



COLORADO

Department of Health Care
Policy & Financing

MINUTES
Community First Choice
Development and Implementation Council

303 East 17th Ave.
Denver, Colorado 80203
Conference Room 7B
September 8, 2015
9:00 a.m. – 11:00 a.m.

Attendees:

Phone-in:

Ed Milewski
Carole Meredith
David Bolin
Dawn Russell
Bret Pittenger
Dennis Roy

In-room:

Grace Herbison
Rhyann Lubitz
Josh Winkler (Co-Chair)
Tyler Deines
Lori Thompson
Elizabeth Arenales
Maryjo Rhymer

I. Review July Minutes

Dawn R. said to add Kachina Rice to July Attendance. Josh recommended checking July minutes again at October meeting because people may not be here. Grace said we could revisit the July minutes a next month's meeting.



II. Summary of feedback about last draft of cost modeling and how that feedback was addressed.

Grace: After the last CFC meeting, we distributed Mission Analytics draft CFC cost modeling. A week after that meeting, the council and HCPF staff (Jed, Grace, Bret and Tyler) held a phone call to gather feedback about Mission Analytics' draft work product. I tried to summarize everyone's feedback from that phone call in a table that was sent out to the group. After that phone call, Jed, myself and Josh talked with Mission to share our feedback. The resolutions that we mutually agreed upon are also summarized in that table. Lastly, I asked Mission to indicate how the issue was resolved in their revised deliverable on that table. Did anyone have questions or concerns about that document?

Josh: I think Mission overall responded to everything or indicated that it was not in the scope of work for this deliverable.

Grace: I think the main thing that Mission was unable to do was revise the model to allow for population specific utilization and substitution. They were not able to address the issue with the DD waiver in the model which showed clients using both residential habilitation and other forms of personal assistance (CDASS, IHSS and Agency Based Care). Other than that, they did try to address a lot of the issues that were identified. For example, they added a generic substitution rate to capture some of the impact from clients who use CDASS or IHSS not using agency based personal care and homemaker.

Josh: Their narrative document was a lot clearer. It read a lot better and made a lot more sense.

III. Review of draft cost modeling completed on August 28, 2015

a. Summary of the major changes made for this draft

Grace: We sent out the most recent version of Mission's cost modeling. It has not been reviewed by the Department, so it may contain errors and in fact, we have already identified a few errors. We only distributed these documents to council members because we didn't want to risk misinforming the public because these documents have not been finalized. What we asked them to do this time



around was just to update the 2013 model with most recent rates, utilization and policy. They have also done a couple of other things beyond that. What I was thinking we could do was to go through this memo from beginning to end and identify any issues we see.

Josh: The costs in this updated version have decreased significantly, and I wanted to explain why that is. The first main reason for the cost decrease is that they used the mean instead of the max to predict utilization for clients who currently do not have access to a service. I think that resulted in a 40 million dollar difference. They also reduced the number of projected woodwork clients from 1500 to 250. That was the other big change that brought the number down.

Grace: Yes, those were the two most impactful factors in bringing the cost down. The woodwork effect was changed just based on what the Department has seen for other expansions. However, there isn't really any good data/research to use to predict what the woodwork effect will be. So we could be wrong with the 250 client prediction. We honestly don't know what will be the most accurate prediction.

Lori: We've had a really hard time with that changing for the DD definition. We just didn't know and couldn't determine how to calculate the woodwork effect.

Dawn: What was the actual woodwork effect?

Grace: It wasn't measurable. Is that correct, Tyler?

Tyler: We monitored the number of applications that were submitted to CCBs over the first year and it wasn't measurable. We also had some data integrity issues because some CCBs were not submitting applications into our case management system unless they were determined to have a developmental disability, so we really didn't know how many people had applied and had been determined not to have a developmental disability. We have changed our processes a bit. We've tied their payment to entering that application into the case management system, so they didn't get paid unless they enter the application. We still have not seen an enormous increase in the number of applications.



Dawn: We believe that will be true for CFC as well.

Grace: The lack of measurable impact of expanding the DD definition was also why we removed the DD definition change from the cost modeling for CFC.

Other important changes for this version of cost modeling are that we added an impact for EPSDT pediatric personal care. The previous draft did not model the impact of EPSDT personal care. They attempted to model the impact for this draft, but we have some questions about whether that was done accurately. We're planning on working with Mission to figure out how they model EPSDT personal care because it didn't have the impact that we anticipated.

Josh: I got the feeling they didn't really understand that issue when we talked to them.

Grace: And I talked to them after that and I thought they understood, but that seems not to be the case.

Josh: I don't think they're following that the money is not being spent now, but it will be spent as part of implementation of EPSDT personal care, which means the cost of expanding personal care wouldn't be fully attributable to CFC. However, we should consider the enhanced match we get for CFC.

Grace: While we think some of the cost of expanding personal care would be covered by EPSDT personal care, we think there would also be some increased cost due to increased utilization when CFC is implemented because the CFC personal care bennet would be self-directed and would allow legally responsible individuals to provide care. I think that Mission may have had problems accurately incorporating EPSDT personal care into their existing model. Hopefully, we can work that out with them.

Elizabeth: Was personal care services the only EPSDT benefit that was considered here?

Grace: This model only looks at a few services. I think if you look at the 2013 model it would have been the HCPF recommended services. It is only looking at CDASS, IHSS, Agency-based personal care and homemaker, and PERs. It didn't capture behavioral services.



Elizabeth: How is the post-ACA world accounted for in this model?

Grace: The scope of this work was pretty narrow, so we did not ask them to look at the impact of the ACA requirements around behavioral health.

Elizabeth: There has been a lot of conversation about whether ABA is a requirement under EPSDT.

Grace: How about we go through this modeling keeping in mind what we asked them to do this time around? Then, after that, we can address what is missing from the cost model beyond what we asked them to do this time.

Josh: Maybe when we get to the part where we discuss what to do moving forward, we can talk about incorporating the ACA and policies around EPSDT that are up in the air right now. The flexible model is nice, but is also kind of a pain in the ass.

Bret: We're still waiting on CMS to hear if ABA is required under EPSDT. So we would want to wait to hear a decision about that.

Marijo: I think what we are waiting for is to hear if the Children with Autism waiver is approved. If it isn't, we can assume that ABA is required under EPSDT.

Ed: Community First Choice is about getting people out of institutions and into the community. If they were in the institution, they would have to cover the cost of behavioral therapies, so there shouldn't be an extra cost for living in the community instead of being in an institution. That's what Community First Choice is.

Grace: Thank you Ed. And I think some of the feedback from the council before was to try to include costs savings from transitioning individuals from institutions. It was not included this time around, but we have noted that as something to include in the future.



IV. Review of Each Section of the Updated Draft Cost Model

a. First Opening Paragraphs

No feedback

b. Pages 1-3: A Few Preliminaries

Grace: I thought it would be more clear where they had the bullet points to use the explanation of what the model did for the 2013 report and then just add information about what was changed for the 2015 update.

Marijo and Elisabeth: I would agree.

Elisabeth: does the modeling take into consideration the bill that expanded CDASS to other waivers?

Marijo and Josh: The bill gave the Department the authority to expand to other waivers, but did not mandate to expand to other waivers. The SLS expansion reflects that authorization.

Elisabeth: If it was already authorized, that shouldn't be an expense associated with CFC.

Grace: We have never requested funding for that expansion, so that is not money we already have.

Bret: There was no money appropriated for it.

Elisabeth: Was it authorized or required?

Marijo, Josh and Bret: It was authorized.

Josh: Can they clarify what they mean by self-direction and agency based care?

Grace: I think by self-direction, they meant both IHSS and CDASS.

Josh: I think it is important for them to indicate that an agency is still involved for some forms of self-direction (IHSS) because there is this conception that this will take jobs away from agencies, but agencies are still involved.

Josh: On the last bullet about the number of new users, can they actually state the number of new users.

Grace: My feedback was going to be for them to describe what information is included in the table in Appendix A.

Carol: The last bullet on page one should say state plan. Can they be more clear about what they are talking about?

Marijo: The absence of a reference to the state plan is what is confusing.



Carol: Some clients are not accessing their personal care homemaker because they are capped, but they may access it under CFC.

Grace: That first bullet is meant to state that this model incorporates a substitution effect for the different models of personal care and homemaker. The previous model assumed clients would use agency-based, IHSS and CDASS homemaker and personal care. This version of the cost model was adjusted to show that clients using agency-based care, would not also use CDASS and IHSS and clients who use CDASS or IHSS would not use agency-based care.

Lori: Can we talk about how we will incorporate the requirement to use the state plan first?

Grace: Can we go through and give feedback on what we asked them to do this time around and then talk about what else may need to be included moving forward? We want to make sure we get what we asked for this time around.

For feedback on that should I ask them to provide a more clear explanation of what the substitution was doing?

Carol: Do they know who is not using personal care or homemaker under SLS now?

Grace: The model cannot do population specific substitution or utilization, so they could not have addressed something specific to one waiver this time around. However, that could go into the list of things we want them to do moving forward.

David: On page 3, the number for pediatric personal care seems really high.

Grace: We had feedback for them that they should reevaluate how they did that part of the model. Is your feedback that this number seems high?

David: Yes, I think we only have like 20 clients.

Josh: I imagine that they used what we were projected to use for pediatric personal care and they incorporated the enhanced match.

Elizabeth: I have a question about the footnote on page 2. You said they predicted there would be 250 projected clients. How did they come to that number? It seems low.

Grace: There is very little data on what to use for woodwork effect, so we are not confident that the number is accurate. Perhaps we need to



add language that indicates that this number strongly impacts the cost and it may not be accurate.

Josh: When I played around with that number, it was not as much of a cost driver as I thought it would be. The max to mean utilization was much more impactful.

Grace: Did you guys feel the bar graphs were helpful?

Lori: The table provides the information you really need.

Josh: I find it useful to show how small it is compared to the overall cost. I think they did a lot better job with the tables this time.

c. Scenario 1: All 4 Policy Changes

Elizabeth: I think it is helpful to note that the changes have reduced costs. I think getting the main point on the table is important. Who is the audience for this?

Grace: HCPF, but we also want it to be easily understood by most readers.

Josh: I think that indicating the changes we've made will help reduce costs. This is primarily for the council and HCPF.

Marijo: I don't understand why there is a chart showing what it would cost without the Children with Autism Expansion policy change. If anything this chart should show what it would cost with the policy change, not what it would cost without the policy change.

Josh: I think they were asked to look at the impact of each of these changes on the total cost of CFC. I think that direction made sense at the time, but now we're scratching our heads wondering why we need this information. I know that some of the changes cause a cost and some caused a savings, but all of them are headed in the right policy move.

Marijo: If this is what they were asked to do, that makes sense.

Grace: We asked them to update the 2013 model with current policy, rates and enrollment/waitlists. The decision to break it down like this was theirs. But I do think it is helpful to see some of the breakdown.

d. Scenario 2: Children with Autism Expansion

Josh: This was just looking at the HCPF package of services. If it had looked at the CFC council services, there might have had a different impact. I would want them clarify what service package they looked at in the beginning.



e. Scenario 3: reduced FMS Cost

No Comments

f. Scenario 4: Adding CDASS to SLS

Grace: We had concerns about how they modeled this because it was not compatible with other budget projections done by the department, but I think that is because they applied a generic substitution rate and that rate does not align with our data about how clients utilize services. This is not compatible with the budget request we did for putting CDASS into SLS.

Marijo: It should be.

Tyler: I have a number of issues with this. First, it says CDASS is a bundled service package; it isn't under SLS. We wouldn't want CMS getting a hold of this and asking questions about our bundled service package because they received misinformation. I'm not sure where they are getting the data on the 356 consumers. I don't think we've used that number in our budget request.

Josh: They footnote R-7.

Tyler: I'm concerned with the methods they used here. It seems like they are using some of the policies and assumptions for other waivers for CDASS, when it is so different under SLS.

Marijo: It sounds like you guys need to work with them on their assumptions.

Grace: I think some of the issue might be that the model is not flexible or detailed enough to reflect differences in each waiver. We can work with them to see what is possible.

Josh: At some point, we are going to have to say this is as good as the model can get us. And start looking at the next step.

Marijo: Their job is not to make budget requests and projections for the Department.

Tyler: One more concern is that if we're not going to get an accurate model out of this, I am worried about getting misinformation out, and I think I would be in favor of removing that from the model.

Grace: Would it be OK to have them explain the shortcomings of the model in the narrative?



g. Scenario 5: Modeling the impact of EPSDT Pediatric Personal Care

Elizabeth: What do they mean by all clients would move to CFC?

Grace: I think they assume that CFC personal care would replace pediatric personal care.

We also felt that this section was not done correctly because what we thought would happen was that clients who used pediatric personal care would switch to CFC and they may use personal care at a higher rate because there wouldn't be as stringent restrictions around family members providing care and it would be self-directed. However, overall implementing pediatric personal care would reduce the cost of CFC because some of the cost of expanding access to personal care would be covered under EPSDT and we would then get the enhanced match under CFC.

Elizabeth: I still question the assumption that everyone would move from PPC to CFC. I imagine there could be a scenario where they don't meet level of care requirements? Can we explore that a little more?

Josh: There is also the chance that we would set limits.

Tyler: I think the assumption is that we would replace the authority with 1915K for CFC.

Elizabeth: I wonder if we can move an absolutely required state plan service to something not required. I think that there is a problem with assuming clients can substitute Long-term home health for personal care because there is a difference between skilled care and unskilled care.

Grace: I think the model is assuming that there would be substitution for CDASS and IHSS because there are skilled services through IHSS and CDASS HMA.

Josh: CFC could include some long-term home health.

Carol: Did they not include any of the kids because they don't have personal care?

Grace and Bret: Correct, children's waivers do not have that benefit.

Elizabeth: I'm worried about them confounding skilled and unskilled care because they have different requirements for licensure.

Josh: Under CFC they would have to be offered under the same authority. I think it might make sense to make them blended. They would probably remain separate. We have the option to make changes.



Elisabeth: I agree that the more you can blend the services the better.

Grace: Is there feedback we want to capture for changes this time around? We are going to ask them to look at these numbers in the scenario.

Josh: On page 4 it says 6.7 million and on page 9 it says 6.3 million for all four changes.

Tyler: On table 7, it say 6.272. Are they rounding up to 6.3?

Josh: Table 6 and table 7, it seems like something is not right.

Marijo: On that same page, it says there have been changes to the DD waiver. I think they need to be removed.

V. Next Steps

Grace: We're running close on time and it doesn't look like we're going to have enough time to discuss next steps this time. We also have a need to discuss who the council members are and discuss recommendations about sharing draft documents. I would like to schedule an October meeting. I'll send out a doodle poll to setup an October meeting.

