



Community First Choice (CFC) Council Meeting Minutes
Monday, September 9, 2013
1:00 – 2:30 pm
Department of Human Services
Conference Room 4A&B
1575 Sherman Street
Denver, CO 80203

Greetings (Martha Beavers)

Co-Chairs: Josh Winkler (ADAPT, CCDC, CDDC), Martha Beavers, (HCPF)

Other Attendees: Tyler Deines (DHS-DDD), Bonnie Silva (HCPF), Shannon Zimmerman, Barry Rosenberg (PASCO), Lori Thompson (DHS-DDD), Ellen Jensby (Alliance), David Bolin (Accent on Independence), Randie Wilson (HCPF), Laurie Stevens (HCPF), David Bolin (Accent on Independence), Ed Milewski (CPWD), Dawn Russell (ADAPT), Kira Gunther (Mission Analytics), Ed Kako (Mission Analytics), Julie Rieskin (CCDC), Marijo Rymer (Arc of Colorado), Pat Cook, David Henninger (Bayaud Enterprises)

Phone Attendees: Heather Jones (Mesa County), Louise Delgado (West Central Mental Health Center), Bret Pittenger (HCPF), Cathy Kaufman (Home Care Association), Diana Delgado, Keith Percy (ADAPT), Anita Cameron (ADAPT), Jean Hammes (Alpine Area Agency on Aging), Carol Meredith (Arc of Arapahoe-Douglas), Anaya Robinson (Atlantis)

Open Questions/Concerns: None

August Meeting Notes: No changes.

CFC Council Membership Discussion:

Martha Beavers introduced a discussion about CFC Council membership as the committee enters its second year. Shannon Zimmerman introduced herself and expressed her interest in joining the Council. Martha also discussed other membership changes that may happen. Ellen Jensby from Alliance also expressed interest in joining the Council. There were no objections to Shannon and Ellen becoming members. Martha will update the membership list and post it.

Josh Winkler discussed his role in moving legislation forward. He has been clear that his role as co-chair of the committee is separate from his lobbying effort, and he is not speaking for the Council when the Council has not made clear recommendations. Carol Meredith stated that we need to make it clear that CFC will not mark the end of the DD waitlist. Josh stated that this will be a challenge with the legislature because they do not share the Council's understanding of the underlying challenges. Carol will assist with some talking points around this issue. She also noted the importance of emphasizing services for children. The group thanked Josh for his work and dedication.

CFC Billing Policy Update:

Tyler Deines discussed a CFC Billing Policy Update. He reviewed a handout that helped illustrate the Department's approach to standardizing billing units. To estimate the amount of substitution from Home Health services to Health Maintenance like services, one of the units must be converted so that we are comparing apples to apples. No decisions about billing rates or units have been made, nor will any decisions be made until services are defined. Randie Wilson from HCPF noted that there is no set designation of unit. For example, a session like counseling that happens in 45 minute increments would not have 15 minute units. The group expressed interest in being a part of these discussions. Tyler stated that the group can start discussing billing options and their associated challenges at a future meeting and Martha recommended that the Council include any recommendation they have in this regard in the formal recommendation related to CFC.

CMS Updates:

Martha has been working with Mandy Strom, the regional CMS liaison. CMS thinks it is important to hold stakeholder meetings without their (CMS) attendance. CMS staff are available to answer questions, but the agency believes it is important for states to develop their own plans without CMS staff present.

Martha reviewed HCPF discussion with CMS about the Nurse Practice Act (NPA), which the state can waive selectively. The group will discuss the NPA in the next month's meeting.

Martha discussed services in detail with CMS. CMS reiterated that CFC legislative authority covers certain services, primarily those related assistance with to Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). While CFC can cover personal care services that an individual would receive while on the job, other services related to supported employment are better-suited to a 1915(i) State Plan option.

Martha noted that Oregon has been able to cover some transportation-related services under its CFC program. Martha suggested that that the Council discuss this issue further later in the meeting.

CMS indicated that CFC was not designed to cover mental health services. Instead, those services should be covered by other authorities under the rehabilitation benefit in a Medicaid state plan.

In general, it is up to states to define their ADL and IADLs within the framework provided by the law and rule.

Feasibility Analysis Update:

The CFC Feasibility timeline is moving a little bit slower than initially expected. Mission Analytics will be continuing until the Feasibility Report is finalized. Martha has a draft that is being internally reviewed by HCPF.

The Community Living Advisory Group meets on Monday, October 28th. At that meeting, the Council can give a presentation about the work of the Council. We should plan to report out on CFC even if the report is not yet finalized. The Council does not need to get approval from the Community Living Advisory Group, but it would be good if the Community Living Advisory Group agreed and supported its recommendations. Martha sees this as an important part of the process and the council members agreed. She will also ask for space on the November

agenda. Martha will try to get materials distributed for review a few weeks, if possible, in advance for the CLAG. Josh suggested that it would be good to present and then give the members a month before they vote on it.

The group agreed that they would aim for a formal recommendation for the November agenda, but they will present at the October meeting.

Benefits Discussion:

The CFC Council Benefits Subgroup has been meeting and discussing services in detail. Josh provided a document with a list of current services and services which would be new or are currently pilot services. The Council needs to make formal decisions on current services. The new/pilot services do not currently have cost data for 11/12 so some assumptions would need to be made regarding cost modeling.

Josh Winkler emphasized the need to keep cost estimates from Mission Analytics relatively simple so they can be explained and defended. When the report comes out, the Council can develop a response that includes recommendations about how the cost estimates might be refined.

The group recommended the following existing services be included in CFC:

- **Homemaker:** One member mentioned issues with the word "light" in homemaker. The group had a lengthy discussion about different types of needs. Tyler Deines pointed out that, for CMS, homemaker services include "light" cleaning, while chore services include "deep" cleaning. There was general consensus that an expanded benefit should include deep cleaning, lawn maintenance, and pet care.
- **Personal Care:** The group expressed a desire to keep personal care as broad as possible within the definition of CFC.
- **Behavioral Supports/Services:** These are currently provided to some degree within the DD and TBI waivers. The group agreed to remove the parenthetical descriptor "personal care/health maintenance" within Behavioral Services. Marijo noted that Oregon's definition of behavioral services was good, but it gives the state limited ability to project costs. Tyler stated that for every new service, Colorado will have to make some cost assumptions. The group expressed interest in Behavioral Supports as described in Oregon's plan.
- **Emergency Back-up:** The group reached easy consensus about including this service.
- **Employment:** The group agreed to remove the parenthetical descriptor "personal care/health maintenance" here as well. For reasons the Council reviewed earlier, it is unlikely CMS will permit supported employment per se under CFC, though the group wanted to go on record as supporting the idea. Martha will share CMS reaction to the current definition when received from CMS.
- **Independent Living Skills Training:** The group agreed that training on some aspects of independent living is essential, but there was some discussion about which aspects of training would properly be covered under CFC. Current services include peer mentorship, money management/budgeting, and

training on how to manage direct care workers. These are services provided through independent living centers so this should also be reviewed to avoid duplication.

- **Health-Related Tasks/Health Maintenance:** The group reached easy consensus about including this service, with the caveat that services would have to support ADLs and IADLs.
- **Goods/Services that Reduce Need for Human Assistance:** Allowable goods and services include items such as a microwave, as well as forms of assistive technology. The group discussed the example of a system of video cameras that allows parents to monitor the wellbeing an adult child living alone. The group acknowledged that covered goods would have to be those that are not otherwise covered as durable medical equipment (DME) or other state plan benefit.
- **Respite:** Marijo Rymer emphasized the need to include respite, which for many families is essential to preventing a crisis; others in the group agreed. The group clarified that respite is a benefit for the primary care provider, which makes it different from personal care that benefits the individual directly. Even if respite cannot ultimately be covered under CFC, the group wishes to go on record as supporting it. Oregon K Plan has a good definition that the group can review.
- **Therapeutic Respite**
- **Community Transportation:** A lot of waivers already have transportation under waivers, so there is some data already. There are big issues in rural areas. The group recommends non-medical transportation as described in Oregon's CFC SPA.
- **New and/or Currently in Pilot Stage:** The group agreed that massage, acupuncture, and chiropractic care are unlikely to be covered as individually named services under CFC. The group wonders if this is different if they are services that consumers can choose to purchase with an individual budget (in a tradeoff with other services). By contrast, training on money management (an IADL) seems to fit squarely within the scope of CFC. As noted earlier, the group would like to see routine lawn maintenance and snow removal included, as well as pet care – even if there are currently no data on these services.

The group discussed policies around whether relatives can provide services to individuals. There was some confusion about this issue in Oregon, which CMS has since clarified. Relatives definitely can be caregivers under CFC, but they cannot also be the legal representative for those services. The goal is to reduce conflict of interest. Bonnie Silva explained that Colorado has adopted this distinction in its children's waivers, but this does not exist within long term home health. Some members expressed concern that this could pose a problem for single-parent caregivers.

Next Steps:

Next Meeting Date: Monday, October 7th, 2013