial solvency for agencies.

Maureen Welch
4896 South Clarkson Street
Englewood CO 80113
Arapahoe County 720-436-4121 mpwelchco@gmail.com
October 12, 2018

I have made much public comment today. I wish to put some in writing, and make sure each of you on the Medical Services Board receive my name and contact information in hard copy. I welcome engagement outside this formal setting.

General Areas Summarized

1. I was appointed in 2014 to the Conflict Free Case Management Task Force. I was the only person who wore the hat of "Parent of current member of Medicaid and HCBS waiver". I have continued to be outspoken, asking department staff for updates and information. And there is no outreach or respect for my input.
2. Document 7 today is most critical, and I hope you seriously consider hitting the PAUSE button. Yes, the Department held 12 meetings long ago which were stacked with people who bill off the backs of people like my son. ***The department has an obligation to review the proposed rule change with the impacted members directly, and allow another comment period, perhaps through an online confidential survey, This way, there is a safe place for sharing the member community. This way you, Medical Services Board can gauge the real reaction, concern and fear.***
3. The link to document 8 online, for public, was dead. I was unable to read it in advance today. I encourage the department to be more careful.

Follow up from last testimony here at MSB

1. I requested MSB post a document with the entire closed captioning from this meeting online regularly as it is a fantastic accommodation for those who cannot listen to the Audio online.
2. I requested MSB follow the lead of the Rule Making body at Col Dept of Human Services and allow telephone public comment for those who live far away, or cannot come due to caregiving or their own disabilities. This is a reasonable accommodation to assure that full and equal enjoymen and participation is accommodated under the Colorado Anti Discrimination Act.
3. I continue to state that I oppose the unlawful discrimination of protected class of the disabled and those who advocate on their behalf, and strong creed. The department continues to deny full and equal enjoyment of participation in meetings and inclusion in design of proposed rules. This is a violation of the Colorado Anti Discrimination Act (CADA).
4. I currently have 2 filed Charges of discrimination with HCPF, one for denial of full and equal enjoyment of participation and inconsistent criteria for membership. The second is due to the department HCPF denial of my request for them to provide targeted case management due to the discrimination and inability to receive fair treatment.

10-11-18
Paulette Steinhoff
720-297-0433
pjsteinhoff.52@gmail.com

Paulette's Personal Experience
With CTS; Current Status: Life Now
Updated 10-11-18

- I was introduced to CTS after being in the Nursing home/rehab for about a year and a half. Dawn Russell not only assisted me with my own transition, she recruited and trained me to become a Transition Coordinator. It was a long process with the gathering of all the documents needed. The largest task being finding a place to move to which took a good year and half. Being on waiting lists was weary and tedious. Yet CTS offered me **HOPE** that I could one day be independent again. Becoming integrated once again with the community at large was a benefit important to me. There is such a depressing atmosphere connected to nursing home living. This same **HOPE** was a joy to offer others as a Transition Coordinator.
- **June 28, 2013:** was my move day to my own apartment in Historic Downtown Littleton, to me it was a miracle!
- **THE FIRST WEEK:** I cried for happy. I had the first good, deep sleep for the first time in 3 ½ years. I had quiet, my own space, the ability to have my own food choices and being able to cook.
- **THE FIRST MONTH:** Getting used to so much space for myself, as the nursing home was the smallest footprint I had ever lived in. To be able to express myself by decorating my new place. Enjoying the absence of the noise, chaos and smells of the nursing home. Instead I enjoyed the new sounds of life in my community and the freedom to shop and cook my own meals.
- **THE FIRST YEAR:** My calendar was filled mostly with doctors' appointments. That also entailed arranging medical transportation to these appointments. Outside of these appointments, I pretty much stayed at home. I was still adjusting to having my own timetable to do what I desired. I was fortunate to be on the side of the building that overlooks Main Street where I could watch from my living room window the parades and activities.
- **At the end of 2013:** I was able to secure my power chair. It would lead me into independent living in a big way. My aide helped me experience public transportation via both the bus and lightrail systems.
- **MY SECOND YEAR TO PRESENT:** Now, I was healthier due to being in my own place and more independent. So my calendar had fewer doctors' appointments and more activities with friends and the community. I could breathe again and feel more like my old self. I was happy and active. I

would no longer watch the parades and community activities from my window. Now I am down on the street, active and involved in what is happening. I have attended city economic symposiums, functions through the local library and I considered volunteering for several city board positions. I open my home to friends and family. I cook, bake and share with neighbors and friends.

- **CURRENT FUTURE ASPIRATIONS:** I am a contemporary artist and have had an exhibit, created artwork for the 2008 Presidential & Vice Presidential candidates which were hand delivered. I plan to have an exhibit in a local art gallery sometime in the future. This level of living and artistic expression brings a fullness and wholeness of self. It also brings great satisfaction and joy.
- **APPOINTMENT:** June 2017 I was nominated for membership to Colorado's Developmental Disabilities Committee (by Dawn Russell). Then in August 2018 I was elected and now serve as the Chairperson of Planning & Grants Committee.
- **Thank you for your listening hearts.** My contact information: Paulette Steinhoff 2350 W. Main St. #211W Littleton, Co. 80120 Phone: 720-297-0433 Email: pjsteinhoff.52@gmail.com

Paulette Steinhoff
Colorado Developmental Disabilities Council

Office: 720-941-0176
1120 Lincoln Street, Suite 706
Denver, CO 80203-2117

OUR WEBSITE HAS VALUABLE INFORMATION: go to <**www.coddc.org**>.