

Children's Disability Advisory Committee - 2025/08/13

09:54 MDT - Transcript

Attendees

+1 719-***-**00, +1 719-***-**37, +1 719-***-**67, Alisha Singleton, Allicia Maestas, Amanda Archuleta, Amy Crye, Andrew Erhart - CDPHE, Angela Goodell - HCPF She Her, Angela McMillan, Angela R, Angie Goodger - CDPHE, Anissa A Gonzales, Anna Stribling, Anne Brack, Antonia Sainez RN Care Coordinator/CHCO, Aubree McKinney, Bernadette Gien, Bob Barrows, Briana Sinn, Callie Blake, Callie Kerr - HCPF, Cameron Amirfathi - HCPF He Him, Camille Walker, Cassandra Keller - HCPF, Cate Baze, Catrina, cheri scheffel, Chris Russell, Christina, Clarissa, Corinna Barrack - HCPF She Her, Corinne DePersis, Corinne Lipski, Danae Davison, Deborah Bowman, Delaney Bozzo, Dennis, Diana Albor, Donna De La Cruz, Dulce Warren - HCPF, Eileen Saunders - HCPF She Her, Elizabeth Feicht, Elizabeth Freudenthal, Elizabeth's Notetaker, Emily Holcomb - HCPF They Theirs, Emily Silengo, Erika Falconi/PeopleCare, Erin Raven, Erin Seader, Erin Sears - HCPF, Erin Thatcher - HCPF She Her, Eveline Derosia, Flora Martinez - HCPF, Gaby Diaz, Germaine Seufert, Gina Robinson - HCPF, Hailey Anderson, Hannah Wurster, Hanni Raley, Heather Robles, Heidi Johnson Gawey, Henry, hipepunk2, J Rasmussen, Jeanne Shane - RMHS, Jen Hanson, Jenna Kapp - HCPF, Jennifer Cooper, Jennifer Cox, Jerrica Thurston, Jessica Fader, Jill Hampton, Jillian Rivera - HCPF, Jim Ruwwe, Jo-CHCO, Jolene Hartman, Juanita Camacho, Julie Jun - HCPF, Justin Gutierrez, Kacee Lucero, Karin Stewart - HCPF She Her Ella, Karolee Gunning - HCPF She Her, Kate Broderick, Katie Boraz, Kayleigh Sheble, Kelly Aaronson - HCPF, Kevin Ciano-McGee, Krista Yurga, Kristin S, Kristy Frederick, Leah Brines Autism Coordinator, Lori Beemiller-Jeffco CMA, Maria Klickna - HCPF She Her, Marsha Aliaga-Dickens, Mary Stuckwisch - HCPF, Mayela Cardona, McKenzie Lehr, Megan Bowser, Melanie Sanders, Melinda Vanderkooy - HCPF, Milana Prussin, Mitchell Scott - HCPF, Molly Wiley, Monica Staffieri, Myria Normann, PASCO, Nancy Harris - HCPF She Her, Nani Albertson, Natalie Callesen, Nataly, Nichole and Nathan Arp, Nicole Dummett, Nicolette Cordova - HCPF She Her, Nikki K, Nikki Martin, Nikki Mathies, Pam's Notetaker, Pat Carney, Paul Hutchings - HCPF He Him, Perry, Pragya Jain - HCPF, Ptrero Seteravn, Rachel, Rachel Rosa, Richelle Domier, Ruth Webb - HCPF She Her, Sara W, Sara W RN - All for Kids Home Health, Selina M Ostberg, Sharon Davis, Sonya Briggs, sp, Stacey Davis - HCPF, Tara Cardinal, Teresa Lind

Transcript

Stacey Davis - HCPF: All right. Megan, That come through on your end, Megan? Can you see it?

Stacey Davis - HCPF: it?

Megan Bowser: It did. It did.

Megan Bowser: did. It's no joke.

Megan Bowser: It popped up all the warnings for me that we are being recorded, It popped up all the warnings for me that we are being recorded,...

Stacey Davis - HCPF: It? Good. Yeah,...

Megan Bowser: It recorded, which is a good thing because there's lots of people that aren't able to make it, especially with the back to school chaos around us all. So, happy to have you here and happy to have the recording for those that aren't here.

Stacey Davis - HCPF: I May your coffee be Parental units, may your coffee be strong.

Megan Bowser: August and December and May are the crazy months throughout the year. We'll Thank Those of you who have put who you are and who you're with in the chat, keep them coming if you haven't yet. It's always helpful to know who's here. And we'll give everybody one more minute to jump on and then I'll drink more of my chai tea because I'm not a coffee drinker,...

Megan Bowser: Stacey. I've never done it.

Stacey Davis - HCPF: I will forgive you,...

Stacey Davis - HCPF: Megan. And I may also be a little jealous.

Megan Bowser: Looks like we got another notetaker in if you want to kick them out too. All the notetakers. Yeah.

Stacey Davis - HCPF: I can't.

Megan Bowser: Good shot.

Stacey Davis - HCPF: Wait. Where do you see? I'm looking.

Megan Bowser: Pam's notetaker.

Stacey Davis - HCPF:

Stacey Davis - HCPF: I'm looking. Pam, thank you.

Megan Bowser: Cam's notetaker is what it's named. Those things go rogue. Once you sign up for a notetaker, it will join meetings whether you ask it to or not. It's great fun.

Stacey Davis - HCPF: Then here at Hickpuff, we have some IT rules and...

Stacey Davis - HCPF: regulations, but have no fear, the transcript will be made available and so will the recording, provided we all abide by no PHI. Hi.

Megan Bowser: Yep. Awesome.

Megan Bowser: right, it's 10:03, so I think we'll get started officially here instead of chatting while we're here. Though, I love chatting with you all.

Megan Bowser: If you didn't know, precoid, these SEAK meetings were in person where people would come and actually sit together and eat breakfast together. And while I appreciate there not being a need to drive all the places and the logistics, we have a much bigger group than I think we ever had when they were in person. But I miss being able to chitchat with people and run into them and talk to you while eating a muffin. always happy to see you All right, so good morning. It is August 13th, Wednesday, the beginning of the school year, and we are at the Children's Disability Advisory Committee or SEAC. Glad to

have you here and joining us today. We've got some really good speakers today. So, if you do not know, I am Megan Bowser.

Megan Bowser: I'm the executive director at Family Voices Colorado and help facilitate these meetings for healthcare policy and financing aka Hickpuff. So glad to have you here. a couple housekeeping things as we get started. One is please keep yourself muted if you're not actively talking. There's 73 people now. We usually are somewhere around 100 people in these meetings and it gets real noisy real fast if we hear your dog barking and your doorbell ringing and all of those things. So please keep yourself muted. also if you have questions or comments as people are presenting feel free to put those in the chat and they will address them when it's a good stopping point. We'll help to filter through the chat or sometimes answer questions in the chat or you are welcome to raise your hand and when it's a good pausing point we will call on you and you can ask your question live. so we love the engagement piece too.

Megan Bowser: Otherwise, let's see. There are lots lots and lots of acronyms in this world. So, we encourage our presenters to say out any acronyms that they're using. If they fail to do so, feel free to call them out on it. We jokingly say we will charge them a dollar for every acronym they don't and create a retirement fund for me. So, help me raise my funds if they do not say out their acronyms or if I fail to say one out, please call me out on it, too. It's sometimes I miss them as well. and then the other thing that Stacy mentioned briefly is please refrain from sharing private health information or identifying information in this call.

Megan Bowser: So absolutely ask questions, engage, but don't give identifying information about you or your loved ones or their health information on this because we want to record it and put it on the website so people that are not able to be here today are able to watch the recording and due to Hippo rules and other confidentiality things, if you say, "My kiddo whose name is blah blah blah, whose diagnosis is blah blah blah, who is this age, we can't post the recording. So, please refrain from doing that and keep your questions more general and not super specific identifying details. All right. And then the other thing we always just say is this is a really collaborative meeting. Our goal here is not to beat up on any individual person or attack anyone. We are all here to solve problems and If you say, "My kiddo whose name is blah blah blah, whose diagnosis is blah blah blah, who is this age," we can't post the recording. So, please refrain from doing that and keep your questions more general and not super specific identifying details. All right. And then the other thing we always just say is this is a really collaborative meeting. Our goal here is not to beat up on any individual person or attack anyone.

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Megan Bowser: We are all here to solve problems and make the systems better and...

Megan Bowser: make the systems

Megan Bowser: share our individual experiences and work together to problem solve when there are issues and build great things when there are new programs being developed. So please keep focused on the issues and the programs and not the individual people who may be presenting or representing those. All right, I think that's all my housekeeping blurbs and such too. So then we can go ahead and get started. As all if you've been attending in this past year, you've probably learned that sticking to our timelines is not necessarily my strong suit, but I will do my best and I always appreciate when we have a little bit of extra time at the end to flex a little bit if needed. but first up is Stacy who's helping facilitate today too to talk about the Colorado systems of care. Thanks, Stacy. Be glad you're here.

Stacey Davis - HCPF: Absolutely. thanks you all for having me both as leaning in for co-f facilitation with Megan this morning as well as presenting. My name is Stacy Davis. her and I am the system care section manager here at the department of healthcare policy and financing. appreciate everything Megan that you've said. we know that you're here because you may have personal lived expertise in this space. So, it's not that we don't value that or want to hear that. It really is about just being HIPPA compliant so that we can be able to post the recording. so just want to recognize that your personal experiences, your family and your situations are definitely valued in this space and we know that that is the lens in which you come to this meeting even if we have to abide by HIPPA. so just wanted to thank you all for that. and I always like to say Megan hard on problems not on people.

Stacey Davis - HCPF: But whatever little mantra we all need to recognize that we do hard things every day. Both those of us who are parenting in this space, those of us who are providing services in this space, and those of us who are presenting and there's no shortage of moving parts happening both here at Hickpuff at the federal level. So we always want to recognize that too. I hope folks were able to join the Hickpuff annual stakeholder webinar yesterday for those that were of interest. I think Kim did a wonderful job and all of the presenters trying to navigate things that are happening at the federal level, implications for us all here at the state level. and again, just be sure you're keeping track of understanding the impact of potential federal funding cuts to Medicaid.

Stacey Davis - HCPF: it's the best place to start getting that information, but it was a pretty robust stakeholder meeting yesterday and we are thankful for all that were able to attend and our presenters. All right. I'm here to talk to you all a little about COC. That stands for before you count my dollar jar. I don't ever want to be as high as Candace Bailey in the dollar jar. it stands for Colorado system of care. And what are we doing in this space? I'm gonna put a link in chat. I've talked a couple different times about the work and moving parts. a lot of it was in preparation for July one is here. We are now one month and 13 days into the new state fiscal year. So, just wanted to provide you all a little update on the work happening in this space. this came up a lot as we were talking and stakeholdering the Colorado system of care in this space.

Stacey Davis - HCPF: We know that there's a workforce shortage here in Colorado. We know that in year one, we need to build out some pretty specific services. This is the starting point for Colorado system of care. I want to recognize that and name that. we have a six-year implementation plan that is on the website that we've probably talked about in this space a couple times. but I like to remind folks this is the starting point. we have six years to build this out. That does not feel warm and fuzzy to say, but it is the truth. And sometimes you have to lean into the truth even if it's not warm and fuzzy. our rays, those are our regional accountable entities who really oversee the behavioral health capitated benefit.

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Stacey Davis - HCPF: are very active in this space and we are working with them collaboratively on a series of readiness exercises that when I say collaboratively that means hikuff is responding to needs in this is our executing on the space they are reaching out to their current provider networks on who is providing services already we want to be thoughtful to our partners and providers who are active in some of these services already and who of their provider networks would be interested in coming into this space. it's not a commitment. We're not saying yes, they will, but they have interest and we want to link them with the potential funds to support our buildout through the workforce capacity center. We want them to be aware of what we're building out under the Colorado system of care.

Stacey Davis - HCPF: We want them to have strong working relationships with the regional accountable entities. Hickpuff in turn is providing potential provider forums. So in the link that I sent and I can send it out again once I'm done presenting just to make sure that everyone gets it. I'm not a very good multitasker. I'm already having to admit people and this is what you're experiencing in real time and I'm like thank you for the chuckle. I appreciate that. but we're offering potential provider forums. The first series is about any providers who want to come into the enhanced highity rap space that we're building out in KOC. We were lucky enough in partnership with ENIC, which stands for the national wraparound implementation center. That's who we're bringing in to build out enhanced highfidelity rap under KO, Colorado system of care. it's a partnership.

Stacey Davis - HCPF: This presentation is Hickpuff talking a little bit about the Colorado system of care philosophy, how we will be managing the partnership with the workforce capacity and our regional accountable entities. And we're lucky enough to have sometimes two of NWIC's national experts in this space to talk to providers directly about the philosophy, and what they are bringing here in Colorado. so there's at least two more of those opportunities. we would encourage folks to come if you want to join. And now I'm reading questions. Now I'm stumbling. I'm not winning y'all. I will get to that in just a minute. let's see what the question is.

Stacey Davis - HCPF: who would be a potential person to be invited into wraparound. feel free to email I'm going to put an email address up in chat if you have more questions about the Colorado system of care space, how we're the provider network, how you might want to be involved. I'm going to put an email inbox in there. Jerica got it.

Jerrica Thurston: Sorry, just to clarify, because I like to recruit people. So, I was more pertaining like you're inviting people into that space, who would be a good p prospect for that if I'm trying to recruit for those services?

Stacey Davis - HCPF: Meaning employees

Jerrica Thurston: No. It's just because I'm on the system of care, but if we're trying to build the workforce and...

Jerrica Thurston: I could reach out to providers, I was just thinking who would be a potential candidate that we could recruit?

Stacey Davis - HCPF: So, I think there's a couple things at play.

Stacey Davis - HCPF: Thank you for helping me understand your question. I appreciate that. I think there's a couple things at play. it's really connecting a potential provider to the regional accountable entities. what we are building out with the NWIC model and under Colorado system of care it would be a clinical supervisor that supervisor has a ratio of facilitators to do this model to fidelity we want to explore and be creative we know that probably La Colorado this is not a criticism of La Huna it's a populationbased may not be able to sustain an entire

Stacey Davis - HCPF: a wraparound team. So that might not be for a provider who just wants to touch a small space. Maybe they need to partner with a bigger agency. Hey, we can have a facilitator. Can we lean into your supervisor to help build this team out? We're trying to think creatively about maintaining fidelity to the model while just recognizing we have rural communities that deserve access to quality behavioral health care. so we're kind of threading that needle. It may be helpful if you're curious about what this

might look like attend one of these provider forums. that might give you some orientation on who could be a good fit. We will be posting the slide decks both Hickpuff's deck as well as Enwick's presentation on the website. to quality behavioral health care. so we're kind of threading that needle. It may be helpful if you're curious about what this might look like, attend one of these provider forums. It might give you some orientation on who could be a good fit. We will be posting the slide decks, both, Hickpuff's deck as well as Enwick's presentation on the website.

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Stacey Davis - HCPF: We just need

Stacey Davis - HCPF: I had to get permission from Enwick...

Stacey Davis - HCPF: which they granted and then we need to make sure that they go through accessibility review but both portions of the presentation will be available publicly as soon as they go through accessibility. We're also ...

Stacey Davis - HCPF: sorry, Jerica.

Jerrica Thurston: So I'm thinking already care coordinators at pediatrician's office or...

Jerrica Thurston: within organizations maybe I could encourage them to attend these provider forums as so they may have more Work.

Stacey Davis - HCPF: Yep, absolutely. And if nothing else, if it's like, hey, this isn't a good fit for them right now, maybe it's like, we see ourselves in their current business model, how they may want to lean into this space in the future.

Stacey Davis - HCPF: So it could just be an opportunity to learn more. We're also doing the same thing with our MST and FFT intermediaries and experts. So we Can you see it in real time,...

Megan Bowser: That's like MST and...

Stacey Davis - HCPF: Megan? I know.

Megan Bowser: FFT. I don't know those ones.

Stacey Davis - HCPF: Multi-sistemic therapy. \$2. Count me in. MST, multi-cistic therapy, and functional family therapy. we have some established network here in Colorado. We know we don't have enough. we are doing potential provider forums for that work as well. again in partnership Hickpuff presents on system of care philosophy workforce capacity center and the relationships with our regional accountable entities and next steps related to that we have brought in an expert with FFT LLC that's functional family therapy license whatever an LLC is in the business world all do I get a pass on that one Megan

Megan Bowser: I think that one's fair.

Stacey Davis - HCPF: It's officially official. That's what I think it means. and then our intermediary with MST services which is Rocky Mountain MST network here in Colorado. They are putting together Angie. I like it. It's better than anything I came up with. we are bringing them in so that they can present on those two evidence-based models for potential providers. I think there might be three more left in that space as

well through September. we will also be posting the HICO deck, the MST deck, multi-istic therapy, and the FFT functional family therapy decks.

Stacey Davis - HCPF: I got permission from those two, intermediaries. They are proprietary models. so they're going to let us post those on our deck and everything's just going through accessibility. So, we appreciate your patience in that. I'm sure there are other updates that I'm thinking of. Any questions about what the Rays are working on in terms of readiness? I forgot something. our primary population that you all may remember me talking about is children and youth who are discharging from our QRTPS and PRTF and extended stay. That stands for qualified residential treatment provider and ps residential treatment facility. kind of our really high levels of behavioral health residential treatment.

Stacey Davis - HCPF: those QRTPS and PRTFS are really excited about partnering with our regional accountable entities in this tock space. I did some presentations with them. We are going to be having kind of a working group getting our hands dirty a little bit about around children and youth who are currently in these facilities and partnering with the regional accountable entities. Each one of those rays there's four of them have an FTE fully dedicated to this Colorado system of care space.

Stacey Davis - HCPF: So, we're going to be bringing them together to talk about census related needs. I don't like to talk about children in numbers. However, this is important as we think about building out our network. We want providers who come into this space to be successful from a business standpoint and we're working to ensure access. It turns out it's not just about building a workforce. There has to be some strategy and logic around providers business models because we want them to sustain ensuring that children and youth have access and what we're looking at in terms of children and youth entering into QRTPS and discharging and PRTFs as well as discharging. so we are trying to have a thoughtful process and these partners are coming together to help us be thoughtful in this space.

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Stacey Davis - HCPF: So that's another part of readiness that we're doing. I know there are some regional accountable entities in this space. I'm also happy to let them talk a little bit if they would like about their own internal processes.

Megan Bowser: There's another question in the chat that...

Stacey Davis - HCPF: But that's a high level on collectively what they are working on, what HIPPO is working on, and how we are all working together in this space to be thoughtful through our buildout. Was it related to when we were talking about QRTPs and...

Megan Bowser: who oversees these entities. Is it state? Is it BHA?

Stacey Davis - HCPF: PRTFs? Jerica. great. Thank you. So, not just one state entity. Get excited. I am not an expert on licensing and regulations, but I can tell you that for any child or youth who is served in a 24-hour facility that is not a hospital has to be licensed by the Division of Child Welfare, which is within the Office of Children, Youth, and Families, which is within the Colorado Department of Human Services.

Stacey Davis - HCPF: As an example, my son's daycare is licensed by DCW, even though it has nothing to do with child welfare. so yes, the state, depending on what types of services they provide, other state entities like CDPHE, public health, has a role in oversight as well as the behavioral health administration if they are providing substance use services. so yes, the state and a variety of state entities oversee those.

Stacey Davis - HCPF: Great question. And I'm not an expert in that space in case nobody heard. I want to make sure that we're all learning.

Megan Bowser: Love it.

Stacey Davis - HCPF: Jerica, appreciate you being on this journey with us.

Megan Bowser: I don't see any other questions from the Other questions, comments, raise that want to jump in. Regional accountable entities raise.

Stacey Davis - HCPF: Yeah. Don't owe a dollar to yourself, Megan. That'd be bad.

Megan Bowser: Go ahead, Jerica. Sounds good.

Jerrica Thurston: I'm going to hold this because you mentioned the Ray. I do have something to bring up, but I'd like to wait till the end for public comment.

Stacey Davis - HCPF:

Stacey Davis - HCPF: Okay, sounds great. Any other questions about where we're at with Colorado system of care? The amount of alphabet soup we are talking in in this space, how we're trying to be thoughtful to ensure quality and fidelity, to be respectful to providers who want to come into this space and build a sustainable business all while trying to serve in this moment, youth, and families. and recognizing and leaning into this being a six-year buildout and that this is just a starting place. Please hear that. There's exciting things and then there's just some hard stuff.

Stacey Davis - HCPF: All right, I appreciate your time today. let's see. Is our next presenter on? I'm gonna stop sharing. hi. I'm gonna You able to share your screen, Elaine? You can have all the moments.

Eileen Saunders - HCPF She Her: Hi. yes, I can. Just give me one moment and I will get that up.

Megan Bowser: Thanks, Eileene.

Eileen Saunders - HCPF She Her: Yeah, no problem.

Megan Bowser: Yes, we talk about community first choice or CFC that I know has been a big buzz for a while. reality, it's been in the works for a decade or...

Megan Bowser: something crazy like that, but is now actually in place and started in the state. So, excited to hear about updates from you, Elen.

Eileen Saunders - HCPF She Her: Yes, very excited. And let me just hide my presenter view. Can everyone see my screen? Yes. Is that Great. Alrighty. Okay, and let me just hide my presenter view. Perfect. can everyone see my screen? Is that great. Alrighty. ...

Eileen Saunders - HCPF She Her:

00:25:00

Megan Bowser:

Eileen Saunders - HCPF She Her:

Megan Bowser: Sorry, I muted myself and I muted myself and...

Eileen Saunders - HCPF She Her: ...

Eileen Saunders - HCPF She Her: ...

Eileen Saunders - HCPF She Her: Problem.

Megan Bowser: and then couldn't unmute.

Eileen Saunders - HCPF She Her: no problem. no problem.

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: Problem.

Eileen Saunders - HCPF She Her: Hi My name is problem. Okay. Hi My name is Eileen Saunders. I'm from the department and I'm here to talk a little bit about community first choice. I'm from the department and I'm here to talk a little bit about community first choice. so we'll just go quick overview of community first choice and then just an overview of what to expect with the enrollment process this year. All right so for those of you who are new to Community First Choice or CFC for short, it is an optional state plan program that Colorado has chosen to implement and we successfully launched on July 1st, 2025, which is very exciting.

Eileen Saunders - HCPF She Her: So this program allows states to move certain home and community-based waiver services off of those waiver programs and into community first choice where they live on the state plan and are accessible to all waiver members regardless of the waiver program and to state plan members who are eligible who meet an institutional level of care. So, basically, no matter the waiver that you're on, you can access the services listed on the left hand side of this slide you don't have to switch a waiver in order to access CDOS, for example, no matter the waiver that you're on, if you have an interest in home support services, consumerdirected attendance support services, or personal care, what have you

Eileen Saunders - HCPF She Her: can enroll into that service delivery model or service as long as you have the need for that service. but your waiver type will not prohibit you from accessing that service. This is very exciting. we have brought over homemaker personal care, health maintenance activities, supports, home delivered meals, transition setup, personal emergency response system and medication reminders. And then our two participant directed service delivery models in Colorado inhome support services or IHSS and consumerdirected attendant support services or COS. what to expect if you're currently on a community first choice launched on July 1st, 2025.

Eileen Saunders - HCPF She Her: And throughout the next year until June 30th of 2026, members who are currently on a waiver program can enroll gradually into community first choice at their time of continued stay review or CSR. so when your CSR comes up, your case manager should be sending out a communication or a member letter that reviews kind of the key points of CFC. We've been hearing that that member letter hasn't really been making its way consistently to members. So, we're sending out a communication reminder to CAS this month to make sure that they're sending that out along with some

fact sheets. so, you can expect to see that ahead of your CSR meeting. Yes, sorry, Megan. Case management agency. apologize.

Megan Bowser: I get.

Eileen Saunders - HCPF She Her: So, you can expect to see that coming your way. and then at your planning meeting at your case manager should be talking to you about the service options available in community first choice. so for example, if you're currently using personal care or homemaker, your case manager should be informing you that this coming year as you transition your services, you'll receive personal care and homemaker on CFC just as you were before and then you can continue receiving all your other waiver services on your waiver program.

Eileen Saunders - HCPF She Her: So, they should be talking to you about that change. and then you'll continue to go through the waiver eligibility reertification process normally just as it has previously looked and it looks now. We've made no changes to how you continue to reenroll into your waiver program. So, you'll go through that streamline financial eligibility process and then once that's complete, you and your case manager will continue service planning and you'll do service planning for your waiver services and your CFC services together. They'll be on one par. They'll have the same certification period and they'll be, all aligned together.

00:30:00

Eileen Saunders - HCPF She Her: and you'll be able to kind of see all of your services in your care plan together. If you need skilled care you'll have a referral made to the nurse assessor and so the nurse assessor will complete the skilled care assessment and send that back and that will inform the service planning process. And then after that, if you're interested in consu in any participant directed service delivery models, your case manager can help you get set up with those. They can refer you to consumer direct Colorado who can support you in getting enrolled. And I know I think Aaron Thatcher from the department is going to talk at some point during this meeting more about these service delivery options.

Eileen Saunders - HCPF She Her: So, I won't get into detail about them now, but she can help answer any questions about either of those. so, all that to say, services will be transitioning to CFC, but you can absolutely still access them. The access isn't changing. It's just expanding to more members. so your case manager will be talking to you about that at your CSR, and should be informing you of any potential new service options that are available to you. Okay, I'll pause here if there are any questions.

Eileen Saunders - HCPF She Her: And I do have Carol Lee on my team who can help with any questions in the chat, but

Megan Bowser: Let me do a couple that are eligibility related to this and...

Megan Bowser: then we can take a hand too. So, can you clarify for waiver expirations? If a member has a CSR that expires after April 15th and they're getting CNA services, but they don't have a PAR, will they be able to move over earlier since the agency must submit to skilled nurse assessor before that deadline? So, that last group of CSRs that they have to have their PAR in place for CN CNA before they hit their CSR for their waiver, can they access CFC early is the question.

Eileen Saunders - HCPF She Her: ...

Eileen Saunders - HCPF She Her: and this is April 15th of this coming year.

Megan Bowser: Yeah. 2026.

Megan Bowser: Yep. Perfect.

Eileen Saunders - HCPF She Her: I think we have a slide about that and a few slide about long-term home health denials specifically as an exception for enrolling prior to your scheduled CSR. So, I'll answer that in just a second when I have that slide up.

Megan Bowser: Sounds good. And then can you talk about do DD waiver members have access to move to CFC?

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: Great question. so DD waiver members really don't their services mostly overlap with CFC. So they really won't have a reason to access CFC services because they receive all the services that we're bringing over to CFC in their PDM rate. so there are two instances where waiver members may be able to access transition setup services and home delivered meals. but those are kind of more rare circumstances when they're transitioning into their own IRSS.

Eileen Saunders - HCPF She Her: I'm sorry, I know that's an acronym. individual I'm not going to get it right...

Megan Bowser: residential support systems.

Megan Bowser: I don't know what that digital residential placement like not a group home.

Eileen Saunders - HCPF She Her: but correct living their own apartment essentially.

Megan Bowser: Yeah. Yeah.

Eileen Saunders - HCPF She Her: So in those instances,...

Eileen Saunders - HCPF She Her: a DD member can access those CFC services, but we'll mostly be taking those on a case-by case basis. So short answer, DD and CFC won't mix.

Megan Bowser: was good.

Megan Bowser: Okay, Jerica, go ahead and we can go back to the chat. Your hand went down, but you're still muted.

Megan Bowser: You want to wait?

Jerrica Thurston: No, I'm there. Sorry. ...

Megan Bowser: That's all right.

Jerrica Thurston: with service delivery model, is it possible if they do the HMA and the nurse assessor, can they do homemaker personal care through their pasta they've had this entire time and just do the HMA through a home health agency. Yeah.

Eileen Saunders - HCPF She Her: So you're asking...

Eileen Saunders - HCPF She Her: if they can continue to use their PASA for personal care and homemaker and then use a agency for HMA.

Jerrica Thurston: Can it be divided as far as who's delivering those services?

00:35:00

Megan Bowser: I bet Erin will talk about this way more when we talk about service delivery models.

Megan Bowser: I actually am fairly positive this is in her slides.

Jerrica Thurston: And then I do have one more question with the Who is I know the nurse assessor was through their home health agency. Is that how that's set up or is it a complete third party?

Eileen Saunders - HCPF She Her: Great question. So again, I'm not sure, Erin, how much you're planning to get into the nurse assessor, but those questions I'll have to defer to.

Megan Bowser: Go for it.

Eileen Saunders - HCPF She Her: I think if Cassie Keller is on the call, I can have her speak a little bit more to anything pertaining to the nurse assessor.

Cassandra Keller - HCPF: So I'm happy to...

Erin Thatcher - HCPF She Her: I lane.

Cassandra Keller - HCPF: if you want, Megan. So I see a couple questions in there, but the nurse assessor is not someone who was employed by the So previously the home health agency would assess a member for their needs, create a care plan, and then make that request to the URUM vendor a centra saying run this for medical necessity. They authorize the services. Now a third party entity this is Teligen is our vendor they are conducting that assessment to determine the level of need of services of that individual.

Cassandra Keller - HCPF: So it's someone outside of the home health agency that answers your question Jerica.

Jerrica Thurston: Yes. Only...

Jerrica Thurston: because I have low processing speed. So because I got confused when you said a central intelligence. So the outside nurse assessor they send that to who for authorization or for that final

Cassandra Keller - HCPF: So, I'll point you to the department website of the nurse assessor. There's lots of info there, so you can help keep it straight because it can be confusing, but the nurse assessor will assess a member for their needs. The assessment and a recommendation letter based on the assessed needs is provided to the home health agency or the case manager in terms of health maintenance activities. But if we're talking about home health agencies involved, the home health agency then creates their care plan and makes their request to a centra for the authorization of services and...

Cassandra Keller - HCPF: they include that assessment and the letter of recommendation from the nurse assessor in that request and that conducting medical necessity.

Jerrica Thurston: and then you mentioned telegen...

Jerrica Thurston: but I wasn't sure where that played in.

Cassandra Keller - HCPF: That's the company that is the nurse assessor.

Jerrica Thurston: Okay, that's the And then what one more question with thought I had it. this isn't regarding the nurse assessor, but one more question that I had for the CSR. And now I know a lot of case managers are trying to get ahead of it and do the 60 days, but it's putting a lot of pressure on some families with multiple kids because they're doing them back. What is a realistic timeline if families don't want to do the 60 days? for the case manager to have enough time, can they do it within the 30 days before the renew versus the 60 Yeah.

Eileen Saunders - HCPF She Her: Good question, Jerica. And you're just talking about the general CSR process.

Jerrica Thurston: The back to the split. Yeah.

Eileen Saunders - HCPF She Her: So, I know each case management agency has their own timeline for how they conduct CSRs. Some are 90 days ahead and some are 60 days ahead. I don't believe any are 30 days. I think that's too short of a window, but I'll ask my case management agencies to double check me on that, but

Jerrica Thurston: Can I just Yeah,...

Jerrica Thurston: you just remember when this was happening, it was giving people opportunity to enroll early just to not load the system and just kind of break it down. And so it's going to So the answer would be check with the CMA what is their policy 90 or 60 days.

Megan Bowser: Yeah. From a family perspective,...

Megan Bowser: you don't want it less than 60 days. It's going to be super stressful to try to get everything done in less than 60 days.

Jerrica Thurston:

Jerrica Thurston: I know some of these families have multiple kids and if it's way more than the 60 or 90 it's just putting some of these CSR reviews back toback with multiple kids and it's a lot for

Megan Bowser: Cassandra, can I throw one more nurse assessor question for you while you're off camera? So, what's the expected time frame for case managers to reach out to families once referred from the nurse assessor?

Cassandra Keller - HCPF: Yeah, that's a good question. and I don't know that they necessarily would reach out after the referral is made. So, the case manager is conducting their level of care assessment. and then they're going to make that referral to the nurse assessor. They're going to at ter may be modifying the question. But what they'll do is they'll then at that point reach out to the member and say, "Hey, a referral is coming." And we know there's been some confusion about some messaging that came out of Teligen that said hey we've been trying to reach you and maybe they hadn't actually made the phone call yet. we're going to try to reach you. So messaging will come. The case manager's role there is really to say

hey you need to talk to the nurse assessor. They're going to be calling after all of the assessment is completed and the recommendation is there. That's when the case manager really needs to reconnect with the member to go over service planning.

00:40:00

Cassandra Keller - HCPF: they don't necessarily need to reach out to the member after the referral is made. But if you had more to that

Tara Cardinal: So no so for example if I sorry and I probably could have been a little bit more clear but if I am referring from home health into nurse assessor right and let's say the nurse assessor deems that the patient does not qualify for necessarily skilled care but could benefit from IHSS or HMA on that end and so because the case management agency wasn't the one to put in the referral but yet they are going to refer

Tara Cardinal: out to the local case management ncy. at that point, what is the expected time frame for the case management agency to then contact the family to start the next process if they're not going to be getting or...

Cassandra Keller - HCPF: Yeah, good.

Tara Cardinal: Yeah.

Cassandra Keller - HCPF:

Cassandra Keller - HCPF: That is a good question. and I don't know if there's anyone from case management on the call, but really what would have to happen is the member, they would be told, hey, these needs that you were describing are not actually skilled, but you could benefit from things like personal care, homemaker, etc. What then you would want to do it, the member would need to make a referral to the case management agency. that is the step right there that says, "Hey, I want to get assessed for CFC HCBS services." that's where that would take place.

Cassandra Keller - HCPF: And then I don't know the exact I can't speak to the timelines of case management of when they receive a referral and when they have to reach out to a member, but because they have the details of that member,...

Cassandra Keller - HCPF: they would be able to go into the system and find that recommendation letter and get the recommended hours from the nurse assessor there. So, they'd have all of the details, but I can't speak to what those case management timelines are. I'm sorry.

Tara Cardinal: No, you're fine.

Tara Cardinal: And so just to kind of piggyback on that,...

Tara Cardinal: let's say I refer out to the nurse assessor. They, are obviously assessing for all areas of skilled care. the family decides at that point that they want to go through HMA,...

Cassandra Keller - HCPF: Mhm. Yep.

Tara Cardinal: but they're not connected to a case management agency, is the nurse assessor then going to send out to a case management agency or...

Tara Cardinal: is it expected that we do that?

Cassandra Keller - HCPF: No, the member would want to do that...

Cassandra Keller - HCPF: if they decide that they want to receive services from community first choice. They wanted to use a self-directed option if you're talking about inhome support services or seeds, they would need to make a referral to the case management agency. That would not be on you as a responsibility of the home health agency, nor is it the responsibility of Teligen as the nurse assessor.

Tara Cardinal: So, I think there might be some confusion.

Tara Cardinal: I think at one point it was stated that the nurse assessors would be sending those recommendations to the local case management agencies as well. okay,...

Cassandra Keller - HCPF: They'll have access to it.

Cassandra Keller - HCPF: Absolutely. it will live in the system and the case management agencies can access it, but there's no active referral process that's happening there, right?

Tara Cardinal: perfect. So, if it needs to be done,...

Tara Cardinal: then that's where I have more communication with that member to then reach out to their local case management agency. perfect. Thank you so much for clarifying.

Megan Bowser: Okay, I cringe a little bit at myself to even say this,...

Megan Bowser: but I don't want us to get totally derailed by nurse assessor because we could spend another two hours just talking about nurse assessor, especially knowing that the nurse assessor stakeholder meetings are no more. But I put in the chat the office of community living or OCL priority projects office hours meeting that's happening next week which is who we've been directed to ask nurse assessor questions to and/or if we end up with extra time at the end of this meeting. I would love to ask Cassandra all the questions that we have and she has time to answer at that point if possible.

Megan Bowser: But I want to try to keep us focused on CFC...

Megan Bowser: because I know we all have questions about the nurse assessor, but there's other important things going on in the world too. going back to CFC, do you have more slides? Eileen, you want to those and So, going back to CFC, do you have more slides? Eileen, you want to those and...

Eileen Saunders - HCPF She Her: I've got okay, I've got a couple more. okay,...

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her:

Megan Bowser: and stuff?

Megan Bowser: and stuff?

Megan Bowser: and...

Megan Bowser: and stuff?

Megan Bowser: and stuff?

Megan Bowser: then we'll go back to questions from the chat on CFC stuff? and then we'll go back to questions from the chat on CFC stuff?

Eileen Saunders - HCPF She Her: okay,...

Eileen Saunders - HCPF She Her: okay,...

Eileen Saunders - HCPF She Her: okay, and defer and...

Eileen Saunders - HCPF She Her: okay, and...

Eileen Saunders - HCPF She Her: okay,...

Eileen Saunders - HCPF She Her: okay,...

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: okay,...

Eileen Saunders - HCPF She Her: I okay, great.

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: I don't want to take up too much time. so I'll just hit the high points and okay, I don't want to take up too much time. so I'll just hit the high points and...

Eileen Saunders - HCPF She Her:

Megan Bowser: Stuff? Perfect.

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: defer to you. so as far as early enrollments into CFC prior to CSR, we have kind of two criteria for enrollments into CFC before CSR. a change in condition. So current waiver members we've been instructing that case managers that if a member has a significant change in condition before their CSR that may warrant a early enrollment into community first choice.

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her: defer...

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her:

00:45:00

Eileen Saunders - HCPF She Her: So a change in condition means a significant change in the individual's functioning related to an underlying physical or physiological condition. So this may be precipitated by a medical procedure, new diagnosis or destabilization of the underlying condition. So this will warrant an unscheduled 100.2 2 assessment and will usually be indicated with a change in scoring. so in these instances a new 100.2 and...

Megan Bowser: Yes.

Eileen Saunders - HCPF She Her: an enrollment into CFC would be warranted. And for we know that this guidance the language that we have on this slide is not super prescriptive but it's more general in nature and that is by design. We don't want to tailor this too much because we really want case managers to use their best judgment with each case that they're assessing. That being said, if you have any questions about a specific case, Please reach out to the CFC inbox so we can work with you and our case management team on providing you the best guidance possible.

Eileen Saunders - HCPF She Her: It's difficult for us to do that without talking to you directly and privately about the member's case. So, we encourage you to reach out to us because we know, this isn't the most prescriptive, but we don't necessarily want it to be, but we're happy to be here to help guide and answer any questions. And then before I answer Kevin or I go to Megan, you go to Kevin. I just want to do the next slide, which is the long-term home health denial exception, which is another exception for enrolling into CFC early. So, if a member has previously received long-term home health services and was denied, they may request a level of care assessment from their case management agency and if found eligible, they can enroll into CFC.

Eileen Saunders - HCPF She Her: So this situation doesn't technically fit under the change in condition criteria, but our leadership has warranted it as an appropriate exception for or early enrollment into CFC. they have to demonstrate proof of the denial or reduction in long-term home health services to their case manager. and this doesn't apply if a member is voluntarily ending their long-term home health services. So, I hope that helps answer I think one of our first questions about denials coming up this spring. but this language will be posted this week in our CFC memo memo. So, we'll be sure to get that out to everyone.

Eileen Saunders - HCPF She Her: And then this language is also in our CFC frequently asked questions web page...

Megan Bowser: Awesome. And...

Eileen Saunders - HCPF She Her: which is updated frequently usually every week or every other week. So you can always look there if you want to reference this language again of course.

Megan Bowser: then can I ask a quick followup on that and then Does somebody have to go through the whole process of submitting to a centra and getting denied or...

Megan Bowser: if they get the nurse assessor recommendations that say we don't recommend skilled care, is that enough? Yeah.

Eileen Saunders - HCPF She Her: That's a great question.

Eileen Saunders - HCPF She Her: I am going to have to call on either Cassie or a member of our case management team who may or may not be on the call.

Cassandra Keller - HCPF: We may need to take that one back,...

Eileen Saunders - HCPF She Her: I'm not sure.

Cassandra Keller - HCPF: Eileen. I don't know that we discussed that specifically. I think our thought was that it would be the entra denial. but to your point, Megan, it seems a little silly to go through that entire process. when you've got zero coming your way. So, let us take that back.

Cassandra Keller - HCPF: It would make sense, but I don't want to state that yes on the record without some verification.

Megan Bowser: Okay, totally fair.

Megan Bowser: Okay, Kevin, go ahead.

Kevin Ciano-McGee: Thank you, If a member gets denied for long-term home health and then they go on to CFC on their certification period, which may be two, three months, will they have to do another referral to the nurse assessor and another assessment or will that last 12 months and they will just not be in line with their period.

Eileen Saunders - HCPF She Her: So if they're coming off of long-term home health and...

Eileen Saunders - HCPF She Her: enrolling into CFC in a waiver, they'll have a new certification period. Does That's a good question.

00:50:00

Kevin Ciano-McGee: I guess as an some agencies since our pars don't line up at the end of the cert period for let's say PDN or something like that we have to submit prior to the end of their cert period. So then we're seeing where the nurse assessor referral that lasts for 12 months doesn't necessarily align with the certification period of the waiver. And I'm just wondering will they have to resubmit or re reviewed by the nurse assessor when their cert period comes up again?

Eileen Saunders - HCPF She Her: I'm gonna have to Cassie again because that timeline I'm less familiar with the PAR timeline.

Cassandra Keller - HCPF: How much time?

Cassandra Keller - HCPF: How much time is between Kevin?

Kevin Ciano-McGee: It depends.

Kevin Ciano-McGee: It just like for example, we might have a PDM part that ends at the end of August and their certification end date for the waiver is December. And so the PAR for the long-term home health, if they get denied for that, they'll go to CSC, but it won't line with the certification period. And I'm just curious how the nurse assessor will handle that.

Cassandra Keller - HCPF: I think that would be fine if you use that same recommendation letter. I...

Cassandra Keller - HCPF: if needs haven't changed in between that time period, it seems like it would be fine to use that recommendation letter or that denial to go over to CFC and use that to authorize services over there. Yeah.

Megan Bowser: All right,...

Kevin Ciano-McGee: Okay, thank you.

Kevin Ciano-McGee: Who kind of had the case manager discretion...

Eileen Saunders - HCPF She Her: Thanks, Cassie.

Kevin Ciano-McGee: if they have to resubmit for the nurse assessor? Okay, thank you so

Megan Bowser: Delaney question on this.

Delaney Bozzo: Just with Kevin's question, I am a supervisor at Rocky Mountain and we ran into a scenario, yesterday where a kid was referred by their long-term home health agency that has PDN to the nurse assessor because their home health par was up, but their reertification period isn't until next and the nurse assessor obviously came away with the recommendation of moving a lot of stuff over to CFC, but they're not technically eligible for CFC until next February.

Delaney Bozzo: So in this scenario,...

Delaney Bozzo: do we refer the family back to the home health agency to pursue the PDN supports in the interim?

Eileen Saunders - HCPF She Her: So, if I'm hearing you correctly,...

Eileen Saunders - HCPF She Her: this would be a situation where they could enroll into CFC early before February. So, I would ...

Delaney Bozzo: They haven't had a change in level of care.

Eileen Saunders - HCPF She Her: go ahead. And that's okay. I think that the long-term home health denial exception does not have to also be coupled with a change in condition if that makes sense.

Eileen Saunders - HCPF She Her: Yes.

Cassandra Keller - HCPF: And I think...

Cassandra Keller - HCPF: what Eileen is saying is we should clarify it can be for long-term wealth or PDN. I mean I'll say that there's not a lot of I think the reason we didn't make it also for PDN is that personal care is not necessarily a standin for PDN as one is skilled and the other ed. CNA services and personal care are far more alike if you will. but I think yes, if you're seeing that there is a reduction in denial, recommendation that hours be moved over from over to CFC services,...

Delaney Bozzo: Okay, thank Yeah.

Cassandra Keller - HCPF: then that could be considered not a change in condition, but a qualifying factor to enroll early into CFC services.

Eileen Saunders - HCPF She Her: Yeah, exactly.

Megan Bowser: All right,...

Megan Bowser: let's do a couple of the questions from the chat and then we'll get over to Aaron

Megan Bowser: because we're delayed on our timeline like we always are when I'm facilitating as per usual. so it says so to confirm families who are not on a waiver but their child has income based health first Colorado may qualify for CFC and they could be referred to a CMA for assessment for Correct. So...

Eileen Saunders - HCPF She Her: Yes, that's correct.

Megan Bowser: if they're on income based Medicaid, not a waiver, they would still go to the CMA to get CFC.

Eileen Saunders - HCPF She Her: So, anyone who's newly enrolling into CFC, they must go through their local case management agency to start that process,...

Megan Bowser: Awesome. And...

Eileen Saunders - HCPF She Her: that assessment process.

Megan Bowser: then for children going to the new children with complex health needs waiver and CFC, is there guidance from the department on plans for start of care due to the delay in the nurse assessor assessments? So they weren't evaluated by their case manager prior to August 1st. There's a delay in them getting their nurse assessor.

Megan Bowser: How does that play out in terms of them transitioning waiverss and adding CFC services? So, if you've got a September one CSR who has not been evaluated for skilled services yet, what's the plan if they have skilled needs?

Eileen Saunders - HCPF She Her: I would assume.

Eileen Saunders - HCPF She Her: So Cassie, I don't know if you want to jump in on this one, but I would assume they would go through the nurse assessor at this point, right?

Cassandra Keller - HCPF: they would so if we're looking at that I mean we're the nurse assessor and the organization they're prioritizing pars with sooner rather than later par start end dates so prioritizing those with 831 end dates then September 31 end dates so I mean the plan at this point is to get through that backlog and get through those so that there isn't a gap in care we'll be providing more information to case

management agencies on exactly if there is going to be the point where the PAR expires and then there won't be a new one. We're working on an interim solution like a one-month PAR that will bridge that gap. so we'll be providing information to case managers on that but for the time being you would still absolutely submit that referral to learners assessor and the plan they would move to that new waiver.

00:55:00

Eileen Saunders - HCPF She Her: Oops. I'm going to have to take again I don't know any Cas that operate 30 days in advance.

Megan Bowser: That's good.

Megan Bowser: Comment about on the new waiver charts. It looks like community first choice is a waiver on those waiver charts. So, if the wording could be adjusted on the charts that have all the waivers on it to make it clear, CFC is not some questions that were answered. Is there any way families can advocate for a longer term around time for CAS who insist on only doing CSRs 30 days in advance?

Eileen Saunders - HCPF She Her: So I'll take that back to the case management team to confirm. But yeah,

Nikki Martin: It's happening to me and I've heard it for other families, too. happy to discuss offline, but it is frustrating.

Cassandra Keller - HCPF: Nikki, can you say what case management agency that's working 30 days only?

Nikki Martin: I hate to out anybody online if they are here, but it an R, ends with an S.

Cassandra Keller - HCPF: Okay. I think that's helpful because I mean what we hear is that typically they work 90 days.

Cassandra Keller - HCPF: So it's pretty surprising to hear that there is only a 30-day I mean that's a lot for someone to be trying to get accomplished in only 30 days.

Nikki Martin: Yeah. Yeah.

Cassandra Keller - HCPF: But that's helpful and we can take that back to the

Nikki Martin: I originally had my appointment set for August 7th and they canceled it because they have a backlog and they're trying to get the other people who have CSRs even sooner through.

Eileen Saunders - HCPF She Her: Thanks, Nikki.

Nikki Martin: But it's a lot to do and...

Nikki Martin: and they're not budging. So, if I can find ways to help advise other families too on how to advocate effectively to extend that time frame, I'm all for it. Thanks,

Megan Bowser: All right,...

Megan Bowser: two more questions from the chat and then we'll move on. so for long-term health denials, will there be an option for a transitional COB? You might have to tell me that acronym,...

Eileen Saunders - HCPF She Her: What does co be? Okay.

Megan Bowser: Until they can access CFC services. So, you're denied long-term home health and that prompts you being able to act CF access CFC. Is there something to fill the gap?

Cassandra Keller - HCPF: I'm assuming this sounds like it's coming from a helm health agency is a continuation of benefits.

Megan Bowser: Yeah, there you go.

Cassandra Keller - HCPF: And yes, we are looking at if someone receives a denial in long-term home health services not necessarily a continuation of benefit but a transitional period until other services can be al So that information if that in fact is will come out from the Sentra in that denial letter.

Megan Bowser: And then other question, a reduction from current, so this long-term home health exception, would a reduction in hours qualify for this exception also, or does it have to be a reduction from current. So, this long-term home health exception, would a reduction in hours qualify for this exception also, or does it have to be a full denial?

Megan Bowser: denial? count?

Megan Bowser: So, you've been getting eight hours of CNA and you're dropping the two hours of CNA. Does that denial? So, you've been getting eight hours of CNA and you're dropping the two hours of CNA. Does that count?

Megan Bowser: count?

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: I believe it counts.

Eileen Saunders - HCPF She Her: counts.

Eileen Saunders - HCPF She Her: counts.

Eileen Saunders - HCPF She Her: Cassie, I'm gonna defer to you, counts. Cassie, I'm gonna defer to you,...

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: you, but maybe we should take that back. counts. but maybe we should take that back.

Eileen Saunders - HCPF She Her:

Cassandra Keller - HCPF:

Cassandra Keller - HCPF: my brain on exactly that.

Cassandra Keller - HCPF:

Cassandra Keller - HCPF: I think it can be a reduction.

Cassandra Keller - HCPF: But I think, really what we're looking at is a loss of services. we're not trying to inundate the case management either with the agency with new referrals. Yes. So, really, if we're looking for an alternative to fill the gap in services that someone is really interested in having personal care fill in the gap of hours that may be reduced from long-term home health,...

Cassandra Keller - HCPF: But, I think really what we're mostly looking at is that, full production, full loss of services.

Megan Bowser: Deborah, that was your question.

Megan Bowser: Do you want to add more to it?

Deborah Bowman: I just want to add some clarification that I think would actually kind of help with this whole process. So, as a home health agency, the CFC benefits are new for our pediatric population. So, our recommendation is that every member going to have a CSR with the case management agency has CFC added as an option because the whole point of the nurse assessor assessment is to be able to have them ess. So even if they currently have CNA, the point is for the nurse assessor to assess that member and say, "Listen, here's all your options. You can stay with CNA and get six hours. You can go to HMA and get six hours and then you can add two hours of personal care. If we don't add CFC at the beginning when we're doing the CSR, we've lost our window.

01:00:00

Deborah Bowman: At that time, if the nurses recommendations come back and they want to move to CFC, that option is already open and available. So, if we're waiting to add CFC till the end, it seems to be detrimental for everybody and kind of goes against the whole point of this whole process. Please let me know if I'm misunderstanding.

Eileen Saunders - HCPF She Her: Thanks, so I'd like to clarify that we do not encourage any case management agency to enroll members into CFC proactively before understanding their needs. it is not appropriate for members to be enrolled into a program that they're not using services for.

Megan Bowser: Okay. I think it's

Eileen Saunders - HCPF She Her: So I just want to make that really clear that we're not instructing anyone to just put members on proactively just in case they might need them. if your member does end up needing CFC services, the case manager, if they've already completed the 100.2 will need to go back, launch a new 100.2, add CFC in their waiver program, and then close their previous program.

Eileen Saunders - HCPF She Her: We know that that's a little bit more work, and we understand that that's a bit more burdensome. so we're kind of working on ways this year to streamline that, but until then, that is our guidance and we'll have more job aids coming out soon that inform case managers on how to do that.

Deborah Bowman: respectfully that doesn't make any sense.

Deborah Bowman: What is the harm of check marking that they want to do the 100.2 to make sure that they meet the criteria for CFC rather than making the member and...

Eileen Saunders - HCPF She Her: Thanks for your feedback.

Deborah Bowman: the case management agency go through another 100.2.

Deborah Bowman: It seems very inefficient and a waste of time benefits and the whole point of making one assessment for the member. So, I respect Khalific that that's ridiculous.

Megan Bowser: I think the important piece,...

Megan Bowser: Deborah, too, is that they can do a revision at any time to add it. I agree with you. I'm totally on board with you that I don't understand why you wouldn't do it in the beginning, too. But once you've hit your CSR, you could add CFC at any time is really important.

Megan Bowser: And I've heard a couple people say once you hit your CSR, you have to wait a whole year before you could add CFC if you change your mind. And it's important that they can add it at any time after their CSR.

Deborah Bowman: But that's not...

Deborah Bowman: how the case management agencies are understanding it and that's not what I'm getting. So, I'm getting this and I'm sitting on CSR calls three and four times and it's really not efficient.

Megan Bowser: Okay, we'll move on. Jerica, do you have a really fast question? Because we're 20 minutes behind.

Megan Bowser: And I only had a 30-minut buffer.

Jerrica Thurston: No, no,...

Jerrica Thurston: you're just a recommendation to the prior person. many of these CMS don't have clear training on CFC. So, I would encourage you to go to Rocky Mountain's website and then you can email them and a supervisor or a director will reach out you to correct that.

Megan Bowser: Thanks you all. will somebody put the CFC inbox in the chat too so people have that if they didn't get their questions answered? Then Eileen, do you get more for us?

Eileen Saunders - HCPF She Her: That is the bulk of what I was going through today. But yes, Carol, if you can put our email in the chat, please don't hesitate to reach out...

Eileen Saunders - HCPF She Her:

Eileen Saunders - HCPF She Her: if you have any questions. I don't want to take up more time, Megan. So those were the highlights I wanted to hit today. so I appreciate your time.

Megan Bowser: Perfect. Thanks,...

Megan Bowser: Eileen. And thanks everybody. So, please email them if you didn't get your question answered. Sorry that we're behind as always. You all just get used to me. All right, Erin, I'm going to toss it to you to talk about service delivery options as this is a very related conversation to the one we just

Erin Thatcher - HCPF She Her: Hi everybody. I appreciate all of your feedback and I'm just going to acknowledge we appreciate you being here. there's a lot going on right now. thank you. and to those of

you who are dealing with school stuff on top of all of this, hang in there. We're with you. we hear you. so I have 15 minutes, so I don't have a ton of time and we don't have a giant buffer. So, we're going to talk service delivery options, and I'm going to try to manage the slides but I won't be looking at the chat. So, Megan, if I could have your help with that, it would be great.

01:05:00

Megan Bowser: Absolutely.

Erin Thatcher - HCPF She Her: So, we are going to talk Hopefully, it's hold Going back. Okay. Okay, we're going to talk briefly about service delivery models in Colorado. specifically under community first choice, as those are the benefits we're really focused on right now. so I'm just going to share a quick couple of things here. First and foremost, you'll see Consumer Direct Care Network on the slides. They're our training and support vendor for our participant directed options.

Erin Thatcher - HCPF She Her: So, consumerdirected attendant support services and inhome support services. CADS and IHSS and they are a great resource. So, they do a lot of training, a lot of information for all sorts of people, but they train Kate's managers, families, members. so, they're a resource. I'm just going to mention things we share here will also be available at Consumer so, I'm going to skip CFC. Eileen did the CFC thing. We're talking about agency based care versus self-directed care today. you may have some awareness of this, but we're going to use a new kind of I don't know analogy to help describe what this might look like for you. So when I think about agency based care, I'm thinking about a business who provides a service. They have to be licensed and they have to follow state and federal laws in order to ensure their business is viable.

Erin Thatcher - HCPF She Her: Think about like a bus. So, if you're going to the bus stop, the bus comes at a certain time. You get on the bus. the driver is going where they need to go. They follow a certain route. They drop you at a certain stop. and as the, rider, you don't have a lot of say over how the bus operates, who the driver is, where they drive on their route or if they take a detour, you're really along for the ride. So, thinking about agency based care, you're using a business who's established, they have to follow all the regulations and guidelines, and you're relying on that agency to get you the services that you need, but you may not have a lot of say in how those services happen.

Erin Thatcher - HCPF She Her: So, some examples of agency based care in community first choice in our state plan. we've got homemaker, personal care, and then on the certified nurse aid, skilled nursing, and private duty nursing. So, these are all agency based where you have a home care agency who's licensed or certified in the state of Colorado. They do a lot of this work for a lot of different people and they're the entity you can rely on to deliver the care that you need. So, we're going to kind of flip over to IHSS, which is a self-directed model. IHSS is kind of like a ride share in our transportation analogy here.

Erin Thatcher - HCPF She Her: So, imagine if you're on IHSS and you need to go somewhere or do something, you can use your little app and call up a lift and say, "I want to go here at this time. Pick me up." And then you have say over where you're going and when you get picked up, but you may not have control over like the car that the person has or who the driver is. So in this analogy, we're talking about the member is able to work with an agency that is going to do a lot of the back and behind the scenes work to get the services in place, but you have a little bit more control over how those services look and what happens in your day-to-day care. So in IHSS, we do use an agency.

Erin Thatcher - HCPF She Her: So the agency provides 24-hour backup, access to a registered nurse, and independent living core services. Those are all statutoily required. So, they're required by law. and they must be provided by the IHSS agency, but you have a little bit more control because members can hire inter or help with hiring. They can interview, they can supervise, and they have that support of an agency kind of to make sure they get to where they need to go. And lastly, we're going to the other end of the spectrum, which is consumerdirected attendant support services or and SEOs is really in the transportation analogy here. it's a member driving their own car. They have to make sure that their car operates, that they have a license to drive it, that it has air in the tires and it's had an oil change and it's operating safely.

Erin Thatcher - HCPF She Her: They're responsible for ensuring that again they're following the rules of the road and that their passengers are protected in case there's a situation that happens. So in SEAS we don't have an agency we have a member who is the employer and they select hire and train the workers or attendants is what we call them. they have a budget to pay those attendants and then with that comes this flexibility and accountability to figure out how services work for them. but there's a lot of requirements and regulations that the member must follow as an employer. So in the SEAS model the member has the most control but they also have a lot of responsibility.

01:10:00

Erin Thatcher - HCPF She Her: And because there's no agency in place to kind of support them,...

Erin Thatcher - HCPF She Her: they're really on their own. So, I'm going to pause for a moment. This is a lot of information. we'll go into a couple of other points in a minute, but wanted to see if there's questions in the chat.

Megan Bowser: So, all that's in the chat is a thank you for the visual processors.

Megan Bowser: Go ahead, Jerica. Quick question.

Jerrica Thurston: And so I actually met with CFC just to clarify ...

Jerrica Thurston: but just that I have you for more clarification. Can someone if with I guess IHS I'm kind of going back to my original question when someone wants to do an aa and a home health agency is that an option like Thank you.

Megan Bowser: Yeah, they're talking about multiple service delivery models.

Megan Bowser: How do you do it?

Erin Thatcher - HCPF She Her: My,...

Erin Thatcher - HCPF She Her: you know what? I actually have a chart that we're going to get to in a moment. So, thank you. there's a new resource that I'm here to share. So, okay, I'm going to move us along. so we've got two service comparison charts here. this first one is really about kind of employment responsibilities. So you'll see on the left we've got the question and the responsibilities and then we've got three columns. So one is the home care agency. Then we've got IHSS or the IHSS agency and then we have CADS which is again you're doing everything on your own. so it really depends on the model you're using but let me just highlight here for a couple of things.

Erin Thatcher - HCPF She Her: Number one being in IHSS the agency is the employer but the member or authorized representative can help interview people, select their attendance, provide training to them, help with scheduling and figuring out how they want their services to look to-day. but the payroll is done through the agency. So, the agency is really there to kind of help guide you and it's a great way to help kind of get someone into self-direction, especially our pediatric population. they can learn a lot in IHSS that maybe will be useful once they age out of a children's program and become adults and have more authority over their services.

Erin Thatcher - HCPF She Her: And then I'd like to point out here too that SEAS although the member as the employer has to hire and interview and train and do all the things. we do have a contractor that does the payroll. so that kind of administrative accounting stuff that's needed is done by what we call the financial management services or FMS contractor. So you're doing in your agency now, you might be putting your time in The member approves your time sheet and they submit that to the FMS for payment. any questions here?

Megan Bowser: So, how does the AR oversee payment? Do they submit time sheets? How does that pace work?

Erin Thatcher - HCPF She Her: So the member or the authorized representative. So for kids are always going to have an authorized representative. That's the person who will sign time sheets and send us.

Megan Bowser: And then does the FMS get paid out of the SEO budget or from other monies?

Erin Thatcher - HCPF She Her: That's a great question. so we actually have a separate line on the prior authorization to pay for FMS services. it doesn't come out of the budget.

Megan Bowser: All right.

Erin Thatcher - HCPF She Her: Okay, moving along. Okay, this next chart is really looking at some of the requirements we have in Health First Colorado. so on the left side we've got the different specific requirements and then we've got four columns. I did break it up between skilled and unskilled care here and I'm going to walk through each of these lines. so an authorized representative is someone who's volunteering to help with self-direction and it's required for kids. So, an authorized representative is specific to IHSS and...

Erin Thatcher - HCPF She Her: SEDAS. So, if you're just using a CNA benefit or...

Erin Thatcher - HCPF She Her: ZAS. ...

Erin Thatcher - HCPF She Her: if you're just using a CNA benefit or PDN or...

Erin Thatcher - HCPF She Her: PDN or...

Erin Thatcher - HCPF She Her: let's say you just have Homemaker with a traditional agency,...

Erin Thatcher - HCPF She Her: let's say you just have Homemaker with a traditional agency, not IHSS,...

Erin Thatcher - HCPF She Her: not IHSS, you wouldn't need an authorized representative.

Erin Thatcher - HCPF She Her: you wouldn't need an authorized representative.

Erin Thatcher - HCPF She Her: Next is EDDD or...

Erin Thatcher - HCPF She Her: Next is EDDD or...

01:15:00

Erin Thatcher - HCPF She Her: electronic visit verification.

Erin Thatcher - HCPF She Her: electronic visit verification.

Erin Thatcher - HCPF She Her: That's required for all of our benefits.

Erin Thatcher - HCPF She Her: That's required for all of our benefits.

Erin Thatcher - HCPF She Her: Next we have skilled nurse assessor.

Erin Thatcher - HCPF She Her: Next we have skilled nurse assessor.

Erin Thatcher - HCPF She Her:

Erin Thatcher - HCPF She Her: That's for any skilled care. So, it's not going to cover unskilled ncy that's for any skilled care. So it's not going to cover unskilled agency based care. So if you only have personal care, you may not have a nurse assessment. Next is the entra medical necessity review. That is specific to our skilled agency based our CNA, certified nurse aid, licensed practical nurse, registered nurse, and private duty nu And then last we have this thing called the base wage. which you may or may not be familiar with in this meeting, but the base wage is Colorado's minimum wage for direct care workers and it's higher than the local minimum wages in our different municipalities.

Erin Thatcher - HCPF She Her: So, for example, in Denver, we have a higher minimum wage, but we have a base wage of I think it's 1785 maybe per hour, but the base wage is the requirement for the agency or the employer to pay a higher amount to help support direct care work. so, with that, skilled agency based care like we talked about earlier, they do not have to follow the base wage. So that's specific for personal care, IHSS, CADS. All right. We're going to go into a chart and I do have a QR code here in a minute that hopefully will get you to where you need to go if you want to look at it on your own. But this chart was developed not by me or my team, but I believe by the lovely folks in the CFC team.

Erin Thatcher - HCPF She Her: and it's to help us figure out what services you can kind of use to meet your care needs that aren't duplicative. So, a couple of things I'm going to mention. we do have some services on here that are PGM residential services and that's this giant list here. So individual residential supports, services and supports, so IRSS, alternative care facilities or ACFs, several other types of benefits that fall under that d rate. The PDM rate is important because it covers a lot of things that we may not be able to provide in CFC because it's du so here we go. We're going to I will just mention the big chart is big and it doesn't fit on a slide.

Erin Thatcher - HCPF She Her: So, I broke it up a little bit. so hopefully we can kind of walk through what this looks like. So, you first want to think about what services you have or you're interested in using. So, if we look at, for example, community first choice, homemaker, you can have homemaker and pediatric personal care or you could have homemaker and IHSS. you cannot have homemaker with seeds.

Erin Thatcher - HCPF She Her: seeds is going we'll talk about seeds in a minute but if you choose seeds for your services everything is in one little bundle you can't go outside of that for your homemaker personal care services and then you could have IHSS and CFC personal care so this chart again is online we'll give you a QR code so you can get to it but essentially the green check box with the yes means that you could provide techn technically homemaker or your child could have homemaker and pediatric personal care as long as they're not duplicative. Okay, we're going to move on to the next kind of Oops. Hold on.

Megan Bowser: It gave us a little fade. Yeah. Okay.

Erin Thatcher - HCPF She Her: I think I may have I'm missing the CNS one, so I apologize. we'll go to home health and PDN. So, in our service chart here, you're seeing a lot of green yeses. So, you can have long-term home health or PDN with pretty much any of our CFC services. however, if you're using PDM residential, such as through the DD waiver, you cannot have CNA services. you could have RN services or PDN. but otherwise we're really talking about how you're getting your skilled care needs met in conjunction with personal care homemaker. so there is a lot of flexibility. It's just going to depend on what the person actually needs and how they want to staff that. Okay. And then I'm going to go this is the QR code.

Erin Thatcher - HCPF She Her: So, if you want to open your little phone and you can pull it up on your device, it will bring up the giant chart that's available online that has all of the different benefits. but at a high level, CADS has to be in its own little bucket for homemaker, personal care, and health maintenance. if you're using a PDM residential service or...

01:20:00

Erin Thatcher - HCPF She Her: or a PDM service, it is not compatible with our CFC benefits like personal care, homemaker, those sorts of things. Okay. ...

Megan Bowser: Can you clarify on the left side of those charts when it says CFC DOS or...

Megan Bowser: CFC IHSS is that talking about all IHSS or is it just talking about HMA in those categories?

Erin Thatcher - HCPF She Her: so I will just say I did not make this chart. So it's my understanding that we're talking about CFCC dos as a bucket of homemaker personal care and health maint. and...

Erin Thatcher - HCPF She Her: we might need to change this or update it so it's a little bit easier to read. my goodness.

Megan Bowser: ...

Megan Bowser: then one other question is can you clarify the difference between pediatric personal care and agencybased CFC personal care for kids?

Erin Thatcher - HCPF She Her: I will just say I'm really proud of this ability because it's really complicated. I had to learn a lot about pedtric personal care here when I came to the department. so pediatric personal care is a state plan benefit. and there are pediatric personal care requires a 485 and a physician's order. It requires a centra approval for medical necessity. and parents can't be paid care providers. So it's a little bit more difficult to access. Okay, I'll just say that.

Erin Thatcher - HCPF She Her: FC personal care. First, you have to qualify or meet the targeting criteria for CFC. but once you do that, you can have personal care that's determined through case management agency through the direct care services calculator and parents can provide those personal care services.

Megan Bowser: Awesome. Thank you.

Erin Thatcher - HCPF She Her: So in a nutshell, it's easier to use CFC personal care, but both options are available.

Megan Bowser: And then okay, so to clarify, said you can use HMA for home health agency and personal care and homemaker via a PASA.

Megan Bowser: I think the question is can you do HMA through IHSS or can you do HMA through SEOs and still do personal care and homemaker through agency based

Erin Thatcher - HCPF She Her: depends on the self-directed model.

Erin Thatcher - HCPF She Her: So if you do seeds, you cannot have a separate You have to do seeds for homemaker, personal care, and health maintenance. It's like a bucket. You can't go outside of that.

Erin Thatcher - HCPF She Her: If you want to do IHSS and have health maintenance through IHSS and then homemaker through PASA that's licensed, that's possible.

Megan Bowser: got it.

Erin Thatcher - HCPF She Her: Okay. Mhm.

Megan Bowser: Yes for IHSS, no for Cass.

Erin Thatcher - HCPF She Her: I would say there's some more typical situations which the most typical one is if you have private duty nursing and let's say you're really happy with your private duty nurse and that nurse works every night overnight and you've got a par and things are going fine and then you decide now we can do CFC maybe I'll think about changing it up during the day. So you could keep your private duty nurse overnight and then use maybe seeds for the rest of the services. We would take both services into account when developing the care plan.

Megan Bowser: Okay.

Erin Thatcher - HCPF She Her: But you could drive the car and have the bus per overnight. Okay.

Megan Bowser: Then if somebody could put the link to the full chart for the QR code didn't work for everybody. So somebody great Lori thank you Lori from Jeffco CMA. Gotcha.

Erin Thatcher - HCPF She Her:

Erin Thatcher - HCPF She Her: I'm sorry about that. And Please, I'm going to ask a team member maybe to help me with that. I appreciate it. So, we only have a couple of FAQs. what parents or family members provide? And this is a great answer. Parents or family members can provide any of the services we're talking about today. So, homemaker, personal care, health maintenance, certified nurse aid, registered nursing, private duty nursing, can do all of that. the really big question though is are you licensed to

provide that nursing service? If so, you can provide a nursing service. If you you can provide CNA services. All of those folks can provide IHSS or CES services if they want.

Erin Thatcher - HCPF She Her: And then in IHSS, CADS, homemaker, personal care and health maintenance, we have no lenture requirements of the care provider or...

01:25:00

Erin Thatcher - HCPF She Her: the Any questions on this one?

Megan Bowser: I think you're good.

Megan Bowser: Keep going.

Erin Thatcher - HCPF She Her: All right. Service limitations. so what are they? really it comes down to the members assessed needs. So these are individually authorized based on the member and what they need. So if we're talking about the limits in place, we really have two things that are in place across all the benefits we've been talking about and then our home health benefits. So each attendant or caregiver is limited to providing 16 hours of services across benefits per day.

Erin Thatcher - HCPF She Her: So that's in place for all of these. so if I'm working today, I can only provide 16 hours. I can only work 16 hours. And you could have multiple people you're working with, multiple benefits, but you cannot work more than 16 hours. And I think we've got some people that this really might be frustrated. Let me back up. This might be difficult to kind of comprehend how it's going to work for you. I would just think about each person cannot work more than 16 hours. how are you going to do that and be a successful individual in your life or how are you going to sleep? and then secondly, there's a 10-hour per week limit on homemaker services provided by Legally responsible per persons are parents of a minor child or...

Erin Thatcher - HCPF She Her: the spouse of an adult. questions. I saw some chat things coming in.

Megan Bowser: Yeah, it's the one kid or...

Megan Bowser: both. So, if you've got multiple kids and the 16 hours sort of piece, that differentiation between how many hours the kid is qualified for versus how many hours a care provider can do and how many clients

Erin Thatcher - HCPF She Her: So, great question. So, we're not talking about how many hours a member is authorized for. We're talking about the worker cannot do more than 16 hours of care. And I'm working for Josh in the morning and...

Erin Thatcher - HCPF She Her: Mike in the evening. I work as a CNA in the morning and a private duty nurse or a HMA attendant in the evening. it 16 hours per person for the caregiver.

Megan Bowser: And then...

Megan Bowser: if there's not local providers, is there any flexibility or...

Megan Bowser: exceptions to that? Somebody lives in the middle nowhere.

Erin Thatcher - HCPF She Her: I'm going to just say I feel for you.

Erin Thatcher - HCPF She Her: If that's happening, we need to probably get some support so that you have what you need. that being said, we do have an allowance to go over that 16 hours in the event of an emergency. So, if something happens and your care provider can't make it and someone's working more for a little bit of time, we can approve that. I would just say at the agency level, make sure you're documenting that ...

Megan Bowser: All right,...

Erin Thatcher - HCPF She Her: because the health department is surveying and looking at our limit.

Megan Bowser: keep going because we only have one minute left in our buffer.

Erin Thatcher - HCPF She Her: Okay.

Megan Bowser: And Jerica, I don't want to ignore you, but we have to keep going or we will not make it through.

Erin Thatcher - HCPF She Her: I'm just going to bucket things in a little different view here for to close it skilled care options, you have two kind of ways you could get things done. Agency based is going to be our long-term home health, CNA, nursing visits, and private duty ing. In self-direction, our skilled care is health maintenance activities. So you have skilled care options and both self-direction and agency based. And then for unskilled care, we have agency based, which might be homemaker and personal care. And then we have self-direction, which is also homemaker and personal care. So there's a lot of different ways to kind of bundle things up that make sense for you, might make sense for you. and I'm going to skip this and offer representatives. I'm going to skip that. lastly, Consumer Direct is our training and support vendor. They provide a lot of information and support.

Erin Thatcher - HCPF She Her: You do not have to be in SEAS to have them help We have something called information and assistance where you can go get help with enrollment and is CADS right for me?

Megan Bowser: And the 16-hour per day limit applies to CEOs,...

Erin Thatcher - HCPF She Her: I'm not really sure. they are a great resource. So I'd encourage that you reach out to them. Okay. Thank you.

Megan Bowser: too. Correct.

Erin Thatcher - HCPF She Her: There it is. Yep. Okay.

Megan Bowser: All Thank you all so much. Is there somebody put an email in the chat for...

Erin Thatcher - HCPF She Her: Thank you.

Megan Bowser: if people have more questions about this who they can reach out to would be amazing.

Erin Thatcher - HCPF She Her: Absolutely. Yep. I'll put our participant directed programs email in the chat.

Megan Bowser: And I put a shameless plug at the beginning that Erin did an amazing hour plus long presentation for us last week that's on our YouTube. So if you want the long version, go watch that, too. All right. Next up, we have Karina to talk about proposed respite rule revisions.

01:30:00

Megan Bowser: Sorry we're late getting to you, Karina. Thanks for holding on with

Corinna Barrack - HCPF She Her: You are so good,...

Corinna Barrack - HCPF She Her: Megan. Hi everyone. For those of you who don't know me, I'm Karina Bareric. I'm in the office of community living and here to talk to you today about the children's rehabilitation residential program or chirp waiver and proposed new group respite service delivery options. I do have some slides obviously as you can see but I'll start with a little bit of background on this over the past couple years we've had quite a few moving pieces related to respite we had ARPA or American rescue plan act dollars which launched a respite grant which launched a respite evaluation study both of...

Corinna Barrack - HCPF She Her: study, both of...

Corinna Barrack - HCPF She Her: which gave us opportunities to engage with stakeholders and...

Corinna Barrack - HCPF She Her: which gave us opportunities to engage with stakeholders and...

Corinna Barrack - HCPF She Her: collect some direct feedback we had two clear identified areas of work from this first

Corinna Barrack - HCPF She Her: collect some direct feedback. We had two clear identified areas of work from this. First was the addition of therapeutic and skilled respite services to the children's extensive support or CES and chirp waivers that went live last year in March of 24. And also there was a recognized need to expand group respite to the chirp waiver. was the addition of therapeutic and skilled respite services to the children's extensive support or CES and CHP waivers that went live last year in March of 24 and also there was a recognized need to expand group respite to the chirp waiver. families with more than one eligible child are required to use separate providers for each child when accessing respite unlike other waivers like CES which already allows a single group respite provider. So this presents a barrier for CHP families and providers. We're working to resolve it by proposing a group respite option for chirp. Here is what we're proposing.

Corinna Barrack - HCPF She Her:

Corinna Barrack - HCPF She Her: Group respite for chirp would begin January 1 of 26. It would be available to chirp members who live in the family home and who are not receiving habilitation services. It can occur in a home. It can be in the community and would involve the member receiving care alongside other individuals who may or may not have a disability. This would be applicable to unskilled respite. So there are no changes being made to skilled respite or therapeutic respite in this update. The respite unit limits will stay the same. The rate for the group respite will follow the CES model. So it's a negotiated rate and it can be negotiated up to whatever the current individual respite rate is. And there's no provider enrollment changes.

Corinna Barrack - HCPF She Her: So existing unskilled respite providers can begin offering group respite immediately once implemented. In addition to proposing group respite for chrip, we're also taking this opportunity to update several other respite related rules. So we are proposing to first of course add group respite to the chrip waiver. We also want to clarify over the cap respite qualifications and documentation for CES chrip and the children with complex health needs waivers. We want to clarify service delivery locations for the community mental health supports or CHS waiver. And we also want to incorporate respite day limits for the supported living services or SLS waiver to ensure that this service meets the requirement of short-term and temporary. And most importantly, why I'm here today is we want to hear from you.

Corinna Barrack - HCPF She Her: Feedback on these proposed rules will be collected via Google form which will be available by the end of this week on the Hickpuff respite services web page. I'm going to go ahead and put that in the chat. and so yeah, I mean ultimately your input is critical. So we want to make sure that what we're proposing meets the needs of families and providers across the state. Please feel free to share with others. this form will be open until and again, available on the website at the end of the week.

Corinna Barrack - HCPF She Her: There will be a redline document for each section that we're proposing to change and a corresponding form for you to fill out related to that. I might catch up, Megan. yeah.

Megan Bowser: amazing. Thank you.

Megan Bowser: I appreciate it. I was worried we weren't going to have time for public comment at the end, too. and thanks for bringing these. I think it's so important that there's sometimes services end up in one waiver and not intentionally just of how they evolve. So I always love seeing more consistency amongst the waivers in terms of things too. Any questions about respite changes for Karina? If you've got them, I want you to have the chance to ask them. We've got the time. We'll make it. I have one that I've heard recently can respite on the chrip waiver in particular be two on one.

01:35:00

Megan Bowser: So if a member needs two has just really significant needs and...

Megan Bowser: needs two people to provide respite for them at a time to keep them safe. Is that an option on chrip?

Corinna Barrack - HCPF She Her: that would need to be discussed with the residential or...

Corinna Barrack - HCPF She Her: excuse me a residential with the respite agency. Really though I would suggest that if there is a significant behavioral need that therapeutic respite be looked I know that that is the intention of that service truly is to work with individuals who require a significant level of care.

Megan Bowser: Okay, sounds good. And then Jessica has a somewhat related question around respite and EVV rules. So she was told by her agency that they can't make any edits to visits for respite. So they can't adjust it by 15 minutes or adjust it by 30 minutes anymore.

Megan Bowser: that it has to be completely created brand new if that is that something coming from the state side or...

Megan Bowser: probably from the agency side. Do you know anything about that?

Corinna Barrack - HCPF She Her: Jessica,...

Corinna Barrack - HCPF She Her: thanks for pointing that out. I haven't heard this on our side. However, I can give you some information for the EVV inbox and they would be able to help facilitate and answer that question. let me find that email and...

Corinna Barrack - HCPF She Her: give it to you.

Megan Bowser: And then let me do this and...

Megan Bowser: then we'll go to you Jerica. So what changes are taking place for respbit on CES.

Corinna Barrack - HCPF She Her: So Jerick,...

Corinna Barrack - HCPF She Her: I can confirm there are thanks Cassie for putting that in. There are no changes for the CES waiver at this time related to respbit as far as expansion or anything like that. You'll see with the proposed rule updates, we do want to clarify over the cap. So this is over the cap respit request for CES.

Megan Bowser: All right,...

Corinna Barrack - HCPF She Her: There'll be some clarifying language for that proposed prior to Yes.

Megan Bowser: Derek, I do have more question.

Jerrica Thurston: Yeah, I spoke with CFC earlier I think last week and...

Megan Bowser: CFC being Colorado family caregivers, right? Not community.

Jerrica Thurston: yeah ...

Megan Bowser: Yes, the PASA CFC.

Jerrica Thurston: but some of my questions are not always pertaining to me ...

Megan Bowser: Super fun.

Jerrica Thurston: but with other people and just to clarify but it's one to one ratio right for most respit providers versus prior to the change.

Corinna Barrack - HCPF She Her: Are we talking about Turk?

Jerrica Thurston: You're good. and...

Corinna Barrack - HCPF She Her: We're talking about the Turk group delivery.

Jerrica Thurston: but did you say that the complex medical need waiver are there changes on that one as well?

Jerrica Thurston: Is or was that just true?

Corinna Barrack - HCPF She Her: Let me go back just a little bit.

Corinna Barrack - HCPF She Her: So we are proposing to add group respite to chirp. So the chirp waiver specifically which would allow a single provider to provide respite to multiple children in the home multiple members and/or persons without a disability.

Corinna Barrack - HCPF She Her: for the children with complex health needs. We aren't proposing to add group respite at this time. Always happy to take stakeholder feedback on that. but we are proposing with some of these rule revisions to ensure that it's clear that children with complex health needs members can access over the cap respite. Currently, it's not. So you'll see that in the proposed rules.

Jerrica Thurston: Yeah, because I have one family who has a child on the CES and...

Jerrica Thurston: the medical needs. and...

Megan Bowser: Do you have one member on CES and...

Jerrica Thurston: so ideally it's still one to one ratio in that family situation.

Corinna Barrack - HCPF She Her: for the complex health needs waiver.

Corinna Barrack - HCPF She Her: Yes, we don't have a group option for respite for that waiver.

Corinna Barrack - HCPF She Her: However, for CES, there is a group option.

Megan Bowser: one member on chirp both receiving group respite from the same provider at the same time?

Jerrica Thurston: Is that a me question?

Megan Bowser: No, that's for Karina.

Jerrica Thurston: And...

Corinna Barrack - HCPF She Her: That's really what's fueling this is exactly that.

Megan Bowser: Yes. Okay.

Megan Bowser: It doesn't have to be two church members. It could be a church member and a CES member that were both getting grouped once these changes go into place. Great.

Corinna Barrack - HCPF She Her: Exactly.

Jerrica Thurston: why I have it a question about respite when so I have two children with CES and right now I pretty much hired my own help and so right now they're only allowed to do one ratio for CES for respite but they couldn't help me with both heads.

Corinna Barrack - HCPF She Her: No. For CES already has a group option. So, you could have and I just want to make sure I'm understanding the one-on-one, right, Jerica? mean a single provider for the Yeah.

01:40:00

Jerrica Thurston: Yeah. One breast bit to one.

Corinna Barrack - HCPF She Her: So CS already has a group respite option. So you could have a single provider for multiple eligible children.

Jerrica Thurston: That's interesting.

Megan Bowser: Perfect.

Jerrica Thurston: Okay, good to know because I don't think my pasta has that understanding whatsoever. So, thank you

Corinna Barrack - HCPF She Her: Thanks for that feedback. And just so we will be sending out a memo obviously but right now we're just in the stage of trying to get your feedback for these proposed rule updates. Thanks

Megan Bowser: Thank Sarah has another CFC question if somebody from the CFC team wants to answer that in the chat. Otherwise, we will keep going, I think. Thank you, Karina. I appreciate you. All Next up, we have updates about continuous eligibility expansion. This is not a fun update. Go ahead, Emily, if you are on and ready. yeah.

Emily Holcomb - HCPF They Theirs: Hi, thanks for having me. I will go ahead.

Stacey Davis - HCPF: Do you have a deck to share? I know someone's sharing right now.

Emily Holcomb - HCPF They Theirs: Yes, I do.

Stacey Davis - HCPF: Great. ...

Emily Holcomb - HCPF They Theirs: So, I will take over.

Corinna Barrack - HCPF She Her: I'm taking it off. So sorry.

Emily Holcomb - HCPF They Theirs: No, you're good.

Stacey Davis - HCPF: thank you. worries. Sorry, Emily,...

Megan Bowser: Perfect. Yep,...

Stacey Davis - HCPF: for interrupting. Thank you.

Emily Holcomb - HCPF They Theirs: No, you're great. should look good, I hope. But yeah, I'm Emily Hulcom.

Megan Bowser: we got you

Emily Holcomb - HCPF They Theirs: Emily Hulcom. I was here, I believe, in June or early July to discuss the wonderful exciting new expansion on continuous eligibility in our 11:15 waiver. However, some things have changed in that time. So here's an overview of what we had planned on was to expand eligibility for certain Health First Colorado and CHIP members for a specific period of time regardless of those small

changes like income during the typical period. So we planned on expanding for kids from birth until their third birthday. So covered no matter what. And then for kids under three.

Emily Holcomb - HCPF They Theirs: And then for adults, we planned on covering them for 12 months post release from a state detention facility. So these were all approved last November and we expected to launch in January. just put some of the goals on the right. we really hoped to achieve these things, reducing burden and cost on everyone impacted, promoting prevention and early intervention and keeping people stable. But a little bit more we just wanted to share our hopes a little bit in this presentation. So that's why I included a lot of background but we wanted to impact around 10,000 kids getting those earlier diagnosis reducing costs and reducing rates of chronic disease later in life.

Emily Holcomb - HCPF They Theirs: improved outcomes overall and we did see that approximately 20% of kids under the age of three in 2018 through 2019 experience So within that again typical eligibility period going on and off of coverage multiple times and each instance we found could cost up to \$600. So really hoping to save money. But what happened on July 17th is that we got a notification through I think a dear colleague letter or state health official letter saying that they would no longer approve new or renewed 11:15 waivers for continuous eligibility in Medicaid or CHIP programs.

Emily Holcomb - HCPF They Theirs: So we can no longer move forward with the components of what I just described in our 11:15 waiver which was passed through House Bill 231300. and we were preparing to launch in January which is also the date that if renewed which we're hoping for the entire waiver would be active. So, because the renewal is in January and this says any renewed waivers, we can't go forward. This is due to the redetermination language in HR1, the big bill. this doesn't impact what we already had going for continuous eligibility. We want to make sure that's emphasized.

Emily Holcomb - HCPF They Theirs: We have that current 12-month policy for kids under 19 which there's 40% of kids in Colorado are covered and this is a part of our state plan which is why the waiver work doesn't impact it fortunately. Other parts of the waiver are also currently not impacted. We're going forward as expected with the new amendment around health related social needs, nutrition and the other amendments we applied for in 2023 4. Time has gone quickly. it's been a fast couple of years, so we had to pull back all of our efforts around system changes and rules. We're going forward as expected with the new amendment around health related social needs, nutrition and housing. the other amendments we applied for in 202 time has gone quickly. it's been a fast couple of years, so we had to pull back all of our efforts around system changes and rules.

01:45:00

Emily Holcomb - HCPF They Theirs: And...

Emily Holcomb - HCPF They Theirs: and folks

Emily Holcomb - HCPF They Theirs: folks outside of Hickpuff should not really feel any impact from this change since we were unable to implement it. We had done clearly a little stakeholdering like this meeting but we hadn't started training with counties or others who would be impacted. So most of the impact is and really this may impact 10,000 kids per year who would continue to experience interruptions in care and reduced health outcomes through that unstable access. So as a department we are really disappointed happy that we have our 12-month policy and that currently other components are not impacted.

Emily Holcomb - HCPF They Theirs: We're just working as usual, hopeful for the future, but any opportunities for future CE work will be a few years out due to kind of the cycle of our waiver which is a fiveyear cycle. I included some links. We'll make sure you get this deck. we have a hub for federal impact updates. there's been announcements by legislators, so you can kind of stay tuned there. And I'll share the letter, the website, and our email. So, if you have more questions, feel free to reach out to me or the shared inbox that I monitor. quick since I know we're short on time, but go ahead with questions if there are any.

Megan Bowser: I don't see any in the chat yet.

Megan Bowser: It's always this thing we hope there would be that there's not. So, Jerica, go ahead.

Jerrica Thurston: Sorry, the one the 115 and...

Jerrica Thurston: I apologize because I was texting. is that the one where it covers children to prevent that disruption of services under Health First Colorado? Is that what that was saying?

Emily Holcomb - HCPF They Theirs: This is our waiver page.

Emily Holcomb - HCPF They Theirs: So, this is the 11:15 substance use disorder continuum of care waiver.

Jerrica Thurston: That was iPod.

Emily Holcomb - HCPF They Theirs: So no, you're good. We were hoping to keep that continuous coverage kind of like you're saying, but I think maybe we're talking slightly different waivers. yeah. Did that help?

Jerrica Thurston: Yeah, my question was not relevant whatsoever.

Megan Bowser: Yeah. Any other questions on this continuous eligibility piece?

Emily Holcomb - HCPF They Theirs:

Emily Holcomb - HCPF They Theirs: You're fine. No worries. I don't know yet,...

Megan Bowser: I guess my question is if we have to do renewals every six months instead of every year that's coming down the pike. Will that impact the 12 month continuous eligibility that kids already have or do we not know yet?

Emily Holcomb - HCPF They Theirs: but as we get information, you'll probably be informed and I can make sure to let I'm not on that CE policy, but yeah, they are doing some rule work right now that you'll probably see coming up on the next I think rule meeting. minor changes,...

Emily Holcomb - HCPF They Theirs: but I don't know how HR1 will impact that yet.

Megan Bowser: Sounds good.

Megan Bowser: Chris, go ahead.

Chris Russell: I'm wondering if there's any way that a provider can know when a continuous eligibility period for an under 19-year-old started so that there would be some awareness as to how long to expect their program to continue.

Emily Holcomb - HCPF They Theirs: Yeah, that's a good question.

Chris Russell: Does that make sense?

Emily Holcomb - HCPF They Theirs: I know that members are kind of in that typical notification cycle, but I don't know how providers know. So, I can take that back and...

Emily Holcomb - HCPF They Theirs: I think that that would be useful information.

Chris Russell: That would be really useful information...

Chris Russell: because parents often have no idea.

Emily Holcomb - HCPF They Theirs: Yeah, I think that we've done some letter work obviously on this one, but I can try to find the eligibility email if you want to give that feedback, but yeah, the rule making public comment may be a good place to make sure folks also hear that feedback and...

Megan Bowser: Awesome. Thanks,...

Chris Russell: Thank you.

Emily Holcomb - HCPF They Theirs: I can try to get that info, but I think y'all are tuned into rules maybe more than I am even.

Megan Bowser: Appreciate I don't see other questions at this time. Then around that, so then we can move on to public comment. So, if you've got public comment, please keep it to two minutes or less. We've got nine minutes left in the meeting. So, that's two room for four and a half public comments. Or feel free to put it into the chat. Sometimes there's people from Hickbuff staff that are on that can answer questions live. Sometimes it has to be taken back for future comments, but feel free if anybody has public comment. And give a second because we've heard a lot from you, Jerica.

01:50:00

Megan Bowser: But if nobody else jumps in. All right, it's all you.

Jerrica Thurston: Okay, great. So, this is actually pertaining children with disabilities who are losing medical supply AC coverage with what is it called? Rocky Mountain Prime. So, there's children on Health First Colorado with disabilities who were unaware of them being transferred to Rocky Mountain Prime and...

Jerrica Thurston: they're just receiving denials for medical supplies and services. Okay.

Megan Bowser: Yeah, we had this fun thing that happened on the western slope.

Megan Bowser: people got thrown into Rocky Mountain Prime managed care and people in Denver got thrown into Denver Health or Elevate managed care that they all were supposed to be moved back August 1st, but they may not have

Megan Bowser: Then yeah,...

Jerrica Thurston: No, I called them and they said that so you have to call enrollment and request to be transferred back. It's not effective September 1st. However, I said my kids receive weekly and daily services. and they said, " your provider can call this number to request a PAR." That's just not realistic. So, a lot of people are going without services and supplies.

Megan Bowser: it's an ordeal. we've dealt with a lot of this. It's part of the ACC 3.0 that went in. So when they rearranged who the rays were, then some people got thrown onto managed care when they probably shouldn't have been. So Family Voices has been working with the Countable Care Collaborative team to try to stop this from happening in the future. But yes, if you've got specific families that are still stuck and we're not fixed, please let us know and we can help navigate that through because it is a deal.

Megan Bowser: But yes, they can't change it until the first of the next month, which is just craziness. Other public comments. any word on devoting resources to the process eligibility every six months is going to be really stretched with current resources. Yes, we talked briefly with Emily about that, but yes, the renewal every six month is going to be an ordeal that we will all come down. Anybody has comments on that from the state department? All right. if we have members who are on waivers but we're not on the list provided to agencies from the state, how do we find out when their CSR expiration is?

Megan Bowser: So for those that are receiving long-term home health that may switch to community first choice, does anybody from CFC team are related have how agencies can find out when the CSRs are for those clients? I would try reaching out to the CFC email that was sent ear that was put in the chat earlier and see if somebody can answer that for All Anyone know how to find out as a provider if a family is accessing buyin for their Medicaid versus qualifying on typical or MAGI modified adjusted gross income eligibility? Anyone?

Megan Bowser: I know their county human services can tell you, but I don't know if there's an easier way to see that. All right, Molly, go ahead.

Molly Wiley: I just wanted to help The Medicaid provider portal under the child's record should show the procedure code of H5, which is the code for the children with disabilities buyin.

Germaine Seufert: Thank you.

Megan Bowser: Thanks, Appreciate All anybody have a link to a recording for the Hickpuff annual stakeholder webinar was yesterday? Is that recorded and posted anywhere yet?

Megan Bowser: Stacey sounds good.

Stacey Davis - HCPF: I will look and...

Stacey Davis - HCPF: I suspect Yeah,...

Stacey Davis - HCPF: I was going to say next week seems a little more realistic. ...

Chris Russell: No, they sent it out already.

Chris Russell: I already received it this morning.

Stacey Davis - HCPF: they did. my. Let me see what I'll do a little internal digging.

Megan Bowser: Emily put a recording on or a link on there, but I haven't clicked on it to see if they were there. So, Denver Health managed C plan members were switched back on 1. There's a letter going out that will soon be going out from Colorado Access. I wonder so the managed care sort of thing with Rocky Mountain Prime. It looks like the Denver Health people were fixed that switched to Denver Health. I don't know if all the Rocky Mountain Prime people were fixed. So, we may need to circle back on that.

01:55:00

Megan Bowser: So, if you've got Rocky Mountain Prime people that were switched to the wrong one, let us know and we can continue following up.

Stacey Davis - HCPF: Okay, I have a link, Megan, but it's not up yet. I'm sharing the link...

Megan Bowser: Okay, cool.

Stacey Davis - HCPF: because I think it will be posted there when it becomes available.

Megan Bowser: Okay, Dererica, go ahead.

Jerrica Thurston: Sorry, just one real quick because when I called Hickbuff, I actually did the escalation form and someone did reach out to me within two days, which I appreciated, but the person answered the phone instructed me to personally ask my providers if they're enrolled in Rocky Mountain Prime,...

Jerrica Thurston: not realizing that that wasn't a solution. And we half these providers don't accept Rocky Mountain Prime. So, just if there's another avenue, that would be great.

Megan Bowser: Yeah, that yeah,...

Megan Bowser: managed care can be awesome for people that do not have complex needs and get supplies and lots of medications and see lots of specialists and such, but managed care is usually not a great model for people with disabilities. and so we've been try to education on why that's so challenging versus a lot of the messaging is like you're managed care now. Let us help you get connected with providers versus if you've got a disability it's rarely going to work well for you. So, how do we get you off managed care, which is not what the people generally say when you call, which is why we're fighting this battle that happened July 1 for some people.

Megan Bowser: So, yes. All right. 2 minutes left. Any other public comments or things? going twice. Yes, Chris. Go ahead. No, that has been our understanding that once you are switched to managed care,...

Megan Bowser: to managed care, they cannot switch it back...

Megan Bowser: they cannot switch it back...

Megan Bowser: until of the next month,...

Megan Bowser: until of the next month,...

Megan Bowser: which is not great,...

Megan Bowser: which is not great,...

Megan Bowser: not ideal by any means.

Megan Bowser: not ideal by any means.

Megan Bowser: Karen, I know you were in a lot of those calls.

Megan Bowser: Karen, I know you were in a lot of those calls.

Megan Bowser: Do you have in more feedback to give on that to put you on the spot in the last?

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Megan Bowser:

Corinne DePersis:

Corinne DePersis: Sorry, did you say my name, Sorry, did you say my name?

Megan Bowser: I did say your name I did say your...

Corinne DePersis: Megan? Okay.

Megan Bowser: because you were in those calls while I was on vacation, which I so appreciate, but now you're gonna get called out. your name because you were in those calls while I was on vacation, which I so appreciate. But now you're gonna get called out.

Corinne DePersis: Yeah, I really pushed back on the not backdating issue because I agree that that's not But for reasons beyond my understanding, they're not able to backdate. However, people who were switched and if they still are switched to managed care, which is not supposed to be what's going on right now, but I wouldn't put anything beyond anyone, you can find a provider that will see you and you can find a different pharmacist that will provide you with medication so you don't have to pay out of pocket right now. But that does take a bit of work.

Corinne DePersis: So, my heart goes out to those who are in this position. we've tried to jump on this and get it switched back as soon as possible and we were told that everyone was switched back August 1st. So, if that's not the case for you individually, please reach out to Family Voices and we will bring this back up the ladder to make sure that everyone truly switched back.

Meeting ended after 02:40:25 🖐️

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