

Colorado Community First Choice Council Frequently Asked Questions

1. Why is the Council being formed?

Colorado's Long Term Services and Supports (LTSS) Strategic Planning report identified consumer direction/Community First Choice as an important initiative within the strategy of LTSS. Community First Choice (1915k) is a new option available that allows states to provide some of the Home and Community-Based Services into their Medicaid state plan. The Council will be responsible for working together to provide a set of recommendations to the State on how to proceed with this option. The Department of Health Care Policy and Financing will take the lead on this effort.

One of the federal requirements for CFC is the establishment of an advisory group: The majority of which is comprised of individuals with disabilities, elderly individuals and their representatives. States must consult and collaborate with the Council when developing and implementing a State plan amendment to provide Community First Choice services and supports. However, the purpose of this Council is to provide important input and guidance to the State regarding analysis and feasibility of the Community First Choice option.

2. What is the role of Council members?

The CFC Council will provide important input and guidance to the State regarding CFC. The goals for the CFC Council include the following:

- To influence the design of the recommendations provided to the State
- To work collaboratively with the CFC Feasibility Contractor who will be hired to assist the Council and State with a CFC Feasibility Study

3. How many times will the Council meet?

It is expected that the feasibility analysis and recommendations will take 6-8 months. The Council will meet monthly during this timeframe. If Colorado moves towards implementation, the Council will re-convene and begin to meet again and it is unknown at this time how long that process will take.

4. What topics will the Council discuss?

The scope of issues covered with the Council includes basic design questions and potential options for implementation. This includes fiscal and operational analysis and feasibility and includes, but is not limited to, the following list of design elements.

- Eligibility
- Scope of the new benefit
- Participant directed components
- Infrastructure required by clients to assist with access and use of the CFC Option
- Technology changes required
- Client protections

5. How can others who are not on the Council provide input to the CFC option?

Public input is important, thus all of the Council meetings will be public meetings and provide time for public comment. Additionally, stakeholders may contact State staff. Martha Beavers is the Project Manager for the State and can be reached at Martha.Beavers@state.co.us or 303-866-3998. Materials developed for Council meetings will be available on the Council website or to individuals making requests for information. Additionally, in developing final recommendations, the Council will provide a 30 day comment period for stakeholder feedback. The CFC Council will then have up to 30 days to record and formally respond to concerns brought forward by stakeholders.

6. What expectations are there about participation of Council members?

Council members are responsible to attend all meetings and to provide input about issues requested by the State or identified by the Council. When members cannot attend scheduled meetings, they will notify the State (via phone, email, written note). Meetings will be convened and ended on a timely basis. Members unable to attend the entire meeting (arriving late or leaving early) are requested to let the convener know.

Participation in the meetings is essential. The timeframe for completing this process is compact. Thus, consistent participation is required as decisions will be made by those in attendance, and then the agenda will move on. Decisions made at a prior meeting will not be delayed or revisited due to someone's absence at the prior meeting. This means that decision making members not in attendance will miss the opportunity to provide input on Council recommendations on that date. Meeting notes will be available to members of the Council in order to keep abreast of discussion and decisions.

7. How will decisions of the Council be made?

Every member on the Council is encouraged to provide input. This input is valued as part of the decision making process. However, decisions on issues and recommendations formally adopted by the Council will be made by the decision-making membership. Consensus decisions are valued and whenever possible, the goal is to reach decisions based on consensus.

To prevent duplication and enhance coordination, the CFC Council will be incorporated within the structure of the Long-Term Care Advisory Committee (LTCAC) and will coordinate with LTCAC sub-committees. Recommendations will be presented and vetted through this structure, however, the LTCAC, and its sub-committees will not have decision making authority for the CFC Council's recommendations. Recommendations from the CFC Council will operate in a similar fashion to other changes to rule and policy and will be afforded a 30-day stakeholder feedback period in which the Community Living Advisory Group, LTCAC, its sub-committees, and the Participant Directed Programs Policy Collaborative (PDPPC) and other stakeholders will have 30 days to provide comment on recommendations made by the CFC Council. The CFC Council will

then have up to 30 days to record and formally respond to concerns brought forward by these groups.

8. Are decisions of the Council binding on the State?

The recommendations and guidance provided by the Council is not binding on the State. While the State must consider Council input, other considerations also influence the final CFCC design and implementation. These considerations include federal and state requirements, Centers for Medicare & Medicaid Services (CMS) approval, budget restrictions, and factors affecting the sustainability of the CFC program over time.