

7.12.19 closed Captions

Please stand by for realtime captions.

- >> Good morning. It's July fourth at 9 AM. We are medical services and will start the meeting. How's that? How about we do roll call quick
- >> Christie Brinkley?Cecile Fraley? Patricia Givens? Simon Hambidge ?
- >> Excused.
- >> Bregitta Hughes?
- >> Present.
- >> Jessica Kuhns? Amanda Moore?
- >> An Nguyen , David Pump, Donna Roberts.
- >> Everyone here and accounted for. The location of the next medical services board meeting. It is Friday, August ninth. Beginning at 9 AM. This is where you are if you don't know. It is the policy of this board to remind everyone in attendance the facility is private property. Please do not block the doors and turn off your cell phones while in mating. If you lose connection click on the link to rejoin the meeting. The question and answer feature is enabled. Please submit questions and comments at the open forum time in the agenda. Please identify yourself, they are part of public record. Testimony is given over the phone. Please refer to the services board website for instructions. Individuals providing telephonic testimony will be given time after individuals. Please identify yourself when speaking. If you don't, I will remind you. There are individual testimony sheets for the open forum. If you need help finding it. There is a five minute limit on all testimony. With that, I would entertain a motion for the approval of the minutes for the June 14th meeting.
- >> The approval of the minutes with one correction. Criswell wordsmith it. It is under - -
- >> It is an incomplete sentence.
- >> Okay. All right. I have a motion and a second. All in favor?Aye Aye .
- >> Opposed? Abstain? Charlie?
- >> Aye.
- >> Dr. Givens?
- >> Aye.
- >> We should call both of you doctor. I apologize. We are on to the rules section. We are at final adoption in the agenda. We are looking at document one. So we do have a letter that was presented to us regarding that. There is a discussion that we at the board need to have as to whether to take the offer of consent to address the concerns that were waived in the letter versus on the consent agenda.
- >> There's more. I wonder if it would be [Indiscernible] if we pull it from consent and that gives the author an opportunity to address it?
- >> I am hearing a lot of shaking's of heads. Would you make that a motion.
- >> I would like to moved to call document one from the consent agenda to the final adoption agenda.
- >> All in favor, Aye? Opposed, abstain?
- >> Charlotte? Dr. Givens?
- >> Both Aye.
- >> We will move on to the final adoption of what we look at document one. If you pull up document one on the iPads. [Indiscernible]
- >> I knew I had some sort of a social interaction.
- >> Almost like a Facebook post.

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>> Nice to see you.

>> Good morning. I am the manager of the program [Indiscernible]

>> I haven't had a chance to look at the letter. It points out for things of it's easier for the board I can go through those in the letter.

>> The first portion all those citing the wrong section, and the concern is regarding the tabulation leverage. All we did is align with the statute. It is Word for Word and we put that. We were just putting it in to clean up the line which. The second one also under that section was B 4. They want to say they want to challenge audit findings. It's already in there and it gives them the right to have appeal. We just removed it from another section.

>> Under 8.0766 the request for written response. They were concerned about not being given appeal rights before the review which was outlined in 80766 be one. It's not considered an adverse action. Before he took payments are denied them they would have to have a right to appeal. It does not change the overall appeal right. In the last section talks about they want to request a timeframe for response to the extended 60 days. However the state statute only allows for 30 days. If we remain with the state statute if they want 60 days they would have to modify the statue. Those were the four points they brought up in the letter.

>> Have you had conversation with them since this letter?

>> I have not. We received it Tuesday. We have not had direct medication. We went to put this together.

>> Basically you are saying there isn't anything that can be done that this is duplicative.

>> Correct.

>> Thanks for that updated letter. I was having trouble tracking it. So where they at the stakeholders meeting that were held?

>> We have never had contact. The letter we received that Chris gave us on July eighth was the first time we had communication directly.

>> I know its out of step but my feeling right now in the committee is that we should ask them to come up and respond to what we are hearing as far as the information, because it doesn't sound like it's all tied in. Like there is anything we can do.

>> What are we thinking ?

>> Are they here or on the phone?

>> I don't know. Is the national Association of chain drugstores present? Anybody?

>> Go ahead, Miss Moore.

>> The only thing I think just like we have any other type of public testimony. They can submit the comments to us and the department addresses it. It sounds like the department addressed the concerns well. I don't know that we would need to not continue forward by awaiting that. I don't think we've done it with any other rule. I don't want to be not inclusive of the recommendation. I don't think we need to wait to move the rule forward. I don't think we have done that in the past.

>> I would agree. I expected them to be here.

>> Is there any concern?

>> Is someone on the phone?

>> This is Dr. Lippolis. I was going to echo Ms. Moore's comments in that I appreciate the letter. I think it's been explained. I would have concerns about

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setting a precedent when the person that writes the letter doesn't come or make the effort to testify if they feel strongly. It seems like it's been well answered. I'm sorry but this is what it is it's already there. Maybe you didn't find it. The question seems to be easily answered. It sounded like it was easily answered for me and I am happy to move forward with it.

>> I would agree.

>> [Indiscernible-low audio.]

>> Sure. And prepare a written response.

>> The department will reach out. That's wonderful. Thank you very much.

>> Yes two months off and she loses everything. Any public testimony? Who am I supposed to look for. It used to be here now it's over here.

>> No one is signed up.

>> I'm not seeing anyone jumping around out there.

>> In fact they are kind of slow and low. We will just kind of except that as we are moving on.

>> So we are back to entertaining a motion.

>> I would like to move the final licensing.

>> I would like to move the final approval of document one revision to the medical rule concerning program extend ready incorporating the statement of purpose.

>> We have a motion all in favor?

>> Aye. Opposed? Abstain?

>> Dr. Lippolis?

>> Aye

>> Dr. Givens?

>> Aye.

>> Wonderful we have a motion that passed. Thank you. I'm going to take a moment to say I miss two things I meant to do at the beginning of the meeting. What is welcome Mister David Pump whose them new committee matter and we will ask you to share something about yourself in a bit. Not immediately. We are already into the role section and I goofed up on that one. Also thank you, Bregitta, for hosting last month. I hear it was a wonderful visit. I am sad I missed the Colorado Springs visit. You all are doing phenomenal things down there. And growing like a weed. We are going to move on to document two. Do we want Heather to come?

>> I didn't want to - - I want you to say your own name.

>> Thank you very much for being here.

>> You have the floor.

>> Good morning my name is Britney and I'm with the Department of healthcare and financing. With me is Heather. We are presenting rules that implement changes for services case management. For waiver specific to individuals with intellectual and developmental disabilities. They were presented in October of 2018. They were not approved at that time due to outdated language that existed in several sections. Along with that language, the department had received feedback regarding management practices currently in existence that should be updated. The department use the time from October until today to update the language and conduct additional stakeholder engagement regarding current case management practices. Furthermore, they are required to create new processes regarding case management so use the time from October two today to conduct more engagement regarding the new process. House Bill requires them to implement the management for individuals with individual

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disabilities. The requested apartment to develop case management agencies and case manager qualification. Along with the development of a third-party entity to assist individuals with disabilities and selecting his or her own case management. The department work with an outside expert in the development of case management agency and qualification. Approximately 15 stakeholder meetings occurred between November of 2017 and June of 2018. Along with an informal comment. For stakeholders to provide additional feedback via email. The department took recommendations from the stakeholders and apply the changes to the regulations presented. Once the qualifications were developed, the department needed which were developed by using current regulations and striking them where they existed they were necessary because there is no duplication. Most of the information used to create that section had not been changed but merely copied and pasted from the existing regulation.

>> Minor changes were made to the agency and qualifications based on stakeholder feedback. Those changes and your current agencies providing case management were able to continue while this occurs. If these changes were not made it would be [Indiscernible-low audio.] provider capacity problem. Additionally, outdated leverage and references were updated or removed. The department says there are still regulations that will need to happen. However it is beyond the scope of work and cannot be addressed with these regulations. To comply with requirements in this bill, and to adjust feedback from the stakeholders, the department conducted another stakeholder meeting to adjust the changes made since October. Those changes include changes to the selection process for individuals enrolled in a home and community-based services waiver. Previously regulation required a request for proposal who are keys in those IDD waivers. It says anyone seeking a provider must have personal information sent to qualified providers so they can determine their ability to survive. Based on feedback the department change this to be more person center. That request is no longer required but merely one option of many to assist individuals. Other options include providing list using the website to search for providers and other supports as requested. Some stakeholders do not agree with the issue due to something and some inconsistencies in the search result. And the search is not solely for individuals with individual and developmental disabilities. They continue to work with stakeholders to make changes or updates regarding feedback. Since the meeting the department has continued to work on the website and is currently developing a separate landing page for individuals with individual and developmental disabilities to access the provider search functionality. In addition they are researching the inconsistent information with specific scenarios provided by those stakeholders. Another addition is the process for an individual to select his or her case management agency. The creation is required by the house Bill. The process is by which certain tasks need to occur and provide the ability to for individuals to change the case management agency any time after initial enrollment and service development. The department received feedback since providing regulation to the medical services board and since the June meeting, and met with those stakeholders to discover changes and was able to make most of the requested changes. They include additional clarification to the intent of certain pieces of regulation and clarification to definitions with some added once. Those changes that cannot be made are mostly due to being outside the scope of work. However, the department has committed to working with stakeholders

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to address the concerns and anticipates beginning the larger language this fall. With that, I will pause for questions or concerns.

>> Are there any questions ?

>> I want to say thank you. As I was coming and I had a stakeholder share with me how well the department has worked with stakeholders and listened and collaborated and all of that. It's always a joy to hear. I know it's been a lot of work when you say you had 27 meetings. We know that it adds up. We appreciate all of the work you have done. On behalf of the stakeholders I also appreciate what is been done. Do we have any testimony, private testimony? Any on the phone with questions? Know.

>> No.

>> We have Linda [Indiscernible]

>> Good morning.

>> Happy Friday.

>> It is a happy Friday. Thank you very much.

>> Please identify yourself and who you're with.

>> I'm Linda and the Executive Director. Our chapter is across the state provide advocacy with disabilities. I said that the last semester. In June [Indiscernible] gave testimony over the phone about some of the changes we were looking at and trying to work with the department about. Since then, we have met multiple times with Heather and Britney and multiple emails about trying to fix some of those things that made it better for people with IDD. I have to say that relationship with the department has been excellent. I was the one that gave Kristi the input this morning. Working together and working for those things is so critically important for the people we provide support to. When the department does major changes like this your eyes start to cross. We were able to work together to make those things happen and catch some of the nuances as well. Even as late as yesterday we made some changes. It's really important to know that. I think the volume of those I was sharing with Kristi on the way in, I counted out about 70 to 75 comments that we made on sections and definitions. It's a lot. Of those 70 I think there were six that would be dealt with in different section. They really were part of this. They were maybe two that we couldn't fix right now. But we were going forward to figure out how we would do that. That is a huge amount of work we have done and a huge response to the community. I speak on behalf of of everyone across the state and Colorado. I think it's important to know that. I did want to comment and Britney made the comment about the website. I heard from our state office that the website was not very functional. I wanted to share that as well. I think that I have to close in one way. I have been a proponent of independent case management. We've been trying to do it since 1985. This is a step in the right direction. I feel like I need to say it should be totally independent peer people have a right to have some of the only response to them and only has their best interest at heart. The department is working toward that. I just wanted to say that.

>> Any questions?

>> Thank you very much for your comments. With that, we have no other question. I would entertain a motion.

>> [Indiscernible-low audio.]

>> There's one correction.

>> There was the citation correction.

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>> The citation correction that had to do with the [Indiscernible] because they were on it always and she is just keeping us honest and consistent. That is a good thing.

>> There is the other from the AG office this morning. The one that [Indiscernible]

>> I didn't mean to put you on the spot.

>> Welcome to MSP.

>> There is a citation on emphasis.

>> We thought this was on your radar - -

>> It was not on my radar. I apologize.

>> Just for those on the phone, Jennifer today our normal AG, our regular AG person is not here today. We have Eric.

>> Thank you.

>> That's why her voice is not - - [Laughter]

>> I'm grateful you explained that.

>> [Laughter]

>> Page 16 of the rule text, there is a definition in program approved service agency that has a reference. That was meeting to be changed to a cross reference to the department's regulations. I just wanted to see if they would make that change on the record.

>> So with those changes - -

>> We can make that change.

>> To have that citation handy ?

>> You can stay with the recommended change.

>> So whoever reads the motion it's with the recommended changes. Eric can get that. He does a different speak.

>> They changed the citation to the department regulation.

>> I believe it is [Indiscernible]

>> Will make that change. Thank you.

>> Prior to reading the motion. I apologize. I am seeing Maureen Welch come in and she had already communicated to Mister psych she would want to testify on this document. We need to allow her to sign and so we can get her testimony and move on.

>> We are ready to do a motion on this one.

>> Everyone seemed happy.

>> So we will entertain a motion.

>> Move to final adoption to MSB one with the recommended changes. Revision to the medical assistance role concerning case management and quality performance incorporating the statement of purpose and statutory authority to table records.

>> We have a motion and a second? All in favor, Aye .

>> Aye.

>> Opposed, abstained ?Dr. Lippolis .

>> Aye.

>> Dr. Givens ?

>> Aye.

>> Thank you very much and thank you for your hard work.

>> We are going on to the initial approval agenda. We have to have formality. We have Cassandra. Can I just ask how the baby is ?

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>> I gave birth three days after I was here. She is now going to be 11 months this weekend.

>> Wow.

>> Time flies.

>> Are redoing all the wonderful things we do at 11 months?

>> [Indiscernible-low audio.]

>> Just like her mama. Okay.

>> [Laughter]

>> I had to asked because we were prepared in case you are going to deliver right here.

>> Good morning. My name is Cassandra Keller. I am one of the benefits supervisors in the community options benefits section.

>> My name is Kathleen Holman and I am one of the HCBS benefit specialist. We are bringing before he the revisions to the CES role and children's extensive support waiver. We would like to review some of the major changes in that role that we are proposing. First we are removing the third-party documentation requirement for families when they are submitting an enrollment application. The department has held three specific stakeholder meetings to learn how the department could address some of the concerns and streamline the application for families. Through those meetings, the department heard loud and clear the changes that could be made to the application process and the third-party documentation is one of those changes. This will create a faster, more streamlined application process and has a potentially positive impact on families.

>> Next while the rule is open we are making some updates to the grammar and person centered language. We are incorporating the changes from the case management rule sections. We are removing duplicate of language. We are removing the professional services benefit and separating them into massage therapy, movement therapy, and hypnotherapy into their own section. Lastly we are operationalizing the youth service which is an extension of respite specifically for youth over 12. The department has heard considerable stakeholder feedback in those meetings as well as in the children's disability advisory Council. We are incorporating the suggested changes to the regulations from that feedback. We will open it up to questions and comments from the board.

>> Does anyone have any questions?

>> I will go ahead and say out loud for public record, that one of the requests had been to remove the requirement of the lack of sleeping through the night in order to qualify for the CES waiver. That is not possible at this time because it would drive a fiscal note. It would require funding. In order to do that it would expand the population eligibility for the CES waiver. That requirement is not able to be moved at this point. Even though it's a wish in my book, to be queen for a day. I wanted to say that out loud because we looked at it. There is no way to do it at this point without money.

>> I think hearing of all the different possibilities we heard of how we change the application process and the targeted criteria. We had one that was the same low hanging fruit. That we could make a quick change to and remove the barrier. We wanted to make sure we got that taken care of right away on making that change as quickly as possible for families.

>> Thank you as the department number you have done a tremendous job of working

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with the stakeholders this has been contentious. It's changing eligibility and all of that. So everyone pays attention to it.

>> If we don't have any question - -

>> I'm just curious. Would it be something we need to request more money for X is that something the department will take to the legislature? Or is it going to be left up to stakeholders?

>> I don't have an answer to that. Ms. Bailey?

>> Mister Massey?

>>

>> I feel like I am watching a tennis match.

>> [Indiscernible-low audio.]

>> We just wanted to see Candace today.

>> Good morning, everyone. My name is Candace Bailey and I'm the community options benefits section manager. I've been here frequently. So as far as any sort of request this year, we are not able to have publicly at this point in time. We have to wait until the governor publishes the budget.

>> [Indiscernible - multiple speakers]

>> [Laughter]

>> And stakeholders can always push. I mean that's part of that happy - -

collaboration. So with that, anything else? Anyone on the phone have a question?

I'm not trying to avoid you. I know, you Dr. Lippolis, and Dr. Givens will speak up

.

>> Absolutely.

>> I just want to say - - this is Dr. Lippolis. I appreciate the discussion around sleeping through the night and the understanding that yes it would increase eligibility in a dollar way. I think but having the conversation is continuing to have the conversation will help keep it on the radar of a need that does need to be addressed. I do understand that trying to keep it at the highest kind of need right now based on dollars and allocation of resources. I appreciate the conversation and I appreciate you bringing that up again, and us having a conversation around it. And as for who will bring this up potentially is the legislature and stakeholders where the department? My guess is everything needs to be a stakeholder push to make it happen. Everyone needs money for stuff. I appreciate this. It's an important thing I think it's overlooked in terms of the quality of life of human beings dealing with difficult situations. Thank you for that.

>> With that, if no one has any questions we will go to public testimony.

>> We have one. We have two.

>> Thank you very much. Marlene Welch is our first person that will have public testimony. Good morning for those on the phone. Ms. Welch brought her son in the vertical format. He is cardboard and he is adorable. I think he's grown a little.

>> I will have to save up my points to buy a bigger one.

>> My name is Maureen Welch I'm a full-time volunteer and my son is 12 and he is on the CES waiver. I wanted to make some public comment as to this role packet. I have quite a few and I picked them up - -

>> I will remind you have a five minute limit.

>> I thought that was just for general public comment? I will do as much as I can.

>> First of all page 5, line 17 the addition of [Indiscernible] to support. We want

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to do a little happy dance. Thank you for adding that. Something that I've been asking for for years. It's not natural to support people having unpaid medical leave makes it clear as to the role of that person. I like the idea of the elimination of the third-party verification. Page 9 lines 15 to 18 is for annual reassessment that in the absence of the interventions prevention provided their Medicaid the intensity and frequency would resume and meet the criteria wristed - - listed above. It's unclear if that includes medication because it is intervention. I would like that to be mentioned in there. A lot of people use medication to help with sleep. I think if it's not specifically stated it could be question. I would like that added in. Also - - is this only for reassessment? Doesn't mention the absence for reassessment? It doesn't talk about the initial applications to that initially. If someone is doing an intervention for example ADA because it takes 6 to 9 months. I'm a little bit concerned about the clarity. It seems silent on initial eligibility.

>> Including line 11. My son did an emergency training this summer with South Metro fire department. They taught us how to use texting for 911 I think this exclusion since no one has land lines anymore is something we need to think about. I like professional therapy services getting separated. However page 13 with MSB for excluding it. I cannot find a therapist for Hippotherapy. There's very few in the area. I brought this in front of the medical services board before. I think to look at adding therapeutic writing. Basically it's an unavailable service because there is only a few Hippotherapy people in the state.

>> Personal trainers and yoga both of these people had certifications. Costs to Medicaid by reducing obesity and improving mood medical help. Both have research evidence-based outcomes. Why are we including them? We need to look at that. [Indiscernible] also page 22 line 2. You added volunteering. That was something I requested at the Medicaid meeting. I'm here to volunteer. I don't have a paid job because of his disability. So thank you for adding volunteering. Page 22 lines seven through 12 it says there are no other [Indiscernible] in that setting. I am concerned, what if my provider takes my son to a community setting at a community center pool or mall library and there's other people there that happened to be on the CES waiver too. It seems that [Indiscernible] from CMS saying we cannot limit people being isolated. We need to maybe consider broadening that. And then also page 22 limiting the service to 10 hours a day. A lot of people in the medical world, a lot of my friends are nurses and they work 12 hours and have to get back and forth to work. I think limiting it is discriminatory. A point that was raised at the Medicaid meeting was there's a real need to think about allowing two individuals to bill one service at the same time. For example my son is now 100 pounds. He's nonverbal but physical. The only way I can get to two people - - it's a serious issue. When you're in the middle of - - you are close to university. Right now the only way to get to people [Indiscernible-low audio.] it's a whole other thing to bring into your family life. I will he would like two interconnected figure out how to get the ability. Is still coming out of my service plan. It allows an agency to build two at a time. Last thing is the rates in process will be the most critical. I think older, larger, heavier, more aggressive 12 to 17-year-olds often limit people wanted to work with them. We need to in the ratesetting process consider hitting a happy medium between respite and factors we can get more people willing to work. I'm having a problem finding anyone to work

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with my son right now. Even at \$19 an hour. That's the best rate I negotiated with the PASA. That's the best rate I negotiated.

>> Thank you. I give you a you more morning - - moments. This is a part. Your points are good. This is an initial hearing. I'm going to very much encourage you because there have been some public meetings and I'm sure you've been at those to work with the department on some of these issues you are raising. There is a way to wiggle her change. I think they will work with you. We have to have you work with them prior to the next time they come back.

>> I'm sorry. I don't have coverage. Those meetings are not available through the phone.

>> I what did the apartment do tremendous things.

>> We have disability in order to have a privilege at those initial meetings I think it's also inappropriate. I've had a couple parents ask and they were told they had to provide medical proof that they had a disability in order to call in. Somehow I would like to see more ways to participate before getting there.

>> In the meantime your points are well taken. Please work with the department to address those.

>> I don't know if anyone else had questioned.

>> Any questions? Anybody on the phone?

>> Thank you very much.

>> Thank you for coming forward.

>> Introduce yourself.

>> I'm Bethany Gray the health program director at this policy. I spoken about this before and I just want to say I really appreciate the department having worked so much in the last six months or so on the waiver program with the initial disability advisory group. And addressing concerns that were raised for years. This has been a lot of really good work in my view. It's beyond the role. So there are changes to the application process and bilingual information for parents. There's a lot of good changes. I found them receptive to lots of comments.

>> It's always nice to hear nice things. Thank you so much. We should give a shout out - -

>> I am filling in for Lindsay. She has done an incredible job working with folks to see how we can get changes to this application process.

>> Good. Wonderful.

>> With that, I would entertain a motion for this.

>> [Indiscernible-low audio.] [Document Number Read] revision to the services and supports benefit rule concerning the children's extensive service waiver [Sections Read] Inc. for purpose and specific authority contained in the records.

>> I have a motion in two seconds?

>> All in favor?Aye .

>> Opposed? Abstain?

>> Dr. Lippolis ?

>> Aye.

>> Dr. Givens ?

>> Aye.

>> Thank you so much for all the hard work. Let's go on to document four. We will see and Tucker I think. Good morning. It's so nice to see your face.

>> We always want to make people feel welcome.

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>> If I'm sitting on the side of the table we really appreciate that.

>> Thank you medical service board. My name is Adam Tucker. I work in the community benefits option section and I am a HCBS specialist. One of the things I focus on is supported employment. These new sets of rules are to implement Senate Bill 18 145. Which was passed to further the work we are doing around making Colorado an employment first a. When it means that it's that competitive, integrated appointment is the first and most preferred outcome for anyone receiving services and really anyone with a disability in the state of Colorado. We know there's a lot of barriers around employment for individuals with disabilities. We also know employment is one thing that leads to community integration. It can drive down health costs. It is the right thing to do especially as we are working to try to support people living a life of their choosing and being involved. So what 18-145 does is it requires the department to do a couple of things. One thing I do want to mention is that most of this is we have to do in step with the division of vocational rehabilitation. I would like to thank the division, DVR, for being here today. Augusta is in the room. We have worked through the entire stakeholder process together. We have had two benefits and collaborative meetings that were put on. DVR was that both of those meetings. We have talked through the foreman's. We have worked with over about of hundred and 50 stakeholders to work on implementation.

>> This is Kristi. I want to clarify why healthcare policy and financing is doing this. This is for supported employment services under one of the waivers., Under two of the waivers. That's why we're having this conversation. Just to frame it out. Otherwise it's out of left field.

>> Thank you for entertaining my comment.

>> These are a set of services that include job coaching, developing, and placing and they are both under the supported services waiver. We are always looking to expand that. Even into younger but also into working with other populations. We are not there yet. This bill actually required the department to do three things. The first thing was to start collecting new data around employment and day services. The first part of the rule that you will see is actually one of the ways we will start to collect that data. That mean wage, mean hours worked type of employment will be asked during service planning. That will be collected by the case managers, reported into the computer system and the business utilization system and we will be able to aggregate that. What we know nationally is we are working to implement better supported employment services. We need that data to be able to track that. We're actually really excited about that. Then the other two big pieces was Senate Bill 18-145 required we put in new provider qualifications for individualized job coaching. We had group and individual. This one is specific to individualized job coaching. The bill requires that anyone who is a job coach has a nationally recognized certification or a nationally recognized training certificate. And to be able to do that and to do it well, we created in partnership with DVR that they have to cover competencies. Those were developed with stakeholders and you will see those in the rules as well. The third thing and probably the most interesting from a bureaucratic administrative thing so most people think it's boring but we think it's interesting. Is that we also are reimbursing providers were going and getting the certifications and training. We do not have exhaustive funds so we are working. It's one of the reasons why they gave us five years to implement it. We are working

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with providers even currently to start to do the preapproval process. We want to make sure there's a preapproval process. In which we make sure the provider and MSB six are on the same page as to the training. And then they go and give the training or certification and then request reimbursement. That is also in the role as well. This is really exciting. We think it is really one of the next steps into bringing Colorado becoming an employment first a. We need to make sure job coaches have a high level of understanding of how to do it. It's a technical job. We actually reimburse at a high rate for it because it is such a technical job. Part of that job is to help some one be successful. To help someone learn how to integrate and become integrated into the employment community. These new trainings and certifications are definitely setting us up and setting up all of the job coaches to support people in services in really being able to take that next step in the employment pathway. We are very excited about this.

>> Ms. Roberts.

>> Great job. Thank you very much for delineating that. How do you perceive this will affect rural Colorado? Do you receive the trainings along the urban corridor? Are there going to be outposts so that [Indiscernible]

>> So one of the things we actually did was to make some flexibility so that providers could go and find the best way to give the staff trained. Those core competencies allow for some Internet-based trainings. Also the ability to invite trainers to come to areas and provide training. The other thing we are doing is through the reimbursement process and we are starting conservative because we want to make sure there is equity around the state. We didn't want to open up the floodgate and have everyone in the corridor come in and say I want to get 70 people all trained up and we are out of money. What we did is we are restricting it and opening it up more and more as we learn what kind of money is coming through. The whole idea was to ensure that not only the rural but frontier areas and those providers in those areas have equal access to it when we look at the metro area.

>> Thank you.

>> Thank you for being here in a very easy to understand manner. I appreciate that. On page 4, line 35, there is 30 days in which the department has to include the reimbursement. Could you talk about how that impacts the PASA.

>> Sure. We have a preapproval forum and when you suspect you have this complete peer part of the instructions is to ask providers to make sure they are - - they are taking in our need for a 30 day review into consideration. One of the reasons for the 30 days is that most of the time if it's a training or certification that we approved, it will not take us 30 days to approve it. It really is for those certifications that are brand-new. That we will have to go and do the background research around to ensure it fits the core competencies. That will take us longer. That can take up to 30 days.

>> So I hear you saying is there is an established [Indiscernible]

>> Go ahead.

>> What that means then is - - [Indiscernible-low audio.]

>> When there is an established organization, that has training that is already approved. We are not talking about a 30 day turnaround.

>> We want to make sure that - - the other piece of this is also trying to manage the workload. If we have 100 preapproval forms come in, in a week, we may need 30 days to be able to process all of those as well. It's a little bit of both. If we

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don't have very many preapprovals in the queue, and something comes in, that would be - - that the training and certification we have approved. We would not take that long. We want to make sure providers understand that they will need to take that 30 days into consideration as they are planning out the trainings. One of the other things important to understand is that the main trainings we are talking about in the IDD trainings are the CSP certification or anchor training. Both of those are offered - - the training is a part one to do is on the Internet. We can start those quite often. And then CSP certification is every other month. There's a number of places around the state. Even some satellite spots outside the state like New Mexico and Wyoming that you can go and take. We want providers to take into consideration that 30 days. We also think there's a robust or enough access to these that it shouldn't really be a barrier.

>> Also page 1, LAN 25. Talks about appropriations. How does the department plan on handling a five-year expectation if appropriations are not [Indiscernible]

>> We are still working through that. If that were to happen we want to make sure there's actually quite a bit going on around training and support of employment. We are looking at what other resources are out there so we can start to work with providers around that. As we are moving forward, we are working through how that would look if he did not get the appropriations to do that. I couldn't tell you directly today.

>> This is Kristi. Do we have any numbers on how many people are certified?

>> Currently?

>> Yes.

>> We are looking at less than 75 in the state. There are about 400 providers that are within this bucket. In 2018 there was 1279 individuals on the DD waiver who using individualized job coaching. We can really see this as a robust - - this is something a lot of people use and really having some certifications is really going to improve the outcomes for the individuals.

>> Yes my own daughter would benefit from these changes. Anyway. I am just saying that out loud. Any other questions?

>> On the phone ?

>> We do have public testimony from Maureen Welch. Ms. Welch. Come on down.

>> I am Maureen Welch again. Volunteer. First of all, I want to say how excited we are in the community for employment first to happen. I am a recovering special ed teacher and I taught transition and my specific focus was on employment in a competitive employment. I worked at Children's Hospital in the project search program. All seven of my students are employed no longer receiving any cash benefit from SSI but still able to access Medicaid services. That is the dream outcome. I had one teacher and seven students and temporary job coaches. It's possible. I just want to thank the department and the legislature for moving it forward. After I was a project search teacher I became [Indiscernible] and provided support through DVR. I was not certified as a supported employment person but my experience as a transition teacher gave that experience to me. And I did want to ask if there was any way to clarify a little more on the rule as to what type of national training certification there is. It seems kind of violent to me. That could be interpreted. I don't know if there is a way for us to come up with a list of what is acceptable. I think it could be misinterpreted if someone reads the rule. There's a particular program I like that's available online that live outside the metro area. Open

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feature learning is progressive and focused on competitive employment. We have great videos if you want to go to the website. It's expensive so it would be nice to have it on the list of people can get reimbursement. I know the DD Council reviewed a few years ago and had positive reviews but they didn't have the funding to continue. My last point would be I don't know if there is any way to work into the role an extension for the deadlines on training for those supported employment people working with the most difficult individuals that are the hardest to find supports for. I am talking about registered sex offenders and people involved with the Department of correction. Other people that have additional barriers to employment. Those were the hardest individuals to find support for within the DVR. It's harder within the supported employment role. I want to make sure for the rural areas that maybe there's some flexibility or a way to get a waiver if they need more time to fulfill the requirements. I don't want to lose those people. They often have way more experience and they have been in the business a long time. Thank you very much. We are very excited. I am very excited. I do transition that's what I do. Thank you so much.

>> Thank you. Any questions?

>> I would encourage you to talk to Mister Tucker.

>> Are there any other public testimony? Online? Phone? Anyone? Jumping up and down I don't see anyone. DVR thank you for being here today. We would entertain a motion.

>> [Indiscernible-low audio.] [Document Number Read] all in favor? Aye ?

>> Dr. Lippolis?

>> Aye.

>> Dr. Givens?

>> Aye.

>> Thank you so much, Mr. Tucker, for the work you are doing.

>> Document five. We will see Aaron Johnson?

>> That is not Aaron Johnson. You guys are just mixing me up.

>> My name is Kevin Martin and I am the section manager for the department. I'm here to talk to you about the rules [Sections Read]. Specifically adding subsections, seven, eight, and nine. This would allow us to offer a second alternative payment methodology to the federal qualified health centers. It would consist of a per member per month. We've been working closely with the Colorado community health network and development of this new methodology over the course of guess what two and half years at this point? They were the ones that came to us with this idea to add another methodology to the alternatives that they have. And what this does for them is right now the encounter rate methodology forces them to bring a client into the FQHC. They have to be seen by an available provider. This will allow us to attribute members to them. To estimate the cost and then pay regardless of with it they come to see a doctor or not. It would open up the ability to utilize nurse visits and telehealth and an array of alternative service procurement. The other two pieces here, the second is we would also still need to reconcile to their prospective payment rate. This is a federal requirement through the budget of improvement piece. And then the last piece is clarifying the rates would become effective on the first day, 120 days after they submit the report. It's mostly a logistical thing because it's a monthly based payment. We would want to align it with the beginning of the month as opposed to having it somewhere else.

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>> Any questions?
>> I am seeing on. We do have comments from Colorado health community network. Everyone has read it. I'm just trying to get my brain around it.
>> Do we have any testimony?
>> No one signed up.
>> I think it's great to bring that into alignment as a Medicaid provider. We have a ton of telemedicine. It's internal to our practice. Especially earlier where people are driving an hour year - - hour. It's a huge impact for families and in terms of transportation so I think it's nice that it would have the ability to do that. I know the payment system is different but it brings them into the light of providers providing that and behavioral health services. Thank you.
>> I would just add that in our F cues we have tremendous wraparound services. It allows us to use those in a much more powerful [Indiscernible] which is tremendous.

>> Any other questions? I would entertain a motion.
>> [Document Number Read] revision to the medical assistance rule reflecting [Sections Read]. Incorporating the statement of basis for purpose specific statutory authority. All in favor?Aye? Opposed? Abstain .
>> Dr. Lippolis
>> Aye.
>> Dr. Givens?
>> Aye.
>> Thank you. We appreciate you being here. I would entertain a closing motion - -

>> Thank you.
>> [Indiscernible-low audio.] what do we think? Five?
>> Everyone shaking their head? Say that again?
>> We are looking at three, four, and five. I feel like there is dialogue on three and four that could populate the department.
>> It seemed like those conversations we had at the next meeting and there's no reason to hold it up.
>> We are not holding up but we are not putting it on consent. There still dialogue.
>> [Indiscernible - multiple speakers]
>> If we could have a motion on the consent for document five I would entertain that. To moved to add document 52 consent.
>> Ms. Moore are you Dr. ?
>> I am not.
>> I apologize for asking. I'm like saying Ms. and I'm thinking - -
>> I want to give everybody - - come on let's have some water. All in favor?Aye .
>> Dr. Dr. Lippolis ?
>> Dr. Givens?
>> Aye.
>> Now we will entertain a closing motion.
>> We move that all things read meet the criteria of the state administrative procedure act.
>> I don't vote on that one. I just take it as a consent. Everyone is in agreement.

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>> So now we will go to open and public testimony. Is there anyone ?

>> Let me guess, Ms. Welch.

>> I just had two things to mention. One is an immediate update. I don't know how many of you get the power politics but there is a a article about guardianship. I can blow it up and lemonade it's you could pass it around. I can send the link to Kristi.

>> You can read it online. Basically on guardianship they created the office of public guardianship with House Bill 1910-45. I had a lot of concerns about it. And basically the office of public guardianship created just in Denver so they had to whittle it down. An office of public employees who will be guardians over individuals after they lose the rights under the civil process of guardianship. It's very concerning because the population is now a statute part of the at risk adult population. I wanted to bring that to your attention. Also mentioned that the Denver core is the only one that is closing regularly for the guardianship earnings. I have been removed from the courtroom 10 times now. They closed the hearings and kicked me out. It's very concerning that the judge in Denver is doing this. That's what this article covers. I will email that to you. Secondly,

>> [Indiscernible-low audio.]

>> They did pull it under there are because Marianne sees me all the time. In August, the Denver auditor will be pulling out the audit report for the \$17.5 million per year in Denver property tax dollars also known as the [Indiscernible]. That's a very important article because it fills the unmet needs of the population of IDD that I advocate for. Also there's the start of an audit of Adult Protective Services. There's been a lot of problems with Adult Protective Services. That will be coming out in August. Or probably in a year. It takes a whole year for the auditor to do a full audit. On to my second topic which is denial. I've a lot of concerns about denials from community center boards. There's a new issue that has come to me from half a dozen families that baby wipes are being denied for people on CES waiver only by one particular CCP. Rocky Mount services. The medical supply company. [Indiscernible] is obviously in there for anything as long as it's incontinence related. So I think that - - I was going to bring it to the kids Medicaid meeting and then they canceled it.

>> We can get the professionals.

>> We will have it next month.

>> I've a lot of families being verbally discouraged by case managers at the CCB across the state for applying for CCS. They are telling them their kids don't bother. I really think it's important that the message get from the department to the CCBs that is the right of any individual in Colorado to get a application. To give them a verbal denial before they have the opportunity to provide evidence is the way to gatekeeping deny services to a vulnerable population. My third comment is overall verbal denials for waivers once you are in a waiver. I have gotten all kinds of denials for things I have requested. I asked my case manager to give me written denials for those items I requested. They thought I was crazy. This was an experience case manager who would never get the written denial for a waiver service. This is a real issue. No one gets the appeal rights if they don't get a written denial. There needs to be messaging from the department to the CCBs and maybe even put in the contract that every single time something is denied it must

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not be verbally. It must be written and be appeal. I have pilled my to the administrative law drive where had to raise my hand. It was my first time doing that. The administrative judge overturned the ruling that it went back to the department and the department overrode the ALJ. I'm still trying to figure out how that can happen because it seems a little bit convoluted. Those are the two issues that I wanted to cover today in my public comment. The media coming up and I will send the and also this issue of denials particularly around CES at the CCBs. Thank you for your time today. I will be here after.

>> Any questions for Ms. Welch?

>> Seeing none, thank you very much.

>> Before I go to you, - -

>> I am not in any hurry.

>> Can I put Mr. Pump on the spot? We are hoping to do a lunch so we can all get to know you better and you can get to know us better. I am proud to say there is a huge wealth of knowledge at this table. Many professionals that bring expertise that is helping us make decisions that are hard. This was kind of a unique day. Just know that. We would love to know more about you and welcome.

>> Thank you very much. I have to say my name is David Pump. I was - - I've been here in Colorado for around 20 years. I have also been in Colorado Springs where he worked in the [Indiscernible] and health centers and I started as manager and ended as deputy director. About a year and half ago I had the opportunity to move myself and my family to the best city in Colorado, Pueblo, Colorado. And work at diversified industries. We supported just about 175 individuals with intellectual and developmental disabilities. In various ways. Socially, residentially, and vocationally. The work today was all yea but the work around the FQ payment I've been involved with for two and half years. It was exciting. Almost like oh my gosh I get to see this. Then the work around here geared to my part. I am represented here.

>> [Indiscernible-low audio.] lots of kids, wonderful wife 26 years married. Grateful to have the opportunity.

>> Thank you very much. We will get to know you better in the coming months. Thank you for your service ahead of time.

>> Would you like to give us a department update?

>> I would be thrilled.

>> Would've you been doing?

>> A little here and a little there.

>> Enjoy your service here.

>> A couple precursors to my report. As you heard from Adam and Kevin, we are routinely aware of the inequities of rural and frontier areas versus metro and suburban. Given the onset of technology these days, we have a lot of opportunity to be able to try to address some of these inequities. It gets to that point where we have training for everything we do. Thank you for the comments on that. As Ms. Bailey so eloquently stated, the budget is in flux right now. It is in process. Just so you are aware, we work on it throughout the summer and submitted to the office of state planning at the governor's office and get the thumbs up and thumbs down. And we move forward from there. Right now it's informative in the process we just submitted the rudimentary parts of it. We will know shortly how we have been blessed with this request. The same holds through with the website. We are still in

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the formation process. We always have the right to lobby whoever they want for resources and funding. I'm sure that will continue. We hate being so obtuse about what is in the budget but we are not at liberty to talk about it. We are Keenly aware of our statutory requirements.

>> We have had an interim director at the office of community living for a number of months. Now it's official that Bonnie Silva will be the executive director - - I'm sorry the office director for community living. So we are used to seeing that happen. We worked on disability policy in both the government and nonprofit sectors. She's very knowledgeable about the programs and the clientele. We are thrilled that that is finally a reality. Congratulate her and we look forward to working with her.

>> The state innovation model most of you are familiar with. We had federal funding to make that a reality. It ends after four years July 31st. We will have some staff carry over to do the closeout. It was a rather ambitious model to reform healthcare and integrate physical and behavioral health. We had great luck in bringing primary practice into the model. We hope to continue that practice. We think it was a huge success. It got up to about 25 percent of the practice. It's been a great success and we are sorry to see that terminate at this point. We hope the good work they started will continue. What else? The governor's office on saving people money on healthcare, recognizes care to improving outcomes and reducing unnecessary costs. Many state agencies will continue to work [Indiscernible] during the four year timeframe. Everyone has picked up the mantle and move forward trying to keep it a reality. Substance abuse disorder update, we have a commission on opioid abuse and we hope we will see six interim committee meetings eight hours a day. There will be a lot of material covered over the summer. Our [Indiscernible] is free to attend those meetings. We are participating in a number of those meetings. We have been very successful with the Medicaid model limiting opioid prescriptions. It's really significant for us. We are pleased with that. We are actually pursuing a 115 waiver that will authorize us to pay for some substance abuse disorder services. Both an inpatient treatment and expanded withdrawal management service. We are working to pay for those with Medicaid funds. We will see how that goes. We will submit that waiver in October of this year. What else? We know that [Document Number Read] which is affordable healthcare. They have been co-work between our department and division of insurance. I think the next upcoming meetings, there is one in Boulder there's one in Bree Lee and one in Keystone. We are encouraging a lot of public participation. If you have an interest in that, please feel free to attend any of the public meetings. We have to have the report by November. I think we are gathering a lot of data. It's helping us to formulate this and we are working with our friends on the exchange. We will see what comes out in November. That's really my report. Any questions you have for the department?

>> Not the department but you can add this to your honey do list for the government. I still have a question from some of my cohorts regarding type I continuous glucose monitoring and supplement. Right now you hit adulthood those benefits stop. The people still live on. Or attempt to.

>> I think we heard about that fight.

>> That was a question. You mentioned it once and I wanted to see if it was going anywhere.

>> My brain was saying something that something was authorized.

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>> Okay Mister Sykes we will take that up. You also announced the mental health Canetti, did you not?

>> We announced one. There will be a lot of opportunities on mental health in the future. We are still actively recruiting and interviewing for the Medicaid director programs. We will have an announcement on that soon. As is the way we have changes in administration. We have a lot of turnover. Statutorily we [Indiscernible] 33 FTE this year. We had some normal attrition. We were trying to hire. The HR department is working overtime to get some of this done. We will be keeping you informed as we hire more.

>> You must have [Indiscernible] for pediatric or just dentists in general that will accept Medicaid. I know in our frontier counties that I represent, there were a couple.

>> Only a few pediatric dentists.

>> Just dentists that take Medicaid.

>> I think we have been [Indiscernible] we have for in the greater [Indiscernible-low audio.] I think that's - -

>> It varies across the state. I think there's an issue with adult payment but I think that's gotten better.

>> In fact we are increasing the benefit to \$1500 for the adults.

>> Have you seen more providers and rolled ?

>> Yes. There still to be some ones that won't have coverage. And previously \$1000 sounds like a lot of money but that was really for adult care it was a lot of identification but not much deviation. When we upped the ante will be able to provide more services. We are very happy with that. We hope the economy stays as robust as it is. And we will keep plugging away.

>> Just [Indiscernible-low audio.] some of that has [Indiscernible-low audio.] while we have lots of dentists in the states there's a variable [Indiscernible-low audio.]

>> I think one of the purposes this year will be to provide obviously dental specialty care. I know Park County is a perfect example. There's no primary care provider.

>> For dental or medical?

>> For medical. We really need to get out ensues. I think there are some very innovative things going on. Especially with conversations. The lieutenant governors knew how we would provide incentives to rural providers with programs. Stay tuned.

>> With that, we will adjourn the July 12th meeting. Thank you very much for coming. Be safe, as you go home and we will see you next month.

>> Thank you. Goodbye.

>> See you later.

>> [Event Concluded]