



**Meeting Notes**  
 Community Living Advisory Group  
 Monday, April 22, 2013  
 1 pm - 4 pm  
 KRMA, 1089 Bannock St., Denver, CO 80204

*\*All reference documents can be found on the Community Living Advisory Group website*

<b>Member</b>	<b>Present</b>	<b>Absent</b>
Barry Martin		X
Senator Betty Boyd	X	
Carol Meredith		X
Representative Cheri Gerou		X
Representative Claire Levy		X
Craig Ammermann		X
David Ervin	X	
Don Rosier		X
Dustin Dodson	X	
Gavin Attwood	X	
George DelGrosso	X	
Grant Jackson		X
Guy Dutra-Silveira		X
Ian Engle		X
Senator Irene Aguilar		X
Jack Hilbert	X (rep by Perry Boydston)	
Jayla Sanchez Warren	X	
Jean Hammes		X
Joscelyn Gay	X	
Jose Torres	X(phone)	
Julie Reiskin	X	
Katherine Carol	X	
Linda Worrell	X	
Liz Fuselier	X	
Marijo Rymer	X	
Mark Emery	X	
Melody Wright	X	
Nancy McDonald	X	
Patrick Coyle		X
Renee Boyes Walbert	X	
Sam Murillo	X(rep by Julie Farrar)	
Scott Wasserman	X(rep by Tim Markham)	

Shelley Hitt	X	
Suzanne Brennan		X
Vivian Stovall	X	

**I. Welcome, agenda review, introductions**

*Lisa Carlson*

Jayla Sanchez Warren will be taking Guy Dutra-Silveira’s place in today’s presentation, “Non-Medical Services and Supports”.

The Care Coordination Subcommittee Framework will be presented closer to the start of the meeting due to scheduling conflicts.

**II. Ground Rules Review and Agreement**

*Lisa Carlson*

- One person talk at a time
- Speak up here
- Misery is optional
- No cell phones
- Hard on the issues, easy on the people
- Do not represent the Advisory Group, only its progress or decisions
- Introduce yourself when you speak
- Those on the phone, mute when not speaking

**III. Care Coordination Subcommittee Framework**

*Sarah Roberts and Lisa Keenan*

The subcommittee’s intention today is to present the framework for the May presentation of the work plan details and definitions. Gary Montrose, a member of the subcommittee, collected the information that is presented in the reference documents, “Care Coordination Subcommittee Charter” and the “Work Plan Roadmap”.

Sarah Roberts reviewed the Charter handout: The charge of the Care Coordination subcommittee is to review existing care coordination efforts and programs and make recommendations for increasing effectiveness and filling the gaps, by building on current effective efforts, training coordinators, and addressing care coordination in transitional situations. The subcommittee will promote the continued evolution of independent living in the Long Term Services and Supports (LTSS) system and promote long term care values, a long range vision, and consumer control. The subcommittee is doing a lot of coordinating with other subcommittees as well.

Lisa Keenan reviewed the Roadmap handout: This single page roadmap is an overview of the subcommittee’s entire work plan. The subcommittee will be looking at data, creating a database, mapping the existing system, engaging the Triple Aim model, looking at the workforce, which will lead back to looking at consumers. This is a fluid, circular model. Part of the work plan is to gather information on what data is available, and create a recommendation for data that they need (and the resources necessary to get that data).

The Care Coordination subcommittee meets: 4<sup>th</sup> Friday of the month, 9:30-noon at KRMA, 1089 Bannock St., Denver.

*The suggestion was made for the subcommittee to also consider data regarding the financial impact of consumers, for understanding people with disabilities as a driver for the economy.*

#### **IV. Non-Medical Services and Supports**

*Jayla Sanchez Warren and Melody Wright*

This presentation is meant to serve only as the start of a conversation regarding non-medical supports, not to represent a whole picture. This presentation will provide objective information about what kinds of services are considered non-medical services in home care right now. Reference document, "Presentation to Community Living Advisory Group"

Melody Wright and Jayla Sanchez Warren reviewed the power point presentation slide by slide. Additional notes:

- Slide 9: Not all of the Area Agencies on Aging (AAAs) are Adult Resources for Care and Help (ARCH) yet, but by the end of 2013 they all will be. Right now, ARCHs provide different services from each other and all serve anyone 18 years and older, not only seniors. The Single Entry Point subcommittee's focus is to align and streamline a single entry point for people throughout the continuum - from prevention through Medicaid services.
- Slide 15: A few years ago, the Older Americans Act was reorganized, placing special attention on services to caregivers.
- How the AAAs/ARCHs perform outreach: newspapers, SeniorSource on the news, fairs and 9News Health Fair. However, outreach is a large challenge and needs to be improved.
- Slide 18: No services require "financial means testing". No one is refused service. However, consumers are prioritized via assessments.
- Slide 20: When AAA service provision is threatened (as they are currently by sequestration), people over 60 end up having to enroll in Medicaid prematurely. The rapidly increasing need we are seeing and predicting has never happened before, so there is no precedent to consider for addressing the growing needs.
- Slide 24: The impact of limited non-medical services leading to premature entry into Medicaid services: the senior has to look into nursing home options or spend down even just to get meals and transportation services (non-medical services).

*Discussion:*

- *The Community Living Advisory Group needs to discuss what other states have done and what next steps it needs to take. From this point on, there will be more time incorporated in the agenda for discussion on these presentations/topics.*
- *We need to be able to show the cost-effectiveness of preventive services. This information does exist in the "372 Report", which shows financial information.*
- *There were some questions about how members of the public can report violations of requirements by licensed facilities. Anyone can report violations to the Colorado Department of Health.*
- *Is there any experience in other states where non-medical services have been transferred out of Medicaid waivers and into the ARCHs, and is there a reason we should not do that? A major reason is financial – there is a rationing of services for both Medicaid and AAAs, and neither may be able to handle the demand by itself. There may also be a lack of awareness of services that are available through different*

*systems. Culture of different groups (people with disabilities, older adults, etc.) may also be an issue, as well as how all people with different needs are incorporated into all of these discussions.*

The next ARCH Advisory Committee meeting is at 1290 Broadway at 9:30am on Friday, April 26, 2013.

## **V. Public Comment**

- A question for clarification of Cost Sharing Barriers in the presentation: Cost sharing is where an AAA asks a consumer to pay a certain amount and the AAA pays another amount. This is different from asking for contributions. This barrier described in the presentation does not refer to cost sharing among agencies (like the AAA and the Federal Transit Administration), but rather to consumer cost sharing only.
- What is the Community Living Advisory Group going to do with the recommendations in this presentation? The group will organize a ½ day to day-long summit to address culture of different groups, allow the subcommittees to do their work on these issues (as recommended in the presentation), and investigate best practices from other states.
- Socialization and production/contribution: If the Community Living Advisory Group sees people's need for socialization and production/contribution as being in its scope, perhaps in the future we can incorporate these ideas in our discussions, in the interest of addressing the whole person rather than just providing a safety net.
- Several of the recommendations in the presentation are for the Care Coordination subcommittee, and they are already in that subcommittee's work plan. People interested in non-medical services and supports should come to the subcommittee's meetings to further discuss these topics.

## **VI. BREAK**

## **VII. Additions/Corrections of February/March Draft Notes**

Members should submit their comments and corrections to [John Barry](#) via email.

## **VIII. Long-Term Services and Supports Grant Opportunity**

*Erica Snow, Colorado Health Foundation*

Reference document, "Long Term Services & Supports Special Funding Opportunity"

Erica Snow is a Senior Program Officer at the Foundation. She is here today to present a special funding opportunity in Long Term Services and Supports (LTSS).

Colorado Health Foundation is a statewide foundation, with the purpose of making sure all Coloradoans have health care coverage, cost effective health care, and access to the key components of healthy living.

The funding opportunity for LTSS falls under the Health Coverage funding area. The Board of the Foundation asked what more the Foundation could do in the area of LTSS. Dann Milne helped facilitate the work group over a year-long effort to develop this funding opportunity.

- The Goal: The work group started with 17 recommendations that were whittled down to the five listed on Slide 6. During this work, while looking at available data, especially in aging, they were not able to find much statewide or community-based assessments of needs. One grant has already been awarded for the expansion of ARCH under the area of focus of “streamlined access to LTSS”.
- The Foundation collaborated with the Colorado Health Institute, and offers the briefs on slide 7 as references.
- Eligibility and Selection Criteria: \$6M is available for innovation grants, and the eligibility and selection criteria are described on slides 8 & 9. The Foundation encourages collaboration between organizations.
- The Foundation’s Advocacy and Technical Assistance grants can help with bringing in people from other states or nationally who have created effective programs in one of the 5 focus areas (Slide 10).
- Slide 11: Evaluation is required for innovation grants, not necessarily for the advocacy or technical assistance grants. Erica Snow can talk about these requirements with applicants, and can direct applicants to the Foundation’s evaluation department for assistance and more information.

Erica’s contact information:

Erica Snow

Senior Program Officer

Colorado Health Foundation

[ESnow@ColoradoHealth.org](mailto:ESnow@ColoradoHealth.org)

303-953-3656

[www.ColoradoHealth.org](http://www.ColoradoHealth.org)

## **IX. Updates of Interest**

### ***Membership/Alternates/Decision making:***

Julie Farrar, Linda Skaflen, Darla Stuart, and Josh Winkler did a lot of work to provide information about the differences in membership between the former Long Term Care Advisory Council and the current Community Living Advisory Group. From this analysis, two new members have been invited to serve on the Community Living Advisory Group: Dustin Dodson (representing the nursing home perspective), and Renee Boyes Walbert (representing family members, and also a member of the Single Entry Point subcommittee). Lorez reminded everyone that each member of this committee not only represents themselves and their organizations, but also other elements of the community.

Regarding this group’s decision-making process: Lisa Carlson reminded the group of what was decided previously: Decisions are made by consensus (everyone understands and can live with the decision). In the event that consensus is not possible, decisions will be made by a supermajority of 70% of members present in person and by phone, including votes by proxy or by an alternate. Members can send alternates – notice of an alternate’s attendance should be emailed in advance to John Barry. Members are responsible for ensuring their alternate is educated on the issues and take responsibility for their alternate’s votes. Votes can also be done by proxy. Decisions on when votes take place will also be flexible if the situation warrants (large representative groups absent, a large proportion of members missing, etc.)

**Legislative Update:**

Regarding the aspirational legislation endorsed by this group: a Resolution will be introduced to the Public Health and Human Services Committee of the House on April 23, 2013. Reps Bob Gardner and Dave Young and Senators Steve King and Irene Aguilar are sponsoring this Resolution. Representative Young might add some language around consumer direction. He is very open to public input.

The Joint Budget Committee will be submitting a bill on April 23, 2013, sponsored by Reps. Levy and Gerou. This is House Bill 13-1314. This bill will create an Office of Intellectual and Developmental Disabilities within the Office of Community Living. Concerns should be sent to [Lorez Meinhold](#).

House Bill 13-1296, to form a task force regarding civil commitment, was passed in the Senate, and is about to go through the House.

Senate Bill 13-266 will be up on April 23, 2013 in the Senate to address crisis services, looking at a statewide crisis delivery system. The intention of this bill is to create more of a connection between mental health and developmental disabilities. The bill has a lot of support in the mental health community.

**X. Next Meeting Topics:**

- State Plan options
- Non-medical supports - CDASS and IHSS
- Care Coordination subcommittee work plan/recommendations
- Possibly: Survey results from the Entry Point/Eligibility subcommittee

**XI. Public Comment**

- Concern was expressed about the pediatric assessment tool currently being implemented: Some children have had their services cut 30-80% because of this assessment tool. The Medical Services Board requested a response from HCPF, but felt the response was not solution-focused, only reframed the concerns. This is an emergency situation, and needs to be addressed immediately. The Medical Services Board feels it was not informed well about this process. Lorez Meinhold reported that HCPF is actively working with the community response to this tool. Suzanne Brennan will report on progress on this at next month's meeting.
- Some members wonder if it would be best not to make such changes (like the implementation of the pediatric assessment tool) while the Community Living Advisory Group is working on a larger strategy.
- When can we receive an update on the Greenhouse? Lorez will try to distribute a written update to everyone before the next meeting of this group, and can discuss it in May if there is time.

**XII. Meeting Evaluation**

- Agendas need to incorporate time for discussion, especially about forward focus and system wide issues.
- ½ day summit: in order to move forward the Advisory Group organizers need some ideas and costs, and then explore who can finance such a summit. People who want to help with this should email Lorez. Any “expert” presenter from another state should be balanced by an advocate perspective from that state.

**XIII. Next Meeting**  
**Monday, May 30, 2013**  
**9am-Noon**  
**KRMA-TV, 1089 Bannock Street, Denver**

**XIV. Meeting Adjourned**

**Action Items**

<b>Item</b>	<b>Date of Last Report</b>	<b>Next Steps</b>	<b>Responsible Party</b>	<b>Next Report Scheduled</b>
Add more time to agendas for discussion on each topic on the agenda			Lorez Meinhold, Lisa Carlson	5/30/13
½ to full-day summit to discuss cultural intersection among stakeholder groups	4/22/13	Members should email Lorez with ideas	Lorez Meinhold	

**Action Items From March**

<b>Item</b>	<b>Date of Last Report</b>	<b>Next Steps</b>	<b>Responsible Party</b>	<b>Status</b>
March notes and April Agenda	3/25/13	Send out and post to website 2 weeks before April meeting	Lorez Meinhold, Lisa Carlson	Complete
CCT Advisory Committee decision	3/25/13	Tim Cortez will present details of work of the CCT Advisory Committee	Tim Cortez	
Language of aspirational legislation	3/25/13	Working group to help craft the language of the legislation	Marijo Rymer	In process