

**DETAILED STAKEHOLDER SUMMARY OF THE MEETING OF THE  
ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
(IDD) WAIVER REDESIGN STAKEHOLDERS**

Location: Daniels Fund  
101 Monroe St., Denver CO 80206

April 22, 2019  
12:00 p.m. – 2:00 p.m.

**Stakeholder participants in person:**

Bob Lawhead, family  
Carol Meredith, Arc of Arapahoe/Douglas, parent  
Charlene Willey, parent  
Jessica Eppel, Mosaic  
Jodi Walters, Parker Personal Care Homes  
Leslie Rothman  
Pat Chamberlain, parent  
Sara Leeper, Jewish Family Services  
Tamara French, provider

**Stakeholder participants on the phone:**

David Bolin, Accent on Independence  
Gerrie Frohne, family member  
Heidi Haines, Arc of Colorado  
Jessica Shouse, Arc of Larimer County  
Julie Wismann, parent  
Kevin Graves, provider  
Marilyn Fausset, parent  
Rob Hernandez  
Shawna Boller, parent  
Stacey Honeyman, family member & provider  
Steve Shaughnessy, Rocky Mountain Human Services

**Department participants in person:**

Alicia Etheredge  
Candace Bailey  
John Barry  
Lori Thompson  
Rebecca Spencer

## **Department participants on the phone:**

Jill Schnathorst

John Barry opened the meeting. He framed today's work as reaching agreement on the final elements of stakeholder engagement, framing the work of waiver redesign, and understanding the Department's budget process as it interacts with waiver redesign.

Introductions were given. John explained meeting processes including the queue and parking lot. The Department Mission statement and Vision statement were read, emphasizing the waiver redesign focus on Increasing Service Options and Quality. There occurred a problem with the participant code for people telephoning into the meeting, who had been unable to hear the meeting so far. John updated everyone on the meeting thus far. John stated that all waiver redesign materials are on the HCPF website and asked any interested parties to contact John if they want to be on the email list for these meetings and other information.

John referred to the Department's Proposal for Stakeholder Engagement, and to the remaining discussion and decision-making on co-chairs that must be completed today. Three stakeholder meetings on Residential Habilitation are coming up next in May and June. John shared the document, Office of Community Living Proposal for stakeholder co-chairs and requested discussion.

- Pat would like to pursue the 2 co-chair plus back-up co-chair model.
- Charlene added that this model is based on another HCPF meeting and is trust-building.
- Marilyn agreed with this model and hoped for consensus and prompt moving on.
- Sara asked about the representation of different types of stakeholders.
- Pat added that self-advocates were a group of stakeholders too.
- Candace clarified that the same charge exists for each and every stakeholder, and some could represent multiple "hats".
- Jodi mentioned that in addition to the trust concerns of families, she cautioned against creating-secondary trust issues too. She referred to John's statement that stakeholder co-chairs might need to reach out to their groups. Therefore, diversity among co-chairs should be encouraged. The estimate of 8-10 hours of work per month could be a barrier for a co-chair. Jodi suggested ensuring that a family and a provider be co-chairs at least.
- Charlene said that the trust issue came from families. Providers who work in this field daily can feel more connected to this process, while families feel more challenged as being less connected, and as the outcomes are of such great importance to families.

John asked for thoughts on having 2 family co-chairs and 1 provider co-chair.

- Pat said that to move the work along, that was a common sense model.
- Gerrie sees a power differential between organizational and family stakeholders, and feels that only 2 family co-chairs with lived experience is essential, as families bear the brunt of waiver redesign results.
- David said there should just be family co-chairs.
- Shawna dittoed Gerrie.
- Carol spoke as both an Arc employee, parent and provider of a 1-person agency, that the provider industry is getting harder every day, time-consuming and over-regulated. She recommends that a provider be represented as one of the co-chairs. On a power-balance scale, it is important to remember what providers go through. Implementing this waiver will be a trying experience. John asked if anyone cannot live with the 3 co-chairs, 2 family and one provider.
- Rob H. asked for and received clarification from John, on the current meeting topic, due to Rob H.'s being on hold for a long time due to the passcode problem.
- Bob asked how long the co-chair responsibility is for? John and Lori clarified that it is for the remainder of the waiver redesign process or for however long the co-chair was willing to serve. Alicia added that it is until we have a consolidated waiver.
- Charlene prefers a provider who would care a lot as opposed to a CCB which is a lot more complex.

John shared the Desired Attributes document which can now be added to, and to keep in mind as stakeholders vote for co-chairs.

- Gerrie suggested that we still only have 2 co-chairs, but one be both a family member and a provider as Carol just shared herself to be.
- Carol explained that her provider experience is limited to 2 services and the provider co-chair needs to be providing a wide variety of services, ensuring that we are addressing all services, or maybe 8 out of 12 services, when composing an agenda. This needs to be added to the list of Desired Attributes.
- Pat urged that we need to move forward. 4) Jodi questioned who or what will drive the meeting agendas? John explained that the waiver redesign work, timeline and budget, etc. will determine the agendas.

John moved on to the list of Nominees To Date For 4/22, document, which has the names: Charlene Willey, Bob Lawhead and Carol Meredith. John asked for additions.

- Gerrie nominated Pat Chamberlain for a back-up co-chair. John clarified that the back-up needed to absolutely be available to move into the co-chair position if needed, and thus, Pat declined.

- Carol nominated as provider co-chairs, Rob DeHerrera and Leslie Rothman partially due to their vast experience especially with financial elements of waivers.
- Pat nominated Jessica Shouse of the Arc of Larimer County, who declined due to time constraints.
- Jodi self-nominated as a provider.
- Jessica E. also self-nominated as a provider.
- Leslie declined as she is a consultant, not a provider. 7) Pat clarified that the family member co-chairs needed to be solely family members and that Bob and Carol are both family and providers.
- Candace of HCPF explained that we would not get a perfect list as it is not determinable, what all the variety of roles that people may hold.

John explained the voting process: by using the webinar now; by anonymous ballot in the room; or John will send his email and phone number to the entire waiver redesign communications list. All have until Wed 4/24 at noon to submit their votes. Voting can be for up to 2 family individuals with the person with 3<sup>rd</sup> highest votes in the family co-chair list becoming the back-up co-chair; vote for one provider co-chair. The candidates are: Charlene Willey, family; Bob Lawhead, family/provider; Carol Meredith, family/provider; Rob DeHerrera, provider; Jessica Eppel, provider; and Jodi Walters, provider. The meeting took a break for voting.

John introduced Jill Schnathorst, HCPF Budget Division, giving the Budget Presentation by phone. Included would be existing funding, if more funding would be needed to complete the waiver consolidation process, and deadlines for the upcoming budget cycle. The original waiver redesign legislation, HB15-1318 offers only administrative funding, no funding for including residential services for Supported Living Services waiver participants. For the 2021 Budget cycle, HCPF suggests the core funding; goes to Office of Planning and Budget; the Governor sets his funding package; goes to Joint Budget Committee; voted on by General Assembly; and signed by the Governor in this annual cycle.

- Pat clarified that waiver redesign administrative funding is already in place.
- Bob got clarification that \$28 Million in January 2019, was actually an adjustment for changes in HCPF forecasting for services that took longer than expected to get implemented.
- Pat is concerned about budget underspending due to not locating an adequate provider. Jill explained that HCPF has budgetary authority to overspend on approved services for individuals. However, forecasts are based upon money that is expected to be used.
- Charlene says that the forecasts give a false image, and the problem is actually an issue of having rates that are too low. Candace explained that while there is

the authority to spend more to get the needs met, this is adjusted for in next year's forecast.

- Pat would like the waiver redesign actuaries to look at the cost of having people's actual needs met. Lori explained that they look at the use planned from the service plan and the actual PAR/utilization and note any gap due to lack of providers. Jill said that they take historical factors plus staff information and changes that they know about.
- Gerrie said that HCPF and actuaries need to ask families why their money is not used. Case managers are biased toward the system. Most families fear retribution and can never say they hate the provider choices available and how they behave toward our relatives. There is no way to fix this lack of utilization information as it is not based upon truth. Jill emphasized that information comes from internal HCPF staff and case managers and history of use.
- Pat C asked what is done to analyze this gap? Jill returned to the Slide Presentation, Slide 25 showing the funding timeline with all approvals, resulting in waiver redesign services funding available 7/1/2020.
- Pat again asked why a gap between budgeted money and what is actually needed by people? Candace stated that the quantitative actuarial analysis will be a great starting point. But rates remain an ongoing problem.
- Pat said the Department needs to do a qualitative analysis.
- Jessica E: Due to limits like SPALS, people settle for a service that does not meet their needs. Candace reminded that rates are further off for some services than for others. The Medicaid Provider Rate Review Advisory Committee (MPRRAC) conducts a 5-year review cycle and makes adjustments with a majority vote. Through the MPRRAC, the Department can request targeted rate increases because we have data on significantly underfunded rates, and this process will continue.

John shared that there will be upcoming waiver redesign stakeholder meetings on 5/15, 5/30, and 6/18 with further information to be sent to everyone. John closed the meeting at 2 pm.

Respectively submitted,

Gerrie Frohne, stakeholder