

Appendix 2
Meeting Summaries

Conflict-Free Case Management Task Group
February 19, 2014
2:30 p.m. – 4:30 p.m.
MS Society
900 S. Broadway Denver, CO 80209
Snowmass II Conference Room

Date: February 19, 2014			
Community Invitees Present:		State Staff Invitees Present:	
Amy Ibarra – Horizons		Barb Ramsey – DDD	
Amy Taylor – Parker Personal Care Homes*		Brittani Trujillo – DDD	
Beverly Winters - DDRC		Tiffani Rathbun – HCPF	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-Advocate			
Hanni Raley – The Arc of Aurora			
Joe Manee – Self-Advocate			
Kathy Hill – Goodwill Industries of Denver			
Leslie Rothman – IMAGINE!			
Linda Medina – Envision			
Maureen Welch – Parent*			
Paul Spragg – DDL			
Rob Hernandez – Provider			
Tom Turner – Community Options			
*Attending by Conference Call			

Agenda Item	Status/Decisions Made	Assignments/Commitments
Purpose of the Meetings	<ul style="list-style-type: none"> Develop recommendations for consideration by the Department regarding a process to establish a conflict-free case management model for persons enrolled in Home and Community Based Services (HCBS) for Persons with a Developmental Disability (HCBS-DD), HCBS-Supported Living Services (HCBS-SLS) and HCBS-Children’s Extensive Support (HCBS-CES). 	
Meeting Rules	<ul style="list-style-type: none"> One person talking at a time. Respect for all opinions. 	

	<ul style="list-style-type: none"> • Deliver opinions in a respectful manner. • Don't repeat items/topics already covered. • Try for consensus, if not try for a majority and reference minority. • Stay on topic. • This is a safe place. 	
I. Introductions	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves and stated what they hoped to achieve from this Task Group. 	
II. Process Agreements/Group Norms and Decision Making	<ul style="list-style-type: none"> • The group created the above listed Meeting Rules. 	
III. What is Case Management	<ul style="list-style-type: none"> • Four components of Targeted Case Management (TCM) – Assessment, Service Plan Development, Referral, and Monitoring. Barb Ramsey discussed these. • All components can be found in Volume 8 regulations. • TCM is part of the State Plan Amendment (SPA) and is only applicable to the three waivers overseen by the Division for Developmental Disabilities (DDD). • Administrative Case Management case management performed by the Single Entry Points (SEPs) for non-DDD waivers. 	
IV. Conflict-Free Case Management Background	<ul style="list-style-type: none"> • A task force met in 2010 to make recommendations to address issues of conflict of interest. • The Conflict of Interest (COI) Task Force Report from 2010 – There are three recommendations from this report applicable to this Task Group: Service Planning, Provider Selection, and Monitoring Services. These are in line with TCM. • There are current Federal initiatives that also provide directives and guidance for conflict-free case management and conflict of interest concerns. • The Balancing Incentive Program (BIP) provides directives about conflict-free case management and defines conflict of interest. The BIP further addresses conflict-free case management in section 5.2 • The Community First Choice (CFC) Feasibility Analysis was 	

	reviewed as this also provides directives and definitions of conflict of interest.	
V. Charge of Task Group	<ul style="list-style-type: none"> • The charge of this Task Group is to make recommendations for a case management model (may have more than one) that is integrated, person-centered, transparent, and offers free choice of case management. • Move from an agency based structure to a person-centered, conflict-free case management structure. • The Task Group will not focus on the finer points of implementation, funding, Third Party Eligibility, and will not get into details of conflict of interest. 	
VI. Future Meetings	<ul style="list-style-type: none"> • The group decided that a doodle poll for future meeting dates and locations would be easiest. 	<p>Brittani Trujillo 303-866-5567 Brittani.Trujillo@state.co.us 1570 Grant Street Denver, CO 80203</p> <p>Brittani will send out a doodle poll to determine meeting dates and a follow-up one to determine location.</p>
VII. Adjournment	<ul style="list-style-type: none"> • Next meeting date and location to be sent out via calendar appointment upon completion of doodle polls. 	

Conflict-Free Case Management Task Group
 March 18, 2014
 2:30 p.m. – 4:30 p.m.
 The OMNI Institute
 899 Logan Street Denver, CO

Date: March 18, 2014			
Task Group Members Present:		State Staff Present:	
Amy Ibarra – Horizons		Barb Ramsey – DDD	
Amy Taylor – Parker Personal Care Homes		Brittani Trujillo – DDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DDD	
Bob Ward – Parent/Developmental Pathways		Tiffani Rathbun – HCPF	
Danny Villalobos – Self-Advocate			
David Ervin – The Resource Exchange*		Facilitator:	
Edward Arnold – Parent		Claire Brockbank	
Joe Manee – Self-Advocate			
Leslie Rothman – IMAGINE!		Guests:	
Linda Medina – Envision		Ellen Jensby – The Alliance	
Maureen Welch – Parent			
Paul Spragg – Developmental Disabilities Consultants, PC			
Rob Hernandez – Provider			
Tom Turner – Community Options			
*Attending by Conference Call			

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> • Clarify meeting rules • Establish time frames and accountability guidelines for Task Group meeting preparation material and post-meeting documentation • Discuss end product • Present information on Targeted Case Management, Administrative 	

	Case Management, and Waiver Case Management	
Meeting Rules	<ul style="list-style-type: none"> • One person talking at a time • Respect for all opinions • Deliver opinions in a respectful manner • Don't repeat items/topics already covered • Decision making by a majority and reference minority • Stay on topic • This is a safe place • Guests are provided an opportunity to talk at the end of each meeting • Before moving on to the next section of the agenda, provide an opportunity for telephone participants to speak 	<ul style="list-style-type: none"> • Brittani will look into more microphones to facilitate call-in participation
I. Introductions	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Barb Ramsey introduced Claire Brockbank from Segue Consulting. She will facilitate the Task Group until its conclusion. 	
II. 2-19 Meeting Summary	<ul style="list-style-type: none"> • Brittani reviewed the February 19, 2014 Meeting Summary. It was distributed electronically on March 18, 2014. A request was made for more detail which Claire will provide, although not to the level of a transcript. 	
III. Administrative Preferences	<ul style="list-style-type: none"> • The group reviewed a draft table developed by Claire. Due to concerns that proposed agendas should be available in sufficient time before the meetings to all Task Group participants to inform their stakeholders, time frames will be adjusted with a goal of having an agenda 10 business days before the meeting. • The Division indicated that they do not need to "approve" documents. A review is required on their end to ensure good communication within the Division as well as consistency across the many work groups and efforts in place. As such, the Division will receive draft agendas, meeting summaries etc. at the same time as the rest of the Task Group. All revisions, proposals will come to Claire who will create final documents. • Suggested changes to Meeting Summaries should be proposed via email. If necessary, a discussion will be added to the agenda of the following meeting. Otherwise, a revised electronic copy, noting 	<ul style="list-style-type: none"> • Claire to revise Timeframes (attached)

<p>IV. Task Group End Product</p>	<p>changes, will be distributed to all members and staff.</p> <ul style="list-style-type: none"> • Claire opened up the discussion regarding the Task Group’s final product by asking Division staff to clarify whether the group was <u>convened to address a specific issue of state or federal noncompliance that <u>must</u> be addressed</u> or whether it was a strategic consideration. The former might entail more formal parameters to address. • Barb indicated it is a mix of both: issues of compliance around conflict of interest that have been raised by the federal Centers for Medicare and Medicaid Services (CMS) and the Division and HCPF are actively embracing a shift toward more choice and a person-centered system. <p><u>Historic Context</u></p> <ul style="list-style-type: none"> • 2004: CMS identified that Colorado’s system ran counter to its emphasis on the principle that people have choice. Colorado’s system, by statute, designates the CCB as an integrated single entry point, case manager, and provider of services. CMS recognized that Colorado’s system had been thoughtfully created and would require statutory change and supports the state to proceed deliberately. • 2007: The University of Southern Maine did an analysis and identified several issues, many of which the Division addressed in ongoing efforts to improve its program. • 2009: The State Auditor identified issues. • 2010: The Conflict of Interest Task Group made recommendations. • 2012: The Governor created the Office of Community Living and the Community Living Advisory Group (CLAG) was convened and charged with recommending changes to the Long-term Services and Supports (LTSS) delivery system. The CLAG’s final report is due September 2014. <p><u>CFCM Task Group</u></p> <ul style="list-style-type: none"> • With the efforts underway to redesign the state system it is an opportune time to also address conflict-free case management. • The charge of this Task Group is to make recommendations for a case management model(s) that is integrated, person-centered, transparent, and offers free choice of case management. • Move from an agency based structure to a person-centered, conflict-free case management structure. 	<ul style="list-style-type: none"> • Brittani will send out a meeting Doodle exploring ways to add an hour to our existing meetings. <ul style="list-style-type: none"> ○ Half hour before/after ○ Hour before ○ Hour after • Brittani will also schedule one additional meeting that we will use if necessary.
-----------------------------------	---	---

	<ul style="list-style-type: none"> • The Task Group will not focus on the finer points of implementation, funding, eligibility, and will not get into details of conflict of interest. <p><u>Discussion Regarding End Product</u></p> <ul style="list-style-type: none"> • There was concern that if the July meeting is focused primarily on reviewing/fine-tuning the report, the Group really only has three meetings to do its work (April-May-June). • There was discussion about working beyond July but the opportunity to have the CLAG consider the Group’s recommendations requires completion no later than July. <ul style="list-style-type: none"> ○ Plan for recommendations to go to CLAG subcommittee and, if approved by subcommittee, then to the CLAG. ○ The CLAG wants to complete a first draft of its report by July so that it can refine it during August and September. • Barb reminded the Group that its task is to recommend the “what” of changes not the “how” and that it is NOT tasked with redefining case management. 	
V. Case Management	<p><u>Targeted Case Management (TCM)</u></p> <ul style="list-style-type: none"> • <u>TCM is part of the State Plan Amendment (SPA) and is only applicable to the three waivers overseen by the Division for Developmental Disabilities (DDD).</u> • <u>TCM is the primary form of case management performed by the CCBs.</u> • Four components of TCM: <ol style="list-style-type: none"> 1. Assessment and periodic reassessment to determine an individual’s need for medical, educational, social or other services. 2. Service Plan development and periodic revision based on needs identified in the Assessment. 3. Referral and related activities to help a client obtain needed services. 4. Monitoring and follow up to ensure the Service Plan is implemented and adequately meets the individual’s needs. • Assessment is not eligibility determination. Its purpose is to identify the support needs to function in the community. While there is not a standardized assessment template, it typically includes interviews with the person, other people involved with the person, and use of tools 	<ul style="list-style-type: none"> • Brittani will distribute reference material covering TCM in more detail by Friday March 21, 2014. • Barb will provide a written summary of Administrative Case Management by the end of this week (March 21). • Rob Hernandez will reach out to Kansas to gather background material to share with the Group. <ul style="list-style-type: none"> ○ Rob will use the Kansas to create a template for comparing models. ○ Rob will send his proposed template to Division staff for feedback. ○ Template will ultimately be

	<p>such as the Supports Intensity Scale and medical records.</p> <ul style="list-style-type: none"> • The Case Manager coordinates multiple individual assessments covering needs such as residential, vocational, behavioral etc. As such, multiple people may be involved in assembling the component parts of the overall assessment. <p><u>Administrative Case Management (ACM)</u></p> <ul style="list-style-type: none"> • <u>Administrative Case Management is broader than TCM and is the primary form of case management</u> -performed by the Single Entry Points (SEPs) for non-DDD waivers. <u>CCBs also do some ACM.</u> <p><u>Waiver Case Management</u></p> <ul style="list-style-type: none"> • This refers to case management requirements established by federal agencies. The four components identified for TCM are the same; the differences relate primarily to how it is paid and the target population. These waivers are typically for a specific sub-segment of the population (e.g. Children’s Home and Community based Services waiver). <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Although case management may be optional under CMS regulations, the Division clarified that if an individual declines TCM, the State would still be required to do an assessment and create a Service Plan (components 1 and 2). In this case the person would then coordinate their own Service Plan implementation, referrals etc. The State would also complete an annual Continued State Review for this individual. This is essentially annual redetermination of eligibility, planning, and reassessment. • The assessment can vary based on the tools and entities available for input but all have common criterion that must be assessed. The State’s QI process oversees these assessments to ensure consistency. • While different entities doing assessment vary, typically the final case manager compiling the components of the assessment is the person responsible for the ongoing monitoring of the Service Plan. • CMS requires monitoring on an annual basis with the frequency determined by the state. <ul style="list-style-type: none"> ○ Face-to-face monitoring for HCBS-DD: 1x per quarter 	<p>shared with the group.</p> <ul style="list-style-type: none"> • Rob will follow up with his contacts at National Conference of State Legislatures (NCSL) regarding other state activity. • Barb requested assistance from Group to conduct research.
--	---	---

	<ul style="list-style-type: none"> ○ Face-to-face monitoring for HCBS-SLS: 1x per quarter ○ Face-to-face monitoring for HCBS-CES: 1x per quarter ● Monitoring may be done more frequently than the State’s requirements but not less frequently. ● Rob Hernandez introduced the Kansas model which permits CM to be done by independent contractors. ● Other members of the Group requested information regarding other potential models. ● An important qualifier for reviewing other state models is to understand the context under which the model was created. 	
Options for Consideration	<ul style="list-style-type: none"> ● Provide individuals with a choice of agencies to provide CM. ● Provide individuals with the option to work with any agency as well as outside entities for provide CM. Kansas is providing individuals the option to work with independent contractors for CM. ● Provide individuals with options for self-directed CM. ● For any option, consider economies of scale and the model’s viability in sparsely populated areas. 	
VI. Future Meetings	<ul style="list-style-type: none"> ● April 15, 2014: 2:30 – 4:30 (time expansion TBD) ● May 20, 2014: 2:30 – 4:30 (time expansion TBD) ● June 17, 2014: 2:30 – 4:30 (time expansion TBD) ● July 15, 2014: 2:30 – 4:30 (time expansion TBD) 	

Conflict-Free Case Management Task Group
 April 15, 2014
 2:30 p.m. – 4:30 p.m.
 The OMNI Institute
 899 Logan Street Denver, CO

Date: April 15, 2014			
Task Group Members Present:			State Staff Present:
Amy Ibarra – Horizons			Brittani Trujillo – DIDD
Amy Taylor – Parker Personal Care Homes			Lori Thompson – DIDD
Beverly Winters – Developmental Disabilities Resource Center			Tyler Deines – DIDD
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self Advocate			
Edward Arnold – Parent			
Hanni Raley – The ARC of Aurora			
Joe Manee – Self Advocate			
Kathy Hill – Goodwill Industries of Denver			
Leslie Rothman – IMAGINE!			Guests:
Linda Medina – Envision			Claire Brockbank – Segue Consulting*
Maureen Welch – Parent			Ellen Jensby – The Alliance*
Paul Spragg – Developmental Disabilities Consultants, PC			
Rob Hernandez – Provider			
Tom Turner – Community Options			*Attending by Conference Call

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> Review charge of Task Group Discuss final HCBS Rule in regard to separation of service provision from case management Learn about other models for Conflict-Free Case Management Discuss next steps and how to proceed for next month's meeting 	
Meeting Rules	<ul style="list-style-type: none"> One person talking at a time 	

	<ul style="list-style-type: none"> • Respect for all opinions • Deliver opinions in a respectful manner • Don't repeat items/topics already covered • Decision making by a majority and reference minority • Stay on topic • This is a safe place • Guests are provided an opportunity to talk at the end of each meeting • Before moving on to the next section of the agenda, provide an opportunity for telephone participants to speak 	
I. Introductions and Administrative Tasks	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Brittani informed the group that the contract for Segue Consulting to facilitate the Task Group was not able to get signed prior to the meeting so Claire Brockbank was not able to facilitate this month • Brittani asked if there were any changes or concerns to the Meeting Summary from March 18, 2014, which was distributed in final form on April 8, 2014; No changes requested 	
II. Review Overall Context of Task Group's Charge	<ul style="list-style-type: none"> • Clarification was made that the charge of the Task Group is to create a model or models that move the system to a person-centered, conflict-free case management structure • Discussed that the model or model recommendation should be the "what" – what should conflict-free case management look like and the "how" to implement the model will be determined at a later time • Brittani read the final HCBS rule, 42 CFR § 441.301(c)(1)(vi), effective March 17, 2014 in regard to separation of case management and service plan development from being a provider for the person • The group discussed the interpretation of the rule and determined additional clarification was needed before deciding its impact to the work of the group 	<ul style="list-style-type: none"> • Brittani will seek clarification from CMS on the rule interpretation and timeline for implementation
III. Questions Regarding TCM and CM Overviews	<ul style="list-style-type: none"> • Summaries of Administrative Case Management (ACM) and Targeted Case Management (TCM) were sent to the group via email on March 21, 2014 • A side-by-side comparison chart of ACM, TCM and Waiver Case Management (WCM) were sent via email on April 8, 2014, with all 	

	<p>materials for the meeting</p> <ul style="list-style-type: none"> • The group discussed some errors on the chart regarding allowable billable TCM tasks and it was noted that TCM cannot be billed at any time a person resides in an institution 	
IV. Proposed Model Template	<ul style="list-style-type: none"> • Brittani shared the questions to answer when researching Conflict-Free Case Management models in order to conduct a comparative analysis • The questions are not all encompassing and it's important for the group to hear a more detailed report of each model • The questions are to help the group review pertinent information so a comparative analysis across the models can be done • The group determined it would be helpful to have the information in a spreadsheet format 	<ul style="list-style-type: none"> • Brittani will create a spreadsheet with the questions to answer and send to the group by Friday, April 18, 2014
V. Request for Submission of Options, Approaches, Ideas to Achieve CFCM	<ul style="list-style-type: none"> • Adding the discussion on the Final HCBS Rule to the agenda did not allow time for this discussion to occur. This topic will be addressed at the meeting on May 20, 2014 	
VI. Presentation of Options	<ul style="list-style-type: none"> • Tom Turner presented a Conflict Free Case Management Options Choice of Case Management Agency (CMA) Draft Concept Paper; the paper was distributed at the meeting with some key points below: <ul style="list-style-type: none"> ○ Offering choice can help mitigate conflict of interest ○ This proposal would have the DIDD require Single Entry Points (SEPs) and Community Centered Boards (CCBs) to both offer case management for all of the Medicaid Waivers ○ Offers choice of case management providers consistent with all other waiver services ○ Helps create a "No Wrong Door" model • Rob Hernandez presented the Kansas Case Management Model <ul style="list-style-type: none"> ○ Offers free choice of CM ○ Several waivers have the option-Traumatic Brain Injury (TBI), Intellectual and Developmental Disabilities, Autism, Elderly, and others ○ TCM is the type of case management allowing choice ○ Self-direction is also an option 	

	<ul style="list-style-type: none"> ○ Person's receiving services can opt-out of CM • Rob presented information from other models and initiatives, such as the Balancing Incentive Program, and will distribute these documents to the group, highlighting specific pages and sections • The group discussed the models/ideas presented and agreed choice is a good idea • The group would like more information on the ability to opt-out of case management and what the process looks like • Concern about a lack of expertise by case managers if they are responsible for all waivers and the possible impact to person's receiving services was discussed 	<ul style="list-style-type: none"> • Rob will send an email to the group with documents
VII. Next Steps	<ul style="list-style-type: none"> • The group decided more models should be reviewed • Several members volunteered to research other models and present at next month's meeting; they will also enter the pertinent information on the spreadsheet • The spreadsheet will be compiled by Brittani and emailed to the group by May 6, 2014 • Each member agreed to review the spreadsheet prior to the meeting on May 20, 2014 • At next month's meeting a more thorough review and explanation of the various models will be presented followed by a discussion of what the group wants for Colorado's model 	<ul style="list-style-type: none"> • Hanni will research Dane County, Wisconsin as well as Oregon, New Jersey, Maryland, Vermont, and New Hampshire • Linda will research New Mexico and either Minnesota or Washington • Amy T. will research Iowa • Amy I. will research Oklahoma • All information will be entered on the spreadsheet and submitted to Brittani by Friday, May 2, 2014
VIII. Adjourn/Future Meetings	<ul style="list-style-type: none"> • May 20, 2014: 1:30 – 4:30 • June 17, 2014: 1:30 – 4:30 • July 15, 2014: 1:30 – 4:30 	

Conflict-Free Case Management Task Group
 May 20, 2014
 1:30 p.m. – 4:30 p.m.
 Health Care Policy & Finance Department
 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7D

Date: May 20, 2014		
Task Group Members Present:		State Staff Present:
Amy Ibarra – Horizons		Adam Tucker – DIDD
Beverly Winters – Developmental Disabilities Resource Center		Brittani Trujillo – DIDD
Bob Ward – Parent/Developmental Pathways		Lori Thompson – DIDD
Danny Villalobos – Self-advocate		Tiffani Rathbun – LTSS
Edward Arnold – Parent		
Hanni Raley – The ARC of Aurora		Facilitator:
Joe Manee – Self-advocate		Claire Brockbank – Segue Consulting
Kathy Hill – Goodwill Industries of Denver		
Linda Medina – Envision		Guests:
Maureen Welch – Parent		Denver Fox, PADCO*
Rob Hernandez – Provider		Donna Sedillo, caregiver
Tom Turner – Community Options		Ellen Jensby – The Alliance
		Shari Repinski – Rocky Mountain Human Services
• Participated via conference call		Steve Hemestrand
•		

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> Review and discuss other state models for Conflict-Free Case Management Start to develop a list of options for consideration Discuss next steps and how to proceed for next month's meeting 	
Meeting Rules	<ul style="list-style-type: none"> The group agreed that extra copies of the agenda would be available at the meetings but that people should be responsible for accessing the documents on their own. However, if someone is not able to make a copy 	

	<p>of the meeting material, he/she should contact Claire or Brittani and a copy will be provided at the meeting.</p> <ul style="list-style-type: none"> • 	
<p>I. Introductions and Administrative Tasks</p>	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Meetings are being recorded and audio will be shared (mechanism to do so still being determined). • Maureen asked for more detailed notes and requested a separate person taking minutes, rather than the facilitator. • Brittani informed the group that Leslie Rothman is taking a leave from the group for the remaining meetings. We are not filling her role with another member from Imagine! This was a selection process so DIDD wants to honor that process. However, there will be an observer and guest from Imagine! • Brittani asked if there were any changes or concerns to the Meeting Summary from April 15, 2014. No changes requested. 	<ul style="list-style-type: none"> • Brittani to determine how best to share the audio recording of each meeting. • Claire and Brittani will discuss the feasibility of a separate note taker before the next meeting.
<p>II. Update on Final HCBS Rule</p>	<ul style="list-style-type: none"> • Brittani indicated that in response to an inquiry from a member of the task group regarding the choice of case management model, CMS responded to HCPF as follows: Good Afternoon, One member of your CFCM Task Group Committee shared with the CMS regional office a proposal to address the conflict of interest provision in the new rule. The request was for CMS to provide feedback before the next meeting on May 20th. The proposal shared is attached. <p>CMS has reviewed the proposal and wanted to provide its initial/informal feedback directly to the state. Based on our review, this proposal does not address the conflict of interest requirement within the new regulation. This proposal addresses choice for case management, but does not address the potential relationship of an individual provider or agency providing both case management and direct services when there are adequate providers in a service area regardless of choice.</p> <p>CMS has received some specific questions from Colorado on the new conflict of interest provision, which the region is seeking guidance</p>	

	<p>on. Please let me know if you have any additional questions or concerns.</p> <ul style="list-style-type: none"> • Brittani reminded the group that HCPF is bound by the recommendations of CMS and will make sure than any final recommendations are compliant. Tom clarified that he had not sent it to CMS. Maureen asked why we wouldn't want to send these to CMS on an ongoing basis to make sure we weren't going down the wrong path. One problem is that if we send a lot of individual models that the group has not necessarily agreed to support in any case, it can create a logjam and further delay our ability to get other clarifications from CMS • Brittani indicated that the CMS Region VIII Office is still working on the clarifications she requested after last month's meeting and a verbal discussion with CMS. Her request was sent on April 29 as follows: <ol style="list-style-type: none"> 1. Could CMS please provide additional guidance about what constitutes an interest in the HCBS provider? Some case management agencies have established separate legal entities for the provision of case management and the provision of HCBS. These entities are owned and/or controlled by the same umbrella agency. Does this constitute adequate separation between the entity and relationship between the two entities? 2. A task group member requested clarification from CMS on its definition of provider with respect to this section. Could CMS clarify whether the provider referenced in this section applies to the individual case manager charged with development of the person-centered plan, the entity enrolled with/contracted by the Medicaid agency to provide case management or develop the person-centered plan, or both. • The group discussed the need consider two models to accommodate rural areas where there is limited or no choice versus the more populated areas of the state 	<ul style="list-style-type: none"> • Claire will keep a master list of possible options and as the group moves toward identifying viable and attractive options, an item of discussion will be a consolidated approach to address open issues with CMS. • The task group agreed to specifically address how their chosen model(s) or recommendation(s) will work in rural areas of the state. As necessary, alternative options will be included
<p>III. Presentation and Discussion on Other State Models</p>	<ul style="list-style-type: none"> • Several members of the Task Group provided overviews of different state models. A recap of last month's Kansas model and the Choice of Case Management model was provided. All material presented can be found in the template distributed in advance and included as an attachment with this meeting summary. • With the exception of the Kansas model, all material presented are from programs operating under the old waivers. 	<ul style="list-style-type: none"> • Members of the Task Group will follow up on the questions raised regarding the state models they presented. • A deadline was not established in order to give members of the group time to assess work load

	<ul style="list-style-type: none"> • Several follow up questions were identified and are itemized in the detailed table at the end of the meeting summary. 	<p>and feasibility. Claire will follow up in advance of preparing meeting material for the June 23 meeting.</p>
<p>IV. Conflict Free Case Management in Colorado</p>	<ul style="list-style-type: none"> • During the course of learning about other state models a number of features were discussed and issues raised. Many related to questions of scope (e.g. incident reporting and monitoring). • Others related to work process (e.g. let's make sure to check with advocates and parents regarding their views of any feature we use that has been in place in another state). • As the discussion and list of other areas to consider expanded, Hanni asked if the group was still focusing only on 1) service planning, 2) provider selection, and 3) monitoring services. Brittani indicated that she believes those are still the core targeted case management functions which the group was tasked with addressing. She indicated there are separate groups looking at payment and 3rd party eligibility. • A question was raised about the removal of CDASS from waiver language in Colorado. Department staff clarified that CMS instructed it to be removed from the DDD waiver. HCPF was having issues with financial sustainability of CDASS at the time. The intent is to implement self-direction into all services in waiver redesign. July 1 2015 consumer direction will be incorporated into the SLS waiver. • The group reiterated its concern about timing; Brittani reminded the group that it was one of the clarifications requested of CMS. Lori indicated that they have until March 2015 to develop a Compliance Implementation Plan. CMS typically allows an Implementation Plan to give states up to five years to achieve full compliance. However, CMS has not addressed this specifically with respect to this issue yet. • A set of 5 options/characteristics and issues was developed for the Task Group to consider as it develops its recommendations, including: <ol style="list-style-type: none"> 1. Independent CM completely separated from direct service provision 2. Choice of independent CM <u>as well as</u> option to receive CM from the service agency 3. An independent CM agent develops the plan <u>and</u> monitors the plan 4. An independent CM agent develops the plan and a separate entity 	

	<p>monitors the plan</p> <p>5. State as the provider of CM</p> <ul style="list-style-type: none"> • A list of issues was also developed. The complete table is attached at the end of the meeting summary. 	
V. Other Issues	<ul style="list-style-type: none"> • Maureen asked why there are there so many different groups looking at separate parts and does that need to be revisited? • Lori responded that the task groups were created before the final rule and so did not anticipate the degree of change it would precipitate. It is not the department's intent to shut out any participant or any voices but there are so many initiatives under way right now. • Maureen indicated that it is very difficult for parents and unpaid volunteers to keep track of all the work groups. It is not even possible to find this information on the state's website. • The group discussed its decision to have guests provide input at the end of the meeting. On the one hand waiting until the end means comments and input are not provided at the most relevant time. On the other hand, guests are not members of the Task Group and input during the meeting can be disruptive. The group appeared to be divided so Claire will develop a mechanism for individual members to provide their input on this issue. 	<ul style="list-style-type: none"> • Lori will speak with the Community Liaison to identify ways to consolidate information regarding all the different advisory committees and work groups on the website. • Claire will send out a simple online survey allowing people to weigh in on their preferences regarding guest input.
VI. Guest Input	<ul style="list-style-type: none"> • Shari Repinski, Rocky Mountain Human Services, identified the actual state waivers as a resource for participants to use as they research state models. • Ellen Jensby, Alliance, posed two questions regarding WI and VT: <ul style="list-style-type: none"> ○ WI: Family or friend must be licensed? ○ VT: Licensure or affiliation requirements for family members? 	<ul style="list-style-type: none"> • Hanni will include Ellen's questions as part of her state follow up research.
VII. Next Steps	<ul style="list-style-type: none"> • The group reviewed the five options developed during the meeting (see below), as well as the list of other issues and policy considerations. • Claire will develop a survey or tool that allows task group members to express their views on the options and issues. • The next meeting will focus on the outstanding follow up items, including the anticipated response from CMS, as well as the results of the survey regarding the initial inclinations of the group. 	<ul style="list-style-type: none"> • Claire and Brittani will develop a brief survey capturing the options and issues • Members of the group will respond to the survey
VIII. Adjourn/Future Meetings	<ul style="list-style-type: none"> • June 23, 2014: 1:30 – 4:30 • July 10, 2014: 1:30 – 4:30 • July 15, 2014: 1:30 – 4:30 	

Attachments

- Innovative Models and Best Practices in Case Management
- State Model Grid

Areas for Follow Up and Additional Information

Person	State	Information Requested
Rob	KS	Find out more about the oversight process, including whether the affiliated agency provides any services.
Hanni	NJ	Determine who the Support Coordinator and the Monitor work for.
Hanni	MD	Determine what the individuals not in the self-determination model receive.
Hanni	VT	Determine who does the actual CM and how it fits into the four menu options. She will also find out of choosing “family managed” is akin to opting out of CM. Do they require any licensure or affiliation for family members?
Hanni	WI	For the family program: does the family or friend have to be licensed?
Linda	NM	Learn more about options for opting out of CM and satisfaction
Amy Taylor	IA	Clarify if the IHH would be like a RCCO? Clarify what else an IHH does?
Ed	CA	Learn whether the regional centers are state employees and whether the state is still issuing IOUs for payment.

Issues to consider as a component of any model considered	
	Opt-out provisions
	Family as provider of case management
	Rural accommodations (if needed)
	Choice as a fundamental component
	Monitoring of case management
	Family and advocate satisfaction if comparable implemented models can be found
Other Policy Considerations that may or may not need to be addressed by this task group	

	Wait list
	Administrative case management functions
	Service provider monitoring (HRC, IR, Investigations)
	Provider selection process (including RFP opt-out)
Success Factors, but not the immediate purview of this group	
	Pay levels for CM to minimize turn-over and instability in the system
	Ongoing participant satisfaction

Conflict-Free Case Management Task Group

June 23, 2014

1:30 p.m. – 4:30 p.m.

Health Care Policy & Finance Department

303 E. 17th Ave Street Denver, CO 80203, Conference Room 7A

Date: June 23, 2014		
Task Group Members Participating:		State Staff Present:
Amy Ibarra – Horizons		Adam Tucker – DIDD
Amy Taylor – Parker		Brittani Trujillo – DIDD
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD
Bob Ward – Parent/Developmental Pathways		
Danny Villalobos – Self-advocate		
Edward Arnold – Parent		
Hanni Raley – The ARC of Aurora		Facilitator:
Joe Manee – Self-advocate		Claire Brockbank – Segue Consulting
Kathy Hill – Goodwill Industries of Denver		
Linda Medina – Envision		Guests:
Maureen Welch – Parent		Christine Koa, Caregiver
Rob Hernandez – Provider		Ellen Jensby – The Alliance
Tom Turner – Community Options		Kendra Kettler – Self-Advocate

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> • Receive update on CMS clarifications and discuss timing of future work • Review and discuss survey results regarding options for recommendations • Review and discuss other state models for Conflict-Free Case Management • Discuss next steps and how to proceed for August meetings 	
I. Introductions and Administrative Tasks	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Meetings are being recorded and audio will be shared via Drop Box. • Because of the detailed audio record, a high level Meeting Summary will be 	<ul style="list-style-type: none"> • Maureen Welch forwarded the name of the guest who participated by phone during the May meeting

	<p>produced documenting decisions made and assignments or next steps agreed upon.</p> <ul style="list-style-type: none"> • Input from guests will come at the end of the meeting • Brittani asked if there were any changes or concerns to the Meeting Summary from May 20, 2014. No changes requested. 	<p>(Steve Hemestrand). Claire added his name to the Meeting Summary and sent the updated Summary to Brittani.</p>
<p>II. Update on Final HCBS Rule</p>	<p>Brittani distributed a document entitled HCBS Rule Clarifications. This provided the question and date submitted to CMS, as well as the content and date of CMS response.</p> <ul style="list-style-type: none"> • CMS request, sent on April 29; CMS response received on May 21: <ol style="list-style-type: none"> 3. Could CMS please provide additional guidance about what constitutes an interest in the HCBS provider? Some case management agencies have established separate legal entities for the provision of case management and the provision of HCBS. These entities are owned and/or controlled by the same umbrella agency. Does this constitute adequate separation between the entity and relationship between the two entities? <ol style="list-style-type: none"> A. <i>No. If separate entities are connected such as owned by the same umbrella agency, share board members or supervisors, or have a financial relationship, then this would be considered problematic related to the conflict of interest provision in the new rule. There is an exception in the new rule when there are not enough providers, but the State would need to justify to CMS to invoke that exception in the rule.</i> 4. A task group member requested clarification from CMS on its definition of provider with respect to this section. Could CMS clarify whether the provider referenced in this section applies to the individual case manager charged with development of the person-centered plan, the entity enrolled with/contracted by the Medicaid agency to provide case management or develop the person-centered plan, or both? <ol style="list-style-type: none"> A. <i>The new rule includes both.</i> <p>NOTE: New Information Added</p> <ul style="list-style-type: none"> • Brittani provided the following additional question and CMS response because of its relevance to the timing discussion. <ol style="list-style-type: none"> 5. The Division understands the compliance and transition provisions contained within the new rule apply only to the home and community based setting requirements. Does CMS have similar implementation timelines or expectations that would allow for a state's transition to a person-centered 	<ul style="list-style-type: none"> • Brittani will assemble a list of states that are in the same position as CO, as well as a list of states that are already in compliance. She will try to have this by July 10. • Staff will use BIP as a reference point for assessing our models for CFCM. • We will look at BIP states and how they have done CM. • Next Steps: Because the magnitude of our task has grown and we have some significant follow up homework to do, DIDD will use July to provide more substantive research and reconvene the Task Group in August. Meetings will go through October.

	<p>planning process that is in compliance with the new conflict of interest standards detailed in this section?</p> <p>A. <i>There currently is not a transition plan or extended timeline to come into compliance with the person-centered planning requirements effective March 17, 2014. It is the expectation that the State come into compliance as soon as possible.</i></p> <p>Discussion Highlights:</p> <ul style="list-style-type: none"> • The new rule implies that a CCB can either do direct services or case management. If it currently does both, divestment would be required. • Exception for rural areas would have to be defined by the state, approved by CMS and applied consistently. • Timing: <ul style="list-style-type: none"> ○ State will submit their waiver amendment by January 2016, to allow sufficient time for July 2016 implementation. This is being driven by DIDD. The state has not set a deadline for implementing CFCM; it is already in arrears of the March 17, 2014 date set by CMS. ○ The current waiver renewal was submitted to CMS and did not include CFCM because at the time of submission the final rule was not released. ○ Although this change has been foreshadowed for years, the timeframe was never established until the final CMS rule this year. • Concern expressed about the conflicting impact of meeting both of CMS’ goals – eliminating waiting lists and system redesign. <ul style="list-style-type: none"> ○ Colorado is currently bringing on a lot of new enrollments which is requiring additional staffing by the CCBs. Simultaneously planning on divesting services creates significant operating challenges. ○ CMS has had different priorities – person-centeredness, choice, different models. At one time CFCM seemed out of vogue because of the difficulty of truly achieving it. ○ Concern for families having to make so many changes so quickly. There appear to be exceptions – such as KY which allow families to maintain established relationships with CM. • Balancing Incentives Program: CO was not eligible to participate in BIP but there are components that specifically address CFCM. We will use BIP clarifications to assess our models. 	<ul style="list-style-type: none"> • Brittani will send out a meeting Doodle for August, September, October meetings.
--	---	--

<p>III. Survey Results</p>	<p>Claire distributed a spreadsheet with the survey results in advance of the meeting (attached). Before reviewing the results, she presented her perception of what each Option was and the group discussed and came to the following definitional conclusions:</p> <ul style="list-style-type: none"> • Option 1: Whatever entity does CM is entirely independent of entities providing services. This can mean a new independent CM entity or a CCB that has divested itself of service delivery. • Option 2: There are two ways a person can receive CM: from an entirely independent entity or from a CCB that has not divested itself of service delivery. • Option 3: The CM entity creates the plan and also monitors the plan (e.g. Amy the CM creates the plan for Joe and Amy the CM monitors implementation of the direct services provisions). • Option 4: One CM entity creates the plan and a different CM entity monitors the plan (e.g. Amy the CM creates the plan for Joe and Ed, a different CM, monitors implementation of the direct services provisions). • Option 5: The state provides CM. The group decided that this was more of a way to handle exceptions and perhaps a form of oversight. As a result, the group opted to move Option 5 to the Features components of the models (along with Opt-Out, Family CM, Rural) <p>Discussion of Survey Results: Options</p> <ul style="list-style-type: none"> • Option 1: Little discussion, group seemed comfortable that this option is the most clear cut interpretation of the CMS rule. • Option 2: Several members of the group felt that if this option is eliminated than the Task Group will have removed the ability for a person to exercise fully informed choice and waive out of the conflict. To opt for the latter there would have to be strong safeguards in place to ensure that the individual is fully aware of the potential for conflicts but chooses to exercise the right to choose anyway. These safeguards are particularly important for at risk populations. • Option 3: The group stressed the importance of having an independent oversight function at the macro level regardless of whether Option 3 or 4 is endorsed. • Option 4: This was perceived to be very complex in terms of many different entities being directly involved. However, having an independent entity monitor the CM could be critical if a person opted to stay with a direct-services provision CCM (Option 2) for his/her CM. An alternate view was that this potential for conflict is part of what the person must understand is at risk by waiving to stay 	<ul style="list-style-type: none"> • Option 5 was moved to the Features components of the models. • Option 2: In the context of a thoughtful package of questions regarding our objectives, craft a question to CMS that frames the thinking behind Option 2 and the intent behind it – reconciling CFCM, choice, and person-centeredness. • Oversight function for CM needs to be considered, regardless of the option(s) recommended. • Clarify with CMS what CM functions have to be done by the state’s CM “entity” and what is considered optional. Also under what circumstances. This will clarify our “Opt-Out” options. • Pursue clarification regarding the issues raised for Family CM. • Determine if other states have been able to increase access by adding an
----------------------------	--	---

	<p>with a CCB.</p> <p>Claire then presented the survey results with respect to the three distinct features that will need to be considered in the context of the Option(s) recommended.</p> <ul style="list-style-type: none"> • Opt-Out: Clarifying CMS regulations with respect to what a person can and cannot opt-out of was considered important. Members of the task group indicated that sometimes CM slows everything down or the family is in the position of teaching the CM. In general the group supported the idea of being able to opt-out of anything other than what CMS requires. • Family CM: Several questions arose around this feature, including: <ul style="list-style-type: none"> ○ Does it mean paying the family for CM (payment to family members is currently limited to services) ○ Are there training or qualification requirements (Lori indicated that for service provision the family has to meet the same qualifications as non-family providers) • Rural Exception: This was framed as an access issue because all but 17 of Colorado’s counties are considered rural or frontier. The group asked about adding an incentive to provide service in a rural area. This might help address capacity issues. Lori indicated that she thinks CMS and the state are looking at the option to negotiate different rates for areas where access is an issue. 	<p>incentive to provide CM services in a rural area.</p> <ul style="list-style-type: none"> • Are there CMS restrictions on paying different rates in different areas? • Lori will determine if the state and/or CMS are looking at options to either negotiate a different payment level or institutionalize a payment differential for areas with access issues.
<p>III. Update and Discussion on Other State Models</p>	<p>Members of the Task Group provided the information they found to respond to follow up questions regarding the states they researched.</p> <ul style="list-style-type: none"> • Rob, KS: Find out more about the oversight process, including whether the affiliated agency provides any services <ul style="list-style-type: none"> ○ CDDOs can only do service entry and referral, not CM or services. CMs have oversight from CDDO. • Hanni, NJ: Determine for whom the Support Coordinator and the Monitor work. <ul style="list-style-type: none"> ○ Support Coordinators work for “Support Coordination Agencies” contracted with the Division • Hanni, MD: Determine what the individuals not in the self-determination model receive • Hanni, VT: Determine who does the actual CM and how it fits into the four menu options. She will also find out if choosing “family managed” is akin to opting out of CM. Do they require any licensure or affiliation for family members? <ul style="list-style-type: none"> ○ All CMs must meet QDDP/QIDP criteria ○ Family member can do CM duties, but it must be approved by QPs to 	

	<p>ensure it meets Medicaid guidelines. Family cannot be paid.</p> <ul style="list-style-type: none"> ○ No licensure or affiliation needed- everything must be submitted through QP. ● Hanni, WI: For the family program: does the family or friend have to be licensed? <ul style="list-style-type: none"> ○ Not a true family-run program. Interesting transition planning for post-high school (see attachment). ● Linda, NM: Learn more about options for opting out of CM and satisfaction. <ul style="list-style-type: none"> ○ Couldn't find out more about opt out. Appeared that CM was different for different waivers. Did not see a firewall between CM and services. These are independent CM. ● Amy T, IA: Clarify if the IHH would be like a RCCO? Clarify what else an IHH does? <ul style="list-style-type: none"> ○ IHH Integrated Health Home is a RCCO. IHH cannot do the service provision but not entirely independent, more state sponsored. Not choice. Region driven. ● Ed, CA: Learn whether the regional centers are state employees and whether the state is still issuing IOUs for payment <ul style="list-style-type: none"> ○ Not state employees and no longer issuing IOUs. 	
V. Other Issues	<ul style="list-style-type: none"> ● Maureen asked that we consider pay as a critical issue to getting and retaining effective case managers. ● In follow up to Maureen's previously stated concern about how difficult it is for parents and unpaid volunteers to keep track of all the work groups, Lori reported that the Division website is currently being merged into the HCPF website. The plan is to merge all the different work groups' recommendation around the CLAGG recommendations. Claire noted that this does not address the issue of knowing what the work groups are, what they are tasked with doing, and who is serving on them. Hanni indicated that there is a work group tracker that includes a contact, when the group meets, and their most recent progress. Lori will circulate that tracker to the Task Group. 	<ul style="list-style-type: none"> ● Lori will circulate the work group tracker to the Task Group.
VI. Guest Input	<ul style="list-style-type: none"> ● None offered 	
VII. Next Steps	<ul style="list-style-type: none"> ● Brittani and staff will do the identified follow-up work during July. 	
VIII. Adjourn/Future Meetings	<ul style="list-style-type: none"> ● July 10 and July 15 meetings have been cancelled. Meetings will be scheduled in August, September, and October. 	<ul style="list-style-type: none"> ● Brittani will send out a meeting Doodle for August - October.

--	--	--

Attachments

- Survey Results
- Wisconsin Services
- New Jersey Services
- Vermont Services
- Kansas Information

Conflict-Free Case Management Task Group

August 20, 2014

9:00 a.m. – 12:00 p.m.

Health Care Policy & Finance Department

303 E. 17th Ave Street Denver, CO 80203, 1st Floor Conference Room

Date: August 20, 2014		
Task Group Members Participating:	State Staff Present:	
Amy Ibarra – Horizons	Brittani Trujillo – DIDD	
Beverly Winters – Developmental Disabilities Resource Center	Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways		
Danny Villalobos – Self-advocate	Facilitator:	
Edward Arnold – Parent	Claire Brockbank – Segue Consulting	
Hanni Raley – The ARC of Aurora		
Joe Manee – Self-advocate	Guests:	
Kathy Hill – Goodwill Industries of Denver	Bobby Poisson – Self-Advocate	
Linda Medina – Envision	Donna Sedillo – Host Provider and Caregiver	
Rob Hernandez – Provider	Ellen Jensby – The Alliance	
Tom Turner – Community Options	Steve Hart – Host Home Providers	

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> • Receive update on CMS clarifications and BIP guidelines • Review and discuss information received in the context of current options for recommendations • Continue to refine recommendation options 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person (none on the phone). All guests introduced themselves. • Task Group members had no issues with the changes to the June Meeting Summary. 	
II. CMS Clarifications	<i>Reconciling CFCM and Person-Centered Choice:</i> Reconcile the imperative to create conflict free case management environments with the equally compelling fundamental	<ul style="list-style-type: none"> • Provide more information regarding CMS language

	<p>tenets of person-centered care and the ability for a person to exercise fully informed choice.</p> <ul style="list-style-type: none"> ✓ CMS considered the balance of an individual’s right to choose from any willing and qualified provider with the risks inherent in those agencies developing the service plan and also providing services. In the notice of proposed rulemaking, the requirement that the agent must not hold a financial interest in any of the entities that provide care is established as a minimum conflict of interest standard. CMS communications that their experience in HCBS waivers indicates that assessment and person-centered service plan development should not be performed by providers of the services prescribed. ✓ CMS received 1653 comments on the notice of proposed rulemaking and did not provide any provision for a waiver of this requirement. <ul style="list-style-type: none"> • Minimum standard is the same entity cannot provide an individual with CM AND services. • Many members of the group continue to have issues with CMS’ indication that conflict of interest “trumps” person-centered choice. The group discussed continuing to pursue this in their recommendations. One option that surfaced was including choice as a component of grandfathering. <p><i>Clarifying Situations under Which a Family or Individual Could Opt-Out of Certain Aspects of Case Management:</i></p> <ul style="list-style-type: none"> ✓ What case management services must be provided by an approved Case Management Agency? ✓ What case management services could be considered “optional” in terms of a family or individual choosing to opt out of the state case management program? <ul style="list-style-type: none"> • In this area, Brittani reported that Colorado has a little more flexibility. CMS required assurances include: <ol style="list-style-type: none"> 1. The CMS 1915(c) Technical Guide provides guidance on Service Plan development and monitoring. This is in appendix D. Service plan implementation and monitoring are set by the state, however needs must be reassessed at least annually. 2. Level of Care Assessment at least annually: This is not Case Management but 	<p>about financial conflicts and requirements regarding separation.</p> <ul style="list-style-type: none"> • Draft language incorporating person-centered choice as a grandfathering provision of the group’s recommendations. • Brittani will be attending an HCBS workshop after our September meeting and will participate in a CMS intensive about the new rule. This is an opportunity for us to provide Brittani with questions to ask.
--	--	---

	<p>is nevertheless required. CO uses ULTC 100.2</p> <p>3. State has room to establish other face to face monitoring requirements under different waivers (e.g. CO waiver requires monitoring quarterly; this is something CO could modify).</p> <ul style="list-style-type: none"> • This means that the family can manage the service plan but that it must be developed by the CM – ideally with the input of the family. • The group discussed reasons an individual or family would want to “opt-out” of CM. There can be issues of delayed provision of services in which the CM is perceived as a barrier. In a choice situation the goal is that individuals or families that have a non-responsive CM can shop around for a more responsive CM. • The group asked about flexibility in monitoring use of units that are assigned in the PAR. Brittani clarified that the state has to assure CMS that what’s in the Service Plan matches the units in the PAR. • The group also asked for more specifics around the definition of financial interest. 	
<p>III. Guidance from the Balancing Incentives Program (BIP)</p>	<p>Balancing Incentives Program: CO was not eligible to participate in BIP but there are components that specifically address CFCM. Brittani reported on the four specific characteristics of CFCM as documented in the BIP:</p> <ol style="list-style-type: none"> 1. <i>There is separation of case management from direct services provision:</i> Structurally or operationally, case managers should not be employees of any organization that provides direct services to the individuals. Ideally, conflict-free case management agencies are stand-alone and provide no other direct services. This prevents financial pressure for case managers to make referrals to their own organization or the “trading” of referrals. 2. <i>There is separation of eligibility determination from direct services provision:</i> Eligibility for services is established separately from the provision of services, so assessors do not feel pressure to make individuals eligible to increase business for their organization. Eligibility is determined by an entity or organization that has no fiscal relationship to the individual. 3. <i>Case managers do not establish funding levels for the individual:</i> The case manager’s responsibility is to develop a plan of supports and services based on the individual’s assessed needs. The case manager cannot make decisions as to the amount of resources (individual budget, resource allocation, or amount of services). 4. <i>Individuals performing evaluations, assessments, and plans of care cannot be related by blood or marriage to the individual or any of the individual’s paid</i> 	<ul style="list-style-type: none"> • The issue of access-based exceptions will be a focus of our September meeting.

	<p>caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.</p> <p>There was discussion around the need to separate Service Entry Provision, CM, and Direct Service Provision (DSP). Some members of the group felt that three separate entities would be cumbersome, Lori clarified that although CMS has indicated that three separate is best, the minimum requirement is to separate CM and direct service provision. Brittani reminded the group that its task is to focus on the CM and direct service provision. There is an eligibility group that is working on the Service Entry Provision components.</p> <ul style="list-style-type: none"> • The CLAG has recommended a 3-prong service approach (3rd party eligibility, case management, and direct service delivery as separate entities. • Note: The 2010 task force also recommended a 3-prong approach. <p>The BIP indicates that when there are access issues, the state may permit a single provider to provide CM and direct services. State must explain why no providers are available and why resources cannot be developed.</p> <p>Lori indicated that as it exists currently, the burden of proof is on the CCBs to demonstrate that they've attempted to build capacity in their service area. The new rules indicate is that the State must ensure adequate access and/or protections from conflict of interest. The group discussed that the burden of proof with respect to adequacy of CM will fall on the state if CCB's are no longer responsible for providing these services.</p> <p>In instance of no access, state must develop conflict of interest protection. The issue of access-based exceptions will be a focus of our September meeting.</p>	
<p>IV. Other CCB Activities</p>	<p>During the discussion regarding CM and DSP, the issue of statutory requirements for CCBs was raised. If a CCB has to decide between CM and DSP, then de facto many of the CCBs will no longer really be CCBs. Examples raised of statutory requirements were mill levies, Early Intervention Service Coordination, and Investigations. Many of these are not financially viable business activities.</p> <p>The group agreed that although these issues do not relate directly to our task, they should be raised in our recommendations. Tom will work with members of the Task</p>	<ul style="list-style-type: none"> • Tom will coordinate efforts to create a list of CCB services that could be impacted. • Rob will coordinate efforts to compile a list of counties and their mill levy requirements.

	<p>Group to identify a list of CCB services that could be impacted. Rob will work with members of the Task Group to compile a list of counties and their mill levy requirements.</p>	<ul style="list-style-type: none"> • All members of the Task Group should provide Rob and Tom with input.
V. Goals and Objectives through October	<p>Based on the information presented during the first half of the meeting, Brittani presented the Task Group's charge between now and the end of October:</p> <ul style="list-style-type: none"> • Present a recommendation or multiple recommendations for models of CFCM in Colorado • Focus on the What not the How <p>The Task Group's recommendations are specific to DIDD's HCBS waivers but our recommendations could impact all waivers in keeping with case management services and conflict of interest in general. As such, our recommendations will also be assessed in the context of waiver redesign.</p> <p>Brittani also clarified that Tiffani typically represents the other waivers at our meetings but that SEPs do not do TCM (they do Administrative CM) and they handle the other waivers. State Plan case managed services (e.g. mental health) are outside the waivers.</p> <p>The question was raised as to what is left for this group to determine since the CLAG has recommended a three-prong service approach and CMS has specified a separation between CM and DSP.</p> <p>This group has the ability to set the features and specifics of the model, within the requirements of CMS. In light of the other activities that impact our work, the following material will be sent out to members of the Task Group:</p> <ul style="list-style-type: none"> • The CLAG recommendations (https://www.colorado.gov/pacific/sites/default/files/Community%20Living%20Advisory%20Group%20Report%20DRAFT%2008-15-14.pdf) • Program requirements for HCBS-Children's Extensive Support (CES), HCBS-Supported Living Services (SLS) , HCBS-DD and Early Intervention Services 	<ul style="list-style-type: none"> • The following material will be sent out to members of the Task Group: <ul style="list-style-type: none"> ○ The CLAG recommendations https://www.colorado.gov/pacific/sites/default/files/Community%20Living%20Advisory%20Group%20Report%20DRAFT%2008-15-14.pdf ○ Program requirements for HCBS-Children's Extensive Support (CES), HCBS-Supported Living Services (SLS) , HCBS-DD and Early Intervention Services
VI. Discussion	<p>The group reviewed each of the different Options and Features it had identified during previous meetings. In general the following items were agreed upon:</p> <ul style="list-style-type: none"> • The four components of TCM will remain intact <ul style="list-style-type: none"> • Minimum provisions will be allowed for family engagement in service 	<ul style="list-style-type: none"> • Claire will revise the Options Model document to reflect this discussion more completely.

	<p>plan implementation and referrals</p> <ul style="list-style-type: none"> • Case management will be provided entirely independent of service provision <ul style="list-style-type: none"> • Exceptions for access and grandfathering under consideration • Case management can be provided by a range of entities <ul style="list-style-type: none"> • Independent CM entities • CCB that has divested itself of DSP • Families for a limited range of activities • CCBs that still provide both CM and DSP but not for the same person • The State as a safety net or back-up option in cases of access issues, insolvency, TCM cap issues <p>Claire will revise the Options Model document to reflect this discussion more completely.</p>	
VII. Guest Input	<ul style="list-style-type: none"> • Ellen Jensby indicated that Kentucky’s waiver includes grandfathering provisions. It was approved in January 2014, which although prior to the final rule, quite likely incorporates CMS’ views vis-à-vis the final rule (given close proximity). • Ellen also indicated that Wyoming has had a new waiver approved which addresses some CFCM issues as well as a three year phase in plan. • Donna Sedillo indicated that she believes there will be plenty of individuals who will be eager to serve as independent case managers. 	<ul style="list-style-type: none"> • Review KY and WY plans
VIII. Next Steps	<ul style="list-style-type: none"> • Brittani and staff will do the identified follow-up work in advance of the next meeting. 	
IX. Future Meetings	<p>303 E 17th Ave, 7th Floor</p> <ul style="list-style-type: none"> • September 9 1:30 – 4:30, conference room 7D • October 8, 1:30 – 4:30, conference room 7B • October 22, 9:00 – 12:00, conference room 7C 	

Attachments

- Options Model, August 23, 2014

Conflict-Free Case Management Task Group
 September 9, 2014
 1:30 p.m. – 4:30 p.m.
 Health Care Policy & Finance Department
 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7D

Date: September 9, 2014		
Task Group Members Participating:	State Staff Present:	
Amy Ibarra – Horizons	Lori Thompson – DIDD	
Amy Taylor - Parker		
Beverly Winters – Developmental Disabilities Resource Center	Facilitator:	
Bob Ward – Parent/Developmental Pathways	Claire Brockbank – Segue Consulting	
Danny Villalobos – Self-advocate		
Edward Arnold – Parent	Guests:	
Hanni Raley – The ARC of Aurora	Donna Sedillo – Host Provider and Caregiver	
Joe Manee – Self-advocate	Gerrie Frohne – Advocate and Family	
Linda Medina – Envision	Linsey Leith – Goodwill	
Maureen Welch - Parent	Mik Kamils, HTBI project	
Rob Hernandez – Provider	Steve Hemestrand	
Tom Turner – Community Options		

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> Address need for exception issues due to lack of access to independent case management or direct services 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> Lori Thompson welcomed all attendees. All guests introduced themselves. Task Group members had no issues with the changes to the August Meeting Summary. In light of the delay in distributing this month's meeting material, the group agreed that Claire will send out the meeting packets 5 business days before the meeting. Any material that is not yet available will be duly noted. Any member of the Task 	<ul style="list-style-type: none"> Meeting packets will go out 5 business days before a meeting. Content that is still awaiting DDID input will be marked DRAFT but distributed regardless.

	<p>Group, including DDID participants need to honor the timeline.</p> <ul style="list-style-type: none"> • It was also noted that information promised during meetings for distribution post-meeting is often not forthcoming by the date indicated in the Meeting Summary. Again, a strong request was made that DDID honor timelines for meeting content. 	<ul style="list-style-type: none"> • All members, including DDID participants need to honor deadlines for content agreed upon during the meetings.
<p>II. Follow Up Information from August 20, 2014 Meeting</p>	<p>Several items were requested during the August 20 meeting. The following were distributed with the Agenda and are viewed as information only. If members have requests for discussion based on content review, please let Claire know for the October meeting agenda.</p> <ul style="list-style-type: none"> ✓ Kentucky and Wyoming waiver information ✓ CMS language defining financial interest <p>Information that was not distributed but is attached with these notes is the follow up document that Tom Turner compiled identifying parking lot issues that would arise if CCB ceased to exist.</p> <ul style="list-style-type: none"> • Because it does not relate directly to the Task Group’s scope, it will not be discussed today. If, however, there is time after the group’s core responsibilities are completed it can be discussed. • Alternatively, members of the Task Group can propose including it as an Attachment to the final report. 	<ul style="list-style-type: none"> • Attach the Parking Lot document provided by Tom Turner • Members of the Task Group: Notify Claire if anything from the material provided should be added to the agenda for one of the October meetings.
<p>III. Access Exceptions</p>	<p>The final rule states that (underlining added for emphasis): <i>Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, <u>except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.</u> In these cases, the State must devise conflict of interest protections including separation of entity and provider functions with provider entities, which must be approved by CMS.</i></p> <p>The Task Group’s task today is to define what the Division expects from Case Management entities or Direct Service Providers/CCBs before initiating an exception.</p> <p>Lori told the group that under the current statute the CCBs are responsible for</p>	<ul style="list-style-type: none"> • Expanding the discussion of access issues to service delivery will be a focus of the October 8 meeting. • Resolution regarding whether the Task Group recommends access exemption options or not will be discussed during the October 8 meeting. • Those members of the Task Group that continue

developing capacity. Under the revised rule the onus is on the state to ensure capacity.

Options and issues discussed

- Promote vibrant engaged free market participation with real choice: If successful will obviate need for exceptions because access will not be an issue.
- Support a differential reimbursement rate for poor access areas: Lori advised that this is too much of a “how” not a “what”.
- Support the use of technology advancement to facilitate access: This is being reviewed as part of waiver redesign (the law currently requires in-person service planning). It would be optional and some encounters would still need to be face-to-face to ensure hands-on perspective on other possible issues that don’t surface from a distance.
- Consider issue of travel time – how much (if any) is too much, and is knowledge of local resources an issue the state should regulate versus allowing market and choice to manage?
- The CMS rule is not clear on whether it is the number of entities available to provide services or their capacity. The group concurred that capacity is the relevant metric.

Case Management Summary

- In general there was conceptual support for fostering a vibrant free market. However, there was division regarding the need for protections under certain circumstances.
- Some members felt that building to anticipate failure would keep a market solution from thriving and that this was not necessary. The focus should be on providing the supports needed to build up choice and increase access; essentially identifying what we can do as a state to help individuals build those services and capacity.
- Others felt strongly that protections would be necessary under certain circumstances. For example:
 - Despite the market a shortage of capacity exists (happens with service delivery)
 - CM doesn’t really have knowledge of local resources
 - Some threshold is reached where a disproportionate amount of the client’s resources are being used to compensate for travel time
 - The market doesn’t adjust overnight so how to handle the transition time

to support pushing the CMS to thoughtfully consider certain situations (other than geographic access) where an exception could be granted request that Brittani discuss the two scenarios identified with CMS. They would prefer that the conclusion of the discussion would be captured in writing (even if simply an email confirmation of the discussion).

- Bad case management agency
- In general the group seemed to concur that the state could be the back-up case management entity but would likely contract out for those services.
 - The state could also designate the SEP as their contracted back-up support
- In the case of poor performance or malfeasance the state has provider qualifications that it would have to enforce.

Remaining Access Exception Issues

- A client segment of particular concern is individuals without family or guardians to assist with the choice process. Lori indicates this has been an issue historically and needs to be considered.
- Most of the discussion focused on CM. Are the issues different for service provision? Rural access and the lack of economies of scale suggest that it is different but the group did not discuss in any detail. This will be considered during the October 8 meeting.
- Resolution regarding whether the Task Group recommends geographic access exemption options or not was not finalized.

Other Exception Situations

- Ed read the language from CMS regarding exceptions (see above) and was concerned that it only envisions one situation needing an exception – geographic access. Addressing the situation where a person specifically requests an exception should also be considered.
- This continued the discussion initiated during previous meetings regarding person-centered choice relative to conflict free case management. Two scenarios were identified that Brittani should raise with CMS during her meeting next week.
 1. A person knowingly wants to work in a situation in which conflict could occur. In this “eyes wide open” situation the person makes an informed choice. Protections are put in place to assure the state and CMS that the individual has made a free and informed choice.
 2. In those relatively rare situations where an individual has a longstanding relationship with a case manager and does not want to have to choose between leaving his/her case manager or his/her service delivery providers. Given the high rate of turnover among case managers this will not be common.
 - a. Note: Some have characterized this as permitting an exemption for

	<p>ALL current participants in the system. This is not the case; it is for those who can demonstrate a longstanding relationship and a negative impact for terminating either the CM or the service provider.</p> <ul style="list-style-type: none"> • Not all members of the Task Group support the above options for exceptions. Many feel strongly that there should be no exceptions for informed choice or “grandfathering” type situations. 	
IV. Final Report	<p>The group discussed the final report.</p> <ul style="list-style-type: none"> • Deadline: Final report turned in October 31. • Process pre-submission: Claire anticipates drafting a report and circulating for comment and feedback. One round of edits. • Post-submission: Lori will report back. • Recommendations: Not necessary to have consensus on all recommendations. In fact, not likely. It is up to the group to determine what to include in terms of range of suggestions. • Voting: The group considered the option of voting on each recommendation. Claire indicated this was an option but preferred not to quantify levels of support since the numbers won’t necessarily represent the overall stakeholders’ degree of antipathy or support for any particular issue. No final conclusion was reached. 	<ul style="list-style-type: none"> • Lori will report back on how the Division plans on reviewing/processing the report. • Resolve issue of voting during October 8 meeting.
V. Discussion	<ul style="list-style-type: none"> • As the group discussed the final report some members felt they would not be able to vote or otherwise weigh in on recommendations without the ability to “walk an 8-year” through the new system in its entirety – including issues like those raised in the Parking Lot document. <ul style="list-style-type: none"> ○ Claire noted that this is not really feasible in light of the overall waiver design effort and the number of issues outside this group’s purview that can impact the overall system. • There was discussion about wanting to see the results of the NCI survey. Two flaws were identified with that request: <ol style="list-style-type: none"> 1. The results will not be out in time for the group to review 2. Some host home providers and family members were fearful of responding honestly for fear of retribution. <ol style="list-style-type: none"> a. In general several members of the Task Group indicated that the host home and family community does not believe that anything will really change (see guest comments below). • The group raised the issue of defining protections during roll-out and 	<ul style="list-style-type: none"> • Claire will revise the Options Model document to reflect this discussion more completely. • The group will discuss language regarding protections for individuals during roll-out and implementation during the October 8 meeting.

	<p>implementation. There was concern that there need to be protections for individuals so they don't suffer any negative consequences of the new system (dislocations etc.).</p>	
VI. Guest Input	<ul style="list-style-type: none"> • Steve Hemestrand, participating by phone, deferred to Maureen Welch to read a statement expressing strong feelings regarding the importance of complete separation of CM and service delivery under every circumstance. He noted that separation should not permit subsidiaries that share a common board and can direct profits to a sister subsidiary as truly separate. • Denver Fox was not present but also provided Maureen a statement to read. This provided a history of recommendations (2007 University of S. Maine, 2009-2010 Task Force Report, 2009 Colorado state performance audit) to separate CM from service delivery. Denver noted that effective lobbying by Colorado Association of Community Centered Boards, CCB Partners, and The Alliance has kept these recommendations from being implemented. With new teeth in the CMS requirements it is time to implement true separation; grandfathering is not necessary; the delays have de facto already allowed for extensive grandfathering. • Gerrie Frohne: Indicated that she believes grandfathering options are not appropriate. When you allow grandfathering you allow a conflict of interest to exist. Not possible to have eyes wide open in an unbiased way. She recommended a clean division to avoid any conflict of interest. • Mik Kamils: Concurs with general guest comments about the importance of true separation and the need to attract new case managers, as well as the fear of repercussions for those who speak up against the current system. Mik indicated that training and quality standards for case managers are higher in other states and that Colorado should include training on how to deal with ethical management of their own conflicts. Mik noted that he was stunned that most case managers in CO are not members of Case Managers Association of America. 	<ul style="list-style-type: none"> • Maureen will provide an electronic copy of the statements. Attached: <ul style="list-style-type: none"> ○ Denver Fox statement ○ Transcript of Steve Hemestrand, Gerrie Frohne, and Mik Kamils statement
VII. Next Steps	<ul style="list-style-type: none"> • In response to a comment from Beverly, Claire asked the group to take time between now and the October 8 meeting to email their thoughts regarding areas of consensus, areas where differing recommendations will need to be made, and any other general thoughts or suggestions regarding the final product. <ul style="list-style-type: none"> ○ In order to compile this before the October 8 meeting and incorporate it into the agenda planning, Claire would like to receive this material by September 26. 	<ul style="list-style-type: none"> • Claire asked the group to take time between now and September 26 to email her their thoughts regarding areas of consensus, areas where differing recommendations will need to be made, and any other

		general thoughts or suggestions regarding the final product.
VIII. Future Meetings	303 E 17th Ave, 7th Floor <ul style="list-style-type: none"> • October 8, 1:30 – 4:30, conference room 7B • October 22, 9:00 – 12:00, conference room 7C 	

Attachments

- Parking Lot issues
- Electronic guest statements

<p style="text-align: center;">Conflict-Free Case Management Task Group October 8, 2014: 1:30 – 4:30 Health Care Policy & Finance Department 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7B</p>			
Date: October 8, 2014			
		State Staff Present:	
Task Group Members Participating:		Brittani Trujillo - DIDD	
Amy Ibarra – Horizons		Lauren Stanislaw - DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-advocate		Facilitator:	
Edward Arnold – Parent		Claire Brockbank – Segue Consulting	
Hanni Raley – The ARC of Aurora		Guests:	
Joe Manee – Self-advocate		Donna Sedillo – Host Provider and Caregiver	
Kathy Hill – Goodwill Industries		Ellen Jensby – The Alliance	
Linda Medina – Envision		Gerrie Frohne – Advocate and Family	
Maureen Welch - parent			
Rob Hernandez – Provider		Denver Fox - Parent	
Tom Turner – Community Options		Steve Hemelstrand - Parent	

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Meeting	<ul style="list-style-type: none"> Wrap up outstanding issues and walk through report recommendations 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> Brittani Trujillo welcomed all attendees. All guests introduced themselves. Task Group members had no issues with the changes to the September Meeting Summary. Maureen indicated that Steve Hemelstrand was not satisfied with how his comments at the end of the September were presented in the Meeting Summary. A transcript of his comments was referenced in the Meeting Summary and provided as an attachment. 	<ul style="list-style-type: none"> Claire will determine what modifications may be necessary to reflect Steve's comments (Note: this has now been resolved with no changes to the September Meeting Summary)
II. Access	During the September meeting the group bifurcated access issues into those pertaining to access to CM and those pertaining to access to direct services. The Group had not	<ul style="list-style-type: none"> The different viewpoints regarding access to CM the

<p>Exceptions</p>	<p>determined if it would make a recommendation with respect to creating exceptions or otherwise accommodating insufficient access to direct services.</p> <ul style="list-style-type: none"> • The Group concluded that this was not directly within the scope of its charge but should be noted in the “Implementation Considerations” section of the report. • The Group continued to disagree on the need for an exception process in anticipation of access issues for direct services. As previously noted, some felt that this would not be necessary because once the state eliminates barriers for independent case management agencies (CMA), there will not be any access issues. Others felt that no matter what barriers are removed or support provided there will be a need for exceptions to address access issues. 	<p>potential need for an exception to the CFCM requirements will be reflected as an area of non-consensus in the final report.</p>
<p>III. CMS Follow Up</p>	<p>The Group had asked Brittani to pose a few specific questions to CMS during the meeting she attended recently. She was able to speak briefly with CMS but they advised her to put her questions in writing. On September 30 she wrote an email inquiring whether any of the below options meet the standard of the new rule.</p> <ol style="list-style-type: none"> 1. Grandfathering for those people in services who have a long-standing relationship with a case manager, can they be “grandfathered” into a CFCM system by receiving both CM and direct services provision from the same agency. 2. Can a person in services “waiver” their right to CFCM? Can they make an informed choice to receive both CM and direct service provision from the same provider agency? 3. Can an agency provide both case management and service provision but not to the same person? For example, can Agency A provide CM to Jon and direct service provision to Amy, while Agency B provides CM to Amy and Agency C provides direct services to Jon? <p>CMS had not responded as of the meeting on October 8, 2014. However, the Group agreed to proceed without their response in light of the requirement to complete the Task Group’s work in October.</p>	
<p>IV. Final Report</p>	<p>The group discussed the set of recommendations Claire had compiled. They agreed upon those which represented consensus and those which did not. The following recommendation was not decided upon as some members expressed the desire to do more work before agreeing or disagreeing regarding consensus.</p>	<ul style="list-style-type: none"> • The Group will need to determine how to characterize the one outstanding recommendation. It will

	<ul style="list-style-type: none"> • There needs to be no ambiguity with respect to separation between organizations providing case management and services – boards, finances, financial relationships, staff, supervisory relations, subcontracting for case management or services provision etc. <p>After discussing them individually, they were bundled into three distinct options for the Department to consider as recommendations to achieve CFCM.</p> <p>The substance of the discussion around the final recommendations is reflected in the draft report, circulated to the group on October 12, 2014.</p> <p><u>Report Process</u></p> <ul style="list-style-type: none"> • Claire will provide a draft report to the Task Group by October 15 • Comments by October 20 for discussion during our October 22 meeting. • Updated document will be circulated following the October 22 meeting. • Once the report has been submitted to DIDD, it will go through internal clearance and then out for public comment. <p>Note: During this discussion, Claire received permission to delay completion and transmission of the Meeting Summary in favor of getting the Draft Report out sooner.</p>	<p>be discussed during the October 22 meeting.</p> <ul style="list-style-type: none"> • Discuss scope of changes during October 22 and need for a second revision/review process before October 31.
<p>V. Case Management Training</p>	<p>Lauren Stanislao has been hired by the Division to develop CM training for CCBs and any other new entities as the system evolves. She provided the Group an overview of her work. She is the first person the DIDD has hired dedicated to case management training. She is developing a specific curriculum addressing all the things a CM has to do – hard skills, soft skills, and person-centered approach. Also becoming a Person-Centered Planning Trainer.</p> <ul style="list-style-type: none"> • Members of the Group asked for an opportunity to provide input into the proposed certification process. • Rob asked how to find the Medicaid State Plan for case managers • Rob also requested that a Glossary be provided in the training material <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary. The specific attachment regarding Targeted Case Management is only viewable as a PDF document and does not have an exact link but may be found by clicking on the</p>	<ul style="list-style-type: none"> • Lori will let the group know how to provide input into the training material at our next meeting. <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary.</p>

	below link then selecting Section 3, Supplement 1a. Here is the link: https://www.colorado.gov/pacific/hcpf/colorado-medicaid-state-plan	
VI. Miscellaneous	<ul style="list-style-type: none"> There was discussion around the Public Guardian Advisory Committee. Although the Group agreed that this would be noted as an Implementation Issue, there was interest in the recommendations made by this Committee. Hanni provided the following link: http://www.courts.state.co.us/Courts/Supreme_Court/Committees/Committee.cfm?Committee_ID=41 At the last meeting we had a guest comment about CO CMs not belonging to a national case management association. Linda noted that associations are medically based CM, whereas we are community service based in Colorado. 	
VI. Guest Input	<ul style="list-style-type: none"> Steve Hemelstrand, participating by phone, noted that it is important that DIDD and HCPF have their eyes wide open in terms of how they implement this. Many people believe that there is a move afoot via the use of business formation techniques to circumvent the COI requirements. Developmental Pathways as an example. Causes financial benefits to accrue. <ul style="list-style-type: none"> Steve requested that a copy of his statement from September 9 be included as an attachment to the Meeting Summary (attached) Denver Fox, participating by phone, noted that the high turnover rate of case managers is striking. He believes it is indicative of the need to professionalize case managers, give them status via a certification or something along those lines that attests to their training. Appropriate payment is also important. No other guest comments. 	<ul style="list-style-type: none"> Attached: <ul style="list-style-type: none"> Steve Hemelstrand statement
VII. Next Steps	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire. Requests for modifications should be accompanied by specific suggestions rather than general statement of concern. 	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire
VIII. Future Meetings	303 E 17th Ave, 7th Floor <ul style="list-style-type: none"> October 22, 9:00 – 12:00, conference room 7C 	

Attachments

- Steve Hemelstrand: electronic statements

<p align="center">Conflict-Free Case Management Task Group October 8, 2014: 1:30 – 4:30 Health Care Policy & Finance Department 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7B</p>			
Date: October 8, 2014			
		State Staff Present:	
Task Group Members Participating:		Brittani Trujillo - DIDD	
Amy Ibarra – Horizons		Lauren Stanislaw - DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-advocate		Facilitator:	
Edward Arnold – Parent		Claire Brockbank – Segue Consulting	
Hanni Raley – The ARC of Aurora		Guests:	
Joe Manee – Self-advocate		Donna Sedillo – Host Provider and Caregiver	
Kathy Hill – Goodwill Industries		Ellen Jensby – The Alliance	
Linda Medina – Envision		Gerrie Frohne – Advocate and Family	
Maureen Welch - parent			
Rob Hernandez – Provider		Denver Fox - Parent	
Tom Turner – Community Options		Steve Hemelstrand - Parent	

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Meeting	<ul style="list-style-type: none"> Wrap up outstanding issues and walk through report recommendations 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> Brittani Trujillo welcomed all attendees. All guests introduced themselves. Task Group members had no issues with the changes to the September Meeting Summary. Maureen indicated that Steve Hemelstrand was not satisfied with how his comments at the end of the September were presented in the Meeting Summary. A transcript of his comments was referenced in the Meeting Summary and provided as an attachment. 	<ul style="list-style-type: none"> Claire will determine what modifications may be necessary to reflect Steve's comments (Note: this has now been resolved with no changes to the September Meeting Summary)
II. Access	During the September meeting the group bifurcated access issues into those pertaining to access to CM and those pertaining to access to direct services. The Group had not	<ul style="list-style-type: none"> The different viewpoints regarding access to CM the

<p>Exceptions</p>	<p>determined if it would make a recommendation with respect to creating exceptions or otherwise accommodating insufficient access to direct services.</p> <ul style="list-style-type: none"> • The Group concluded that this was not directly within the scope of its charge but should be noted in the “Implementation Considerations” section of the report. • The Group continued to disagree on the need for an exception process in anticipation of access issues for direct services. As previously noted, some felt that this would not be necessary because once the state eliminates barriers for independent case management agencies (CMA), there will not be any access issues. Others felt that no matter what barriers are removed or support provided there will be a need for exceptions to address access issues. 	<p>potential need for an exception to the CFCM requirements will be reflected as an area of non-consensus in the final report.</p>
<p>III. CMS Follow Up</p>	<p>The Group had asked Brittani to pose a few specific questions to CMS during the meeting she attended recently. She was able to speak briefly with CMS but they advised her to put her questions in writing. On September 30 she wrote an email inquiring whether any of the below options meet the standard of the new rule.</p> <ol style="list-style-type: none"> 4. Grandfathering for those people in services who have a long-standing relationship with a case manager, can they be “grandfathered” into a CFCM system by receiving both CM and direct services provision from the same agency. 5. Can a person in services “waiver” their right to CFCM? Can they make an informed choice to receive both CM and direct service provision from the same provider agency? 6. Can an agency provide both case management and service provision but not to the same person? For example, can Agency A provide CM to Jon and direct service provision to Amy, while Agency B provides CM to Amy and Agency C provides direct services to Jon? <p>CMS had not responded as of the meeting on October 8, 2014. However, the Group agreed to proceed without their response in light of the requirement to complete the Task Group’s work in October.</p>	
<p>IV. Final Report</p>	<p>The group discussed the set of recommendations Claire had compiled. They agreed upon those which represented consensus and those which did not. The following recommendation was not decided upon as some members expressed the desire to do more work before agreeing or disagreeing regarding consensus.</p>	<ul style="list-style-type: none"> • The Group will need to determine how to characterize the one outstanding recommendation. It will

	<ul style="list-style-type: none"> • There needs to be no ambiguity with respect to separation between organizations providing case management and services – boards, finances, financial relationships, staff, supervisory relations, subcontracting for case management or services provision etc. <p>After discussing them individually, they were bundled into three distinct options for the Department to consider as recommendations to achieve CFCM.</p> <p>The substance of the discussion around the final recommendations is reflected in the draft report, circulated to the group on October 12, 2014.</p> <p><u>Report Process</u></p> <ul style="list-style-type: none"> • Claire will provide a draft report to the Task Group by October 15 • Comments by October 20 for discussion during our October 22 meeting. • Updated document will be circulated following the October 22 meeting. • Once the report has been submitted to DIDD, it will go through internal clearance and then out for public comment. <p>Note: During this discussion, Claire received permission to delay completion and transmission of the Meeting Summary in favor of getting the Draft Report out sooner.</p>	<p>be discussed during the October 22 meeting.</p> <ul style="list-style-type: none"> • Discuss scope of changes during October 22 and need for a second revision/review process before October 31.
<p>V. Case Management Training</p>	<p>Lauren Stanislao has been hired by the Division to develop CM training for CCBs and any other new entities as the system evolves. She provided the Group an overview of her work. She is the first person the DIDD has hired dedicated to case management training. She is developing a specific curriculum addressing all the things a CM has to do – hard skills, soft skills, and person-centered approach. Also becoming a Person-Centered Planning Trainer.</p> <ul style="list-style-type: none"> • Members of the Group asked for an opportunity to provide input into the proposed certification process. • Rob asked how to find the Medicaid State Plan for case managers • Rob also requested that a Glossary be provided in the training material <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary. The specific attachment regarding Targeted Case Management is only viewable as a PDF document and does not have an exact link but may be found by clicking on the</p>	<ul style="list-style-type: none"> • Lori will let the group know how to provide input into the training material at our next meeting. <p>Lauren will provide a link to the Medicaid State Plan for case managers as well as guidance regarding the specific pages of relevance for the Meeting Summary.</p>

	below link then selecting Section 3, Supplement 1a. Here is the link: https://www.colorado.gov/pacific/hcpf/colorado-medicaid-state-plan	
VI. Miscellaneous	<ul style="list-style-type: none"> There was discussion around the Public Guardian Advisory Committee. Although the Group agreed that this would be noted as an Implementation Issue, there was interest in the recommendations made by this Committee. Hanni provided the following link: http://www.courts.state.co.us/Courts/Supreme_Court/Committees/Committee.cfm?Committee_ID=41 At the last meeting we had a guest comment about CO CMs not belonging to a national case management association. Linda noted that associations are medically based CM, whereas we are community service based in Colorado. 	
VI. Guest Input	<ul style="list-style-type: none"> Steve Hemelstrand, participating by phone, noted that it is important that DIDD and HCPF have their eyes wide open in terms of how they implement this. Many people believe that there is a move afoot via the use of business formation techniques to circumvent the COI requirements. Developmental Pathways as an example. Causes financial benefits to accrue. <ul style="list-style-type: none"> Steve requested that a copy of his statement from September 9 be included as an attachment to the Meeting Summary (attached) Denver Fox, participating by phone, noted that the high turnover rate of case managers is striking. He believes it is indicative of the need to professionalize case managers, give them status via a certification or something along those lines that attests to their training. Appropriate payment is also important. No other guest comments. 	<ul style="list-style-type: none"> Attached: <ul style="list-style-type: none"> Steve Hemelstrand statement
VII. Next Steps	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire. Requests for modifications should be accompanied by specific suggestions rather than general statement of concern. 	<ul style="list-style-type: none"> Review the draft report between October 12 – October 20 and send comments back to Claire
VIII. Future Meetings	303 E 17th Ave, 7th Floor <ul style="list-style-type: none"> October 22, 9:00 – 12:00, conference room 7C 	

Attachments

- Steve Hemelstrand: electronic statements