

>> Good afternoon everyone and thank you for joining us on this beautiful afternoon for a webinar. In just a moment we'll be starting our webinar, What Providers Need to Know About House Bill 18. 1407, also known as the aging care giver and direct support work force bill. Please take a moment make sure you're accessing audio through the instructions on the screen while I introduce our presenters today and go through some webinar hygiene with you all.

My name is Ellen Gensby, I'm the senior director of public policy and operations at alliance. Also presenting with me today is our director of government and community relations, Emma Hudson, and specifically for questions we also have Rodney Herrera, the chief financial officer of DDRC, on the line to answer any more in-the-weeds questions about this bill that we may not be able to answer.

Due to the high number of participants today, we will be muting all lines. They are currently muted. Please enter your questions into the chat box. We will not be able to probably answer all the questions as we go through the webinar. But we will try to cover them to the end if there is time.

If we run out of time and we still have a lot of questions that we are able to answer we will find out a Q&A from all the questions submitted during the webinar and the answers to them after webinar. As you've heard we are recording this webinar today and the recording and the transcript of the webinar will be available in just a couple of days after the server concludes.

With that I wonder what we're gonna cover today. But we're gonna quickly go over what Alliance is. Some definitions of vocabulary that we're going to be using today in our webinar, so that everyone's on the same page. We're going to talk about the background and evolution of this particular piece of legislation, which was recently signed into law by our governor.

We're going to talk about all of the people who supported this legislation. The primary elements of the law, including the rate increase details that I know you're all anxious to hear about. As well as the new DD waiver resource details and how those are going to work. And the new caregiver emergency criteria details that will be coming out on rules soon.

Finally, if there is time, we will cover questions related to the webinar. We have been taking questions via e-mail prior to the webinar, so we hope that the content we're gonna cover here today will answer most of the questions that you already have. But like I said, please enter your questions into the chat box if you have additional ones.

What is Alliance? Alliance is a non-profit, statewide association of community-centered, board, and program approved service agencies that is dedicated to strengthening services and supports for people with intellectual and developmental disabilities. We have 70 members at the current moment, including both PASAs and CCBs. And our members serve Over 10,000 individuals of IDD, they employ 1300 plus direct support professionals and case managers within Colorado.

And they serve roughly 0% of people on the IDD comprehensive waiver and a vast majority of folks who are involved in all three of Colorado's waivers for people with intellectual development disabilities. Quickly, I just wanna go over some alphabet soup with you. For anyone who is new to our system, we always hear, why do you have so many acronyms?

So to make sure that everybody's on the same page, during today's webinar, we'll cover just a few things, terms and acronyms that we're gonna be using frequently. Of course, IDD refers to Intellectual and Developmental Disabilities. The primary population that causes in a few TBs in Colorado. You may hear this reference HCBS, that stands for Home and Community Based Services, that is the category of waivers under Medicaid through which most people with IDD receive services in Colorado.

Typically we're going to talk about the DD or comprehensive or comp waiver as it's often referred to. This is the residential support waiver in Colorado that provides access to 24 hour support. And we distinguish from the FLS waiver which I'll talk about in a moment. Within that we're going to talk about we're going to use the words resources or enrollment. And that just means that the legislature

has allocated enough funding for a new person to enroll into the DD waiver that sort of resource or enrollment mean.

And as I mentioned the SLS waiver stands for Supported Living Services, that is the other adult waiver in Colorado for people with IDD That does not provide residential support but provides other types of in-home support. DSP is an acronym you're going to hear a lot today. That stands for direct support professional.

Later in the webinar, Emma's going to cover the specific statutory definition that we used in this bill. But generally when we say BSP, we mean the people who are working on the frontlines delivering hands on services to people with IDB everyday. Hick Puff is an acronym Acronym for the Colorado Department of Healthcare policy and financing.

Which most of you are probably very familiar with. They are the agency that's tasked with implementing this particular law and we'll be mentioning them quite a bit in the slides to come. [INAUDIBLE]

background I wanted, [INAUDIBLE] reminder for all of us to get on the same page about how. IDD services are funded in Colorado. So for Medicaid waver services are funded through a blend of both federal and state dollars. In Colorado, we get a, it's about a 50/50 split between federal and state dollars. So for every \$1 that the Colorado general assembly appropriates through general funds to To IDD services the federal government matches with an additional dollar.

In Colorado we use a fee for service model and you'll see there on the screen basically that means time turns into money. So in order to get paid for services Process have to first deliver the service. And also the services are counted in 15 minutes in climate unit.

And they have to send proof to hepas that they have provided those services. The payment, and then finally the provider gets reimbursed. Thats always an important thing to note that providers don't get paid up front to provide any services through the waivers. They have to provide them first and get reimbursed later.

How do agencies use the funding that they get Of course they are businesses and employers, so they have some overhead. Which averages around 10% for most agencies and that includes administration, the billing functions. Of course, in order to get paid, providers have to first bill. Human resources, finances and things like that.

They have other operating costs including you know, property insurance, equipment, occupancy expenses such as rent, and maintenance on buildings, telephones, staff development, etc. And then finally they have personnel costs, which are the largest single agency cost for most providers, if not all providers. And that includes, of course, wages, health, dental, and life insurance for their employees.

Workman's comp, payroll taxes, paid time off, bonuses, etc. One thing that's really important to note about disability or the IDD waiver community is that Medicaid really is almost the sole funding source for providers in this area, and they are unable to build other pairs such as private insurance or Medicare for the supports So besides a few folks who are fortunate enough to be able to private pay for services, the only other way that providers can make an income from providing IDD supports is through fundraising.

So for most IDD providers, medicator imbursements account for 90 to 95% of their total agency budget. So I wanna talk a little bit about the background of how we arrived at this particular legislative solution and what problems we're trying to solve. First over the last few years that has become very apparent to us that we are in the midst of a financial perfect storm.

We have Medicaid reimbursement rates that have not kept up with rising inflation cost, We have record low unemployment rates in the state of Colorado. We have a number of both federal and state regulatory requirements that are coming down the pipe that providers have to respond to, and we have some costly changes to service delivery models as a result.

All those things added together have very Substantial impact on our system. They mean reduced purchasing power for providers, they mean low pay and high turnover rates for direct support professionals, which results in a reduced continuity of support, lack of systems sustainability and

efficiency, and most importantly Reduced access to services and choice of provider for people who are trying to access these supports, those who we're all here to serve.

[COUGH] And that results in a year long or sometimes decades long waiting list for comprehensive services. Our most recent numbers, prior to this bill going to effect, where that about 3,000 people are on the waiting list for the DD Comprehensive Waiver and that that number was growing. And we have an aging caregiver population that Emma's going to touch on in the next couple of slides. We also have limited advance planning for caregiver crises when someone. Who's on the waiting list has a caregiver who can no longer can provide support for them. How can we help them plan for their future needs once that caregiver is no longer able to provide support? With that I'm gonna turn it over to Emma to cover the specifics about this bill.

Emma go head.

>> Hello everyone thank you so much for joining. So I will jump right in, we have a lot to cover.

Please enter any questions into chat boxes as we go. So Ellen just described kind of the large constructs of what Alliance has really focused on these last few years.

We're always holding the waiting list in one hand and we have a major commitment, To make sure we're drawing down that waiting list as well as we can while also we have a clear understanding that the system as it stands is not sustainable. The rates are not high enough to ensure access, and efficiency, and quality, and everything that we also desire.

So We finally decided we needed to start breaking these huge, huge systemic problems down into bite sized pieces, and that's what we tried to do with this bill. So the first piece we did is we said, okay, instead of focusing on all of system concerns and lack of solvency, what if we focus this bill on DSP compensation.

We all know that DSP is incredibly strenuous work, we know that their critical to this labor market, critical to quality care and yet we have found that the average starting wage for community based. Direct support professionals is \$10.96 per hour. So this is data based on what we were pulling together for the bill for the work, so it's now a year too old, but it's still relevant.

Particularly when you compare it to the same wage during this time for. State employed direct support professionals. So what's interesting in Colorado is because we still have a few state institutions around the state, we have a fairly close, Close comparison between how much state employees are paid to provide the services versus how much community-based DSPs.

And you can see, \$14.25 an hour plus are basically government benefits, which are government retirement benefits, health insurance benefits, etc. Which is a much, much more powerful package to try to recruit and retain quality staff than if you're only able to hire at \$10.91 per hour. We're also combatting Thing arising minimum wage.

So, there's been an increase the last couple years in the minimum wage, and we know that by 2020 the minimum wage would be \$12 per hour. Obviously, if we're currently hiring at \$10.91 per hour, and somehow we have to get to \$12 per hour, That money has to come from somewhere.

And as Ellen talked about, agencies don't have the opportunity, unlike some other Medicaid industries, to simply charge somebody more or find the money in other ways. So we are pretty dependent on making sure that Medicaid covers those costs. What happens here Ellen just covered both low wages and straneous work with often high tunrover and vacancy rate.

In Colorado we found turnovers for direct support professionals average 39% across the state. But we even had some agencies that were upwards of 80% Turnover in a year. I think we can all understand that if you're having turnover at that high of rates, other things are gonna suffer.

So we need to do something about that, and most important here, that ultimately results in the reduced continuity of care and support for the people receiving services, which is not what we're trying to do. So the bill focused specifically on that DSP compensation piece. And then the other piece of it was, we wanted instead of saying, okay, we need to end the waiting list today, which frankly would be very hard to do.

Most recent estimates on what it would cost to end the waiting list in its entirety Get all 3,000

people off the waiting list, it's upwards of \$190 million per year. The state of Colorado has thus far decided that they don't have \$190 million a year to spend on this particular topic, and so we decided to look around and see what ways how we could kind of pull that into smaller acceptable pieces until we began looking at aging care givers.

And that's partly because they represents such a uniquely vulnerable population in the waiting list, so people who have aging or elderly care givers represents a uniquely vulnerable population. But also we were looking at other states and other advocacy national and local priorities to see how are other states dealing with the problem that we're dealing with.

And so we found this consistent theme of this caucus of leading care givers. And so we began to think about people with idea living much longer. We're having a clear Renewal of science that's keeping people alive longer, which is excellent. But then as they age, so do their caregivers.

And what we're seeing is that as caregivers age, of course they're having some difficulty with what can often be very physically strenuous, emotionally strenuous work. And unfortunately in Colorado, there's currently no advance support for people with IDD who may be reaching a Caregiver crisis. So at this time, if for example you're a caregiver who's been diagnosed with a terminal illness and you have a prognosis of six months or one year Unfortunately, even though you have that diagnosis and prognosis, the pathway is to getting your loved one more comprehensive support, is not a streamlined nor thoughtfully constructed as we might hope.

So that is what this bill is trying to get after. Okay, so if that's how we broke down the bite-size pieces, how do we get it done? Quite frankly, we all, and that's us here at Alliance, that's our membership, that's advocacy groups, that's parents and families and people in services.

I mean, we all spent years educating the JBC and JBC stands for Joint Budget Committee. The Joint Budget Committee consists of six legislators. They're sort of arguably the most powerful legislators in the state due to the fact that they write the state budget each year. The joint budget committee the last several years has been split equally for Democrat and Republican, and it is always split equally between the House and the Senate.

And so all of us have worked very hard to educate those legislators, but also the rest of the General Assembly, because it's been a communal efforts to make sure that those who represents us really understand our concerns. And so after years of joint budget committee education we really had some powerful allies on a very powerful committee.

And so I wanna say their names here because they all they all carried this bill, and it is a pretty important, serious bill, and so we're incredibly grateful to them. If you live in any of their districts, I highly recommend you reach out to them and thank them for this work.

It was a big deal. Representative Dave Young, Representative Bob Rankin. Representative Nilley Hamner, Senator Kent Lambert, Senator Dominick Marino, and Senator Kevin Lumberg all made this possible. We also did a lot of work to try to learn from other states and stakeholders, right. So as I was just saying, we looked around to other states to understand what have they done about the fact that we're having a hiring and retention crisis in Colorado.

We can't hire to save our lives, and our turnover is outrageous, and our vacancy rates are high. And we looked around, and we found about 15 states that had already executed a direct support professional compensation increase of some kind. And states all structured it very differently because all states are very different but we began to have some examples to look at as to how to create this in a way that would work for Colorado, we also specifically for the aging caregivers we found some other states that had done some work on aging caregivers, some states had passed laws saying that as of age 75, for example, if, once your caregiver, you're on the waiting list, once your caregiver turns age 75, you would qualify for a new

resource or enrollment slot. So we learned a lot from looking at those bills in other states. We also looked at some of our advocacy partners and what their priorities were, both statewide and nationally. And we found that direct support professionals and aging caregivers really rose to the top, not just from a provider perspective but also from an advocacy perspective.

We also brought in a lot of data and evidence. We pulled together an incredible amount of access

data using some RFP response rates. We pulled our alliance membership on a variety of issues, and we learned a lot about How much DSPs get paid. And where we're having issues with turn over and retention and vacancies.

And we also did some research into how the regional centers are reimbursed. And how much they pay their employees. So we came in heavy with data and evidence to back up these claims. We also really thoughtfully framed this bill, we really wanted to combine these two issues of making sure that we're paying this low income workforce more of a livable wage, we're not gonna be quite there yet but it's certainly gonna increase while simultaneously drawing down the wait list We believe those issues are inextricably linked.

Because as you draw down the wait, which we should be doing and we should all be fighting for. We cannot do that without simultaneously ensuring there's another funding waiting for them on the other side So that we can attract new providers and that existing providers can grow. Otherwise there's no value in getting somebody off of the waiting list if all they're gonna do is come off of the waiting list and simply wait for A provider due to low reimbursement rate.

We also and I'm so so excited and proud of this work from all of us. We had significant grassroots and community involvement. So I think this bill and this effort was one of the biggest and most diverse coalition in IDD bill history. And we had, I'll talk more about it in just a second but it's a really momentous thing and we're really grateful for all of the engagement from, you know, our membership certainly took a heavy lead and heavy role in this but non member agencies also played a role.

Advocacy groups played a huge role Of course, legislatures, families, people receiving services, it was a major, major road bust community engagement process. We also, throughout the course of this bill The way bills works s you come in with an idea and you think this is the best idea in the whole world and we're gonna fix everything.

And we came in with an idea it was a good idea but to the course of the bill process That idea evolved and improved based on feedback and negotiation with other stakeholders and that was advocacy groups, that was parents, that was people receiving services, self advocates and also department of health care policy and financing.

So the bill changed pretty significantly from what was when we started to what ultimately became law. Also, one of the reasons that the bill passed is because We included within the bill some accountability measures. Legislators, in particular, are more and more interested over time in making sure that the money that they spend at the state level Is used in alignment with legislative intent and so they really wanted to be sure, okay, we're going to give a lot of money for direct support professionals and to get people up the waiting list.

We want to make sure that it goes where we think it's going to go and that it works. So this bill included some very specific accountability measures to really target those issues. We also just had some dumb luck. This happened to be some really good timing for this particular type of bill for the first year in many many years, we had some money that was in the state budget.

So legislators for the first time, typically as we come into budget season It's often the case that legislators are trying to figure out what they can cut from the state budget. Well, for the first time in awhile, there was some money on the table. And legislators were open to ideas about how How exactly the state should be spending those dollars.

And we of course went to them and said we should prioritize this population. And so we're very excited they accepted that. We also in terms of good timing, all of the legislators sitting on the joint budget committee, you know due to the years of education were incredibly primed for this conversation But we also had several of what we call our IDD champions.

So the legislators who really helped focus their career on disability policy were retiring. And so we were able to go to them and say, we need to do something big and we need to do it now because you're almost gone. So all those things coming together plus a lot of hard work.

From everybody, I mean I really can't tell you, I mean most of the people that I work with everyday, our stakeholders, our partners are stuck here in the room and beyond and our membership

agencies. I mean truly everyone rolled up their sleeves and just did the work and that's really how we got this done.

So. You can tell it with kind of a we're in a perfect storm financially but this is a perfect step in the firm.

>> I don't know.

>> I know what it says. Of goodness that had you occur and thoughtful collaboration that had to occur to get us where we are now.

All right, so we're so these are just a funds of our supporters just to give you a sense of cool with us We had a ton of advocacy groups in support. We had a ton of community center boards in support. We had so many provider agencies in support of the bill.

And even on top of that we had almost 3,000 individual signatures signed on the petition in support of the bill. So it was an incredible thing to be able to better legislate this and say look at the momentum on this particular issue we are all call left and we have a single voice wanting to get people operating with want to pay low income stuff more.

That is a really big deal And with all of this support, we had support of the legislature. This bill passed unanimously out of all committees, and it passed almost unanimously in the House and Senate. It had only 1 no vote out of 100 legislators. And 52 out of 100 legislators chose to add their names as co-sponsors to the bill they liked this bill so much they wanted to put their name on it. that's a big deal we are all very proud of that. Okay so now what is the bill that is the meat of what I imagine many of you are here for so, there is three main elements and we're going to go into each in more detail. The first of the three, the bill includes a 6.5% rate increase on most, I want to emphasize, most IBD services.

I will get into which services. The second. Is there are 300 new and these are non emergency, dd comp waiver enrolments available, as a result of this bill. I will get into how we arrived at that number. I will get into who those enrolments are gonna go to and why.

Also this bill creates a path to help caregivers experiencing a crisis, we'll talk more about that and that's going to be evolving in the next year or two so that's not an immediate result But we are very excited about the path that this bill is gonna create. So we'll talk more about that.

And then, this is always the thing that comes up with the legislature, how much does it cost? So, just so you all know the cost, which, as Ellen talked about earlier, for our services, half of this comes from state money, which is general fund. And half of this comes from national money, which is those federal funds.

So for the first year of implementation it's \$12.2 million, that's this year in fiscal year 2018-19. And the reason for that is each of the pieces of the bill are prorated and implemented first of the year, and so as implementation ramps up it will go from 12.2 million in cost this year to next year and in future years it will 67.4 million.

Million and growing in fact, and we'll talk about that. Okay, so this is element number one, let's get into the rate increase. So, this is the services, the question we get a lot is which rates will receive a 6.5% rate increase? Here you go. This is your answer.

These are literally written into the bill, so this rate increases specific to the DD SLS and CES waivers only. So if these services are being provided by, let's say, the EBD waiver or the brain injury waiver or any other waiver, they will not see an increase. So, it's just for the DD comp waiver, SLX, and CES waivers.

All of these services will receive a 6.5% increase. The reason we'd show these services in collaboration with Hicks Club and in collaboration with our advocacy partners Is because these are the services that are largely provided by the typically definition of a direct support professional. And since the intent of the additional funding was to increase compensation, For DSPs, it was important to target the surfaces that DSPs typically provide.

So what isn't covered? Okay. So what services are included and why. So the services that will not

Not receive a 6.5% increase, include case management, early intervention, transportation, vision, dental and a few others. The reason for that is a service made it on the why exclude. On the excluded list for a few reasons.

Maybe it was a service that is not DSP based, it's not typically provided by DSPs, maybe it's provided by clinicians or someone else. Or as is the case for early intervention, if it's not an HCBS service It's not on those three waivers. And it was not included in the rate increase.

Or some, like for example transportation, did not receive an increase this year in the 6.5% because it received a significant increase last year. And then some of them are excluded because they're what we call sort of dollar for dollar services meaning they're reimbursed. More related to costs instead of that 15 minute time increments that Ellen was talking about.

All right, so what about other services? So if you don't see a service on this list on the left hand side, right, what about all those others? Included in the fiscal year 18-19, so this years state budget. It's not at all part of this bill, but it's an important for agencies to understand.

All services will receive a 1% across the board rate increase. So, I want to clarify that does mean that some services, the ones on the left hand side of this slide Will receive a total 7.5% increase, however what's tricky about that is we'll talk about the timing of those things in just a second, but the 1% rate increase will be in effect, actually should already be backdated to July 1st of this year. So as soon as CMS approves that increase. You should be able to back date and receive reimbursement at that new rate of 1% higher, okay. And just like always, so this is just your standard common policy cause of living increase, which we know would have not account for the full cost of living but believe me we fought for this 1%.

It's better than zero. But funds from this 1% can be used as needed by agencies. So, just like in prior years, you can use that 1% as it is required by your agency's budget and other needs. Okay. Please type questions into that chat box as you think of them.

All right. So the next thing here is when? When does the 6.5% rate increase go into effect? The short answer is March first 2019. So that means we have another, I'm bad at math, eight months, let's say?

>> [LAUGH]

>> Eight months until that rating increase goes into effect.

It's sort of a long story, but that related to a lot of financial and budgetary reasons why that Why there's a wait before it goes into effect. The other thing is that that timeline gives HickPuff and all of you some time to figure out exactly how you're going to implement it and make sure that it's used effectively and efficiently.

What's also important to notice is that Agencies, and we'll talk a little more about this, will be required to demonstrate that all funds received from the 6.5% increase were spent on increasing DSD compensation. So we'll talk more about that, but They cannot be used to take the place of funding already used on DSP compensation.

And the reason that's important is because of another timeline thing here. So agencies are gonna have to demonstrate that they increase DSP compensation above the compensation levels in place on June 30th, 2018. So, whatever that was 18 days ago, so, whatever you were paying your DSPs as of 18 days ago is the specific comparison date, it's written into the bill that that is the comparison date that will be using as the benchmark.

To determine if you are increasing wages. So if you gave your employees a wage or a compensation increase prior to June 30th, 2018, that will not count toward the increases required by the bill. Okay. So what's a little tricky here, I just want to go over it again, cuz we're getting a lot of questions about this.

So basically the benchmark date that they're gonna use is June 30th, 2018, so 18 days ago. The increase will go into effect eight months later on March 1st, 2019. If you increased before June 30th

it cannot count toward the increase, that's required in the bill. However, if you increase after June 30th, even if it's before, before the effective date of the increase, so let's say, you chose to increase your employee's compensation in November.

In order to be, you know, maybe you want to increase it because the minimum wage is increasing in January. If you increase it in November, that will count toward the required increase that will go into effect with the 6.5%. Also very important to know is that service plan authorization limits, commonly referred to as SPALs, will receive a corresponding increase.

That was also written into the bill. Obviously, the point of this bill was to increase access and sustainability. So it was incredibly important to all of us and all stakeholders that people receiving services actually get more access to services. So this bill instructs Hick Puff to seek commence or increases in the spall so people don't run up against that ceiling.

We want them to actually be able to have more services, not fewer. All right. Now understanding increase. Let's talk about who. Who is a DSP? This is a complicated issue, but we're going to try to clarify a little bit. So how are agencies allowed to spend the funds?

As we talked about, this is exclusively on increasing DSP compensation, that's it. It literally says on the bill that it has to be 100% spent, the additional funds have to be 100% spent on DSP compensation. So how do we define a DSP? We were very specific, okay. So I'm gonna read this and talk about a couple of words.

A DSP in the bill is defined as a worker who assists or supervises a worker to assist a person with an IDD to leave a fulfilling life in the community through a diverse range of services including helping the person get ready in the morning, take medication, go to work, find work and participate in social activities.

DSP includes all worker's categories as program direct support professionals and excludes what those categorized as administrative as defined in standards established by FAFP. So, what does that mean for us? Basically, that means that a direct support professional for the purposes of this bill and who can spend the funds on means any standard direct support professional, which could be providers of day program, providers of respite or homemaker, as well as family caregivers, program supervisors, residential coordinators who directly oversee host home providers that type of thing, or group home staff.

So we specifically we worked very hard on this definition to make sure that it was thoughtful as possible. We're also making that the funds were going to be appropriately targeted. So, we specifically chose the word worker instead of the word employee because we wanted to be sure that independent contractors could be included because we know a lot of host and providers are independent contractors.

We also obviously included direct supervisors we heard consistent concerns about wage compression. Oftentimes we heard in many agencies that supervisors of direct support professionals are receiving maybe 10 cents more per hour than the person that they're supervising. So if we have a significant increase on these lower level staff, we also have to increase their direct supervisors. It's important to notice who you cannot spend the money on. You cannot spend the money on case managers. Admin staff, executive staff, that means not on IT, HR, CEO, CFO, COO, anything like that, you can't do it. Okay? All right, so now what can you pay for? So now if we know who the DSP is what can you give them?

Compensation in the bill is defined as any form of monetary payment, that could be bonuses, employer paid health and other insurance programs, PTO, payroll taxes, other benefits, etc. So basically it's that hourly wage, and we really all wanna focus on increasing that hourly wage. But it is really important that the compensation be defined the way it is because we also understand that there are parts of the state, particularly the western slope, that are drowning in health insurance cost and they need to be able to cover some of those as part of this initiatives.

So the point of this is to make sure that it is thoughtful and flexible to make sure that agencies have what they need to make this really effective. All right, so we talked about accountability before and so what does that mean? In the bill Providers, PASAs, program approved service agencies, must

track and report how they used the funds.

That tracking tool is currently in the process or about to be in the process of being developed by HCPC in collaboration with providers. They will have to submit a report by December 31st of the following year. So not this year, but the year that the increase goes into effect in 2019, demonstrating compensation increases.

For For the next two years they will also be reports required at the end of the calendar year in 2020 and 2021 to demonstrate that you've been able to maintain those increases using that same 6.5%. Providers will also have to maintain books and other records for three years after the reporting deadline for each fiscal year.

Okay, so for your last report based on what's in the bill, that's 2021, you need to retain all those records til 2024 just to make sure you're in compliance with the bill because Higs Puff can request information from any agency about this particular Expenditure and financial record at any reasonable time.

So you wanna make sure you hold on to that information. What happen if we messed it up? Okay, If the provider fail to use the money for increasing DSP compensation, Apple has the ability to crawl back. Or recoup the amount used inappropriately. So it's also important to notice, you know if [INAUDIBLE] were to reach out to an agency and determine that the agency did not use the funds in accordance with legislative intent and rule.

Then, a provider would have opportunities to combat that idea. They can challenge the determination, they can offer more supplemental information to demonstrate that they did do it correctly, or they can submit a plan of correction. So all those are options included in the bill for HIPAA. All right.

Unfortunately, there's some stuff we don't know. And we are waiting a little bit on HIPAA for some answers to these questions, and they're moving as fast as they can. But it's a new way of doing things, and so we all wanna make sure it's done appropriately. Some of the things we don't quite know yet How will the tracking and reporting work exactly.

So unfortunately, we don't know the answer to that, because what tool or methodology will they be using? How. What will that report look like that you guys have to submit in December. How will that all work? We don't know. Hickspuff received half a million dollars, \$500,000, to develop an integrated tool.

Into existing systems for providers to track some of this information. So as they begin to work on that, we're going to be working very closely with them, but the bottom line is we don't quite know yet exactly what that tool is going to look like, how that will work.

Unfortunately, we don't know basically how HIPAA will analyze the spending. So this is sort of a confusing statement, but basically what we don't know is. For example, we don't know yet if agencies will have full discretion and flexibility To give program supervisors for example, a compensation increase of 3% for example, while giving their day program direct support professionals a compensation increase of 14%.

So if an agency, so that's just an example to give you an idea if an agency wanted to, They're having a lot of trouble getting respite providers. So maybe they wanted to increase the compensation for in their respite program for the DSPs providing that service in order to incentivize retention or hiring or whatever it may be.

Okay, we're still working with HIPAA to figure out Are agencies gonna have that level of flexibility to specifically apportion the additional funds as they deem fit? Or is HIPAA gonna come forward with some Kind of across the board, unilateral, per DSP specific increase. We feel we have a lot of rationale, and data, and reasons why that flexibility is necessary, but that's an ongoing conversation. All right, so how will agencies be allowed to allocate the new funds across different types of DSPs? So that's kind of what we were just taking about of how do you, as an agency, decide how much do I pay, how much increase do I give to my host home providers versus my day program providers? Well we're still working with hicpuff to understand how exactly you're gonna be able to do that. All right, can agencies hire new DSP's with these funds? This is another one we're gotten this question

of okay, well what is i'm already paying my staff a high wage because I had too cause let's say I live in Aspen or western slope somewhere, and just to get anybody to work here i'm already paying way higher than I can, but what i'm really missing is additional staff.

We need more staff to meet the demands, can I create new staff positions using these funds? Our sort of suspicion is that the answer to that is going to be no but that's another question that we have with hicks off and that we're awaiting guidance on. So, another one is when and how should agency start billing at the increased rate.

Rate increase that's across the board for all medicaid. Obviously your going to do that the way you have done that in prior years, it gets back dated to July 1st of this year. But for this unique rate increase for the 6.5 percent You're going to want to wait until you get guidance from HCPF as to when you can begin billing at that rate, which should be March 1st, 2019.

We're already optimistic about CMS at the federal level approving this. And so we feel confident that it should be in effect by March 1st and so that's when you'll probably be able to begin billing at that rate. Okay if we don't know all this stuff, when are we gonna know?

HCPC gave us the following timeline. So they said where trying to hire new staff right now with a targeted start date of in a few weeks. And then they're gonna, they're hoping to have a preliminary internal discussions for August and September, and then they're gonna bring in all of us, you guys, us, relevant stakeholders in late September through early November they're gonna take sometime to figure out exactly what's needed from a provider perspective, from direct sport professional perspective, From the legislative perspective and more to make sure this is done thoughtfully.

And then with the intention of getting final guidance and auditing criteria shared as soon as possible after that. Based on my conversations with Hickpuff it is my hope that they will have some solid implementation guidance for agencies and for all of us hopefully by the end of the calendar year, and then you'll have At least a couple months to get organized on your end before the implementation on March first.

All right. So that was all- If you can believe it, that was all just the first element of the bill. That was all just the 6.5% rate increase. I'm going to quickly cover the other two parts of the bill, not because they're less important, but because they're just less complicated.

Thank goodness. All right, so understanding the additional waver resources, so this is the second element of the bill. The law includes funding for 300 new non-emergency DD comp resources off the top of the waiting list. I said that briefly because we've gotten a lot of questions about this, and we've gotten a lot of questions for a really good reason.

As I talked about earlier in the webinar, when we began this effort, we were really focused on how do we help aging caregivers. And we looked at other states, and other states had bills specifically targeting aging caregivers, and so that's where we started our bill. Well, through the course of the legislative process in working with other stakeholders, we learned that there were some concerns about very simply, about making a blanket statement that Caregivers of x age would have a level 1 qualify, we learned that many families didn't feel that was fair that let's say somebody could move to Colorado and move here at the age of 69 and turn 70 and suddenly get a resource having not waited at all, and then other folks felt like we weren't necessarily addressing the entirety of the caregiver issue because What if you were 45 years old and you're a caregiver but you've just been diagnosed with a terminal illness or you have other [INAUDIBLE] issues right so we wanted to step back and take a more thoughtful look, and so what we did is we broke down the aging caregiver part of this bill into two separate pieces, so this is the first piece of it what we decided is In consultation with what we found is that there are about 300 or so people currently on the waiting list.

So if the waiting list is 3,000 people and 300 of them, about 10% of the waiting list, are people aged 45 years or older themselves. So the actual person on the waiting list who needs comprehensive services Is themselves 45 years or older. If the person on the waiting list is 45 years or older, we felt we could fairly guess that probably their caregiver is also going to be aging or elderly.

So based on that, we chose the number 300. And what we also found from is that the vast majority of the people who are age 45 or older on the waiting list happen to be at the top of the waiting list.

Which makes sense because they've been waiting the longest and aging during that time.

And so what we did is instead of making an arbitrary rule about a specific age, we said, okay, if we take the 300 people on the top of the waiting list we will in effect get a lot of the people with aging caregivers off of the waiting list.

But it will be done in a first come first serve manner as everyone has come to expect. So what's important to know, though, is that that means that these 300 resources are not reserved for aging caregivers. The resources have been released and are available, and I know CCBs are working very quickly, and families are trying to take their time, but also move quickly to make this difficult choice to decide whether or not they want to accept a resource when it's offered because we're expecting to have 300 new people in rolls, meaning coming off the wait list, by June 30th of next year, in 2019. So in less than a year now we've gotta get 300 new people enrolled and hopefully get them fantastic new providers. What's exciting is that these 300 new off the top resources are in addition to the 160 resources that HIPAA recently released using previously existing funds. So already had some statutory authority or funding available within their existing budget, and so they did some new calculations and found that they were able to release 168 resources.

That's in addition to these 300 that came out of this bill. So in effect in a very short period of time here, in these few months, we're all seeing 468 new resources come online. It's a big deal, we should all take a moment and be excited. About that, because I certainly am.

All right. So the second piece of this. I said we broke out our 2 parts of our aging caregiver piece into 2 parts, so the first piece was let's skim off the top of the waiting list, let's get those 300 people off. We think that's going to target a lot of these aging caregivers.

But what about our caregivers in crisis in the future? What do we do moving forward? So, included in the bill is a directive to HICPOV to promulgate rules and make the necessary changes to the DDcomp waiver so, they have to actually apply to the federal government and let them know.

That we're making these changes. To add caregiver status as one of the emergency criteria that would qualify someone for a DD Comp resource, okay? So basically right now, you know to receive a DD Comp resource prior to this bill you essentially had to have an emergency, right? So now we just took 300 off the top.

But prior to that, and even after those 300, you still kind of have to have an emergency to really get a resource. That could be a housing emergency or some other type of emergency. What this bill does is it gives, it creates a mechanism to assist people on the waiting list who are reaching our crisis point due to caregiver concerns such as advanced age, terminal illness, or incapacitation, a path to actually getting care for their loved one before it becomes a full on crisis.

Right? So this is a huge deal, we're very excited about this. And Hickoff actually predicted that they would have about 150 additional requests for emergency resources each year to account for this caregiver this new caregiver criteria. This will change, that 150 per year is not set in stone that will change based on need and application, so it may increase or lower over time, and will request those resources every year as part of the state budget.

And if you want to access those new resources, caregivers or advocates, we'll have to make case managers aware of any situation that may qualify their loved ones for an emergency resource. And then the rule making process. Ever important, so we would love participation. It's gonna be important. We want to make sure that family voices and people receiving services voices are included in the final rule as to what caregiver status.

Should mean in the emergency criteria so this is going to be, we hope that this is a really thoughtful conversation and they take sometime to do this really appropriately in a really inclusive manner.

Alright, so those are the three main elements of the bill. Where do we go from here?

Frankly this is just the beginning. We know that's it \$67 million a year, and if you talk to legislators about that, that's an incredible amount of time, or amount of money rather. But it's still not quite enough, and we have a lot more work to do. We still have about 2,500 people on the DD comp waiting list and counting, and we have a long way to go before we have a stable and sustainable system.

So the good news though on that second point is that the bill actually, that has now become law Added language to the statute that makes clear that this bill and this investment is an initial investment. We still as a state and as an industry and you know, as people wanting to support this population, we still have significant long term solutions that are needed.

How do we continue the momentum? We really need to make sure that we are implementing this law with fidelity and that we can really demonstrate that these additional funds can improve lives. If you're a provider, I encourage you to thoughtfully increase wages for DSPs. If you're a case manager, really helping to get folks enrolled in services as quickly as possible.

If you're an advocate working with families and agencies to expedite enrollment. If you're a family member or person receiving services, making sure you're staying in close contact with your case manager, particularly around caregiver concerns or anything else. It's on all of us to make sure this is done well.

Continue to think long term about how to really Take our huge system issues and break them down into small pieces, continue with the momentum of this grassroots effort and continue working with the other and listening to each other. We all have an obligation to work with our legislator, help them understand the challenges and opportunities for people with disabilities in Colorado.

And we have got to start getting creative on how to tackle large financial costs for serving this population. And then one little plug here is participate in the upcoming National Core Indicator Staff Stability Survey. So I didn't get to it today but this is another piece of the bill HB18-1407.

It includes a directive for Hick Puff to begin this staff ability survey. And so they're gonna be collecting some really valuable data on work force shortages and wages and pay and a lot more that really help tell the story of what's happening in our system in Colorado. All right, I know that was a lot to cover, and we're running a little over time, but I'm gonna pass it to Ellen to wrap us up.

>> Thank you, Emma, for that amazing and thorough overview of the bill which is now law. And for now, no online web seminar would be complete without a quick, shameless plug for the services that we offer Officially related to this bill. Alliance members throughout the process will enjoy access to our full staff support in implementing the requirements of this law.

They always get information early on because of the work that we do. We are in close and constant communication with our partners at the state. They will also have an opportunity to weigh in in an organized manner about the implementation questions that have come up. That we mentioned we don't know the answers to yet and we got more through the chat box today that are great questions.

They can also access our other members for help with tracking and reporting for the requirements of this bill. And participate in future planning in future planning in legislation for the IDD system And much, much more. This isn't the only thing that we work on here at Alliance. We're also working on issues like employment for people with IDD.

Long term planning. We consistently help our members with billing issues resulting from the interchange. Implementation, so if you'd like more information, please reach out to our membership coordinator. We don't have a lot of time to address questions. We are trying to be respectful of everyone's time. But there was one that came through the chatbox that I wanna address really quickly, and that was, what happens to the 6.5% increase after 2021.

I wanna be clear that The 6.5% increase will not go away at that time. So when a rate increase is implemented into law, it says there unless and until the general assembly decides to make a change to the state budget to increase or decrease those provider Reimbursement rates.

So that's something that's done on an annual basis and will be done again this fall. So that is in place for the foreseeable future until we learn otherwise. For the remaining questions that we got through the chat box, thank you, they were excellent. We are gonna put together a little question and answer document to accompany The recording of this Webinar along with the transcripts so all attendees

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will receive a summary of those questions and answers that we can answer to the best of our ability at this time in the coming days so stay tuned for that.

And in the future we are anxious to help you as I mentioned, alliance members will receive of course Much more comprehensive services from us as staff in terms of complying with the requirements of this bill. But we can answer general questions from others. So our contact information is up here on the screen.

And please to feel free to reach out to us with those general questions. Thank you so much for joining our webinar today. And we look forward to talking with many of you in the future and working with you. On more important future goals and long term plans for our IDD system in Colorado.

Thank you.