



**MINUTES**  
**Single Entry Point (SEP) Quarterly Administrator Meeting**  
**April 22, 2016**  
**9:00 am - 12:30 pm**  
**Mesa County**  
**510 29½ Road, WFC Conference Room C,**  
**Grand Junction, CO 81504**

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1. Roll Call/ Opening - Julie Reed
2. Agenda and HCPF Updates - Julie Reed
  - a. Review Regional Quarterly SEP Administrator Meeting Schedule for next FY 16/17; Discussed frequency, Duration, Rotating / Regional Location, etc.
    - i. Good- Duration 3-4 hours, rotating regional meetings, quarterly
    - ii. Neutral- Day of the week
    - iii. Bad- Falls on the same quarterly meeting day of the Welfare group- change from the 4<sup>th</sup> Friday of the month
    - iv. Tasks: Julie- Will touch base with OLTC-AA Chair and Group to see if lining up those meetings can occur next FY. Move to align with OLTC-AA meeting day.
  - b. Posted for the SEP Contract Manager Position; Interviewing candidates on Tuesday April 26, 2016
  - c. Julie attended 2 Business Process Reengineering (BPR) Sessions with both Ouray County (Montrose SEP & Ouray DHS) and Costilla County (Conejos County Nursing Services SEP & Costilla DHS). Productive business process mapping sessions. There is now a momentum to push forward with a statewide LTC/ LTSS--- SEP Training for DHS County Techs. Other BPR Sessions might occur to specifically address the process between SEP and County DHS (financial eligibility). County Financial Eligibility can apply for funds through HCPF in order to work on DSS1 and communication processes (through the HCPF County Grant Program).  
[www.colorado.gov/hcpf/county-admin](http://www.colorado.gov/hcpf/county-admin) (see preferred projects list-- LTSS)
  - d. In the process of writing a Scope of Work for a Programmatic/ Administrative/ QIS Auditor for OCL. This audit used to be performed but has not occurred in over 5 years. This audit will be both Desk Review and On-Site.
    - i. Examples of what will be looked at:
      1. Org Charts - Staffing

2. Staff Lists with Training / Education Requirements
  3. Insurance
  4. Case Review Tool --- Reviewed
  5. Client Signature on Care Plan
  6. Etc.
- e. John Olenberger with CICN as awarded for another 5 years the SEP Financial Auditor Contract stating July 1, 2016.
  - f. Provider Capacity will be a goal over the next year to work with SEPs to map out geographical and regional needs based on provider type.
    - i. Task: Julie will be working with each SEP to identify needs and relay that back to appropriate HCPF staff
  - g. BUS Data Clean Up and Review needed: Large amounts of errors have been located specifically in the following 5 areas (1) SSN (2) Gender (3) Medicaid ID # (4) Name (5) DOB. Please review 5 areas for your clients/ case load.
  - h. Myth Busters: ADRC Workgroup (AAA) and Conversations with HCPF on the possibility of receiving a Medicaid match on services already being provided. This is not effecting the SEPs Scope of Work. This is a conversation with ADRCs for work already being completed and matching CMS payments with local ADRC funding. You cannot double claim funds.
    - i. Task: Julie- Will provide a diagram of HCPF initiatives and how they intersect with each other (if they do intersect).
3. A word from HCPF Leadership - Jed Ziegenhagen
    - a. Description of OCL- CCBs and SEPs
    - b. New MMIS "Commit Project"
      - i. On Schedule to go live on November 1, 2016
        1. Task: Julie will schedule HCPF - Health Information Office & HP (replacement of Xerox) to Present at the next SEP Quarterly Regional Administrator Meeting in July 2016
      - ii. What might not go live on November 1, 2016 is the new case management software (Vital)
        1. Data Conversion from the BUS to Vital is still being worked out
        2. Transition might involve more of an "extended cut over"; might happen in phases or regions first

- a. Task: Details still being worked out internally at HCPF. Julie- will message out when a confirmed plan is formulated.
  - 3. User Acceptance Testing (UAT) sessions will involve SEPs (external users). There is some Travel Participation funds available from HCPF.
    - a. Task: Julie & Tim will communicate with SEPs on the specifics of that UAT and how to access limited Travel Participation Funds
- iii. Conflict Free Case management and No wrong door (NWD), ACC 2.0 Concepts
  - 1. Looking at Functions: classify the SEP work into three conceptual buckets
    - a. NWD
      - i. intake and referral
    - b. Case management
      - i. System navigation
      - ii. Advocacy on behalf of the individual
    - c. Administrative
      - i. Process appeals
      - ii. Doing the assessment
      - iii. PASRR
  - 2. Which ones needed to live together for efficiency
    - a. Administrative could be tied to CM, RCCO (or RAE- ACC 2.0), NWD, 3<sup>rd</sup> Party Vendor
    - b. We didn't find that moving administrative functions to the RAE made total sense
    - c. Still not clear as to where the administrative piece should live
    - d. System navigation and advocacy piece is inadequacy funded
    - e. May become a decision point for your agency in the future:
      - 1. Does your agency naturally fit into the role of advocacy?
      - 2. Does your agency naturally fit into the role of administrators of business processes?

3. It is hard to serve two masters as a SEP: Utilization Management (UM) and Case Management
4. The Department and stakeholders are In favor of member client choice of case management but unsure of how that will be played out over the next few years.

4. Vital, LTSS Assessment & FASI (TEFT) - Tim Cortez

a. Vital - Case Management Tool that will replace the BUS

- i. Timeline unsure currently but within the next year we will be moving away from the BUS and into Vital
- ii. Pilot approach for roll out of Vital
- iii. User acceptance (UAT) testing in a few counties first
- iv. Fix issues before we roll it out statewide
- v. Create a more rational rollout in Colorado
- vi. System will automate the PASRR level I and II process
  1. Allow hospitals to communicate with each other
  2. Future state the RAE's will become the UM at the local level when they take over the mental health services
  3. Trying to figure out how the security is going to work
  4. Questions:

a. Will the PAR process be phased in?

We are going to give you direct access to MMIS through the Bridge. Will no longer to mail in PAR.

PARs will be all in the system

b. CDASS PARs?

- i. Task: Julie & Tim will get a summary of what will be incorporated
- ii. Task: Julie setting up a presentation in at the July 2016 SEP Quarterly Regional Administrator meeting

b. New Assessment Tool

- i. New assessment tool is a few years out before we can fully implement this statewide
- ii. Taking the approach of a smarter release
  1. Would like to understand how much work this will be so the remaining pilot work will need to be done with the Assessment Tool
  2. HCPF has concerns about the capacity of the CMA

- iii. All the modules are developed
  1. If you want to see the modules and materials and look at the draft training materials
  2. <http://coassessment.blogspot.com/p/review-of-existing-ltss-assessment-tools.html>
- iv. We incorporated new guidance from CMS into the assessment tool (Functional Assessment Standardized Items (FASI from the TEFT Grant))
- v. Only have tested
  1. The new intake screen
  2. Person story module
- vi. CMS delayed Level of Care study (FASI- TEFT Grant and begin of the Assessment Tool)
  1. Next year Level of Care study
- vii. Working to get training materials approved at HCPF
- viii. Working on adapting the assessment tool for children
- ix. Next Year we will be looking at how the assessment tool can support planning
  1. Find linkage between assessment and support planning
  2. Will be asking SEPs to support piloting of this new tool and new Care plan
- c. TEFT Grant: Initiative of CMS Colorado is part of 8 states participating
  - i. FASI Tool component of TEFT (level of care)
  - ii. We will be able to participate in reliability of the assessment
    1. Truven is the vendor
    2. Truven will pay assessors to meet with the client
    3. Both SEP and 3<sup>rd</sup> party assessors will be paid and client will receive a stipend
    4. Truven will contact and contract with interested SEP agencies directly
      - a. Colorado is part of only 6 states participating in the FASI component
      - b. Colorado needs 90- BI waiver clients and 87- CMHS Clients to participate. HCPF will separately contact CCBs in order to get the appropriate amount of IDD clients to participate
        - i. Weld, ALTSS and Mesa is willing to participate
  - c. August time frame for reliability testing

- i. Will take a month or two

## 5. SEP Rule Making - Julie Reed

- a. Reviewed high-level changes to the SEP rule proposed to go to Medical Services Board (MSB) for the 1<sup>st</sup> presentation in July 2016.
- b. Timeline for the “clean up” round of the SEP Rule is slated to take effect in October 2016
- c. All changes were based on efficiency need and feedback from Stakeholders over the course of the last year on the Regulatory Efficiency Review process of the SEP Rule.
- d. After the “clean up” other sections that are needing to be altered in the SEP rule will need to involve stakeholder before presenting to MSB. That will happen over the summer 2016 and into the fall 2016.
- e. Task: Julie will create a high-level summary of the changes that are being suggested in the July 2016 MSB presentation and release that to the SEPs

## 6. Home Mods & BI Waiver- Diane Byrne

- a. The Department understands that it is difficult to put someone on the BI Waiver in areas with limited service providers
  - i. The Department would like to expand the service provider network
  - ii. We have been working with Pueblo about expanded services but will be looking into other areas of the state as well
    - 1. Mainly ILST
    - 2. Possibility to use NMT to transport members from Pueblo to Colorado Springs
  - iii. If interested about learning about BI provider network expansion please attend the quarterly meeting or contact Diane
  - iv. The Department is working on making homemaker services on the BI waiver.
    - 1. The BI rule may not be in compliance with how the statute reads- so it is being looked into
    - 2. Please speak with Diane about BI in general if you have questions or questions about specific clients
  - v. Med Minders - are a service available through BI
    - 1. Get in touch with Diane with questions
    - 2. T2029 on BI PAR code for specialized medical equipment
    - 3. What can the CM's do right now if you have clients?
      - a. Get in touch with Diane

- b. Home Modification rule change:
  - i. Going on for about a year
  - ii. There are many changes coming
  - iii. If all goes well effective date of August 1, 2016
  - iv. Get in touch with OT or PT and getting OT and PT to talk more directly to the contractors
  - v. Cut down on follow up by HCPF and the CMA
  - vi. First training on May 23, 2016 during regularly Home Modification stakeholder meeting
    - 1. Recorded as a webinar
    - 2. Broadcasted on the website
    - 3. Trainings across the state
      - a. HCBS will reach out to the CMA to identify OT's and PTs
        - i. Greeley - July
        - ii. Pueblo - July
        - iii. Grand Junction - July
        - iv. Durango - TBD
    - 4. Getting an OT or PT to do an evaluation in rural area is problematic
      - a. The Department is looking at the rates for OT or PT
      - b. OT and PT can bill through HH if associated with an agency which is more than the standard rate—might get providers to comply with need for the OT / PT evaluation
      - c. Send Diane suggestions or concerns

7. Closing Notes:

- a. Up and Coming Meetings:
  - i. SEP TA Call - June 14, 2016 at 11:00 am
  - ii. SEP Quarterly Administrator Meeting - July 22, 2016 at 9:00 am  
Location: Weld County - AAA, County Training Building -  
Kitchen Area; 1104 H Street Greeley, CO 80631