



Meeting Notes

Nursing Facilities Advisory Council

Tuesday, March 19, 2013

3:15 PM – 4:45 PM

225 East 16th Avenue, 1st Floor Conference Room

Denver, CO 80203

ATTENDEES	AGENCY
Jay Moskowitz	Vivage
Janet Snipes	Holly Heights
Arlene Mills	CHCA
Tracy Nickelson	Vivage
Sarah Schumann	Brookside Inn
Donna Zwierzynski	Vivage
John Brammeier	Vivage
Lonnie Hilzer	Continuum Health Mgmt
Julie Farrar	DD Council
Ann Kokish	CHCA
Brent Hill	CHCA
Ashleigh Perez	Myers & Stauffer
Jennifer Manchego-Pena	Vivage
Nancy Fox	Vivage
Jeff Jeredker	Vivage
Lois Munson	Sr. Counseling Group
Jan Garramone	CDPHE
Tami Kendall	Denver North Care Center
PHONE	
Shannon Gimbel	DRCOG-Ombudsman
Ray May	Mt. St. Francis Nursing Center
Lee Dickey	Doak Walker Care Center
Paul Landry	LCCA
Mary Koretke	Vivage
Teri Blechar	Vivage
Saori Kimura	Innovage Long-term Care Options
Nancy Borgstadt	Colorado Foundation for Medical Care
STATE STAFF	
Kathy Cehuhar	HCPF / CCT
Beverly Hirsekorn	HCPF / Eligibility
Matt Haynes	Safety Net Program Section

Anthony Satariano	LTSS Division
Vicki Parkhill	LTSS Division
Kathy Snow	LTSS Policy Specialist
Jason Takaki	LTSS Facilities Unit Supervisor
Cathy Fielder	LTSS Auditor
John Barry	HCPF, LTSS Stakeholder Relations

I. Welcome, Announcements, Introductions:

John Barry welcomed the attendees and those attending on the phone. Meeting attendees introduced themselves indicating the organization they represent. No announcements were made.

II. Review of minutes

John Barry asked the group for corrections to February's minutes. None noted.

III. Pay for Performance (P4P): Anthony Satariano

- 117 applications for 2013 were received. The applications have been given to PCG for their review. 10% of the applications are subject to onsite reviews performed by PCG. Expect visits in late April 2013. The annual report should be available in June.
- On March 19th the first workgroup meeting was held. Discussion about the application process was productive. Topics included: 1) Looking at the possibility of a web-based application; and 2) Looking at the reasons why a facility may not be submitting P4P applications and how increased participation in P4P can be achieved.
- The next workgroup meeting will be held on April 16th. Check with Anthony on the start time.
- Questions contact Anthony Satariano at phone (303) 866-3895 or email Anthony.Satariano@state.co.us.

IV. Provider Fee Update: Matt Haynes

- Good news, the model was finalized March 15, 2013.
- Rate letters were sent out March 18th. There is a 30-day time period between the letter and when the transactions will be updated with the new rate. The model was finalized in time to use the March transactions.
- Reconciliation of the provider fee and the supplemental fee is underway. There are 8 months to reconcile. There will be a 4-month payback period.
- Refer to the rate and reimbursement letters for further information.
- Questions contact Matt Haynes at phone (303)866-8305 or email Matt.Haynes@state.co.us.

V. Colorado Choice Transitions Overview & Resident Apartment Expenses: Kathy Cebuhar

- A handout was provided to attendees regarding the Colorado Choice Transitions (CCT) process. CCT program launched March 1, 2013. The first participants are working with their transition team to successfully move back into the community. Approximately 490 participants are expected to transition over a 5 year period.
- Handout highlights: CCT is a \$22 million grant for 5 years from Centers for Medicare and Medicaid Services (CMS). CMS has set some goals grant recipients are expected to meet. Colorado's goals coincide with CMS goals. A variety of HCBS waivers and services are available to participants.
- Several questions were raised regarding identifying the barriers to moving between nursing facilities and the community. Also if there would be special coding so nursing facilities can distinguish CCT participants from non-CCT participants. Answers to these questions are forth coming.
- If you have further questions on the CCT presentation, please contact Kathy Cebuhar at phone (303) 866-2649 or email Kathy.Cebuhar@state.co.us. Or contact Nora Brahe at phone (303) 866-3566 or email Nora.Brahe@state.co.us.
- No update was provided on the Resident Apartment Expenses question from February's meeting.

VI. NFAC 2.0 : Jason Takaki

- Jason started a discussion regarding the focus of the NFAC group. He listed 2 top priorities that LTSS believes are important. In addition to working on the Rules (identified last year), one priority involves writing a Nursing Facility Position Statement (White paper) and a second priority involves the redesign of the HBU (Hospital BackUp) program.
- Kathy Snow continued the discussion with the #1 top priority of redefining the role of a nursing facility. Demographics and the financial climate have changed over the years and nursing facilities have been changing too. When looking at the continuum of care, where do nursing facilities fit? Have facilities identified all the services they can provide and can they fill any gaps along the continuum of care? What changes can be made to the nursing facility model to provide those who need services what they need?
- The group was asked to write on an index card or email any other priorities they see the NFAC group should address. Jason and Kathy will review the submissions and present them at a future NFAC meeting.
- Please send ideas to Kathy Snow at Kathy.Snow@state.co.us.

VII. Public Comments:

- A question about the Apartment Allowance/Home Allowance was raised surrounding the amount of the allowance and how the County is applying it on the 5615. This was mentioned in the February meeting also. No update was presented on this topic.
 - February 2013: Home Allowance amount allowed. Facilities have to pay for short term resident's apartments and the current home allowance amount doesn't always cover the resident's rent.

- Cathy Fielder, LTSS Auditor, provided answers to two questions from previous NFAC meetings.

- **Question: *If the current Medicaid per Diem rate is listed on the 5615 (Section II), then can the facility use that rate on the discharge 5615 as proof in a Medicaid audit?***

The auditors use the audited rate, found in MMIS, when conducting their reviews. However, the Department is aware that mass rate adjustments or COLA increases can occur after a resident expires or discharges, causing a variance in the amount Medicaid paid. In situations where the resident expires or discharges from the facility and does not return in the future, the per diem rate from the 5615 can be used and the variance will not be recovered during an audit. In situations where the resident discharges but later returns to the facility, any variance resulting from a mass rate adjustment or COLA increase would be recovered during an audit.

- **Question: *Regarding 5615s for 2010 and 2011. Since there wasn't an increase for those years, is it necessary to have them? It's understood if a resident has income other than social security and a possible spousal allowance that the 5615s would be kept?***

Counties are required to complete a 5615 any time there is a change to income or expenses, and facilities are required to report any changes to income or expenses of which they are aware. If there were no changes, a new 5615 is not required. During the years in which there was no COLA increase (2010 and 2011), the auditors would not expect to see a new 5615 unless the client had other changes to income or expenses.

**VIII. Next Meeting: Tuesday, April 16, 2013, 3:15 pm – 4:45 pm.
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