



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE COMMUNITY FIRST CHOICE DEVELOPMENT AND IMPLEMENTATION COUNCIL

February 13, 2017
1:30pm-3:00pm
303 E. 17th Avenue Conference Room 10A
Denver, CO 80203

Phone number: 877-820-7831
Access code: 511120#

1. Roll Call

Phone: Julie Reiskin, Pat Cook, Penny Cook, Shannon Secrest, Lori Thompson, Rich Quintanilla, Cliff Gagnier, Domenica Blum, Beverly Hirsekorn, Dennis Roy, Ian Engle

Room: Sarah Hoerle, Rhyann Lubitz, Dawn Russell, Josh Winkler, Ed Milewski, David Bolin,

2. Review of Minutes

Sarah asked group if everyone had time to review the December meeting minutes. No other updates or corrections were given. Approval of the minutes was given. Sarah will delete the watermark DRAFT and upload final version to the website.

3. Discussion on Current CFC Updates

Josh gave everyone some of the updates regarding CFC which is that a lot is still up in the air. He feels more confident that things have slowed down a little at the federal level, but that Block Grants still seem to be in the discussion and per capita caps. Josh also met with Mike Coffman very briefly at an event and Coffman felt quite confident that if they do Block Grants, they will carve out the traditional elderly and disabled populations of Medicaid as this was information Paul Ryan has told him. So that might be in the realm of possibilities. Now CFC (Community First Choice) was part of the ACA (Affordable Care Act) package so if there is just a repeal of the ACA plan, CFC may still be in that "repeal everything" plan. Coffman's hang-up is the enhanced match which is why CFC got identified by the Senate republicans for elimination. They see that 6% as an increase cost to the federal government so they want to cut it without really understanding what the program was. Dawn elaborated on National ADAPT and those

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folks in Washington feel confident that when people learn what CFC is, they won't want to cut it. Dawn did want Josh to speak about why Oxford and ADAPT is opposed to the carve-out that Coffman was speaking about.

Josh let the group know that there are two sides to the carve-out. People think the carve-out is a temporary measure that separates you and once you're separated, it would be easier to make more changes to that program later. Josh's personal take is that once there is one carve out of Block Grants, every other Medicaid entity is going to want their carve-out. So then it's going to be a mass lobbying effort in D.C. because primary doctors will want a carve-out and DME will want one. However, it could also mean the demise of carve-outs and we all get Block Granted and then we get less as this Block Grant than if we were in the original Block Grant. If it was a true Block Grant, from what I've read, states don't want to do Block Grants because they don't want to have to recreate the wheel. They don't want to do what CMS does. I think whatever Block Grants that do come down will be Block Grants with federal oversight. I don't think congress is comfortable just handing over billions of dollars to the states and not feeling like they have any control over what each state does with that money. It sounds good as a talking point but I don't really think congress is all that comfortable with losing their control of that money. I think the fact that nothing has moved is for our benefit but it also kicks the can down the road and makes it so that state legislation this year is even less of a likelihood than it was in December. Most likely until the repeal and replace CFC section is gone, I don't think it would be the right move for us to try and ask our state legislature to run legislation for something that might go away.
www.rpc.senate.gov/legislative-notice/first-steps-in-obamacare-repeal-and-replace

The group agreed that we need to continue to work as a council to be prepared. Waiver simplification has been discussed before Community First Choice was even a possibility and so we still need to plan out service definitions, we need to find commonalities between waivers and do all of this work. If CFC comes off the chopping block in D.C., hopefully by this summer so we can work on getting sponsors for a bill next year and still be in the same position to move when we need to as we were talking a 2020 implementation date. This is still possible with 2018 legislation.

People agreed that though this might be slowing us down right now, hopefully something can happen this summer and we can go forward and still hit that 2020 timeline that we were on. This would be the best scenario and we have work to do between now and then to make sure this is a possibility.

The group discussed that the likelihood of 1915(C) waivers would continue so our work with simplifying waivers needs to continue, though it seems as though the newly eligible Medicaid recipients are the point of contention and they may be able to use private insurance. However, the folks who need Long Term Care would not be able to survive with private health insurance as Long Term Care won't be covered by private insurance.



Sarah agreed with the group and reiterated that we are not putting CFC on a shelf but actually doing the work that we would have had to do had CFC got introduced this session and was approved. Basically, we are just doing this out of order. People also wanted to make sure that we keep Community Choice Transitions (CCT) in our mind and work with Sam Murillo on incorporating these transition services into our LTC programs. The group also discussed discharging from a hospital and that it should be as simple as one call to an agency, and that agency is responsible for lining up all the services for the client. Currently, you make one call to a nursing home and they set up all of the services for the client, whereas if you want to transition into the community, it is a much more difficult process. The group agreed that we need to change this and make it as easy to transition into the community with HCBS as it is to transition to a nursing facility from a hospital. **Ian** and the group discussed the future of the Money Follows the Person grant and how this may be restructured at the federal level so that the grant doesn't go to the state but to the Independent Living Centers to better transition clients. Josh brought back the point of meeting in smaller groups to discuss where these transition services could actually "live," i.e. SEP contracts, ILCs, Hospitals, etc. Maybe like a No Wrong Door for hospital discharges.

People discussed the importance, especially in rural areas, of having that option to self-direct their own care. At this time, the group still would like to have the CDASS, IHSS, and agency based models as the means to deliver personal care, homemaker, and health maintenance in the CFC state plan option.

4. Discussion on Break-Out Groups

Josh asked **Sarah** about waiver simplification and where the Department was at with this. Sarah brought it back that the Department has been looking at ways to simplify the waiver system and now that we can combine targeting criteria, where we otherwise could not, it is more feasible to discuss combining waiver programs. Currently Sarah is working with Sam with CCT and the DIDD waiver re-design team on how our efforts can be more streamlined and not continue on with these two very different systems. The group discussed the Community Living Advisory Group (CLAG) recommendations in having just 3 waiver programs. One waiver for children, one for LTSS, and one for DIDD. So instead of having to navigate all of these waiver programs, you could just be signed up and then be assessed for what services you actually need.

This is a great opportunity for the group to look at how we serve individuals who are on a 1915(c) waiver and determine what has been working and what needs to be changed so that it doesn't hinder folks from living independently in the community. **Josh** wanted to reiterate that Colorado has a very good waiver program and that there are just some tweaks that need to be done to make it works as good as it should. Sometimes we talk about how the system is broken when it really isn't and we have done a lot of really amazing things here in Colorado. We just want to make it better.



The Department is hiring back **The Innova Group** who did the report for us last year that showed a possible cost savings if we implemented CFC with the 6% enhanced federal match. They are going to continue to work with Budget on the tool that they developed to determine how much it would cost by moving services over into the state plan. We also want them to work with the CFC council on not only implementing CFC but also looking at our service definitions, all the different initiatives that are occurring at the Department and how CFC fits into that. We also would like them to do a timeline of implementation, presentations to the council, Department staff, etc. on CFC, and then some ad hoc work on things that we determine during this fiscal year that we need more research on, such as the 300% folks.

David asked if there was a plan to use the CFC council on some of these waiver consolidation efforts. As a provider and a stakeholder, he has seen how difficult and confusing it is to have several definitions of personal care for each waiver. He also brought up that at some point, we need to put in a service for protective oversight. In order to keep seniors at home and give family caregivers a break, there needs to be a service like protective oversight to make sure someone is safe if they tend to wander off. **Sarah** agreed that the people on the CFC council would be some of the best people to assist with this waiver simplification process on the LTSS side because it is so intertwined with CFC.

The council decided to have a small group of people who can start this work instead of using the CFC council meetings for it. **Carol** reminded the group that in the waiver simplification sub-committee of the CLAG, we had developed a document with this information. The group decided not to duplicate work and Sarah will get this archived document to the sub-committee who will be working on service definitions. **Josh** discussed having a document that we could use that had all the services we currently have in Colorado, the services we need, and then where would they fit? What could go into CFC and what could go into a waiver? There could also be some services in CFC with limits and then some extended service in a 1915(c) waiver. We haven't really discussed the cap feature yet and this may help us be budget neutral. **Josh** also talked about how at some point in the future, we will need to have a group who works on what needs to be in legislation and what is in existing legislation that needs to be cleaned up. David agreed that before you can start to determine what provider qualifications are needed, you need to make sure you have your service definitions. The group agreed to have our first small group look at our service definitions, David and Tim have both volunteered to do this. The group also thought that bringing people who are in the DIDD Waiver Implementation Council would have great knowledge that could also bring their perspective to the LTSS group. **Ian** had a great idea to have some cross-disability education on all of the services that are available through other programs in the community. And how are we all working together to present people options for living independently and choose and direct their own care? The group discussed how difficult the waiver programs are for individuals who don't "live in this



world” and that we really need to work on explaining it better and making it a simpler process.

Sarah brought up Electronic Visit Verification (EVV) and that we have a little bit of money leftover that could be used to look at how Colorado could implement EVV by 2019. Sarah wanted to make sure that the group wanted to use this money to look at what Colorado will do. The group would like to use this money and people expressed interest in this and Sarah will reach out to folks who are interested when she has more information. **Rhyann** reported that she got some information that consumer directed programs will need to use EVV but it is still being researched.

5. Review on Contingency Plans

The meeting ran out of time and group will discuss the contingency plans in April.

6. Next Steps

- Sarah to post draft minutes to website
- People to email Sarah their interest of being part of small-group work.
- Set up time for small service group to meet
- Group to review contingency plan for next council meeting in April.
- Group decided to meet in April. Sarah scheduled meeting for April 10th, 2017 from 1:00-2:30. We will have an on-going meeting the second Monday of every other month. Sarah has put these dates on the CFC website.

