Please stand by for realtime captions. >> Test. Test.

>> Good morning. Do we have anybody on the phone? Do we have anybody on the phone?

>>

Good morning. I will call this meeting to order. We will get this party started. Let's to roll call.

[Roll call]

>> Let me do the public announcements. The date and location of the next medical services board meeting is scheduled to be Friday, July 13, 2018 beginning at nine a clock a.m. at 303 E. 17th Avenue. E. 17th Avenue., Denver, CO 80

at 303 E. 17th Avenue., Denver, CO 80203 in the 11th floor conference room. It's the policy of this board and the department to remind everyone in attendance at this facility is private property. Please do not lock the doors, stands around the room and please silence your cell phones. If you are listening via the stream and you are one of those cool cats they knew lose connection please just click the back button and rejoin the meeting. Please identify yourselves when speaking. I will remind you if you don't, and there are individual testimony sheets for the open forum at the back of the room. If you need any help finding them please ask the staff to help you in there is a five minute limit. I would entertain him motion to approve or make changes to the minutes. Does anybody have changes or corrections?

This is the part where you guys talk.

I make the recommendation that we accept the meeting minutes.

Second .

Is a motion and a second. All in favor?

[Indiscernible - low volume] I was not either. Anybody on the phones? Okay. With that said , it passes.

[Indiscernible - low volume]

Yes, it still does.

Okay. This is the part where I don't think you have to abstain from the minutes if you were not here.

I did review them, but I was not here. I did it and she did it.

Okay.

[Indiscernible - low volume]

It is actually a lag. It is to assist the individuals in the back of the room from listening at the table so that they can hear our conversation.

It is really distracting.

If it is too distracting [Indiscernible - low volume].

Thank you.

No more echo. I am going to mix this meeting up to keep you guys on your toes. We approved the meetings from May 11 that we are going to bring one of our department of dates upfront now, because they are very busy people and but -- must go elsewhere today. Joshua and Breanne [Inaudible].

I love that name. That is so fun. Do you have fun with the? No you are going to talk about the county grants program.

I will let Josh talk about the majority of the questions but I will do an overview of the grant program and how it works and we will tell you a little bit about how about the grants this year in particular. We had four different topic areas and I will let Josh get into it. That is the handout with the blue boxes on it. This is a summary of all of the grants that were granted this fiscal year and if you guys have any questions about what we grow -- go over you can ask now and if you have questions about anything on that sheet you can email Chris [Indiscernible - low volume]. These are a eight.

First of all, thank you to the members of the board for allowing us to talk to you today
and [Indiscernible - low volume] throughout the state. A little bit of context [Indiscernible - low volume] accounting and liaisons for department healthcare policy. I represent the department to County director [Indiscernible - low volume] tribal councils for the to make federally recognized tribes in Colorado and fourth of County Commissioner. Breanna is my colleague and companion in [Indiscernible - low volume].

Today on the topic of local innovation we have our County grant program. What that does is provide $1 million a year and competitive funding to fund department of human and social services. That [Indiscernible - low volume] project really varies throughout the state based on the needs of the local communities. We have projects varying from work management systems which is the [Indiscernible - low volume] we're going to talk about to local public health projects and we will talk about the [Indiscernible - low volume] which is very ahead of its time. We also focus on member interactions and program integrity. We are going to talk about [Indiscernible - low volume] project that had to do with [Indiscernible - low volume] and then also -- I just remembered the last one. And the long-term services program that we have
in [Inaudible] and San Juan County which is a project with the local public health [Inaudible]. To make the first project we will

talk about is the El Paso County project. That was actually in collaboration with El Paso County, Adams County and Pueblo County. What that does is implements the work management [Indiscernible - low volume]. That was developed in Colorado by [Indiscernible - low volume] by subscription for all counties in Colorado [Indiscernible - low volume]. What it does is I'm not sure how knowledgeable you guys are of the eligibility process, but traditionally the eligibility process has been very data-driven. You submit paper, it goes into the paper-based case file

and counties have drawers and drawers of caselaw documentation. It is moving the counties away from the paper documentation and puts it in the system that

adds artificial intelligence to it. I want to speak too much but that is what it is.

Traditionally when a claim was submitted and documentation was requested there was proof of an address and proof of income. And it town without [Indiscernible - low volume] it would go

[Indiscernible - low volume] proof of address first which is not a required eligibility -- not required for eligibility. Income is required for eligibility. In the [Inaudible] how that would work if the client submitted the address change and they would [Indiscernible - low volume] for the other income documentation. You were actually touching it twice. This system is intelligent enough that it recognizes whether that is required for eligibility. If the claim for change of address a submitted first to hold onto that until income verification comes in so it works just once.

There is a cost efficiency driver. I believe Arapahoe County based on the data they provided it actually decreased their administrative costs by $2 million over a couple of years. That is a pretty significant amount and that was -- preventing making all of those copies actually was a pretty big cost savings there.

Arapahoe County allows counties to adopt that system , the three counties that that together. They also did some work regarding the logging management. When a client comes in the usually

[Indiscernible - low volume] and it is first come first served. That system actually allows the front desk folks to prioritize based on. I went to the doctor and I couldn't get benefits it goes in the SKUs of the wedding in the standard line trying to submit an address change.

That is what those three counties did, and it was very ahead of time for the type of system it was, especially because it was developed here in Colorado. There are other counties that have a management system like [Indiscernible - low volume] or smart ones but those are not local. Those usually just go to [Indiscernible - low volume] but Arapahoe County develops them.

It allows that local innovation to continue in Colorado. They continue to update the system based on the needs of the user and perhaps [

Indiscernible - low volume] that particular project in El Paso, Pueblo and [Inaudible] County. You have any questions on that project?

Do they [Indiscernible - low volume]

They link to CBM as. It has a live feed to [Inaudible] having to search for the client case information you can type in an identifier and it automatically attaches the document to that case. The peak is not yet there, but that is planned for
the future built. Right now for peak it is a manual process for the county to download those. [Indiscernible - low volume] and it is tracking the data and metrics but it is not an automatic process. >> So it goes from digital to paper and back to digital?

Not necessarily. What would happen is when I say downloaded it is more that they download the [Indiscernible - low volume] itself. They may
get something from the peak in boxes as you have a document at work in the creative task in the system that is assigned to the worker and they go through [Indiscernible - low volume]. That is downloading and re-uploading it.

Slightly more efficient?

Slightly more efficient. The goal would be for eventually those to automatically download from peak, that way there is no [Indiscernible - low volume].

Any other questions?

[Inaudible] and our County is very excited, our community and stakeholders are very excited to see this moving forward. I believe
there is already access in that county, right?

I think they went live maybe last month.

[Indiscernible - low volume]

We're always excited to add innovation to the communities. Especially because [Inaudible] County had a work management system that didn't work quite well for them. El Paso County was a different story. They have performance, in the performance of such a pretty well. Actually, in some cases it was better than some of the counties that have [Indiscernible - low volume] that there were lots of opportunities for missing documents and loss documents and that sort of thing, because it was a very manual process. We watched them move karts around where they would drop off the package. Lots of opportunities for innovation and that sort of thing. Under the leadership I think the department has gone through lots of changes and if image brings a positive and it works very closely with the [Indiscernible - low volume].

Any other questions?

We will move on to the [Inaudible] project was very straightforward. In Colorado, member fraud is a local or County administration [Indiscernible - low volume]. We do have

a department that works with our County workers to get folks who are no longer eligible off the roll, but if a County has a fraud team, it is very dependent on if they have local [Inaudible] available. There are many counties in Colorado said that means for member fraud there is probably about half that don't.

Through the county grant program we've been able to encourage as an incentive pay the piper grants in your first year as your process is in place and get somebody a contractor or a partnership with your Atty. General. process in place and start to identify where those opportunities for member fraud are four. There was nothing particularly special about it but on our new executive current -- director submission we work with our County partners to see where there are opportunities such as ensuring only those virtually eligible are enrolled. We work with them to make sure that. Member fraud is a huge challenge, and our commission direct to work so closely with us [Indiscernible - low volume] get those funds were no longer eligible off. The project is very straightforward.

I want to talk about the local public health project that [Indiscernible - low volume] did. This is actually the first in Colorado that we have seen and it started with everybody who is familiar with [Indiscernible - low volume].

No. Let's go over that acronym and a little bit of what they do. I felt some people not knowing.

Unfortunately I don't know if I can tell you what the acronym means. It is Colorado regional health information organization. What it does is it takes member claims data and aggregates it into a system for directors original providers and that sort of thing. Adopted into one place we have aggregate data across the clinics.

[Indiscernible - low volume]

Yes. For the purpose of this project, what it is going to do is take that claims data and on that electronic health record everything that's CRHIO have and put it with other County social services data. Bringing this to make together can help the county identify when a referral is appropriate , if somebody had come out of the hospital or discharge is not connected to childcare and get connected to those programs. It attempts to take her but the individual at the forefront as opposed to how have traditionally done it is [Indiscernible - low volume]. It takes all of that data [Inaudible] electronic health information and all that when data is stored and allows them to aggregated and spit out the results that this person may be need additional support in this area, let's connect them with the system. The connection between medical data and the social services data has not been done in Colorado which implies that it was very ahead of its time.

It is an ongoing process, so while older is ahead of the game, the challenges of doing it on the state basis is that Boulder has [

Indiscernible - low volume] not all work management systems have that level of data at the county . Eventually if you were to roll this out on a statewide basis, we would have to exert [Indiscernible - low volume] across the systems and Colorado is a local administration system. It is great for making sure it meets the needs for the communities, but it makes a little bit more challenging [Indiscernible - low volume] .

What we do with the sorts of projects is taken as a lesson learned and try to apply it to state funding or through performance benchmarks for the county [Indiscernible - low volume]. It would have been an interesting project. Like I said was ahead of its time and we're trying to determine what our next steps are on that. Any questions on the Boulder project?

[Indiscernible - low volume]

At Boulder County? Jason [Inaudible] is over the IT initiative and he is leaving that initiative along with Paul [Indiscernible - low volume]. We can certainly get you contact information.

I am mindful of your time and you guys seem to get summer by 10:00 . I understand. Any other questions? Thank you for your update. We appreciate it and thank you for presenting the information.

And you did it without looking at [Indiscernible - low volume]. You know your job. Thank you very much.

We are going to go on to the portion of our meeting and to the emergency adoption of document six. I am going to call Christina Gould to the table. Good morning. How are you?

Good. How are you?

Good.

You are presenting something around durable medical equipment personnel.

The morning. My name is Christina Gould and I am the pharmacy little Mac specialist here at the department. I'm here to present an emergency submission for the [Indiscernible - low volume] also known as the [Indiscernible - low volume] section
210. The purpose of this change is first Atty. General.'s office requested that we amend 8.59 0.7 point 8.59 0.7.8 to include the [Indiscernible - low volume] federal statute so that it combines the initiative procedures act. Second, the role will increase the durable medical equipment reimbursement rate by 1% [Indiscernible - low volume] which will be effective July 1, 2018. Therefore to remain compliant with the rate increase in the long bill, an emergency increases necessary.

This change is on the page before you and I have added 2017 after [Indiscernible] and on page 6 for you I have a .59 0.7 [Indiscernible - low volume] 17.51 and section 3 it will be 20.70.

These increases are pending federal approval which is why the language is [Indiscernible - low volume].

This revision will positively impact in the providers [Inaudible]. Are there any questions we can answer? >> I think everybody is still processing. You talk very fast. I just called the last word is that.

[Laughter] >> A very good presentation -- they will give us an approval date backdated to July 1.

It is pending approval for the next year?

Once it gets approved I will come back.

Okay.

That is just where we would need to do that anyway so it should coincide.

Okay. Anybody else?

I have a quick verification [Indiscernible - low volume] very slowly. On page 3 of the document, and I understand this is an increase but in one spot if it doesn't look like an increase? I just want to understand what I am reading here. It is 11 and 12 on page 3.

So it is under 8590 8590.7 ?

Yes. The to make corrections after a percentage that works below.

.2 is less than the percentage that we created less the percentage. The percentage is dependent on lessor plus, they are increasing. 3% is increasing to the provider.

Got it. Thank you.

Anybody else have questions? Do we have any public testimony? Okay. You've got those? Okay. I'm trying to keep track of this. With that I would entertain a motion.

Madam. chair, I would move the the emergency is -- is imperatively necessary to comply with the state or federal law or federal regulations or for the preservation of public welfare and compliance with CRS point and compliance with CRS .4
four 103 which is contrary with the interest and moved the emergency adoption of document six 1805 revision to the medical assistance will concerning durable medical equipment reimbursement section 8.59 0.7 [Indiscernible - low volume] in specific statutory authority contained in the records. Thank you.

We have a motion and a second. All in favor? Opposed? Abstained? Do we have anybody on the phone? It passes. Thank you very much.

Thank you.

We're going to go to the final adoption consent agenda and we are going to look at document one MSB 18-03-01-B . It is consent, not emotion.

I'm sorry. Motion. She is here, she is ready. No. We can just move. I will go ahead and read it. Document one MSB 18-03-01-B, revision to the medical assistance will concerning the pharmacy prior authorization timeline section 8.80 0.7 point B incorporating the statement of purpose. Basis and purpose [Indiscernible - low volume] contained in the record. All in favor? Second? And all in favor? Opposed? Abstained? Anyone on the phone? Okay. It passes.

We will move on to final adoption consents -- rights? Or do we have comments? Okay. Document to. Who do we need for document to? Come on down before I could find your name. Jeffrey. Special financing. >> This is the one that is so fun to read. That was so fun.

Are you trying to make me [Indiscernible - low volume]?

Thank you.

Good morning members of the board. My name is Jeff and I'm the policy analyst for the [Indiscernible - low volume] . The rules in front of you are revisions to the healthcare affordability and sustainability the collection and disbursement. With that is is the hospital provider fee [Inaudible] the rules have been revised to account for the most recent model. The model is updated every year. These rules make changes to the per diem fees that are assessed on hospitals and minor changes made from the most recent model. Any questions or concerns or thoughts as you are perusing the rules?

I love that word, perusing. Can you spell it?

Probably not.

You use it, but you can't spell it.

[Inaudible].

Anybody have questions regarding how this is being done, etc.? Okay. Than I would entertain a motion. We are just flying through this, people.

I move the final adoption to document -- concerning the healthcare affordability sustainability the collection and disbursement 8.3000

incorporating the statement of basis in specific statutory authority contained in the record.

Second.

We have a motion and a second.. I was somewhere else. All in favor? Opposed? Abstained? Anybody on the phone? Okay. It passes. Thank you very much. We did not have public comment. I was checking on public comments because I forgot that. Nobody wanted to talk to you today.

Nobody did.

I'm sorry.

Have a great rest of your day.

We are on to the initial approval agenda. Document three, and we're looking for Susanna Snyder. Good morning. We get to for this one. To introduce yourselves.

Am Susanna Snyder I am the [Indiscernible - low volume].

Morning. So that we are here to present changes to the rule section 8.745 section 8.7454 special connections reimbursement. We are bringing forth this will change to simplify reimbursement structure for special connections which is the [Inaudible] for our pregnant women coming off of Medicaid. The changes we propose will increase administrative efficiency at the state and is the billing burden on providers. Because this program was designed and implemented prior to a statewide subsidy support we have to work in complicated workarounds to reimburse the providers. This is at the Department of behavioral health the Department of human services credentialing contract with providers we would [Indiscernible - low volume] behavioral health and the office of Haverhill health would pay providers.

This meant that's providers had to Bill [Indiscernible - low volume] and office of behavioral health and requires office of behavioral health to allocate portions of their job to the financial pass-through. We have to make changes now that have made the past and no longer necessary. First we had a statewide [Indiscernible - low volume] and we pay for providers we cannot previously pay and they are now enrolled and we pay them for services that are not special connections.

Second, our previous claim submission to not allow us to control payment to providers who were contracted with the office of behavioral health. In the Old Testament would open this up with all [Indiscernible - low volume] services, but we do so want to limit this to providers who are contracted with office of behavioral health. Our new system allows add-on providers [Indiscernible - low volume] or special connections providers that we can pay only these providers [Indiscernible - low volume]. >> There are to make changes the substance use disorder benefit and the [Inaudible] function allows us to [Indiscernible - low volume] providers with special connections. The authority that prevents us from doing that is on page 2 of the role document lines 21

through 23 section 8.74 5.3. We opened this rule to edit that section which says we can only pay the office of behavioral health [Indiscernible - low volume]. During the process we update the language that out to be more person centered so pregnant women became a pregnant woman with [Indiscernible - low volume]. We removed stigmatizing language so we align service definitions with other billing manuals so that substance use disorder [Indiscernible - low volume] . We clarified the role of the office of behavioral health. For our stakeholder feedback this work is in response to the use of feedback for existing and former special connection providers. That payment structure is [Indiscernible - low volume] but we haven't been able to fix it. They were all in favor of the. Additional feedback is elicited from a statewide -- substance abuse providers and quarterly business services meetings. All of the [Indiscernible - low volume]. In making these changes we worked with the office of behavioral health and they have approved all of the changes made to the document. Thank you for your attention and will be happy to answer any questions.

Does anybody have any questions?

>> I was just wondering about that there has been consideration or discussion about how to expand the program to other settings , integrated settings of medical benefits?

[Indiscernible - low volume]

Yes. >>

The thing is for special connections it has outpatient substance abuse disorder benefit and also have [Indiscernible - low volume]. Our substance abuse disorder benefit is for any Medicaid member. The only service that special connections as on is [Indiscernible - low volume] so for any other outpatient substance abuse disorder counseling, that would be available to all Medicaid members, not just pregnant women.

And the outpatient setting ? It is limited to outpatient behavioral health. Is that correct?

[Indiscernible - low volume] in the department. In our basic effort to force create a better integration is the variability for practitioners to provide substance use disorder services in the primary care setting [Indiscernible - low volume] still bill as behavioral health. In addition to that we do have a perk with it which is intervention referral and treatment. We have those available in our primary care setting to help identify folks who are [Indiscernible - low volume] with it in substance abuse disorders may be referred to treatment [Indiscernible - low volume] . We do have some integrated care opportunities. >>

I actually don't have a question. I was scratching my head.

[Laughter]

I really appreciate your stakeholder process and's [Indiscernible - low volume] . It made it easy for us to get there pretty complicated rules of the giver that.

Ms. Roberts, did you have a question or were you scratching your head too?

Thank you. I was wanting to average the fact that you focus on personal [Indiscernible - low volume] and removed all of the [Indiscernible - low volume] language.

This looks like a positive mood and everyone is in favor. Any other questions from the committee? Do we have anybody on the phones? I keep asking this empty phone. We do have one public comment signed up, and [Indiscernible - low volume]. >>, And introduce yourself and tell us all about your family. I am joking.

How much time do you have?

Five minutes. We have to limit it to five minutes.

Thank you [Indiscernible - low volume] and with the Colorado behavioral health Council. Has been if you don't know the [Indiscernible - low volume] into specialty [Indiscernible - low volume]. I'm sorry.

[Indiscernible - low volume]

We seem in support of this will draft to streamline the reimbursement process [Indiscernible - low volume] it is of the critical program and provides services for pregnant and [Indiscernible - low volume] for when you're after childbirth who may be struggling with substance abuse disorder. Our [Indiscernible - low volume] work very closely to make sure that be on the Medicaid funding there is also indicative funding available so that more people have access to this service. I would like to thank the department for the work on this will change in for their attention to the [Indiscernible - low volume] providers . Our investors are intimately familiar with the disabilities that [Indiscernible - low volume] face as they go to the billing process and when they tried to pursue the reimbursement and continue the work that they do. Over the past we have seen a number of providers decrease pretty dramatically dramatically and we are feeling optimistic that this will help them obtain the reimbursement they need to keep these [Indiscernible - low volume].

With that being said, I would like to caution the board to stay very aware of some of the other things that may make it difficult for providers to become [Indiscernible - low volume] in the first place. There is a biannual RP process to become a provider and we have heard from the providers that it is very [Indiscernible - low volume] and requires a lot of paperwork and is very time-consuming. While many substance disorder providers may be interested, they may have to decide can I take time away from my staff to become this type of provider and to apply with all of the paperwork? And if I do, will that make my other programs less valuable?

I understand that this board and [Indiscernible - low volume] may have authority over the Ark of the program. With that being said, my request for you today is for this rule and to keep your eyes and ears open on whatever the committee may come up with in the future to make the initial process easier for providers as well. From start to finish they are entered those interested in this process [Indiscernible - low volume]. I am open to any questions.

Is there a shortage of providers?

I would say so, I guess.

We have four providers in the state right now.

[Indiscernible - low volume]

Currently we have four providers in the state, three of which provide residential and three of which provide outpatient services. We have had some law in recent years. There has been a move to decrease this bird is where we can have more providers. Currently my counterpart Amy Cooper [Indiscernible - low volume] that is one of her main goals, to simplify the process as much as she can and retain more providers. [Indiscernible - low volume] was one of our providers in the office of behavioral health through stellar job working to help get to quickly the program [Indiscernible - low volume].

Other questions?

Are there any Laurel based providers?

We have a provider in Sterling Colorado [Indiscernible - low volume]. >> I believe one of our rural health centers [Indiscernible - low volume]. >> Any other questions? Thank you for your testimony. We appreciate that. Does anybody else want to sign up for public testimony on this? It looks good. We will take your advice and pay attention to any other situation . With that said, I am moving --

I move for approval of MSB 18-03-01-A , revision to the medical assistance will concerning special connections reimbursement, section 8.745 incorporating the statement of aces and purpose in specific statutory authority .

Second.

We have a motion in the second. All in favor? Opposed? Abstained? Anyone on the phones? We pass. Thank you very much.

We will see you back here. Thank you. Thank you for the great job too. We love kudos. We really enjoyed those.

Let's go on to document number four. I am looking for Taryn Graf from special financing.

This is the other when it was so fun to read. >> I think there is a pattern here. Good morning. In addition to sell.

My name is Taryn Graf I am the Colorado [Indiscernible - low volume] program administrator for the department. I'm here today to present [Indiscernible] change for CICP in regards to the audit. I wanted to give you an overview of the program. It's a little bit different than what we [Indiscernible - low volume]. CICP is a voluntary program. Providers apply on an annual basis and the program reversals associated costs with services provided to low income [Indiscernible - low volume] Colorado residents. Currently we have 19 clinics and 48 hospitals. This also have satellite facilities so [Indiscernible - low volume] 268 total facilities with CICP. Our clients must be turning 50% or less of the federal poverty level [Indiscernible - low volume] not eligible for healthcare Colorado or chip. Our will change is for audits with the program. Program appropriate money for estate wide audit. This is changing the language from a provider run audit to a state run audit. We had to discuss this with providers last year we came and we did the entire will change about a year ago. We were not able to do this change at that point [Indiscernible - low volume] requests yet. This is the last part of that will change the we're trying to do now.

We did get positive feedback we talked about this with the providers, and we have [Indiscernible - low volume] with this will change. -- Will change. Right now the providers are doing internal audits
and if they receive $1 million or less in reimbursement and they are required to an external audit if they receive $1 million more. What this will change does is it will lead them [Indiscernible - low volume]
from every year to every two years.

Anybody have any questions? Concerns or questions?

I have one question on the funding. Since there is no [Indiscernible - low volume] images into my places with the funding or conducting audits will come from. I'm not familiar with Children's Hospital [Indiscernible - low volume] with that be produced with that have an impact?

It would have a little bit of a reduction for the part of the audit. Most of the money is coming from the [Indiscernible - low volume].

That is the Colorado healthcare affordability sustainability enterprise.

Good job.

It is about $150,000 and about $110,000 will come from Chase. That will be for 19 and 20. The first year will be a little bit reduced because will start [Indiscernible - low volume] to have a startup period and once they are up and running [Indiscernible - low volume].

Other material impacts of those productions?

-- To those reductions?

Colorado hospital the it comes from will make a little bit of reduction [Indiscernible - low volume] taken over the original one so it will also affect the federal portion. [Indiscernible - low volume]

I think total this year is about 16,000 [Indiscernible - low volume] .

That into your questions?

Yes.

I wanted to make sure that I understood clearly who is getting audited by the states. In the statement, the regulatory portion of this [Indiscernible - low volume] of this document, you had indicated that folks who are receiving more than $1 million in benefits or reimbursement from CICP in the audit [Indiscernible - low volume] does this new audit process impact all CICP providers or is it just the million dollars more? I just want to try understand.

This year in a previous years all work was required [Indiscernible - low volume] and
the ones who were given $1 million of reimbursement for the year [Indiscernible - low volume] an internal audit. What this does is as a [Indiscernible - low volume] it completely takes that [Indiscernible - low volume]
and it will be [Indiscernible - low volume].

Thank you. Do we have any public comment? Anybody feeling the urge? No?

I move initial approval of document 04 MSB 18-04-04-A, revision to the medical assistance will concerning CICP data administrative audits section 8.902 point D incorporate the basis and services for the statutory ability .

Second.

All in favor? Opposed? Abstained? Anybody on the phone? Thank you.
We will see you back next month. Thank you very much for all the work you have done. Document number five and we're looking for Candace Bailey.
This is family support services loan. Please introduce yourselves. Good morning. >> Good morning Madame. President and it was of the four. My name is Candace Bailey, and I am the community options [Indiscernible - low volume] manager.
[Indiscernible - low volume].

I'm just thinking I could of been a different acronym. You are fun wherever you go.

I'm here today to present the revision to the medical assistance will concerning family support services loan fund in section 8.613 point in section 8.61 3.1. I will give you a little bit of background on what the program was. The family support loan fund was a department run program [Indiscernible] low interest loans to families and had individuals living in their home with a disability. These loans were typically used to purchase [Indiscernible - low volume] in vehicle modifications and modifications either a waiver or via insurance . In 2017, House Bill 17 was passed . This bill actually repealed the departments authority to [Indiscernible - low volume] the program and I'm here to introduce a repeal of the will.

Have official information. Basically I have around 30 families a year who use this fund . It has been around for several years. As of March of this year we still had about 25 families that had a loan outstanding and are working to repay. The way it will work is these families will continue to pay the loan until it is paid in full and we are just not offering any new loans at this point. They will have a loan and will continue to be on the same track to have and we expect those to be paid by [Indiscernible - low volume].

All of the payments are staying in the [Indiscernible] fund are now transferred over to the family support services fund which is a different program. Once the final loan is paid off , that will be completely depleted and hit zero in all of the additional money will be in the family support services fund. That is the extent of this rule is that appeal. I would be happy to answer any questions.

This is Christy Blakely. I just want to make one correction and that is Van modifications of the one thing in this state that are the hardest thing to find. Van modifications are only under a couple of our waivers, what they cover is basically just the modification itself so you still have to buy the van and it has to be with in a certain mileage, etc., before any of that is done . It is quite a difficult process. I
probably have a call a week on vans, finding vans, how to get it funds, etc. They're really not a lot of good options in the state for those. This is taking one away. However, it was one of our better kept secrets as far as the utilization of this program. You really had to know your ins and outs of the system in order to get to this program. It was not utilized at that level. Anyway, just saying, FYI, there isn't a pool of money for Van modifications. Other states do cover that, cover those under Medicaid and within the state plan, etc. Medicaid and within the state plan, etc.

I think you answer my question which is there another source of funding once these goes away for the low interest loans?

No. It would be go to your bank, go to some of the -- every once in a while the actual automotive people will give you a stipends, but you still have to go in with significant amounts of money.

We do have the modification benefits under a couple of our waivers so we have that to use the waiver option to receive that benefit. It is

just for the modification, not for the actual vehicle. There is no other available option within the department. There may be other options [Indiscernible - low volume].

You offer some insight into the discussion around the generalist and we for doing this?

I would love to. I was a part of the discussion and [Indiscernible - low volume] the person who ran this program recently retired as of last week. I am not entirely clear --

[Indiscernible - low volume] >> I do that there was no cost necessarily associated with this, the loan actually funded itself but I do know that there was some discussion around and I will let my friend Dave provide some insight.

[Indiscernible - low volume] last year or year and a half or so ago, there were some issues with the repayment of the loans. The tracking ability as a person who is ultimately responsible for collecting the money the [Indiscernible - low volume] were in charge of tracking, dispersing and making sure everything happen. There were some conservations around the General assembly of the size of the program, the difficulty of recouping the funds for the loan. These are not Medicaid eligible people who were getting the loan. There wasn't really a tracking system so often -- not often, but there were times that the loan would be dispersed in it which is the out in the either. There were some discussions of how to do this better . A couple of things with the Van modifications. A lot of the other things that people were receiving was available through the SLS waiver and other programs in the department. It was a decision by the General assembly to do away with this and the majority of it is being handled and tracked and covered more efficiently through existing programs within the department.

Thank you. >> I guess you [Indiscernible - low volume]. Don't run away quite so fast.

I thought you were referring to Medicaid qualified people. They said this is not a Medicaid program.

The program they are resending is not a Medicaid program. The program we are resending what's not -- you did not have to be Medicaid eligible. You had to be developmentally disabled in that eligibility system. This program started

when developmental disability was not under healthcare policy and financing. It is now. Those things emerge and that changed some of that. If you're waiver and that modification is available to you , that is for brain injury waiver and for SLS. Those of the only two.

[Indiscernible - low volume] >>

-- Those are the only two.

[Indiscernible - low volume]

Okay. Just those two. Those folks are in Medicaid for the waiver, so they are eligible. It is kind of both. It is a program where you do not have to be originally -- you needed to be in a waiver which is a Medicaid program in order to receive that Van vacation. Have I now thoroughly confused to? -- Van modification.

Have by now thoroughly confused you?

[Indiscernible - low volume]

I think there are a couple of things. First of all, while we are the Medicaid agency to the point of the CICP , we manage a number of programs that are not Medicaid programs.

The indigent care program big one of them. There are Medicaid only services for members of developmental disabilities. The vast majority of our work is Medicaid, but as a big state agency, we have a couple of programs that are related more to our global title of healthcare policy and financing. I think that is one component.

Just to clarify, each of those is assigned to you by statutes?

Corrects. The senior dental program is another example. We administer the program. Is to be -- we now administer it, because we have, from the General assembly perspective, the infrastructure in the expertise to do the work , but it doesn't relate to the federal Medicaid program or statutes. This is another example of that. It is a vestige of programming from when individuals with developmental disabilities were served mostly by the Department of human services. Again, we retain a couple of this program that are state only that we call them dish -- for example.

The other component is over time we have got that are at thing we are really good at administering health insurance programs and health improvement programs. We are not great loan folks. We are not great home modification folks. You may recall we moved some of our authority of looking at home modifications to the division of housing. They know what they are doing. We did not. I think the same thought was around we are not great loan administrators. This is not necessarily a Medicaid program and it was serving certain folks. The thought was there would be better ways for individuals to get their services and to reduce state infrastructure by eliminating this fund. That was the intent.

Back to the question what are the better ways? Are we depriving people of the opportunity?

No. Any individual can still go to a bank and get an auto. I think this is where we have

the role in the opportunity to create special programming within the government infrastructure, but the private sector also is completely available to individuals to go and get a loan just like anybody else would. We want to make sure that we do the best that we can to reduce the burden, financial burden in particular, because having an individual in your family with a disability is a large expense to a family many times. I think it would help to release some

of that. This does not in any way preclude a family from going out and getting financing. There are a lot of individuals and we get this question all the time in the General assembly. Who have children with developmental disabilities or a loved one with developmental disabilities who do not receive any government services from our department? They are able to have private health insurance or the needs met to the public school system. This was a narrow program designed to do that. We have those for individuals Medicaid enrolled can get support for this. It is a reduction of a small program. There may be someone who would face initial challenges, but as Christie said, you had to know your ins and outs of the system, not even the Medicaid program, defined in the first place.

It was a very poorly utilized program anyway. What they tell you that?

Yes.

[Laughter] >> Any other questions from the committee? If we have any public testimony when you came up here? Do we have anybody who wants to testify? Okay. Pretty quiet group today. Thank you very much, you are dismissed and I would entertain a motion for the initial approval of document five in it is the MSB 18-04-05-B support services loan funds rescind section 8.61 3.1 incorporating the -- and specific statutory authority contained in the record.

Second.

We have a motion and a second. Mrs. Roberts has been the second all over the place.

[Indiscernible - low volume] >> I love it. I like counting on one person. It helps me. All in favor? Opposed? Abstained? Anybody on the phone? I think I'm going to stop asking. Thank you. It passes. That is wonderful. Thank you, Candace. I would consent agenda all three. Does anybody have a concern with that? I moved to add document 03, 04, in 05 to the consent agenda.

Second.

All in favor? I am not even going to ask because I heard everybody's voice. No abstained. A closing motion, please?

[Indiscernible - low volume] policy and financing meets the criteria of the state administrative procedure act which are incorporated by [Indiscernible - low volume].

Second.

Thank you. I have a motion and a second. All in favor? Okay.

[Indiscernible - low volume]

We do have public comments. Bethany, would you introduce yourself and come up for us? Thank you. Name is Bethany [Indiscernible - low volume] policy. I wanted to read the comment on several innovation grants and about the [Indiscernible - low volume]. I think it is well-established that the biggest front of the Medicaid program is provider fraud, not enrollment fraud. 29 billion according to the Government accountability office [Indiscernible - low volume] attributed to provider fraud . I just want to make sure we do not putting emphasis on enrollment fraud in a way that is appropriate. [Indiscernible - low volume] also.

One issue is the is an opportunity for error and a lot of informants and we all know people [Indiscernible - low volume] has issues sometimes in the department is working on notice issues [Indiscernible - low volume] to improve, but there is a lot of opportunity for error. Error is not fraud. Fraud requires intent and in our conversations with legal services folks, some counties make referrals with fraud that are not clearly intentional. There has to be intent to get a benefit in which someone is not entitled. Having a [Indiscernible - low volume] , that sort of thing is not fraud. We are concerned that if there is a really big fraud action [Indiscernible - low volume] people who might have more complicated [Indiscernible - low volume] immigration status or not English-speaking . I would also point out that is it to put out a report yesterday, I don't know if anyone has seen it.

That is in my update. >> Of the three programs, Medicaid, Chip and access to financial [Indiscernible - low volume] Medicaid was much closer to having
a small eligible but not enrolled rate. If you look at those eligible for Medicaid, 70% are not enrolled. That is [Indiscernible - low volume]. I think Medicaid has done a pretty good job of being close to the right number of police and that attributes to the last -- we don't want to deter some of the immediate people who are concerned about what their outcome might lead to. I really want to make sure that if any of the grant programs with the fraud , that the county understands intent is required and they are not referring people for criminal prosecution without really good reason and that the department continues to spend its money in a way that is going to have the most bang for its buck and that is [Indiscernible - low volume].

Thank you.

Just a comment. I was also sure that there are three grand and I have some concerns that there might be effective limiting access to a broader reach.

Thank you. Perhaps the department will be interested in following up on those in seeing if there are increases in those that are not enrolled that would [Indiscernible - low volume]. >> I will be going back and asking why we didn't apply for this grant. I have not heard of the challenges.

Thank you very much. >> [Indiscernible - low volume] provider fraud, do we know the number?

I don't know [Indiscernible - low volume]. I don't know the number. Will try to find out the individuals who are fraudulently obtaining fraudulent Medicaid expenses are getting medical care and the providers groups or institutions. If you look at the claims for the 2017 [Indiscernible - low volume] all provider base. Truly large fraudulent operations prescribing things not provided or [Indiscernible - low volume] not provided. These are criminal operations as much as they are Medicaid fraud. I would be happy to look for those. >> [Indiscernible - low volume]

Thank you. This is Gretchen and I appreciate the perspective that Ms. Gray is bringing. I think we feel an obligation as public administrators to know that we had individuals who are appropriately enrolled in the program. It is true that those individuals, but it is also true somebody fraudulently involved in the Medicaid program, we're still paying. We're paying cascading rates for behavioral health and we are [Indiscernible - low volume] per member per month for either attributed primary care medical home or to the [Inaudible] in the past. Money still goes out the door from the department for fraudulently involved individuals even if they are not accessing services. That is problematic. That reduces the availability of dollars for others. We also have some indication from our partners that a lot of focus has been on the upfront enrollment and focus on the appropriate closing of cases. I use appropriate closely. We need to appropriately close cases because [Indiscernible - low volume] it may not even be trying to find people and make sure they are enrolled, but spending the right amount of energy on appropriately closing cases because the cases are close appropriately we continue to [Indiscernible - low volume]. That is the problem from a payment perspective. I think that is where we heard the counties trying to improve is the balance between both upfront enrollment [Indiscernible - low volume] and management in making sure cases are words appropriately but also making sure they have the right process in place are appropriately close cases.

We also did in the last budget cycle get some additional resources to use a database that is a national database that shows that individuals are enrolled in public assistance programs in multiple states and we do have a number of individuals who are involved in Medicaid who also show themselves to be involved in public assistance in other states like Nebraska or some other state.

There is opportunity for us to be better to make sure we are, not necessarily going after individuals, but using the tool and technology available to us to make sure that dollars a sense of the current Medicaid program makes sense to those who are appropriately eligible.

Thank you. One thought having listened to both of you is words do matter, and using the term fraud, which is implying criminal intent, I think what you are describing is appropriate enrollment being a big deal. The fraud is from a relatively small part of that. I do wonder about this program , if appropriate enrollment is a better target for

these grants rather than explicitly calling out fraud. That is my comment.

I think that is great.

I would say to that point we hear from providers all the time.
I know Bethany spoke on provider fraud but they said the administrators of this program and most of the mistakes they make are not intentional either. There are very few, even though we didn't just have $1 million of fraud who were identified so it does happen, and that was fraud and they will be criminally prosecuted. We recognize that most of those are mistakes also so I think you're right. We have to be better with our language of making sure we are talking about appropriate billing and appropriate enrollment, not fraud per se.

Which actually would be a big different in that deterrent.
People find it scary because you were like, I don't want to make [Indiscernible - low volume].

Absolutely. And more communication is always [Indiscernible - low volume] and with good indication it is much better.

Absolutely.

Thank you.

Just a comment that I had . I had a young, single mother that got erased. She worked at a bank and we all know that banks don't pay well. She got a raise and cost her $70 a month more -- $17 a month more and chip cost her hundred and $32 more a month plus one her daughter has to go have something she has co-pays, out-of-pocket expenses, and it is just -- you feel so bad for these people who are really trying to do it right and then have something virtually cripple them because of the $17 .

That is a good example of why we are all sitting here.

Let's go to Department of dates with Gretchen Hammer.

Perfect. Thank you all. This is Gretchen Hammer. I have to make areas to provide an of date on. The first is as it relates to the departments work related to [Inaudible] this quarter. We heard the [Inaudible] world today and there is -- [Inaudible] rule today and there is a current awareness campaign being driven by the department of human services called list the label that is specific to the opioid academic -- epidemic that is a broader attempt to reframe the way state enterprise is talking about substance abuse disorder. I think the updating of that rule to have better language, more appropriate language, has been important.

The other thing that happened this week is the governor signed legislation directing the department to look at if getting a waiver from the federal government to house a residential treatment benefit. As you heard that benefit is currently imitated in statute to pregnant women

and the waiver -- we are now being directed to looking at adding residential benefits as part of the contingent of benefits in our Medicaid program. That legislation was signed by the governor this week. It will require a year or two of negotiation with the federal government so that is not designed to start until 2020, I believe is the first date of implementation. It is out of recognition -- we were directed last year to get some support from the Colorado health Institute and help them write the report on what would like to add that benefit. That benefit is something we will be working on. We did get a staff person in the interim to begin to help us with that and we are in the process of hiring. I have actually been leading that work, because the team doing that work is also the same team who is running the casual care collaborative. They are focusing every minute of every day getting [Inaudible] ready for launch. I was leaving the work as it relates to this waiver.

It was in the final years of the Obama administration the day required this for state agencies to have this benefit. A couple of states are ahead of us, California and New Jersey, so we have been studying and we have had a consultant helping us study their efforts and we [Indiscernible - low volume] how we would move forward on that. Just wanted to let you all know you will eventually see rules as it relates to that because it will be a change of benefit and that is part of what you all help us do is make our rule connect with the way our benefits will be designed. It will be a little while because of the long process that it takes the federal government.

Any discussion so far about the age?

No. There is a discussion about the age. Give us more about what you are looking for.

Is it adults, 18 and older [Indiscernible - low volume]?

What they directed us to do is to determine eligibility criteria based on critical -- clinical need and if you recall [Indiscernible - low volume] if there was any limit on the age. All of the states that have had this waiver approved by the federal government use the [Inaudible] criteria, American -- help me, society of [Inaudible] medicine, I think it is. The criteria is the criteria that needs to be used. The federal government has established it and I think that's specifically says that we should put in eligibility criteria for individuals to qualify. >> I think the only other thing I would say it's just a frame for you all that we will continue to think about substance abuse disorder in a broad sense. There of course has been a lot of focus on the opioid academic -- epidemic , but opioids are not as big of an impact on the Medicaid population as alcohol or meth. Alcohol is a number seven reason for someone to be admitted for an inpatient hospital say in the current Medicaid program, complications from alcoholism. That is the number seven reason. We pay for 43% of the [Inaudible] in the state. There are some other things that are pretty difficult, if you will, that are ahead of that number. It's a pretty striking statistic. I also had the chance [Indiscernible - low volume] the Northeast commissioners met this week in Keystone and they directed us

to listen into their conversation about the lack of behavioral health services in the community. One of the gentlemen, the human services director from one of the counties shared that in his county in the last year, 56 kids were removed from their home, and in 85% of those cases, math was the underlying issue for the removal of that child. They shared some pretty striking national math where there are -- maps 11 counties in the Northeast of Colorado are bright red on every single map and it looks at the flow of methamphetamine across.

[Indiscernible - low volume]

Exactly. While we recognize the opportunities that are coming along as the opioid epidemic has captured the national attention, we are committed to really continuing to talk about substance abuse more broadly . The waiver benefit to your point would not just be opioid - related, but really as it relates to alcohol, meth and other substance abuse disorders and other addictive substances. I just wanted to give you all a heads up that is coming. It is something we are very attentive to. Melinda who was here would be part of that and [Inaudible] as they take over the work to improve this benefit.

I think I will reenroll so we have another chance to have [Indiscernible - low volume].

Thank you for doing that.

It was interesting, and with integrated care, how do you leverage both of the current structured
behavioral health system and the current qualified health? We talked about you can get your analysis at sunrise or at [Inaudible] if you needed to. Not just the the behavioral health or court order you are now [Indiscernible - low volume] to get that kind of thing.

Just a comment based on yours. Doctor Bill Berman was estimated that the impact of alcohol , you can't judge it just from claims data as you know, and he once [Indiscernible - low volume] over 50% were alcohol-related. That was not based on data, but his hunch as a clinician and what he was seeing.

The other claims data, and I asked Judy to be her perspective on it is which would be complicated by the presence of alcohol? The [Indiscernible - low volume] is number seven on our list, but certainly from a clinician's perspective there are other things that were impacted.

[Indiscernible - low volume] young mothers that were in liver failure. >> Just an FYI on that, in September will be visiting [Indiscernible - low volume] and I think people asked to have some presentations or percentages of the crisis that is going on as long as we are in that local area. >> Put that on your calendars .

From Lincoln County, I think next

Yuma County.

Will the plan be to spend the night out there ?

Yes. We will have a dinner with local folks, etc.

I have one more quick thing.

I thought you were done.

[Indiscernible] >> The current health Institute have long had a history of tracking those who are eligible but not enrolled. That number used to be really big so through a loss of advocacy and [Inaudible] and others we did things to make it more streamlined's to [Indiscernible - low volume] state efforts as well federal efforts. The latest eligible but not enrolled members were recently released. Of the 410,000 residents in the state of Colorado who were uninsured in 2016 , as mentioned, many of them were eligible but not enrolled in some sort of public insurance product. Whether that was Medicaid, Chip, or the ability to receive tax credits through the exchange. There were estimated to be about 100,000 eligible but not enrolled Medicaid members. What I remember from my time on the advocacy side of this work is interestingly most of those were our lowest income families. Families who probably had the most fluid lives so being connected to something like your health insurance was a struggle. It is a little bit of a paradox there that Medicaid is designed to serve individuals who don't have other options available because of their income in the data in the past has really shown that it is our lowest income family. There are about 15,000 kids estimated to be eligible but not eligible for chip in 2016, and about 121,000 estimated to be eligible but not enrolled or using tax credits in the exchange.

The four page document they do a great job of breaking down complex issues. It is called our eligible but not enrolled population, and the [Inaudible] is holding steady. The number one reason remains that people don't know about the program , they are prioritizing other needs such as housing or food because of limited financial resources, they lack mental or physical capacity to get enrolled. They law -- [Indiscernible - low volume] they may not understand the need for insurance or have political or ideological opposition to enrolling in a government program. Hopefully we're doing things to make the system easier to navigate for this barriers, but some of the other barriers are more cultural in nature.

It was interesting and it used to be the northwest corner of the state that was lit up on the map areas with high eligible but not enrolled populations. It has moved a little to now be granted equal, Summit and Pitkin County. We know that those of the most expensive places in the nation to buy health insurance. To that extent people are eligible but not enrolled is because even with tax credit those products in that area may be [Indiscernible - low volume] and may not be possible. >> It is very interesting but I wanted to let you know that is something we are tracking and continuing to think about of the 100,000 folks that are Medicaid and 15,000 folks who are chip eligible and not enrolled. We are willing to support them.

I asked that CHI come out to all of us so Chris will take care of that. I think that will be a good thing for all of us

[Indiscernible - low volume]
I imagine pretty good?

Yes. I think one of the things we are really starting to see is the Commonwealth fund of the national survey does a national scorecard every year that the difference in health is really beginning to reveal itself in some of those state that expanded Medicaid and states that didn't.

To some extent [Indiscernible - low volume] what changes you made to your eligibility processes, because when we expanded Medicaid , there were a couple of things that happen. One, a lot of individuals gained coverage for the first time. They were newly eligible, and a lot of previously eligible but not enrolled folks got coverage because of the focus of the individual mandates, the exchange, public awareness campaigns. It was sort of twofold, if you will. Those newly eligible and those previously eligible but not involved. It probably compares really well. I know in particular our uninsured kids are some of the highest in the nation in terms of performance, but I don't know, and again, I think it depends on the recent changes in your coverage can change your percentage very easily. >> Now I am done.

Thank you.

[Indiscernible - low volume]

Yes, the human services director.

Even know your role previous Unter number seven on the screen as we only have one preview, we actually have three previous. We are very excited to have Cassandra Keller talk to us about to make different revisions that are coming, adult day services and an alternate care facility. Welcome and good morning.

Good morning to you.

We will see you next month?

Yes. My name is Cassandra Keller, I am working in the office of community living in I run several community-based services as a benefit specialist. I am bringing today a preview of two regulations. The first is revision to the medical assistance long-term services [Indiscernible - low volume] concerning adult day services and revision to the [Indiscernible - low volume] community-based services for [Indiscernible - low volume] alternative care facilities section 8.495. In previewing these together because they include many of the same changes so we are talking about them together.

I've been working with stakeholders for the past couple of years, actually on the revision to provide certification to our providers and bring these rules in alignment with other state organizations. We are pleased with the outcome of our collaboration with our stakeholders and I would like to briefly describe the changes [Indiscernible - low volume]. I will start with the adult day rule. >> The major changes include providing clarification, updating language, providing [Indiscernible - low volume] and reorganizing the rule so it makes a sense in terms of how they are now organized . It includes [Indiscernible - low volume] services and final rule element [Indiscernible - low volume] . What that does is it creative requirements on care planning , rights modifications, community access, integration, and what a person's rights are.

Another change is to enhance the environment standards for the adult day centers, making settings accessible to individuals. We're also adding brand-new food safety requirements for the staff for a lot of these the to provide meals and there are requirements on food safety.

We have also updated the requirement on litigation administration along with the revised [Indiscernible - low volume] that has been done with the Department of Public Health. We also provided clarity on critical incident requirements for providers and we made a few modifications to the director qualification for the centers. We've also provided clarification on the reimbursement of how these [Indiscernible - low volume] services pay as well as a clarification on the persons who receive adult day services and they are currently enrolled in the presidential program.

The major stakeholders we worked with for this rule are the Department of Public Health environment , [Indiscernible - low volume] case managers, family members, etc. We have been working with past couple of years [Indiscernible - low volume] with these changes in the department is very excited to be able to add a more robust rule.

Any questions about adult day services?

Many of the same changes are happening with alternative care facilities rule which is our residential program for individuals no -- [Inaudible] they don't encourage and provides a definition and organization to the rule.

We are included the final rule requirement , environmental standards [Inaudible] requirement , medication administration, and the biggest thing is and this coming month, the department of public health and environment will have their roles published that are over assisted-living. They have made increased significant changes to the regulation after a very robust [Indiscernible - low volume]. We have done is work very closely to divine our regulations with theirs so if a surveyor is going out [Indiscernible - low volume]. We just ensure that these regulations are going to be [Indiscernible - low volume]. We worked with [Inaudible] providers and [Inaudible] . We have again gotten consensus on the regulation and they are all excited [Indiscernible - low volume].

This is Kristi. One of the questions I had was did you have any of [Inaudible] disability advocates involved in any of your stakeholder work next

Yes they were [Indiscernible - low volume].

Okay. Otherwise I was going to [Indiscernible - low volume].

I understand it has been a very [Indiscernible - low volume] meeting and being involved in assisted living, do you anticipate that will have a lot of folks coming and not supporting the rule particular to the alternative care facility? >> I don't believe it will there has been a lot of [Inaudible] regulations and the support this regulations. There is some concern about the direct qualification and concern about [Indiscernible - low volume] for that. However, what we have really done is [Indiscernible - low volume] regulations so to have [Indiscernible - low volume] I don't believe it will have any [Indiscernible - low volume] to it.

I think that was the most [Inaudible] decision you could've made.

Great. Thank you. Any others?

Seeing none we will see you next month. Thank you very much. We are going to call Candace Bailey for our final rule preview for the children with autism waiver rule.

Good morning again.

Good morning again. Chairman and members of the board, thank you for having me here a second time. I in previewing the rule for the children with autism waiver [Indiscernible - low volume] will be in a pill for that rule. What we are actually doing is ending the prior program and [Indiscernible - low volume]. Back in 2015 , I can give you the exact date if you are interested, we intended to actually plan the children with autism program and include a more [Indiscernible - low volume] it was actually denied by the federal government and they stated that it should be available to all children [Indiscernible - low volume]. Which is a great thing.

It is no longer just children with autism. We have met the past several years working on getting that in place [Indiscernible - low volume], getting a number [Indiscernible - low volume] an appropriate provider [Indiscernible - low volume]. It has been a very long process and we have had incredible success. The only to make services available in this waiver are actually indicated in the state plan for federal regulations do not have a way to [Indiscernible - low volume]. Submitted an amendment to the waivers to actually end the program June 30, 2018 which is coming up . We

received approval for that in that we are on [Indiscernible - low volume]. Of an entire section or that waiver. Know that you will see the second in the next couple of months. Any other questions? >> Seeing none we have either warned them down or [Indiscernible - low volume]. Not sure which it is.

We are going to turn 18. Committee members may stay for a minute but I am going to adjourn the meeting .

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>> [Event Concluded]