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- 1. Request to increase stakeholder access to speaking at the Medical Services board.** I suggest the Board consider a small change to the agenda which would be ground breaking for public engagement. I suggest allowing public comment at the start of the meeting as it was in the past. It is challenging for caregivers to not know when to schedule coverage for their clients or loved ones. Thanks for your consideration.
- 2. Family Support Services Program issues** at Developmental Pathways, Case management Community Centered Board for Arapahoe, Douglas, Elbert Counties.

It appears, that similar to the groundbreaking Denver Auditor investigation in 2015 at Rocky Mountain Human Services, that Developmental Pathways is commingling funds from state Family Support Services Program (FSSP), local mill levy dollars and private donors. Audit is https://www.denvergov.org/files/assets/public/auditor/documents/audit-services/audit-reports/2015/rockymountainhumanservices_auditreport_dec2015.pdf

Summary article:

<https://www.denverpost.com/2015/12/17/denver-audit-finds-shameful-misspending-for-intellectually-disabled/>

I personally have experienced this in requesting funding for my son's unmet needs.

Also, In my role at Navigating Disability Colorado, I have been witness to dozens of cases where families experience barriers, unclear policies, and confusion by DP staff resulting in extreme stress, wasted time and frustration. I assisted families this summer in accessing funding for HEALTH AND SAFETY SUPERVISION which is not easy to get in reality.

Developmental Pathways mixed in with "certain endowments" and that they have to apply the regs from the endowments????

2. Huge issue with public facing transparency of agency reporting.

- A. Issue with the compare facility function online, <https://cdphe.colorado.gov/find-and-compare-facilities>

Apparently the information is not current since October 2022.

This is on the main page

This is the Find and compare the facilities we regulate.

*Please Note** Due to a system update (as of October 2022) not all completed survey results and occurrences summaries are displaying below as intended. We are actively*

working to resolve this issue. To request specific information please feel free to email: cdphe_hfemsd_records@state.co.us. And the message on that link reads Find and compare the facilities we regulate

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You will also be able to view all occurrence reports submitted within the last 3 years. An occurrence can be a number of different events that are self-reported by healthcare providers. If you would like more information regarding what types of events qualify as an occurrence, please feel free to review the [Occurrence Reporting Manual](#).

So, I went to this link to report this complaint on the HCPF website and got this SALESFORCE error message when I entered my complaint

Authorization Required

You must first log in or register before accessing this page.
If you have forgotten your password, click Forgot Password to reset it.

B. On same topic, there is an issue in rule where Home and Community Based provider agencies are told to submit incident reports to HCPF. HCPF says they don't have staff to get that information in a timely manner over to CDPHE.

Why can't the rule say to submit the information to BOTH HCPF and the CDPHE folks, thus saving labor?

3. Concerns about the move toward Community First Choice

<https://hcpf.colorado.gov/community-first-choice-option>

Community First Choice (CFC)

The HCPF website reads

Community First Choice (CFC), also known as 1915(k), allows states to offer Health First Colorado (Colorado's Medicaid Program) attendant care services on a state-wide basis to eligible members. Through CFC, members would have the option to direct their attendant care services or to receive services through an agency.

Attendant care services are those that assist in accomplishing:

- *Activities of daily living such as eating, dressing and bathing*
- *Instrumental activities of daily living such as shopping and keeping doctor appointments*
- *Health-related tasks such as medication monitoring*

Promoting self-direction is a significant program goal and is detailed in [federal regulations](#). To encourage states to adopt CFC, Congress has authorized a higher federal match on CFC related Health

First Colorado expenditures. Under CFC, Colorado would pay approximately 44% of program costs instead of the 50% it currently pays on most services.

4. Waiver issues needing resolution via rule making

Needs to update some waiver items, I sent to HCPF's Office of Community living and was told these were not a priority, so I am coming here, or asking department to consider these in earnest.

CHRP

-Add group respite (only has individual), and allow unit cost to go up to full individual rate. This aligns with the CES waiver. With the lack of providers, offering a group setting option is important.

-Add Youth Day Services to this waiver, and allow the group rate to allow up to full individual rate (aligning with how group respite works in CES).

-Lack of Program Approved Services Agency, PASA, for CHRP. What can HCPF do to incentivize more participation?

CES

-Change the Youth Day Service group rate to allow up to full individual rate (aligning with how group respite works in CES). Also a group setting allows for skill building with peers, not possible with individual respite. The current group rate is too low to ever be used at only

DD

-Add group respite (only has individual), and allow unit cost to go up to full individual rate. This aligns with the CES waiver. With the lack of providers, offering a group setting option is important. Also a group setting allows for skill building with peers, not possible with individual respite.

5. Provider Capacity for Home and Community Based Services (HCBS) waiver services

It is great to have services on a waiver sheet however it is so difficult to actually access services.

There are few staff that agencies offer to families, usually they expect families and members to source their staff, and have agency onboard them.

This is arduous and then once families do find someone, many of the agencies make it so challenging to do the onboarding. It should not be this hard, what can HCPF do to help?