



**COLORADO**

Department of Health Care  
Policy & Financing

**MINUTES**  
**Community First Choice**  
**Development and Implementation Council**

225 E. 16<sup>th</sup> Avenue  
Denver, Colorado 80203  
Conference Room 9 A/B  
May 4, 2015  
1:00 – 3:00 p.m.

**Attendees:**

Phone-in:

Adam Tucker  
David Bolin  
Julie Reiskin  
Dawn Russell  
Julie Miranda  
Elizabeth Arenales

In-room:

Grace Herbison  
Tyler Dines  
Ed Milewski  
Josh Winkler  
Shannon Zimmerman  
Chandra  
Ryan Martin  
Anaya  
Lori Thompson

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while demonstrating sound stewardship of financial resources.  
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## I. Review minutes

- March – Marijo's name needs to be corrected and says Maryjo in New York.
- Tim's name spelt wrong.

## II. Discussion about whether minutes should be verbatim or a summary

Julie indicated that she prefers the more verbatim style because it helps when we need to look back. Lori indicated that we're trying to standardize the minutes in the Department. Julie said verbatim is unrealistic, but a short summary is not enough. Josh and Lori discussed how it was important to include the names of who was involved in the conversation and the details about what their position was. Josh said if there were recordings, there wouldn't need to be as detailed minutes. Julie asked if the recordings could be posted. Grace said she would look into seeing if posting the recording was feasible. Julie R said it was important for individuals who were representing organizations because they may need to demonstrate to their board or the rest of their organization that they voted a particular way or show that they presented a particular argument. Elizabeth A stated that a balance needed to strike between detail and the burden on the note taker. Grace said she could try to capture that balance in these minutes, and get feedback from the group about the minutes at the next meeting.

## III. Budget Request for CFC

Grace provided an update on the CFC budget request (R-7). The budget request for CFC was approved. The request was for \$250,000 for two fiscal years, FY 15-16 and FY 16-17. The money requested was to be used to secure contractors to assist with further cost modeling and stakeholder engagement for CFC. We also requested a full-time employee to help with CFC and that request was approved as well.

Josh explained that some JBC members were hesitant at first to approve the CFC request because there was some confusion about whether or not money has already been spent on CFC. However, after stakeholders and Eric Kurtz from the budget office were able to explain to the JBC members



that money had not already been spent to implement CFC and that the money for this request was going to be used to conduct further feasibility research, the budget request was approved. Josh also indicated that the confusion over the CFC budget request pointed out the importance of organizing a group of stakeholders to respond to legislative issues. Julie asked when the money would be available. Grace said the money would be available July 1st.

### III. Department Updates

Grace told the group that the Department wanted to get work done on CFC as soon as possible. As a result, the Department has begun talking to Mission Analytics to see what work they would be able to complete this fiscal year. Grace said, at this point, there has not been an agreement made between Mission Analytics and the Department, but they would like Mission Analytics to be able to update the cost model to reflect current rates and current policy. We would like a draft by June 30 and a final of this report by July 15. The CFC committee would review the draft at the July meeting, but we would want to get feedback from the group quickly because the final would be due July 15. We would want the following items discussed in this first report:

- Update projections based on most current rates and data.
- Look at how the elimination of waitlists have impacted costs
- Incorporate data from clients enrolled in the HCBS Spinal Cord Injury waiver.
- Look at impact of reduced administrative costs (PMPM) for CDASS FMS Services
- Assess fiscal impact of the new DD definition (i.e. because the definition is now broader, are more clients eligible for the waiver)
- Look at the potential impact of Children with Autism expansion
- Assess how EPSDT will impact CFC costs for children
- Assess impact of adding CDASS to the HCBS Supported Living Services waiver and BI

Based on stakeholder feedback to want a more iterative process, we are wanting Mission Analytics to produce another report in October with a draft



version of that second report due earlier—probably near the end of August. Although everything right now is tentative.

Josh asked if the \$150,000 limit that can be spent on a vendor without doing a request for proposals (RFP) was per fiscal year. Grace said yes, the limit is per fiscal year, so whatever money we spend this year on Mission Analytics would not be counted towards the \$150,000 maximum in the next fiscal year.

Josh asked if the report would be shorter than the first long report. Lori indicated that new report would probably not be as long, but it would reference the first report. Ed M indicated that he would like the report to be in an interactive format that is easily navigated. For example, he would like it if you could click on the table of contents to go directly to a certain section of the report. Ed M also stated that the first report did not do that.

#### **IV. Table Summarizing Feedback about the First Report and Stakeholder Engagement**

Grace asked the group what they thought about the table that was sent out to the group that summarized the feedback from the group. Josh asked if we shared the table with Mission Analytics. Grace said her conversations with Mission focused on the financial modeling, so she just shared the feedback the group gave about the cost modeling. However, she would share the whole stakeholder feedback table with Mission Analytics.

##### **A. Cost Savings/Cost Avoidance**

Ed M explained that it was important to ensure clients don't need to transition from a nursing home. Ed M said clients should not be put in the nursing home in the first place. Ed M said when clients are in the hospital, they should be presented with the option of going home and not just with the option of going into a nursing home.

Grace started going through the list. Julie R asked if we should start thinking about how to break up the tasks and assign individual to focus on each task. Grace indicated that it might be too early because MA would not be focusing on specific policy issues for a while. Julie wanted to make sure



we were being as proactive as possible, but if there was not a need to start that now that was fine too. Josh suggested that Grace could play a role of ensuring MA was connected with the appropriate people.

Julie asked if we needed to provide more information about what was meant by cost avoidance. Grace said she and other members of staff have tried to flesh out what possible things would be substituted and asked if she should share what they had thought about and see if the group had anything to add or change.

Ed M stated that there would be cost savings from individuals avoiding going to a nursing home in the first place. Anaya added that there would be a cost savings because the nursing home always uses an ambulance to transport individuals to the hospital and we could be using less expensive forms of transportation. Josh mentioned that it might be cost effective to have a blended rate for skilled and unskilled care. He also indicated that the rate for unskilled care is so low. He wanted to know if it was possible to model a common rate and determine what rate might save some money. Julie agreed with Josh and added that it might be helpful to just separate out homemaker services.

## **B. Service Simplification**

Tyler said the blended rate was a recommendation of the CLAG and the waiver redesign subcommittee. Tyler indicated although we have identified a number of regulatory challenges such as nursing scope of practice, but we want to simplify that service. Tyler said we could send a link to the report on simplifying services for individuals with intellectual disabilities. Shannon asked how that it applies to children and stated that what works for adults does not always work for children. Tyler and Lori stated that the report did focus on adults, but we would really like feedback on how that could apply to children, and we would also like to know how this might work for other populations. Tyler stated that he could send a link to the group for the report on waiver simplification.

Josh and Lori discussed using waivers vs. CFC to achieve waiver simplification. Lori mentioned that with waivers we can control enrollment, but for CFC it becomes an entitlement and there could be a large number



of new clients. Josh pointed out that they would still need to meet level of care.

### **C. Waiving of the Nurse Practice Act**

Josh discussed the importance of looking at how we will address the waiving of the nurse practice act and/or delegation as we move forward. Ed M added that CNAs can do a lot more than they used to be able to. Lori said CNAs could administer medications if a nurse is willing to delegate. Lori thought the in and out bill included some mentioning of medication management. David clarified that the bill only addressed medication assistance—not medication administration.

### **D. Cost Savings/Cost Avoidance (continued)**

If we can avoid sending people to nursing homes for rehab, there would be cost savings. Julie mentioned that people become healthier if they are able to direct their care and receive services in the community.

Gary Montrose said that it is important to mention that we can do cost analysis, and he has been working with the RCCOs to look at tracking trends for the people with disabilities populations.

Can we look at how many kids are not on waivers, but are using long-term care services recipients? For example, her son uses EPSDT services. Lori said we can pull data on kids who are using EPSDT. Lori said it is important to have a separate cost analysis. We don't have a way to ascertain the number of kids. Elizabeth A and Julie said kids should be already be receiving Personal Care though EPSDT and the cost should not be attributed to CFC as a new cost. Josh said we should not attribute the increased cost of providing personal care to kids because it should be covered by EPSDT, but we should include personal care under CFC to get the enhanced match. Elizabeth said we should make sure everything that should be provided under EPSDT should not be counted as new cost for CFC. There was discussion about what other benefits might be required under EPSDT. There was talk about whether behavioral health services would be required under CFC.



Josh said there is likely to be a lot of questions for CMS about what can be included under CFC. Josh and Grace discussed the need to look at what other states—specifically Oregon—to see what was able to be included. Josh and Lori discussed cost avoidance vs. cost shifting. Josh indicated that that might be due to Oregon having different regional CMS offices.

Josh indicated that there is a difference between cost shifting and cost avoidance. Grace said that she felt that most of what we have been talking about related to cost shifting. Josh discussed potentially changing service definitions and blending services and rates. He said the modeling hasn't been done because it is difficult because individuals have different skilled and unskilled needs and because the composition of client needs. Josh said that he felt that Mission probably has talked about blended services and waiver simplification. Lori also added the importance of de-medicalizing services. Josh talked about how people were afraid of losing access to their medical services, but people can access licensed professionals if they need them.

Grace asked why the report indicated that the initial report said Long-Term Home Health. Julie R answered that she thought it was related to LTHH being a state plan benefit. Lori mentioned that the recommendation of this group has been to waive the nurse practice act for CFC, and people will still be able to access acute home health if they have a more medical need.

Elizabeth A, Julie and Lori discussed difficulties created by 15 minute billing increments, the distinction between skilled and unskilled care, the nurse practice act and family reimbursement limits. There was agreement that as we think of designing benefits for CFC, we should think of how we can better design these benefits.

Lori asked if the summary of feedback from the group included feedback included a recordation about looking at reimbursement for family members. Grace indicated that it was included in the stakeholder recommendations and in the budget request for CFC feasibility research.

There was a discussion about what direction the CFC rule indicates for CFC. Josh indicated that the CFC rule indicates that services can be provided by



a legally responsible persons. Lori said that would be a shift in how we currently provide services at least on the DD side.

Elizabeth A mentioned that we should consider how services interact with services provided through schools. Grace said if it required to be provided under IDEA, it would not be covered. Elizabeth stated that we should get guidance on services that are not covered by CFC, but might be needed during the school day. Lori stated that we received guidance from CMS that if it wasn't required under IDEA, it could be paid for under the waivers.

There was a question about allowing IHSS in the community while we are waiting for CMS approval for the IHSS programmatic changes. Grace states that there was communication that went out about whether allowing IHSS in the community would be allowed while we are waiting for CMS approval. Grace stated that she would look into and find the communication that went out and share it with the group.

Josh asked if there has been modeling done about the expected cost of EPSDT. Grace said she would assume there has been, but she does not know for sure. Josh just wanted clarification in the stakeholder recommendation about EPSDT recommendation to state that the cost for EPSDT would not be included.

Elizabeth A asked is we were counting MAGI eligible. She wanted to know if we were counting both matches. Josh indicated that we included the MAGI eligible in the number of potential users, but we did not include the enhanced match. Josh said that it would make a big difference if it was not calculated. Josh said it could be easy to overlook the basic Medicaid stuff. Grace asked if anyone know how the two might interact. Grace also indicated that she would talk to Mission Analytics about included in the future.

No items for public forum.

