MINUTES

Community First Choice (CFC) Council
1575 Sherman St, Conf Room 4A/B
March 4, 2013
1pm – 3pm

Conference Call Phone: 1-877-820-7831
Code: 511120#

Greetings **Martha Beavers** **5 Minutes**

- Introduction
- Open Questions/ Concerns

In Attendance:

- *Co-Chairs:* Josh Winkler (CCDC), Martha Beavers, (HCPF)
- *Health Care Policy and Financing Attendees:* Bonnie Silva, Laurie Stephens, Tim Gaub, Randie Wilson
- *Other Attendees*: David Henninger (Bayaud Enterprises), Barry Rosenberg (PASCO), Lori Thompson (CDHS/DDD), Dawn Russell (ADAPT), Ed Milewski (CPWD), Susan Johnson (DDRC), Pat Cook (CGS), Jill Pidcock (CO-CANDO & Parents/Advocate), Jose Torres (CCDC), Mary Colecchi (ADAPT), Carol Meredith (Arc of Arapahoe & Douglas), Sam Murillo (Family Voices of Colorado), Louise Delgado (WCMHC), Diana Delgado (Eaton Sr. Communities), Elizabeth Arenales (CLP), Tyler Deines (DHS/DDD), Lori Thompson (DHS/DDD)
- *Phone Attendees*: Bret Pittenger (HCPF), Jennifer Shook (The Legal Center), Heather Jones(Mesa County DHS), Joanne Svenningsen (HCPF), Ed Kako (Mission Analytics), Nicole Miller, Gary Montrose

February Meeting Recap and Notes Approval **Martha Beavers** **20 Minutes**

Minutes

- Minutes are posted on the CFC web page: *Colorago.gov/hcpf > Boards & Committees > Long-Term Care >Community First Choice Council*
- The Minutes from February include links to discussion and education topics. The Department is trying to make the minutes as informational as possible. The council was encouraged to read through the information.

Charter Update

- The Community First Choice Charter is in the final stages of review and Martha will send out the link to the Charter once approved. In comparing Colorado's charter to other states that have/had a CFC council it appears that stakeholders in other states were not closely involved in the process. The Department believes robust stakeholder involvement is integral to the success of the council.
- Alaska consulted with HCBS Strategies to assist in determining the feasibility of implementing CFC in their state plan. The initial CFC regulations did not require individuals whose financial status placed them below 150% of the Federal Poverty Level (FPL) to meet level of care. The final rules were changed to reflect that meeting level of care is a requirement of participation in CFC. Alaska reported that 40-60% of the individuals they serve do not meet level of care requirements and as such they are not pursing the implementation of CFC at this time.
- Colorado is the only state exploring CFC that does not already have personal care in their state Plan.

Open Policy Questions and Clarification with CMS- Next Steps

- Martha stated she will add all questions answered and pending with the Centers for Medicare and Medicaid (CMS) to one document to so that the guidance may be found in one place going forward.
- Financial Eligibility- In Colorado through the Buy-In eligibility group there are some individuals who meet level of care requirements for CFC but would not meet the income requirements for nursing facilities for custodial (over 30 day). CMS is working with Colorado to determine what is required based on our state plan agreements and CFC rules. With the new Medicaid expansion group that goes up to 133% of FPL; would they be covered under CFC regardless of assets? It was noted that having multiple financial eligibility requirements may result in more complicated system changes necessary to support CFC.
- Maintenance of Effort- applies to the 217 group (or all individuals served through a home and community based services waiver) - we need to work with CMS to understand the implications of this. The Affordable Care Act Maintenance of Effort related to eligibility ends in 2014 for adults and 2019 for children.
- Home and Community Based Setting- the proposed language for defining a home and community based setting was in included in the proposed rule making for 1915 (i). It was recommended that the council read the proposed language even though the comment period had closed. CMS indicated they hope to have the final regulation for home and community based settings released this year. CMS is looking at implementing a standard definition across all waivers- which means it will also apply to CFC.

- Long Term Home Health and CFC- CMS was asked if services currently provided under the auspices of long term home health may be provided under CFC. CMS stated that long term home health may not be provided under CFC. CMS did clarify that similar activities could be provided under CFC. This would include both skilled and unskilled care. CFC requires that services be provided in the most integrated setting. Home health would need to continue to exist. Home health is defined by CMS and has a set of services that are provided under a certain authority. Similar services are the health related tasks- these may be similar to those services that are provided under home health. Services must be linked back to the person's assessed need and their person centered plan. So even if definition is expanded, services are only available to those who have an assessed need.
- Health related tasks- In the Consumer Directed Attendant Support Services (CDASS) and In Home Support Services (IHSS) delivery options, portions of the nurse practice act are waived. CMS was asked if waiving portions for the Nurse Practice Act is allowed under CFC. CMS wanted more information about our state law to see if CFC would also allow us to waive portions of the nurse practice act. States have the ability to define health related tasks. In many cases CMS does defer to state law.
- Services under the optional category- The Department asked CMS if Supported Employment and Respite care were included in this category. CMS requested that activities provided within a service be described in order for them to provide guidance. CMS explained that if the service ties back the client's person centered plan it is likely the activity is something CMS would consider.
- We don't know yet how specific we will need to be in our State Plan Amendment- what we want to do in the council is to provide as much specifics in our recommendations as possible.

  Council Membership Update
- Jeff Johnson and Maria Cabral had other commitments which necessitated their resignations from the council. Sam Murillo from Family Voices of Colorado was recommended to take the place of Maria Cabral on the council. David Ervin from The Research Exchange (CCB) is considering taking the place of Jeff Johnson.

Update on Waiver Simplification work (Martha Beavers) 20 Minutes

Martha informed the group that Marijo was not in attendance as the Division for Developmental Disabilities' figure setting hearing with the Joint Budget Committee was scheduled concurrent to the CFC council meeting. Martha updated the group, stating Lorez Meinhold is working with stakeholders to draft the enabling legislation. The goal is to have CFC specific legislation next session.

Mission Analytics (Martha Beavers) 20 Minutes

- Mission Analytics Group from San Francisco, www.missionanalyticsgroup.com, will be working on Waiver Simplification and CFC feasibility and cost analysis. Ed Kako and Kira Gunther are on the call and will be working with Colorado and has extensive experience working on long term services and supports programs and Medicaid. They will be in attendance for the April meeting.
  Work plan review- subgroup reports (Martha Beavers and Josh Winkler)
  - Communication: phone conference on 3/8/13- Julie Reiskin., is the lead- Martha, Josh and Julie had a phone call to discuss the purpose of the group- the group is charged with developing a CFC elevator speech and gathering client stories. They will be presenting at the April meeting. It was noted that even if CFC is determined not to be feasible the concepts should be implemented across long term services and supports.
  - Eligibility and Enrollment- might not be one of the things we are able to figure out up front during this feasibility and analysis stage. Will not be setting up a separate process for eligibility just for CFC but will be part of larger LTSS eligibility process which is being re-designed. Will be collaborating with the entry point subcommittee presentation and that work will help inform the work of CFC.
  - Legislative Review and Prep- committee hasn't met since discussing the enabling legislation – this group is charged with reviewing current legislation and making recommendations for changes in order to implement CFC.
  - Benefits and Service Delivery Design- What would it cost of serving the waitlist- $120 million- this would be an expansion. Is there a way to figure out how much of the costs are attributable to CFC like services? Because the budget hasn't been approved yet there are still unknowns. There are more people who meet level of care who aren't on those waitlists that could access CFC. The group requested to spend more time discussing the financing portion of CFC feasibility. What are the buckets of people who are being counted and how many people are estimated in being in each of those buckets. Need to be clear that all we have right now is an initial estimate and Mission Analytics will be working with us on the options. The number of people who may be eligible is also unknown.
  - General concept of how to access services is that it should be person centered. It appears that the "Navigator" role in CFC is very important. This group expressed the importance of having system navigators that understand various funding streams and resources available. The group does not like the term "case management.'"

- The group was reminded that services may be defined broadly but must tie back to the person centered service plan and must be specific enough to develop cost projections..
- Transitional services under CFC are optional. The group discussed taking Colorado Choice Transitions and rolling it into CFC in the future once the grant is no longer available.
- Goods and services that make the person more independent are also optional under CFC
- With CFC service limitations may be implemented as a cost containment strategy.
- The group questioned what could be done to work better with HUD? Members of the council noted that housing is huge issue in Colorado and nationally; HUD and HHS have collaborated on how to best implement Olmstead.
- Use of the word independence by CMS- there is some concern that increasing self determination is not the same as increasing independence- Josh said these concerns were addressed in the comments. CMS was very clear that independence should be individualized.
- Colorado should consider defining independence in our SPA- less reliance on human supports.
- Independence could mean you are healthy – how about increase participation – create an environment that allows people to live they want to without labels.
- Independence is not contingent of being able to do things on your own. Emphasis needs to be on the families for those that require a higher level of supports. Medicaid has become the grandfather of all the funding- real need to tie together some of the resources. Division of housing is starting to keep some of the lists of accessible housing.
- Need to stop being segregated in exploring the funding of our supports. The non-medical system is more important. Supports are so dependent on public policy and voters- need to participate in solutions that are not government dependent.
- Need to market the long term need for Medicaid- independent does not mean that people don't need public assistance.
- Need to explore barriers to accessing specific services. Home Modifications were given as an example of a service that is difficult to access and achieve quality outcomes.

Public Comment

- Mary expressed the importance of the council being able to develop new service definition were appropriate.

Next Steps/Wrap-Up **Martha Beavers** **5 Minutes**

- The next meeting is April 1st from 1 to 3 pm at DHS Conference Room 4A/B.