



Community First Choice (CFC) Council Meeting Minutes

Monday, January 6, 2013

Department of Health Care Policy and Financing

1st Floor Conference Room

225 East 16th Avenue

Denver, CO 80203

Greetings (Martha Beavers)

Co-Chairs: Martha Beavers, (HCPF)

Phone Attendees: Heather Jones (Mesa County), Elizabeth Arenales (CCLP) , Josh Winkler, Heather Marrow (CDCC), Jean (AAA), Lisa Franklin (Parent to Parent), Jarod Monocos, Kevin Smith (Access on Independence), Lori Thompson (DHS-DDD), Ed, Beverly Hirsekorn (HCPF), Linda Skaflen (Arc of Adams County), Chandra Matthews (Access), George O'Brien (CCDC), Mary Kathryn Hurd (HCPF), Anaya Robinson (Atlantis), David Henninger (Bayaud Enterprises)

In-Person Attendees: Laurie Stephens (HCPF), David Bolin (Accent on Independence), Julie Reiskin (CCDC), Dawn Russell (ADAPT), Mark Kluth (HCPF), Susan Johnson (DDRC), Carol Meredith (Arc of Arapahoe-Douglas), Barry Rosenberg (PASCO), Randie Wilson (HCPF), Tyler Deines (DHS-DDD)

Follow up from Person-centered event

1. No council meeting last month due to personal centered planning meetings
 - a. Feedback-shouldn't have split up the community and staff
 - b. Martha wanted an event where people could speak freely, but feedback suggested that it didn't work
 - c. More time for planning in the future
 - d. Questions-when you are talking staff are you referring to HCPF staff? Yes, state staff and DDD only with Sue Fox.
 - i. Next time will let people self-select event for all
 - e. Power point posted on webpage, final report is being looked over and should be ready soon
 - i. Suggestion is not to let the report sit and begin sitting on recommendations
 - f. Waiver simplification subcommittee is where PCP lives currently, however, PCP thinking is only one part of PCP system
 - i. Questions- what is the nature of the recommendations, what is going to be done?
 - ii. There are things that we can do to start moving to a PCP system
 - iii. As we determine how to move forward with CFC will have to describe PCP anyway
 - iv. Once concrete Julie believes this council is the best place for PCP to live rather than with the waiver simplification workgroup.

- v. Is the waiver simplification the best place for this to live, if so can we communicate this out using the LTSS stakeholder list?
- vi. From a transparency perspective if there is work done on this want to make sure that those interested in being involved are informed and able to join
- g. Video-working on posting on line
 - i. Is the video captioned?
 - ii. It is video accessible
 - iii. Chandra-how to use the video
 - 1. Visioning session with all supervisors to look at how SEP functions and see if it is PC
 - 2. What practices can be shifted- (ex: don't work on Friday and can't do assessment even if that is client's only available day)
 - 3. Using presenters techniques to begin shifting SEP mindset
 - iv. As all our providers work on moving forward barriers will be identified
 - 1. Julie-lessons learned or message board allowing people to post issues that they are finding with implementing PC practices
 - 2. Would need to be safe environment where providers can learn from mistakes not be punished
 - 3. Promote the state as promoting and publically acknowledging that the Department wants culture change and is working to move it forward
 - 4. Innovative contractors should be called out and used as an example
 - v. PCP is not a short term process, but a long term process that will take time
 - vi. Overall was a pretty positive event

CFC Feasibility Study

1. CFC Feasibility Study finalized:
 - a. Posted on CFC web page
 - b. Mission Analytics did an excellent job on the report, as did the Department-Josh Winkler
 - i. Now how do we move forward to make these things happen
 - c. Point that came out with the study:
 1. Additional Cost estimated \$36-\$46 million GF, \$212 million total fund
 2. Model did not assume reduction in waiver services as a substitution
 - a. CDASS and IHSS is a service delivery model not a service itself
 3. What options do we have, what resources do we have to continue to ask questions and make revisions to finalized estimates. How do we move forward even if we make changes to determine new costs? From an advocacy perspective do we need to do more to ensure that there are more resources available moving forward.
 - a. MK-there are no resources available specifically for CFC
 4. What are the next steps moving forward?
 - ii. More work needs to be done, but this will be a high fiscal note if this year
 - iii. Ch 7, pg 69- start making changes and do more analysis
 - iv. Estimating CFC services that do not fully support ADLs and IADLs

1. Services that will not get the higher match
2. Additional costs that we can bring into the higher match
3. Did the report identify the services that will go into the state plan versus the waiver?
 - a. Doesn't seem like a great idea to do a time study of res hab, provider doesn't believe she could do it for even one client because it is a very integrated service that is very hard to break up into individual FFS tasks.
 - b. Makes more sense to think about inherent costs in res hab/day hab and make some real educated guesses rather than a time study.
 - c. CMS pointed Department to OMB Circular 87 for approved cost allocation methodologies
 - i. Existing barrier to trying to estimate
- v. Estimating cost of new services not currently offered
 1. No claims data for services not already being offered
 2. SCI therapies is not in the scope of CFC-CMS statement, similar to supported employment (received in writing) Detailed answer from CMS can be found in the appendix of the report.
- vi. Containing the costs of CFC-recommendation to limit LTHH to 120 days
 1. Belief that the model may be double counting due to HH and IHSS
 - a. Julie believes that in some cases we are providing PC in the most expensive setting (HH).
 - b. But we need to look at the PC rate as this is where the problem is coming from, we pay too much for LTHH and not enough for PCP.
 - c. David-60 day HH model, with any LT HH care should be Health Maintenance. Only acute HH when needed.
 - i. Less costly to the state and easier to manage
 - d. Other states do not see the high utilization in HH, also significant variation in the models
 - e. When they were doing the financial modeling there was a component considering a number of people on Medicaid not accessing LTC supports that might soon. The idea that there are people currently who need LTC supports and not receiving them. People don't go without their needs being met.
 - i. The thought was children and the Medicaid expansion population that isn't currently accessing-1500 clients expected to be added to LTSS that were not receiving care previously.
 - ii. This is driving the costs up higher than they might actually be
 - f. George O'Brien-frequently hear people saying that we don't have the data. Would like to see an inclusion of the specific name and title of the person that is responsible for person getting data out of databases. Person should have specialized knowledge to ensure that we can get the data being requested.
 - i. Who will be responsible and who will report it to the group. Names of members of the teams.

- ii. MK-sometimes when we have data requests the information is not always available. May require additional resources and tracking that wasn't occurring previously.
 - vii. Continue to work with CFC council for robust quality assurance system for CFC
 - 1. Uniform system across waivers and state plan
 - 2. Will reduce administrative burden on state staff
 - viii. Measuring outcomes
 - 1. Recommended using CCT Quality of Life Survey
 - 2. Continue to work with the CLAG subcommittees
 - 3. CFC does require additional data
 - ix. Evaluating Settings
 - 1. Home Setting Definition still not released yet but is coming this year. UPDATE: was published 1/16/14 effective 3/17/14
 - 2. Department should do a careful analysis of final rule
 - x. Securing assistance with self-directed delivery models
 - 1. Mission believes that because we are looking to roll out CFC to all state plan we should get some additional technical assistance in how we are going to set this up for CFC for all ages, all populations.
- 2. Planning for Community Living Advisory Group
 - a. Initially talked about a recommendation at the 1/27/14 meeting
 - b. Need an action plan to present with dates and specific tasks to present to the CLAG and legislation
 - c. Dawn-we have questions to answer, work to do before we start making any decision about what may or may not happen.
 - i. Legislative cycle in the state-let's have the meeting that Julie was referring to and get the hard work done. No discouraging conversations until the work is done.
 - ii. Julie- to have legislation next year need to determine policy changes and have model ready to go, every year we don't anywhere we keep losing the additional match.
 - iii. The workplan needs to be the deficits and barriers that must be fixed prior to our ability to move forward.
 - iv. Needs to be about the work necessary for legislation.
 - d. For January Community Living Advisory Group meeting: overview of study or reschedule?
 - i. What was the original intent? That we would have a recommendation on the next steps or for legislation or not moving forward
 - ii. Julie F- the advisory group has people with many different levels of understanding and knowledge
 - 1. Look at recommendations from the retreat and see how they align with CFC to show the alignment
 - 2. Carol-Helpful if in January to give a link to entire report, brief summary of work, talk about policy work that must be done, and grid this out in some way as we know some of subcommittees are doing this work. Remind that the CFC council is not the only party responsible for this work. Recommendations due at the end of September and should include CFC.

3. Pat Cook mentioned talk with John Barry about expanding past September
 4. Josh-there is a lot of overlap but are concepts that must be applied in several areas. PCP cannot only be provided on waivers. PCP needs to be completed for all services. We can learn from each other. Nothing is independent and things should be worked on in all of the areas without redoing all the work
 5. We really need to start integrating some of these components. CFC impacts thinking things that would occur as a result of waiver simplification. The work needs to be integrated to accomplish movement. At some point integrating into the larger scope of work is a strong consideration
 6. David- after presenting as Carol suggested explain that all the work will be done so that CFC legislation can be introduced for 2015.
 7. Josh-this might be a good compromise. Legislation can lead policy and policy can lead legislation, but we can't wait on either. In order to get legislation must have policy changes made first. Need to lay out a black and white plan, no more reports to study.
- iii. Agreement to get together and work on a plan and present
 - iv. CFC feasibility study sent out last month by Joanne (DDD) and to LTSS list by John Barry
 - v. Martha will schedule meeting with CFC members, it will be sent out to the whole group and then individuals will be sent to represent.
 1. Has retreat documentation been sent out? Yes, it is on the website.
 2. Carol-very interested in understanding what other committees are doing to tackle this work. Committee is currently working on service definitions.
 - a. Need to infuse knowledge base into all the committees
 - b. Identify where work is already occurring and identify rather than just presenting
 - c. Might work through the PDPPC as they have integrated themselves into the other subcommittees.
 3. Julie F-we don't want our work to be dependent on subcommittee recommendations, also ensure there is no duplication of effort and that CFC work is continuing to move forward.
 4. Shannon- how to know all the things that other committees are working on similar to CFC goals.
 - a. MK-there are areas where specific pieces of legislation is being worked on and have committees established
 - b. At CLAG should identify these tasks and ensure that there is movement on these tasks to prevent overlap.
 - vi. We have an outline for our workplan now which has gotten us to this point.
 1. Tyler and Martha will try to determine what other work is being done and in what work groups
 2. Dawn- wants a commitment to the community that we are going to do CFC, this would go a long way. Stating that we will have legislation for CFC....
 - a. Where is the announcement that the feasibility study is done and that the Department is going to do it.
 - b. Commitment from who?

3. Josh- CFC agreed to make written recommendations and the Department would respond in writing to the recommendations
 - a. This should be completely around March and then we can request a response on each recommendation
 - vii. The Department does agree on the concept and goals at a high level, but it is difficult to put in writing what we support as the report is saying that we need to examine the details further
 1. Dawn would like to attempt to draft something
 2. Is there support from the upper echelon, given the mission report, to take the next step forward?
 - a. Policy changes
 - i. Data availability
 - viii. Who should present overview to the CLAG?
 1. Josh should be able to attend as long as he is still feeling well
 2. Carol was volunteered to help
3. Next Steps/ Closing Comments
- Next meeting Monday February 3rd at 1 pm