



**COLORADO**

Department of Health Care  
Policy & Financing

**MINUTES  
COMMUNITY FIRST CHOICE DEVELOPMENT AND  
IMPLEMENTATION COUNCIL**

303 East 17th Avenue, 11th Floor Conference Room (11B)  
Denver, Colorado 80203

November 2, 2015

**1. Call to Order**

Grace Herbison called the meeting to order at 1:05 p.m.

**2. Roll Call**

Phone: Brett Pittenger, David Bolin, Shannon Secrest, Kathy Coffman, Chandra Matthews, Carol Meredith, Jeanette Cordova, Kenny Maestas, Bonnie Rouse, Heather Jones, Julie Reiskin, and Ian Engle.

Room: Grace Herbison, Dawn Russell, Rhyann Lubitz, Cherish Marques, Katie Hoffit, Ellen Jensby, Adam Tucker, Ryan Martin, Lori Johnson, Tyler Deines, Ed Milewski, Kirk Miller, Brian Polovoy and Josh Winkler.

**3. Review of Minutes**

Rhyann took minutes, there were no corrections. Julie moves approval, Ellen seconded. Motion carried unanimously.

**4. Protocol for Re-sharing of Information**

At last meeting we discussed recommendations on protocol to share information. Josh asked if we share does that make it more open to CORA. Grace asked legal and the answer is YES. Grace read bullet points that were sent out Friday and wanted to know if this reflected her thoughts. The key point is that council wants to be able to review important documents and modeling before it goes through clearance. The proposal is that HCPF share draft work product only with CFC members. HCPF may also need to share with specific group (like CCT council) and have same specific agreement. Julie suggested maybe having members sign that they understand the responsibility to not release.



Question: If council signs this does this mean that anyone can see this under CORA and is this a problem? Answer: Not really but it could allow numbers to be used. HCPF still has decisions about CORA and whether to release it. HCPF can still say something is work product. After discussion the following was agreed upon unanimously by the council.

- 1) If information is shared that is not for the public by a council member that person will be dismissed from council:
- 2) If a council member is approached for a draft product by anyone else they must defer that decision to HCPF.

Ian said his last name is Engle not Ingle

## 5. Survey

A survey was sent out to determine what future work will be for the council. There are some items that we need Mission to fix and they are working on that. The survey was focused on and what work do we need to do going forward in terms of data and analytic work. This does not mean low ranking work will not be done, it might be easy, but she wants to know is important. Only 5 people responded. Dawn said she spent a lot of time looking at this – asked why there was not 23 items – answer is because of double numbers. Grace wanted to know if group agrees with the prioritization.

Keith said #14 should be higher because this is what CFC is all about. Josh said #14 is about residential services under DD waiver. This is 24/7 services and a very specific service definition under one waiver. Discussion about Oregon, defined community very broadly, took most waiver services out of waiver into CFC. Only waiver service in DD left is employment. Families of school age children who were receiving 70 or more hours a week of respite under CFC and this is about to bankrupt the system. We will be able to add safeguards.

There was discussion about problems with hospital discharge and people being sent to rehabs instead of home because it is easy—it is now possible to send someone home but we do not do a good job of making that clear. Grace asked, “Is this list OK?” The group said yes but we need to clarify some items. One example of clarification needed:

#2: How will behavioral health services under EPSDT affect modeling? Marijo said we do not yet know how the state plan will be modified. Need to clarify the need



and information. Will people even know what we mean? For example it says “Adapt the model to more accurately model costs for DD waiver” but CFC does not affect the DD waiver. What we do need is how the use of CFC might impact the use of the DD waiver. For example we know people in DD are getting personal care in res-hab waiver so we do not want to double count them. The question says that we do not want to double count; the issue is remodeling and accounting for substitution of services. Right now there is no way to do this because it is either full substitution or none and most will be partial substitution

Another example regarding looking at modeling for the DD system. Do we know about people who are not using services under SLS because of caps but they would under CFC? Answer—we do not know if CFC will have limits. We do not have data but know there is underutilization of SLS because of the many problems. We do not have data about the people who need more than the SPAL will cover. Part of this is the people waiting for the comp waiver but using SLS.

Oregon grossly underestimated take up rate. Underutilization is NOT reflective of no need. If there is a model to allow for substitution that is best, then we make assumptions as accurately as possible. There is less pent up demand in EBD because we have CDASS and IHSS. They do not have SPALS. Is the thought process that SPAL would say the same even if we took services out? In CDASS for DD they took health maintenance outside of SPAL. That will have a net zero effect because health maintenance is the CDASS version of Long Term Home Health which is not a waiver service.

It would be good to have more info about things like capacity limits on providers.

It might be that CFC will come at the same time when we implement a new waiver. What data will be relevant at that time? We cannot possibly know everything. HCPF will have to make best estimate possible with the best data and assumptions we have.

Resolution: Grace will rewrite list as a stand-alone document and send out to see if there is anything missing. Josh said people could send feedback if there is something that really stands out. This should be sent to Grace. She will see if she can do a better ranking.

## 6. DD Services

Tyler has been working on how to design services for adults with IDD and is revising definitions as suggested by CLAG. He would like to collaborate on definitions and



how this would work across populations. If we move forward and implement redesigned waiver before CFC it would be great if service definitions could be aligned so we can just roll into CFC. We need to define CFC benefit package in coordination with what they are doing with DIDD and have access to core services irrespective of diagnosis or condition. They have to be specific enough to be approved by CMS and broad enough so variations that everyone brings to table will be addressed. If there portions of a service for a specific population this can be clear in definitions or as extension.

Julie F. gave an example of how this is needed and said CMS seems to want this as well. She said that Protective oversight could be needed for a medical reason or supervision reasons. Can we have one definition that meets needs for each population? Part of what has made it hard for people to get what they need has been the definitions that are too restrictive and focused on one population. For example protective oversight is only for people who use a ventilator. Julie said we need to look at things differently than how we have always looked at it.

George said that many disabilities have illnesses that are concomitant with the disability.

Ian said that one of the strongest recommendations of CLAG was to put as many services as possible in state plan and CFC is vehicle for doing this and we need to use CFC to implement all of the hard work done in CLAG.

Grace-agreed and we need to accomplish this work and HCPF has not forgotten about the CLAG work

Josh: the report is due this week about where we are on CLAG.

## 7. Membership

Grace: What do we want in terms of representatives and membership?

Background: The CFC council is about three years old, we have done the feasibility study and cost modeling. At the time we started only two states were working on this. It is a huge undertaking and if we do this it will affect thousands of people. The importance of us doing this well cannot be understated. This is a big responsibility. People on the council need to have background and understanding of this. We have learned a lot over the last few years.

Grace wants to hear from people who have been involved with successful planning and implementation. One example is historical growth in two waivers but it has



been challenging but people are getting services they need. This is example of astronomical challenge that system undertook. Josh—what made it work?  
Answer—communicate as much as possible.

Ian said that it often takes a long time for things to get out to the rural areas and communication with people who are there is important, often they are left out. Kenny said the same perspective exists in Eastern CO. Communication and the way it is received is not understood. All agreed that it is important to know who is carrying the message and to achieve consistency statewide.

We have been meeting monthly –it was every other month and now will be back to monthly with more work. Grace said we need to think about what are challenges that we may have moving forward and what do we need to address challenges?

Julie F.: sending info to people in rural counties does not matter --it is about getting feedback and input. We need to engage and make sure loop goes back so the rural counties know what is expected and happening.

What representatives do we need?

Keith: We need someone who has been in a nursing home.

Shannon: sometimes there are specific seats that need to be filled do we have this requirement?

Grace –she contacted people who had not been attending to see if they are still interested, ones highlighted said they were not interested. The only requirement is that the majority of members be PWD or elderly or representative—we are meeting that criteria.

Disability law Colorado is important part of this.

There is three meeting rule regarding attendance.

Grace said she thought we should allow people who are present and interested to share why they are interested and then a survey will be sent allowing council members to vote. If they get 75% approval they can become members: People agreed with this process: (The group ended up voting to accept all applicants)

The following people made presentations to the group:

**Kirk Miller** – been with PDPPC for 3 or 4 years and is stakeholder familiar with that. Living with Denver housing and on local resident council and involved in many



things and work with people who do not have a lot to do with the rest of the world. He is involved with them and in the community and enjoys the involvement. He has a lot more contact with people around the state and is interested in what is going on.

**Brian Polovoy** – LSCW works in number of areas in metro area including private practice for PWD, Denver VA medical center and president of Board of Mile High CIL, been in area for 10 years, also has dual masters in Education and counseling and worked with children. He has seen every aspect of the system, early childhood, physical and developmental disabilities and elders. He has worked in nursing homes as well. One reason for joining is to have connection with an Independent Living Center and to have that connection to the policy –they can augment their programs, especially Nursing Home Transition. As person who is in private practice and PWD he wants to know this from inside out. He does not have to use publically funded services yet as his wife helps but will need this at some point.

**Cherish Marquez** – Independent Living Specialist for Atlantis, before that experience in non-profit with people who have been victims of assault. With Atlantis has seen the need for advocacy on housing, education and employment discrimination. Has experience with children and families and sees what they deal with first hand. Atlantis community should have seat because we work directly with this community and on front lines. She could bring beneficial feedback. She is a fast learner.

**George O Brien** – Masters in Sociology and Anthropology, certified counselor, specifically interested in PTSD. He has MS and when he went to meeting put on by MS society he was told having MS is like being stalked, like being a Domestic Violence victim. He said someone always after you but this is your own nervous system. He said he had the ability to meditate and teach people meditation. He lives in Pueblo and recently went through eviction and has to get to a public library to get on the computer so he sometimes misses things.

**Ian Engle** – Been involved with CFC since 1994 through a bunch of different names. 90% of what he was working on at national level is reflected in this council. He says he trusts people in the room including some people he considers to be mentors. What he brings is geographic diversity and he is director of CIL. He gets and can translate exactly how CFC will work for people in the community. He said we have to be able to explain “What does it mean to people who are in the community right now?” That is his interest in being part of this group.



**Kenny Maestas** – He has been working with CCDCC for number of years. He has a background in corporate America that he left last year due to health issues. He does coordinating for CCDCC in Southeastern CO in Lamar. He has experienced problems obtaining services and said that his experience with programs and waivers is that it is like a protected secret in his area. Services are not readily available, not publicized, kept as secret unless you know it or know someone. It is his job to help people in SE CO and that is what he wants to do. He is good at writing and editing and would like to use these skills to be part of this.

Marijo moved and Dawn seconded to add the Kenny Maestas, George Obrien, Ian Engle, Brian Polovy, Cherish Marquez and Kirk Miller to CFC. Motion carried unanimously.

Grace will outreach disability law Colorado to get a new member.

## 8. Public Comment

- Josh: The Governor's budget request will be available at 5:00 tonight.
- Ian it would be great to have any financial assistance to have rural folks come in every third meeting.
- Grace will send out CLAG report and new recommendations to the larger group and will revise the list of recommendations in stand-alone way.
- Grace and Josh will discuss potentially scheduling a December meeting. A doodle poll will be sent re a December meeting.

Respectfully submitted by Julie Reiskin

