

Transition Services

Colorado Choice Transitions Sustainability

November 2018

Welcome

Meeting Purpose

Communicate what we heard from stakeholders at the Medical Services Board (MSB) rule hearing on October 12, 2018.

Share the outcomes of requested research and options/decision points to consider.

Work collaboratively on potential solutions to common issues.

Decide on a recommended path forward, subject to Department, CMS, and MSB approval.

Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

Agenda

Background

- What is CCT sustainability?
 - What services are being sustained?
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4 Major Issues

- Lay foundation for discussing the issue.
 - Provide background on the issue.
 - Present the research and proposed solution for the issue.
 - Open it up for questions, comments, and discussion about the issue.
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Wrap-Up and Next Steps

- What else did we miss?
- What happens now?

Transitions Program Overview

Colorado Choice Transitions (CCT) is Colorado's demonstration of the federal Money Follows the Person (MFP) grant.

MFP enrollment ends December 31, 2018. MFP funding for services ends December 31, 2019.

Colorado passed HB18-1326 to sustain transition services after MFP funding ends.

Transition Services

Transition coordination

Transition assessment, risk assessment, transition planning, coordination of transition services and monitoring and follow up activities

Transition independent living skills training

Training on skills for living in the community

Home delivered meals

Access to nutritious meals for those with special dietary needs

Transition setup

Coordination and funds for setting up a basic living arrangement

Peer mentorship

Support from a peer with shared experience conducive to transitioning into the community

Major Issue #1

“Providers should be able to provide all transitions services to a member, not have to choose between Transition Coordination and all other services.”

CTS + ICM + ETS = Transition Coordination

- The Department analyzed the demonstration services...
 - Community Transition Service (CTS)
 - Intensive Case Management (ICM)
 - Extended Transition Service (ETS)
- ...to develop a **NEW** overarching benefit called **Transition Coordination**.

Going from Demonstration to Medicaid

Must work within existing Medicaid Authorities for Transition Coordination

Administrative Claiming

- Allow payment for incomplete transitions and post-transition activities
- Requires a contract with the state, and vendors must meet state procurement requirements
- Requires the Department to request funds from legislature to set aside funds to pay out the contracts
- Subject to CMS approval (can take 1-3 years)

Targeted Case Management

- Maximum flexibility for reimbursing providers before, during, and after a transition
- Supports transitions for members needing more complex approaches
- Provider agreement required, no additional contract required
- Can reimburse for coordinating non-Medicaid services
- Increased quality and consistency of service provision

Home and Community-Based Services (HCBS) Waivers

- Community Transition Services (CTS) is a one-time payment upon the successful completion of a transition
- Unsuccessful transitions would require an additional contract with the state to be claimable through Administrative Claiming, pending CMS approval
- Extended Transition Services (ETS) would not be available

Transition Coordination and Conflict-Free Case Management

Originally proposed that Transition Coordination Agencies perform HCBS service authorization and appeals

Conflict Free Case Management (CFCM) says that these functions cannot be performed by the same agency providing direct services

Thus, Transition Coordination Agencies would have to comply with CFCM and **NOT** provide both Transition Coordination and other transition benefits to the same person

Stakeholders said this could cause provider capacity issues and impact on member experience.

Proposed Solution to Issue #1

Department is proposing to keep the Targeted Case Management authority for Transition Coordination, and remove the requirements for HCBS service authorization and appeals from Transition Coordination to remove the conflict of interest.

Pros and Cons of Proposal

Pros

1. Causes least disruption for current CCT providers
2. Same agency could provide multiple transition services to one member
3. Supports transitions from one geographic community to another within payment structure
4. Current case management agencies could enter the provider base to provide Transition Coordination
5. Transition Coordination Agencies could still have a pathway to being a case management agency
6. Still allows for payment before, during, and after transition

Cons

1. Received feedback that having an HCBS Case Manager and a Transition Coordinator can be more confusing for members
2. Could slow the process down to wait for HCBS Case Manager to authorize services
3. Unsure if this will broaden the Transition Coordination provider pool to better serve people living in Regional Centers and ICF-IIDs

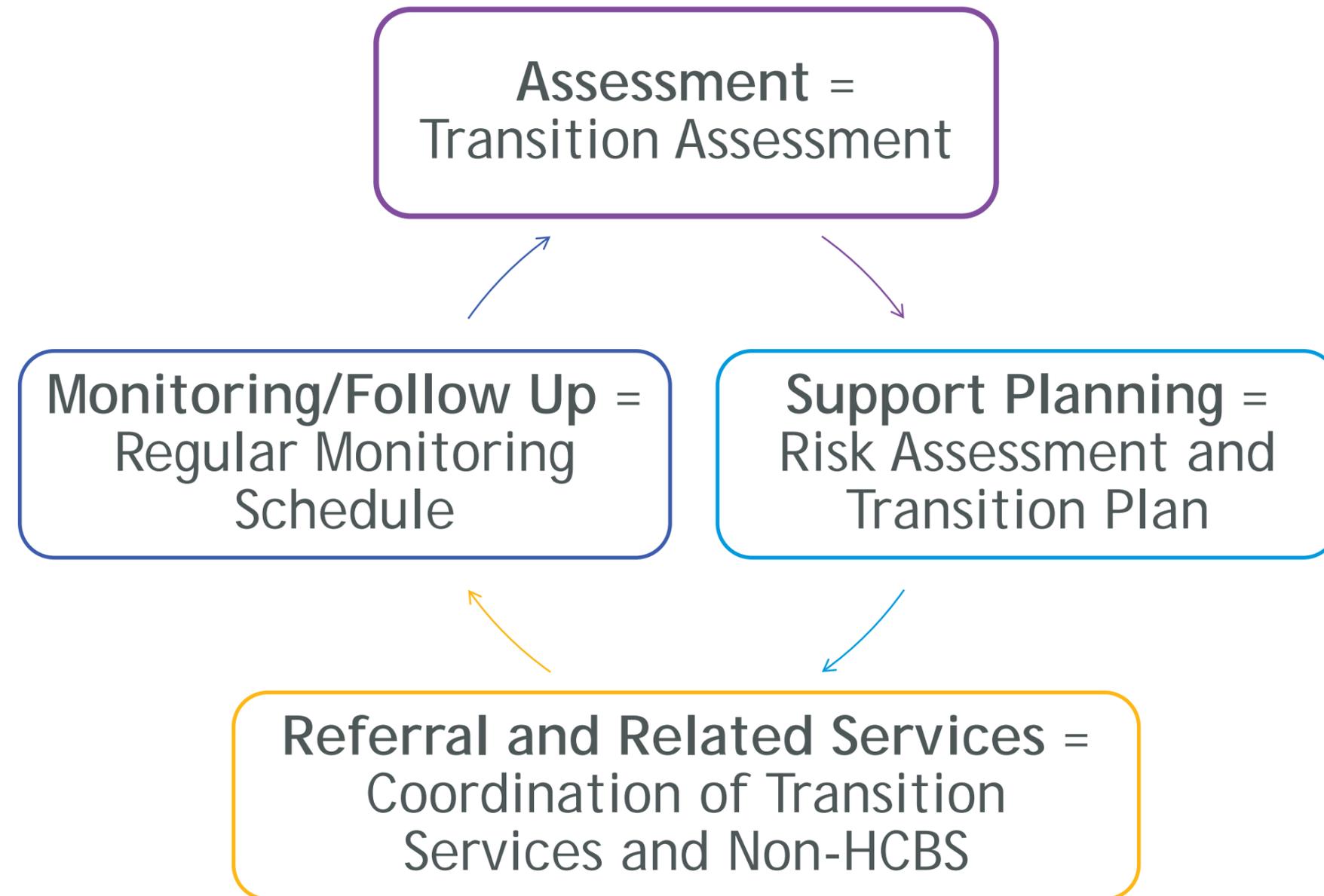
Discussion for Issue #1

- What was your first reaction to what we proposed?
- Do you think this will lead to better quality for members?
- Do you think this will work to ensure the largest number of providers serving the largest number of members?

Major Issue #2

“Transition Coordination Agencies should not have to become Case Management Agencies.”

Minimum Expectations of Transition Coordination



Minimum Qualifications of Transition Coordination Agencies

- Have a physical location in Colorado
- Be a public or private not for profit or for profit agency
- Demonstrate proof the agency has employed staff that meet Transition Coordinator qualifications
- Have a minimum of two years of agency experience in assisting high-risk, low income individuals to obtain medical, social, education and/or other services
- Provide Transition Coordination to clients who select the agency and also reside in the county/counties for which the agency has elected to provide services
- Possess the administrative capacity to deliver Transition Coordination in accordance with state and federal requirements
- Have established community referral systems and demonstrate linkages and referral ability to make community referrals for services with other agencies [CONTINUED ON NEXT PAGE]

Minimum Qualifications of Transition Coordination Agencies, cont.

- Demonstrate ability to meet all state and federal requirements governing the participation of Transition Coordination Agencies in the state Medicaid program, including but not limited to the ability to meet state and federal requirements for documentation, billing, and auditing
- Have one month reserved financial capacity or access to at least one month of average expenses based on annual expenditures
- Demonstrate ongoing financial sustainability reserves that match one month of expenditures associated to the number of clients expected through that catchment area and provide stability for Transition Coordinators, clients and service providers
- All agencies are required to submit an audited financial statement to the Department for review annually
- Possess and maintain adequate liability insurance (including automobile insurance, professional liability insurance and general liability insurance) to meet the Department's minimum requirements

Minimum Qualifications of Transition Coordinators

All Transition Coordinators must be employed by an approved Transition Coordination Agency and meet the following minimum qualifications:

- Bachelor's degree in a human behavioral science or related field of study
- An individual who does not meet the minimum educational requirement may qualify under the following conditions:
 - Experience working with LTSS population, in a private or public social services agency may substitute for the required education on a year for year basis.
 - When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.
 - The Transition Coordination Agency shall request a waiver/memo from the Department in the event that the Transition Coordinator does not meet minimum educational requirements.

Timeframe to Meet Transition Coordination Qualifications

- Providers will have 6 months to meet required agency and employee qualifications
- EVERYONE must meet the qualifications - there is no grandfathering of existing providers
- Training and technical assistance is available to support the transition
- Transition Coordination infrastructure grants of up to \$24,999 will be available by application to assist with hard costs related to the proposed requirements for Transition Coordination Agencies

Provider Qualifications Solutions

“Financial reserves are too cumbersome for small agencies.”

Background

- Case management agencies are required to maintain a one-month cash reserve to show financial sustainability (reduced from three months based on feedback).
- SEPs are excluded from this requirement as subrecipients under an administrative contract with the Department.

Proposed Solutions

- The Department believes that this is a minimal amount and is important for business sustainability to ensure quality services for members.
- An available line of credit can count for financial reserves.

Employee Qualifications Solutions

“Transition Coordinators have valuable experience that may not meet minimum qualifications.”

Background

- As of July 2018, 90% (63 out of 70) transition coordinators responding to our survey met the minimum requirements of a case manager.

Proposed Solutions

- Exception process for individuals who do not meet the minimum requirements but whom agencies wish to employ:
 1. Submit resume and any educational or life experience to Case Management team at the Department. (Time as a TC counts!)
 2. Indicate the reason an exception is sought.
 3. The Department staff responds quickly, typically within one week, via e-mail. The response should be added to personnel file.

Discussion for Issue #2

- What is your reaction to the proposed solutions?
- How does it change your business to require individuals to be employees (not contractors)?
- What have we not considered?

Major Issue #3

“Unit caps and rates for some services are too low.”

Rates and Unit Limitations

The rates and unit limitations were based on the average utilization of the demonstration's rates and unit limitations.

The bill did not come with an appropriation for rates and unit limitations above those in the demonstration.

- The Department uses the standard process to develop rate recommendations.
- For an increase in rates and/or unit caps, the Department would need a budget action.
- The Governor's budget includes rate increases for some transition services, subject to legislative and CMS approval.

For services that were not in the demonstration, such as Transition Setup Coordination, the Department set rates and unit limitations according to our budget limitations, stakeholder feedback, and research.

Rates and Units Chart

Service Name Definition	Rate (per 15- min unit)	Proposed Rate Increase	Unit Limitation
Transition Coordination Transition assessment, risk assessment, transition planning, coordination of transition services and monitoring and follow up activities	\$24.33	N/A (new service)	240 Units (exception process for documented health and safety needs)
Transition Independent Living Skills Training Training on skills for living in the community	\$9.38	\$12.03	Up to 24 units a day for no more than 160 units a week, up to 365 days post transition
Home Delivered Meals Access to nutritious meals for those with special dietary needs	\$10.80 per meal	\$11.57	2 meals a day up to 14 meals a week, up to 365 days post transition
Transition Setup* Coordination and funds for setting up a basic living arrangement	\$7.66	N/A (new service)	40 units, up to 30 days post transition
Peer Mentorship Support from a peer with shared experience conducive to transitioning into the community	\$5.36	\$5.98	24 units a day for 365 days post transition

*Transition Setup includes \$1,500 for household setup, with an exception process up to \$2,000, up to 30 days post transition.

NOTE: Proposed rate increases are included in the Governor's November 1 Budget Request and are pending legislative and CMS approval.

Unit Cap for Transition Coordination

“Unit cap for Transition Coordination at 240 units or 60 hours is not enough.”

Background

- 240 units are in addition to standard HCBS case management services, also in addition to the units available for other services like Transition Setup.
- Under the demonstration project, Extended Transition Services (ETS) were often used to fulfill needs that may be better addressed by Independent Living Skills Training (ILST) and Peer Mentorship.

Proposed Solutions

- Implementing an exception process for health, safety, and welfare for Transition Coordination, meaning there will be an exception process if more units are needed.
- Will be evaluating if the units are enough through the first year of implementation.

Discussion for Issue #3

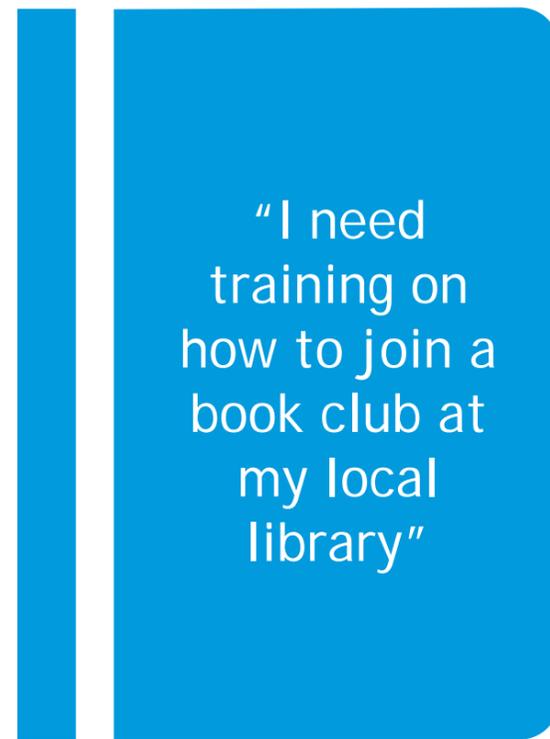
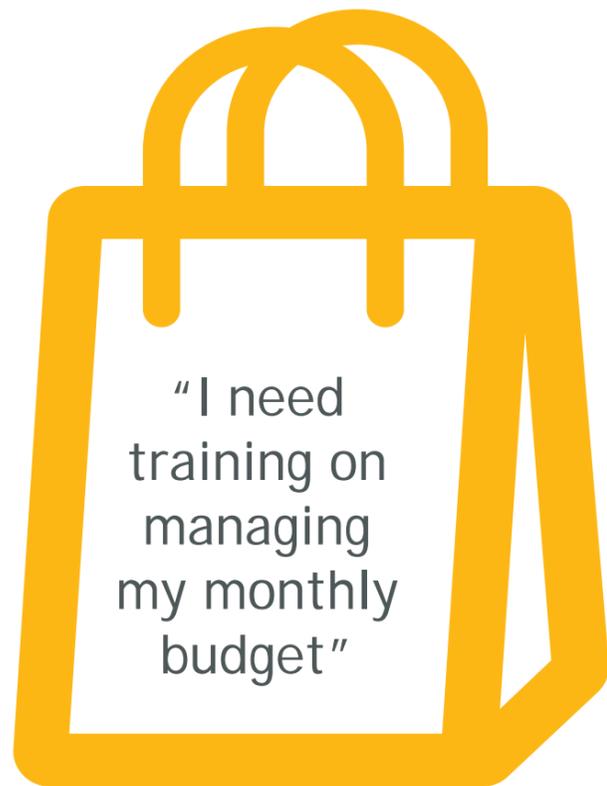
- How should we collect data to see if the unit cap isn't working?
- What will tell us if it's not working?

Major Issue #4

“Transition Independent Living Skills Training (T-ILST) does not need a license and should allow for lived experience.”

T-ILST is Customizable

Transition Independent Living Skills Training (T-ILST) is training designed to improve or maintain the ability of participants to live as independently as possible in the community and address various types of needs from a skill building model.



Proposed Solution to Issue #4

- Move forward with emergency rule as is on December 14, without licensure requirement
- Go back to MSB to finalize rule
 - Within 120 days, conduct stakeholder meetings around licensure and lived experience as a qualification
 - Work with CDPHE on oversight solution

ILST Stakeholder Engagement

To finalize rule, we will engage stakeholders on:

- Lived experience as a provider qualification
- Personal care as a benefit
- Quality oversight of service providers
- Transition-ILST and Brain Injury-ILST similarities and differences

Discussion for Issue #4

- What else do we need to consider for stakeholder engagement?
- Who do we need to engage?



Questions

Next Steps

CCT Sustainability Stakeholder Meeting

- TOPIC: Follow-up from today's meeting (if needed)
- Tuesday, December 4, 2018 from 10 am-1 pm at 1313 Sherman St., Room 318
- <https://www.colorado.gov/pacific/hcpf/colorado-choice-transitions> for more information

Medical Services Board (MSB)

- TOPIC: Present Emergency Rules for CCT Sustainability
- Friday, December 14, 2018 at 9 am at 303 E. 17th Ave., 11th floor conference room
- <https://www.colorado.gov/pacific/hcpf/medical-services-board> for more information

Independent Living Skills Training Engagement

- Stakeholder meetings to occur between December and March to discuss the ILST benefits
- Must go back to MSB with final rules by March 8, 2019

Thank You

Contact Information

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