



Meeting Notes

Community First Choice (CFC) Council Meeting
Monday, May 6, 2013
1:00 – 3:00 pm
Department of Human Services
Conference Room 4A&B
1575 Sherman Street
Denver, CO 80203

Greetings (Martha Beavers)

Introductions

In Attendance:

Co-Chairs: Josh Winkler (CCDC), Martha Beavers, (HCPF)

Other Attendees: Louise Delgado, Marijo Rymer (Arc of Colorado), Ed Milewski (CPWD), Barry Rosenberg (PASCO), Dawn Russell (ADAPT), Pat Cook (CGS), Sam Murillo (Family Voices of Colorado), Jose Torres (CCDC), Ed Kako (Mission Analytics), Kira Gunther (Mission Analytics) Candie Dalton (HCPF), Patty Ziegler (Atlantis), Laurie Stephens (HCPF), Tim Cortez (HCPF), Ellen Jensby (Alliance), Randie Wilson (HCPF), Susan Johnson (DDRC), Mark Simon

Phone Attendees: Bret Pittenger (HCPF), Casey Ryan (Innovage) , Anita Cameron (ADAPT), Jean Hammes (Alpine Area Agency on Aging), Heather Jones (Mesa County), Beverly Hirsekorn (HCPF), Tyler Deines (DHS/DDD)

Open Questions/Concerns: none

April meeting notes: April notes are posted on the website. The next meeting will be July 1, 2013. There will be no June meeting.

Update on Waiver Simplification work (Marijo Rymer)

Amendments to the Joint Resolution were introduced in the House. Although no one has yet seen the actual language, the Resolution is thought to reflect the guiding principles for reform of the long-term services and supports system in Colorado. Marijo Rymer requested that some consumers of services contact Representative Young and express support.

CMS Update (Martha Beavers)

Martha Beavers has been conducting a call every month with CMS to discuss ongoing questions. She recently conducted a call with CMS and reviewed outstanding questions and feedback on the following topics:

- **Can people with income or assets over LTC financial eligibility criteria still receive services through CFC authority?** In Colorado, this situation mostly applies to adult Medicaid buy-in clients and will apply to the newly eligible group in January 2014 which has no asset limit. CMS reported that they have all the information from the state to make a decision. Colorado is the first state to have this situation because California – the only state to have an approved CFC Option – does not have a Medicaid buy-in program that has limits this high. Martha Beavers is hopeful that the answer will be that anyone who is categorically eligible will be able to receive CFC. This will simplify administration and system requirements.
- **Which services can be covered under CFC?** Answering this question partly involves understanding Colorado's Nurse Practice Act. Candie Dalton is taking a lead on looking at which portions of the NPA in Colorado can be waived. HCPF staff are hopeful that they can give CMS more information in the next week. Generally speaking, home health services would not be candidates for moving into CFC. But Colorado may be offering services under home health that in fact closely resemble personal care. The ultimate solution will involve spelling out in the state plan amendment which home health services can be considered personal care or health-related tasks. Staff from HCPF will be taking the lead on this issue.

Discuss June & July activities (Martha Beavers & Mission)

Colorado is looking at how to design a quality program. Martha Beavers has been looking at the Money Follows the Person (MFP) Quality of Life Survey. In California, there is a registry of attendants that consumers and family members can consult if they need immediate help. Perhaps Colorado could look at whether to create a registry of providers by region? One member pointed out that Colorado does have its own lists, but they may not be user-friendly.

The group discussed California's Nurse Practice Act, which appears to resemble Colorado's NPA in several key ways. This may allow Colorado the ability to enact CFC in a similar way. However, Colorado will want to decide when physician oversight is necessary.

Focus Group Protocol:

On June 3rd and 4th, Mission will conduct focus groups. Martha Beavers noted that she had distributed recruitment materials to members of the Council. As of now, there are not enough people to hold three focus groups. Most people who have expressed interest are parents of adults with developmental disabilities, who by themselves do not constitute a representative sample.

The Council discussed how HCPF might recruit a more diverse group of participants. Can the Council send out the announcement to a larger group? There will be three focus groups: one of clients in rural areas, one of clients in urban areas, and one for attendants. How can we address individuals who

cannot attend? Within the resources available, Mission and HCPF will conduct one-on-one calls with individuals who cannot travel.

Ed Kako asked if everyone had reviewed the focus group protocol and solicited feedback. For the first question, Josh Winkler suggested that there should be a follow-up question to ask what services is the person receiving. The group discussed whether the value is diminished if the Mission does not know what services the person receives. Barry Rosenberg noted that PASCO conducts an anonymous survey each year to get information on consumer satisfaction. They will share this information with Mission.

Martha Beavers asked a clarification question about asking about transportation and whether these questions are broader than CFC. Ed Kako responded that we want to include information even if extends beyond CFC feasibility.

One member requested that some questions might be added to the focus group question around issues such as nutrition or self-care. Several members felt that additional questions may move the discussion away from the intended focus. The group discussed whether these questions are relevant. In general, the group felt that these questions may not be appropriate for these focus groups.

Based on feedback from the Council, Mission will revise the focus group questions.

CFC Feasibility Analysis:

Martha Beavers reviewed CFC Feasibility Analysis and timing. The CFC Feasibility Assessment will be produced by Mission and shared with the Council. The analysis will be reviewed by HCPF.

The analysis will include legislation, estimates of enrollment and cost, various alternatives for implementing CFC, business and programmatic requirements, statutory and regulatory modifications, findings from focus groups, and an implementation timeline for CFC. The timeline will include major milestones. Mission will provide a draft by mid-July to HCPF.

Report out from Communications sub-group (Julie Reiskin)

The committee did not have time to discuss the communications sub-group. The group suggested whether the elevator speech makes it clear what CFC actually provides. It was noted that the press release from the Department of Health and Human Services (Federal) on CFC may provide a useful model.

Report out from Benefits & Delivery sub-group (Josh Winkler)

None – not enough time.

Council discussion on next steps (All)