Children's Disability Advisory Committee - 2025/07/09 09:45 MDT - Transcript

Attendees

+1 303-***-**88, +1 630-***-**97, +1 720-***-**09, Amanda Smith - HCPF, Amy Jones, Amy Pape, Angela Goodell - HCPF She Her, Angela McMillan, Angela R, Anissa A Gonzales, Anne Brack, Antonia Sainez RNCC/CHCO, Aubree McKinney, Brianna Holmes - HCPF She Her, Brittany Goodside - HCPF, C E, Callie Blake, Callie Kerr - HCPF, Cameron Amirfathi - HCPF He Him, Candace Bailey - HCPF She Her, Candice Rivera, Cassandra Keller - HCPF, Chelby Overs, cheri scheffel, Chris Russell, Christina Hopewell, Christina Winship - HCPF She Her Ella, Christine Merriman - HCPF She Her, Corinne DePersis, Corrie Westwood, Craig Lee - HCPF He Him, Dakota Hunter, Dan Zalk, Danae Davison, Danielle Krause - HCPF She Her, Deborah Bowman, Deborah Wetherill - CDPHE, DeeDee Deuter, Devin Myers, Devinne Parsons - HCPF, Donna De La Cruz, Eileen Saunders - HCPF She Her, Elizabeth Feicht, Elizabeth Freudenthal, Elizabeth Romero - HCPF, Emily Walsh - HCPF She Her, Emily Zeigler, Erika Falconi/PeopleCare, Erin Raven, Erin Sears - HCPF, Flora Martinez - HCPF, Genesis Varela, Germaine Seufert, Gina Brackett, Gina Robinson - HCPF, Hailey Anderson, Hanni Raley, hipepunk2, Jenna King, Jennifer Cox, Jennifer Korb, Jennifer Mussaw, Jennifer Pieroni, Jerrica Thurston, Jessica Fader, Jim Ruwwe, Jo M-CHCO, Jolene Hartman, Juanita Camacho, Juli Culver, Julia VanWagenen, Kari Brauer, Karin Stewart - HCPF She Her Ella, Karli Altman - HCPF, Karolee Gunning - HCPF She Her, Katie Boraz, Katie Dobler - HCPF, Katie Wallat, Katrina Appel, Keighcee, Kelly Aaronson - HCPF, Kevin Ciano-McGee, Kristin S, Kristy Frederick, L T, Lauren Smith, Lee Kim, Lila Kimel, Lori Thompson - HCPF, Madeline Quartaro - HCPF She Her, Maggie Kerzan, Mair, Maria Klickna - HCPF She Her, Marsha Aliaga-Dickens, Mary Stuckwisch - HCPF, Mary Vostrejs, Matt Cloven, Matthew Pfeifer - HCPF He Him, Mayela Cardona, McKenzie Lehr, Megan Bowser, Megan G, Megan Malone, Melinda Vanderkooy - HCPF, Melissa Johnson, Mitchell Scott - HCPF, Molly Wiley, Nancy Harris - HCPF She Her, Natalie Callesen, Nataly, Nichole and Nathan Arp, nicole janes, Nikki Martin, Pam Clinefelter, Pat Carney, Paul Hutchings - HCPF He Him, Pragya Jain - HCPF, Rachel Rosa- Jeffco CMA, read.ai meeting notes, Rose, Sara Pielsticker, Sarah Settles, Savana Borland, Selina M Ostberg, Shannon Secrest, Sharon Davis, Sierra Schweig - HCPF, Sonya Briggs, Stacey Davis - HCPF, Stephanie Voss, Susanna Snyder - HCPF She Her, Tammy Arnold, Teresa Lind, Tyler Perkins, Victoria M

Transcript

Stacey Davis - HCPF: Transcribing heat.

Megan Bowser: All right, welcome Good morning. You are here for the Children's Disability Advisory Council, aka Sedak meeting. We're glad to have Thank you for everybody who's put your name and who you're with in the chat already. If you haven't done that, please do. It helps us know who's here, who we're reaching. If you're a parent, put that in there, too. We love to know what your main role or any of those that you serve here. So I am Megan Bowser. I'm the executive director for Family Voices Colorado and we work with Healthc Care Policy and Financing aka Hickpuff to facilitate these meetings every month. So glad to have you here. I'm also a mom of four, two of whom have disabilities.

Megan Bowser: So this is both my professional world and my personal world as just a couple of housekeeping things and then we'll get started here in just a minute. So this one piece to note is at the CAC meeting we are really solutions focused. So we tackle some big issues that are happening in the state. We want to talk about the ways things are working well and the ways things aren't working well and the pros and cons of different policies and strategies and what needs are out there and all of those things, but always want to talk about those things and with a solution focused mindset that we're not here to beat anybody up or to attack anybody. We're here to work together to come up with answers and solutions and make sure everybody's perspective is part of the conversation. So, we're glad you're here to give your perspective.

Megan Bowser: we focus on kids up through the age 20, but have some issues that overlap that kind of 18 year old range too as we go through conversations that happen as our kids grow into adults and what that transition looks like too. But, all things disability Colorado and Medicaid related and children related in the state. I will do a quick reminder for our participants and for our presenters today that if you are using acronyms in your presentation, please define what those acronyms are. We could all talk in crazy alphabet soup and we want to make sure everybody has access to knowing what on earth we're talking about. But we also know the acronyms you will see all over the place. So it's acronyms, just define your acronyms if you're using them.

Megan Bowser: And if not, then we'll charge you a dollar per acronym. This is my retirement fund. I have to get started now on collecting all of your acronym fines. the other piece is we are recording this meeting. We love for these recordings to be able to be posted online on the healthcare policy and financing's website. So those who are not able to make it are able to know what happened and listen to the conversation. But if you share your private health information or your kiddos's private health information, then we can't record it or we can't post the recording because that's violating HIPPA. So please, we love engagement. Ask questions, interact, give comments and feedback, but don't reveal any personal health information or private health information when you do so. All right, I think that's all the things. I always forget.

Megan Bowser: I should have notes on what things to cover, but I'll pop in if there's anything else that we're missing. and then I think Stacy has an introduction to do for us before we jump into our agenda.

Stacey Davis - HCPF: Hi everyone, Stacy Davis, I'm the systems of care section manager here at the department of healthcare policy and financing. I'm very excited to introduce Kelly Arringtonson who is not new to HIPPO but new in the role. Some of you may remember Chris Anderson who worked heavily with Megan as well as our partners across offices here at Hickpuff with Ceck and Kelly will be leaning into that space. this is day two so let's be easy and gentle. Kelly, try not to contribute to Megan's retirement fund. though we have all done that on various occasions. and I think that that's it in terms of reminders.

Stacey Davis - HCPF: I do want to flag and make sure that you are all aware under resources. So you'll see it in this it's posted on the agenda online. I also have some tabs that I can bounce over and show you. I want to make sure that you are all aware of the Hickpuff annual stakeholder webinar on August 12th from 9:00 a.m. to 11:00 a.m. It's going to be a space where to discuss emerging federal threats to Medicaid which I may be of top of mind for folks on this call given last week state budget challenges Medicaid cost trend drivers priorities for fiscal year 2025. So just want to make sure that you all have that link and can hear information timely.

00:05:00

Stacey Davis - HCPF: Also underneath that is a link for understanding the impact of potential federal funding cuts to Medicaid in a website that we are keeping up to date in this sort of everchanging climate. and I also want to recognize that where we may not have all of the answers to questions that folks are asking I think it's important to just hold space that this There are things happening that could be unsettling both on a personal or professional level. impacts to your families to your children. and it's not about political affiliation. it's about the impact on human beings that we serve here at the Department of Healthcare Policy and Financing and…

Megan Bowser: Awesome. Thanks,…

Stacey Davis - HCPF: that you all care about, work with, and are here because of them. So, just want to flag those opportunities for you all.

Megan Bowser: Stacy. Yeah, I frequent that web page on understanding the potential impacts somewhat regularly that I'm always stalking it looking for updates and…

Megan Bowser: such too because there are so many unknowns still at this point. So, I appreciate you flagging those and meet you. I'm glad you're here and look forward to working together.

Stacey Davis - HCPF: Absolutely. Kelly,…

Stacey Davis - HCPF: you want to say anything or just introduce yourself?

Kelly Aaronson - HCPF: Yeah, thank you Stacy and Megan. hi everyone. Good morning. I'm very excited to be a part of this work. I'm coming over from the integrated behavioral healthc care side of Hickpuff. So, in the kind of the same team,…

Megan Bowser: Awesome. …

Kelly Aaronson - HCPF: but really excited to focus on children and youth. And I'm looking forward to connecting with everyone.

Megan Bowser: thanks, And with that, I think we'll get started on the rest of our agenda. So, first we have hopefully a familiar face to many of you, Cassandra Keller, talking about changes to the community connector benefits.

Cassandra Keller - HCPF: Good morning, Good morning, everybody. My name is Cassandra Keller. I am our community options benefit section manager. So, what that means is my teams oversee all of our home and community based services as well as a couple of our state plan benefits, private duty nursing, long-term home health, and pediatric personal care. I am here to talk to you today about a small but significant change that has occurred within the community connector benefit that is available through our children's extensive supports waiver as well as the chirp children's habilitative residential services w program waiver.

Megan Bowser: Nicely done with those helpful acronyms.

Cassandra Keller - HCPF: So the chirp waiver. So as you are aware this benefit is available to children for integration and kind of access to the community. It provides support for an individual for a child to have

paid support caregiver. assist them out in the community. doing typical daily activities, engaging with their community and whatnot. about time is of import to me anymore. I would say two years ago we made a change that allowed parents to begin providing this service to their children.

Cassandra Keller - HCPF: with that we implemented a distinction and with parents being able to provide the service there was a cap on how many hours of service per year and units of service a parent could provide on an annual basis. with that we had a parent procedure code and then a regular procedure code. with the budget climate we saw a significant continued increase in utilization of this service and of that parent provided service with the budget climate and the continued growth of this benefit. We saw way more folks using this benefit than ever before. So it was almost 70% of f of children on the CES waiver utilizing this benefit.

Cassandra Keller - HCPF: no benefit within all of our waiver programs saw that type of utilization as well as the amount of units each individual was utilizing was continuing to grow. So with the joint budget committee approval, the department is implementing a overall annual cap on the number of units one member can utilize in the support plan year. That limit is 280 units per year.

Cassandra Keller - HCPF: so previously the cap was only on the parent caregiver. That cap is now across caregiver. So if you have a parent providing the service and someone else providing that service, both of those caregivers would need to have units kind of assigned to them that fits under that 2080 annual cap. I know that there are some children who need and have been utilizing units over that annual cap. If there is a documented need supported by the assessment that says this individual needs more units, they can absolutely talk to their case manager and the case manager can make that request to HIPPA. So we review those on an individual basis and an individual a youth can exceed that limit with that department approval. You're probably wondering, okay, it's July 1st, this change is implemented. What does that mean?

00:10:00

Cassandra Keller - HCPF: there is no immediate impact to any individual that's like July 1 everybody needs to come into compliance with that cap. What we are doing is doing this on a rolling basis. So similarly to how an individual may enroll into community first choice, it is at the time of their continued stay review. So when a child goes through their reassessment process and goes through and creates their new support plan year, that new support plan would need to fit into that 20080 unit limit. They don't need to. So this person might be utilizing more than 2,000 units right now already has and they still have three months left. That's okay. They can continue to utilize what has been authorized in their existing service plan.

Cassandra Keller - HCPF: But any service plans created after July 1st needs to stick within that 20080 unit limit. I think that will cover all the things this change is effective in our regulations. It is also effective within our waiver agreement with our federal partners.

Megan Bowser: Thank you for that update,…

Cassandra Keller - HCPF: And so, we're in the process of issuing now and making sure case managers have the, resources they need and understanding of how to implement this change at the time of those continued state reviews.

Megan Bowser: Cassandra. I see we've got one hand already. If anybody has questions or comments, feel free to put them in the chat or…

Megan Bowser: raise your hand and we will go through them. Dakota, go ahead.

Dakota Hunter: Can you guys hear me?

Megan Bowser: Yes.

Cassandra Keller - HCPF: We care.

Dakota Hunter: I actually have a couple of questions just because I want to make sure that we're communicating this to case managers and families. so that's full annual cap. It's not like each provider gets that cap correct. It's like you get the 280 units for the entire year and…

Dakota Hunter: then however you divide it amongst the caregivers is up to you.

Cassandra Keller - HCPF: That is correct.

Dakota Hunter: And then I know that obviously 71 start I know case managers have already done service plans maybe for 81 or going to maybe be starting on September 1 start dates.

Dakota Hunter: So should it just be like if you are going to do the CSR make that change now or do they need to go back and revise

Cassandra Keller - HCPF: No, they do.

Cassandra Keller - HCPF: Great question, Dakota. So, unlike with CFC, we weren't implementing this prior to the 71 change where if you were doing your workload, and I don't want to get into the nittyritty details of when and how a case manager's workload. I seem to get in trouble with saying those dates, but if a case manager gets an intake as of today or opens and does a new CSR as of today, they need to stay within that new cap, but they don't need to go back and make any changes to service plans that have already been created. So any new work that they're taking on today needs to fit within that limitation.

Dakota Hunter: Okay, great.

Cassandra Keller - HCPF: Does that answer? Okay. Yep.

Dakota Hunter: And then, sorry if I missed this at the end, but did you say that there was going to be some sort of memo or communication for Puff? Okay,…

Cassandra Keller - HCPF: Yep. We'll be issuing a memo that just really clarifies those timings and…

Megan Bowser: Then in the chat,…

Cassandra Keller - HCPF: dates and explains how and when a case manager can use that exception process.

Dakota Hunter: Awesome. Thank you.

Cassandra Keller - HCPF: You bet.

Megan Bowser: we had one question that our units in 15 minute increments.

Megan Bowser: So yes, so that 2,000 what is it? 80es out to 10 hours a week, but you could use 40 hours in one week and zero hours in three weeks. It's just that balance. Yep.

Cassandra Keller - HCPF: 2080. Yes.

Cassandra Keller - HCPF: Please understand we created the cap based on that type of average, but obviously you can use those units however you see fit. So if it's that you don't really use much because community connectors should not be used in lie of school-based activities and enrichment activities. Let's say you don't really use any community connector during the school year…

Cassandra Keller - HCPF: but you kind of save them all up and use them during the summer. Absolutely okay. You can use them however best suits the needs of the child.

00:15:00

Megan Bowser: And then some questions just to clarify…

Megan Bowser: what services Does it apply to IHSS and CNA and respbit too or what is it for?

Cassandra Keller - HCPF: Absolutely not.

Cassandra Keller - HCPF: This is only applying to the community connector benefit.

Megan Bowser: And then we'll do the last question in the chat and then we'll go to Deborah. When you bring up school, how does this apply for youth on modified days or homeschooled?

Cassandra Keller - HCPF: So certainly not I don't want to get into anything too detailed here and each youth has their own own schedule. What I do want to say is that whether the individual is homeschooled or goes to school and attends school somewhere whatever their days are school-based services in schools should be providing a lot of that enrich engagement with the community. This be in lie of it cannot replace those services. So if the individual is homeschooled there should be enrichment activity that the homeschooling is provided there and then community connector can come in and…

Megan Bowser: awesome. Thank you.

Cassandra Keller - HCPF: supplement just cannot supplant borrowing terms from our American Rescue Plan funding there. So hopefully that helps explain it. I think that came from Matt

Megan Bowser: right, Deborah.

Deborah Bowman: Hello. I just wanted to point out with community connector protective oversight accompanying accompanyment that are now kind of new for the pediatric population. I think that there's some confusion about how all of those interact and there can be some duplication if you look at the definitions of what those are supposed to do for everybody. So, I think just maybe some clarity and making sure that case managers are aware of…

Cassandra Keller - HCPF: Gotcha.

Deborah Bowman: how to use all of those benefits together to give the maximum benefit for a member without duplicating services would be great. in talking to case managers, there's a lot of confusion about some of those

Cassandra Keller - HCPF: I want to make sure we're clear here is community connector is not protective oversight. It is not a supervision. And it is really helping the individual to navigate the community, learn how to be safe in the community, engage with their community members. It is not just an individual paid to be out in the community. And the services really need to be age appropriate. For example, if you have a child who is four years old and you take them to the park, I think most if not all four-year-olds need to have protective oversight and supervision while at the park.

Cassandra Keller - HCPF: they need to have somebody there to make sure that they are being safe. They are engaging with their peers in a safe and effective manner. That is not something that we're paying community connector. That is something that a typical parental activity would be. But if the child is 12 years old, you might have a different story where the child would not necessarily need to have a paid staff person there to make sure that they are being safe and…

Cassandra Keller - HCPF: engaging with their peers in an appropriate manner. etc. So just keeping in mind that those are not what protective oversight and straight protective oversight and supervision is not what community connector for and it's not a replacement for parental activities as well. But I appreciate that Deborah.

Megan Bowser: Thanks, Sandra.

Megan Bowser: Maybe I'm just like a huge chart person, but I would love a chart that's like this is what community connector is.

Cassandra Keller - HCPF: All right.

Megan Bowser: This is what accompaniment is because those are both out of the house assistance. So what makes those different versus this is what respit is versus this I like charts that description to help people break it all down into what. Jerica, go ahead.

Jerrica Thurston: Yeah. So, as far as community connector the thing is my daughter, she has sensory issues and then she has alopement. So, when we do take her out, these are things like we are working on with community connector if we do go to a park. And so, if those are things that we're working on, can we not justify that for community connector?

Cassandra Keller - HCPF: No, I think you can.

Megan Bowser: Any other questions,…

Cassandra Keller - HCPF: It needs to be kind of goal iented. yeah.

Jerrica Thurston: Just in the notes as you log out the time. Okay.

Megan Bowser: comments about community connector and changes? Right.

Megan Bowser: We have in the chat. So that's approximately 140 hours of community connector a year. I haven't done the 10 hours a week.

Cassandra Keller - HCPF: I mean,…

00:20:00

Cassandra Keller - HCPF: I haven't done the math either. I'm trying to Yeah.

Megan Bowser: 10 hours a 52 weeks a year. So no Yeah. 520.

Cassandra Keller - HCPF: 520 hours. Yeah. Thank

Megan Bowser: All right, thanks Cassandra. We appreciate you and this conversation. We will go ahead and move on to our next piece on the agenda. So next we have Christine Marryman talking about private duty nursing. There were two new memos that came out recently. So give us some clarity on this and…

Megan Bowser: what's changing, what's clarifying all the things. Thanks Christine.

Christine Merriman - HCPF She Her: Yes, my name is Christine Marman.

Christine Merriman - HCPF She Her: I am the private duty nursing policy adviser here at the Department of Healthcare Policy and Financing. And we did have a couple of memos that came out. they were posted actually June 26th. and I wanted just to review those real quick to make sure everyone was aware of those. So the first one is policy memo 25-002 and it's titled private duty nursing definition clarification. So this memo's goal is to ensure that there's a consistent understanding and application of the private duty nursing benefit across all stakeholders which also includes our utilization management vendor.

Christine Merriman - HCPF She Her: PDN has historically been defined as skilled nursing services that are more continuous and individualized than those that are provided by standard home health. And that definition can be found in the federal statute as well as our state regulations. So, we're trying to clarify that definition in this memo. specifically that private duty nursing requires direct skilled nursing interventions performed by an registered nurse or a licensed practical nurse. It's really hard not to say all the acronyms. and that these interventions must be clinically necessary and occur at intervals more frequent than every two and a half hours.

Christine Merriman - HCPF She Her: this level of care is distinguished from our intermittent nature of regular home health services where a skilled nursing visit is up to 2 and 1/2 hours. So that is where that time limit came in. and must reflect a need for professional clinical judgment and ongoing assessment to maintain a member's health and to prevent deterioration. So, with this policy memo, we're asking that home health agencies review documentation, including care plans and medical records charting for all members receiving a private duty nursing services and ensure that there is evidence of skilled interventions at that defined frequency of two and a half hours.

Christine Merriman - HCPF She Her: This ensures that private duty nursing hours are authorized based on that medical necessity for more than intermittent nature. I'm going to stop here before I go memo for any questions or any clarification.

Megan Bowser: Yeah, we've got one question in the chat.

Megan Bowser: Does intervention include assessment? It's not clear in the new definition. I think in one spot it says assessment or intervention and another spot it only says intervention.

Christine Merriman - HCPF She Her: It includes both at that …

Christine Merriman - HCPF She Her: where it requires a nurse at either the RN LPN level to make the clinical assessment and then provide any interventions.

Megan Bowser: So if they make the assessment and determine an intervention is not needed, does that count or does an intervention have to be needed for it to count? I think is the question

Christine Merriman - HCPF She Her: I go back to skin assessments. for example, I've seen plan of care that says assessing skin every 2 hours. But then what is that nurse doing? are they changing wet diaper? Are they providing o putting on a medicated ointment? Are they doing some type of positioning? what is happening?

Christine Merriman - HCPF She Her: assessing all in itself we need to have an intervention that goes along with that. Yeah.

00:25:00

Megan Bowser: And Katie wants to clarify it was her questions.

Megan Bowser: Go ahead, Katie. Yes.

Katie Wallat: Yeah, thank you. Can you hear me? Okay, Sorry, I always have to check my mic situation. I hear what you're saying, Christine, but I know also that the medical necessity definition, particularly under EPSDT, includes not having to do a task can still be a medically necessary thing. And PDN has to include assessment because if you think about someone, I'm assessing them for seizure activity. If they have a seizure as a nurse need to intervene, that's one thing. If they have a seizure and I don't need to intervene, that's another thing. And I also need to be there and I have to have the clinical ability to actually assess that person. If they have the seizure, I need to be a nurse so that I can respond to that. And if they don't, still need to be a nurse in case they do.

Katie Wallat: And so I read this memo and was really concerned because it seems to say you have to be intervening. And that doesn't match with the federal and our state understanding of what PDN is.

Christine Merriman - HCPF She Her: I hear…

Christine Merriman - HCPF She Her: what you're saying. but strictly just being in the room waiting for something to happen would be more of a protective oversight type of function rather than an actual assessment for a clinical that provides an actual nursing need.

Christine Merriman - HCPF She Her: So, there would need to be some clarification on…

Christine Merriman - HCPF She Her: what those assessments are and what may need to occur if that is at an RN or an LPN type of level of experience and judgment.

Katie Wallat: I think I'm not understanding…

Katie Wallat: because if I have a kid who has a seizure disorder and…

Christine Merriman - HCPF She Her: Sure.

Katie Wallat: there's protective oversight and then the person has a seizure, what is that person who's not a nurse providing that protective oversight. supposed to be able to do. you can't plan a seizure.

Candace Bailey - HCPF She Her: Christine, you want me to jump in?

Christine Merriman - HCPF She Her: Go ahead.

Candace Bailey - HCPF She Her: Thanks, So, I think the issue here when we're talking assessment, Katie, is we can't say blanket any assessment because what happens is we get documentation that says I'm assessing all day long for things that are really not necessary to have a skilled care nurse's eyes on. essment. I assessed to make sure when my child was young to make sure they were still breathing, to make sure that they weren't choking, all of those things. And so the idea here is to not say a blanket assessment at all times because that can be misinterpreted and taken way too far.

Candace Bailey - HCPF She Her: So we are trying to narrow the scope down to skilled assessments and interventions to make sure that it is clear that it requires clinical training to conduct that assessment. And so that's the difference there and that usually comes with intervention. Seizures is a whole another thing. If somebody has a se has a seizure, people have seizures all the time. They are not required to always have one medical intervention nor a skilled nurse with them at all times. That is not how it works for most people. In fact, they usually have a seizure plan and if somebody has a seizure, they're going to call 911. So, I want to be careful about any sort of blanket terminology around assessments and things like that.

Candace Bailey - HCPF She Her: And so that is what we are trying to do is to make it clear that the assessment has to be something that is a trained clinical assessment intervention versus just regular assessment that happens ongoing for a lot of different things and a lot of different people that could also be occurring from a CNA. So also a skilled trained medical professional but not to the same level as RN. And so we're walking a fine line. We cannot give exact examples of every single scenario because that's just not how humans work, And so we just ask that you guys kind of work with us here a little bit and help us with knowing that there is a line between just basic assessment and then some sort of clinical intervention and oversight and assessment as well. Hopefully that helps.

Katie Wallat: I think it does.

Candace Bailey - HCPF She Her: That's the difference there.

Katie Wallat: I just had one kind of followup which is just like what if you need rescue meds for a seizure and…

Katie Wallat: so you're not calling 911 which is obviously way more expensive for the state for everyone. but you are just providing protective oversight. You don't have the training to provide the medicine. In that case should that person have a PDN?

Candace Bailey - HCPF She Her: If they are providing protective oversight,…

Candace Bailey - HCPF She Her: they have been trained on how to provide rescue medications as well. that happens all the time. There's a seizure plan. I actually personally know people that have seizure plans that have all the individuals around them.

Candace Bailey - HCPF She Her: They are trained to either call 911 or provide the intervention, the rescue medication as well. Mhm.

00:30:00

Megan Bowser: I think we could all spend two hours just talking about this and…

Megan Bowser: we have over the past year spent a lot of time talking about this. I'm with Katie that I think seizures are really complicated and it's really hard to say assessment alone doesn't count because where do you determine whether it's normal assessment? Is my kid choking on their breakfast as a one-year-old who might choke just because they're one or is my kid at extremely high risk of aspiration and needs some significant intervention and has this higher risk?

Megan Bowser: and where is the line between those two things and I think that's where our struggles are happening. So I appreciate the to clarify…

Candace Bailey - HCPF She Her: Yeah. Yeah.

Candace Bailey - HCPF She Her: And it's hard.

Megan Bowser: but it's not perfect.

Candace Bailey - HCPF She Her: And it's hard, Megan, because you're right. Where is the line? And so if you draw the line up here, then everybody comes up here. And we've seen that. We know that's what happens. and we have to be mindful of that. And so how do we put in a dotted line if you will so that we can best serve everybody? And so we cannot provide a single black and white this is how every scenario goes because every single person is different. You guys know that as well better than any of the rest of us, And so, if there is a way that we can provide better clarification without opening the floodgates, if you will, happy to do so. Happy to hear some additional word smithing and ideas if you guys think something is necessary.

Candace Bailey - HCPF She Her: The goal of this is to provide some clarification and hopefully help people realize that we're not talking when we're talking PDN there is not an intervention every 15 seconds of every minute because I know that that has been some of the interpretation and the idea was to help folks realize that okay there's some wiggle room here's what we're looking at we're looking at more frequent and so this should help with a lot of those interpretations and that was our goal and is it going to be 100% black and white for everybody No, but that doesn't exist and you guys know that. but again, if there are specifics as far as words that we can work with you all on, happy to do so going forward. Absolutely.

Megan Bowser: Let me do some questions and comments from the chat and then we can move on to the other memo I think. So one to clarify LPNs are allowed clinical assessment under this definition.

Megan Bowser: My understanding was that was an RNON scope.

Christine Merriman - HCPF She Her: So the difference between the assessment and…

Christine Merriman - HCPF She Her: a nurse can go in and assess vital signs. but as far as doing any type of higher level case assessment no the scope is remaining the same. but a nurse under their scope of services can go in …

Christine Merriman - HCPF She Her: and if they're having, like we said, a seizure can, follow the plan of care and the doctor's orders and follow that.

Megan Bowser: And…

Megan Bowser: then several comments about seizures being unpredictable and the need for someone to have clinical expertise to decide if an intervention is needed.

Megan Bowser: And

Christine Merriman - HCPF She Her: So that again is based on Candace was saying on the individual.

Christine Merriman - HCPF She Her: Every individual is different and that there are seizure plans that can be provided by any family member or friend. But then there are also seizure that do need that clinical judgment that there's a variety of interventions that may be needed that is on the individualized plan of care and when we look at medical necessity and reviewing for prior authorization. So there's a range of what seizure interventions are.

Christine Merriman - HCPF She Her: So that is definitely we can't just blanket say if you have had a seizure then you get a PDN to watch you the entire day right so there are different levels of…

Christine Merriman - HCPF She Her: what can happen for each member

Megan Bowser: That's good.

Megan Bowser: Yeah, there's other questions like, that the point of PDN really helping kids not to be institutionalized. So the comment that this is really the goal is to keep them out of institutions and if they don't have that…

Megan Bowser: then kids are more likely to be institutionalized I think is what they're getting at there in the chat too. So is the seizure action plan something that should be included with the prior authorization request for private duty nursing. Is that a standard thing that they should include?

00:35:00

Christine Merriman - HCPF She Her: it. …

Christine Merriman - HCPF She Her: it's not a required document, but definitely help paint that picture of what's going on for the child or for the member. we can only approve hours based on the documentation that is submitted. So we need to paint that picture of what's actually happening. if there is an intense or complex seizure plan then yes by all means include that because it may not be captured in physician office or adequately in the plan of care.

Christine Merriman - HCPF She Her: So yes definitely if you have that additional information please include that yeah so the next memo is an operational memo 25-046 and…

Megan Bowser: Sounds good.

Megan Bowser: Any other questions, comments on this first memo? Are we technical DD waiver and the developmental disabilities waiver and private duty nursing too? All right. Cut.

Christine Merriman - HCPF She Her: that is titled long-term home health and private duty nursing use in residential habilitation settings and that was also posted on June 26th. so this memo provides updated

guidance regarding the use of long-term home health and private duty nursing services for individuals receiving 24-hour residential habilitation services and supports which is RHSS under the developmental disabilities waiver. So, RHSS is intended to be comprehensive aroundthe-clock support service that includes supervision, protective oversight, health related tasks that do not require a nurse. it also includes medication administration, community integration, and behavioral and habilitative support.

Christine Merriman - HCPF She Her: these services should be tailored to each individual's person-centered support plan and are expected to meet the full spectrum of a member's needs, including overnight supervision. In situations where member's medical condition necessitates skilled care beyond what the habilitation services and which could be complex wound care or ventilator support. then long-term home health or private duty nursing services may be used. However, this must be medically justified, clearly documented in a physician's plan of care and authorized through a prior authorization from the utilization management process. important thing to note is that these services must not be duplicative of what the RHSS providers are already required to deliver.

Christine Merriman - HCPF She Her: So ultimately, RHSS remains the primary vehicle for care with long-term home health and PDN only supplementing it when it's absolutely required and justified. DD waiver and RHSS providers are responsible for ensuring staffing to meet the care needs of the member including delegated nursing tasks that a CNA or lower can provide and providing or coordinating for additional support when necessary. Any questions or…

Megan Bowser: Very. So,…

Christine Merriman - HCPF She Her: clarification needed on that memo?

Megan Bowser: this is for adults that are on the developmental disabilities waiver, who may also have nursing level needs and what that looks like.

Christine Merriman - HCPF She Her: For 18 and…

Megan Bowser: Yes. GRK. Yep.

Jerrica Thurston: Chris Christine, could it be possible just to share your screen so we can view it as you're going through it?

Christine Merriman - HCPF She Her: I can post the memo links directly into the chat so that you can have that for future reference.

Jerrica Thurston: I am on my phone so it's hard to go back and forth just between the chat and the memo on an outside link. and that's what I'm doing, but I'm a visual processor, so I'm trying to follow along, but it's just hard. I have a TBI, so I mean I just didn't know if it would be easier to just share your screen as you read off of it.

Christine Merriman - HCPF She Her: I don't have a presentation let me get

Jerrica Thurston: Yeah, even just if you're reading off the memo, just being able to scroll along cuz it's just hard to keep track of where you're at.

Megan Bowser: Yeah, I think you went through most of it already,…

Megan Bowser: but yes, slides are always super helpful. We had two presentations back toback that didn't have slides,…

Megan Bowser: and I think everybody's like, "When where's the visuals? We need the visuals. So, you're fine. Okay.

Christine Merriman - HCPF She Her: I know.

Jerrica Thurston: Yeah.

Christine Merriman - HCPF She Her: So I know I was like I needed those slide too.

Candace Bailey - HCPF She Her: Megan, that's my fault. I told them they didn't have to do slides. I was like, just have a conversation.

00:40:00

Christine Merriman - HCPF She Her: I was like, "What do you mean no slides?

Candace Bailey - HCPF She Her: You could have had slides.

Christine Merriman - HCPF She Her: This is what I do." …

Candace Bailey - HCPF She Her: I'm sorry everybody. I have slides though in case you're wondering.

Christine Merriman - HCPF She Her: so the operational memo, let me pull that up.

Christine Merriman - HCPF She Her: It does have a handy chart in there, Megan, so you will be, quite pleased with that. okay.

Megan Bowser: I do like charts though.

Megan Bowser: I do have questions about the chart in this memo too as you know I always will.

Christine Merriman - HCPF She Her: I know you always have the best ones. So, all Here is our operational memo. so it goes over the purpose in the audience which I discussed about all the residential habilitation supports services as well as long-term home health and private duty nursing service providers. please let me know if I'm scrolling too fast.

Christine Merriman - HCPF She Her: So, the information this just basically outlines I'm glad that's helping Jerica. Sorry about that. the scope of what is under the DD the developmental disabilities waiver. and what that includes a brief summary there. on this last paragraph has some rule citations. if you wanted to look those Next page talks about the clarification of long-term home health and private duty nursing services that overlap with the RHSS benefit. And then here's our chart. so this is not an all-inclusive list.

Christine Merriman - HCPF She Her: This is just examples of what could be considered under the waiver with this DNA or direct care worker support versus what is permitted by delegation and then what is outside that scope which can be delegated safely to members.

Megan Bowser: Christine, can you define RHSS acronym?

Megan Bowser: I'm residential home.

Christine Merriman - HCPF She Her: facilitation, support and…

Christine Merriman - HCPF She Her: services. It's a mouthful.

Megan Bowser: Very good.

Christine Merriman - HCPF She Her: Yes. Questions,…

Megan Bowser: Thanks. Yeah.

Christine Merriman - HCPF She Her: Megan, on my chart.

Megan Bowser: My question on your chart and then we'll do Molly's question too in the chat is on the tube feeding one because on here tube feeding initial setup troubleshooting complications is marked as a nursing level tasks and…

Christine Merriman - HCPF She Her: Yes. Right.

Megan Bowser: we hear frequently that a CNA can do that anybody can do

Megan Bowser: That's

Christine Merriman - HCPF She Her: So if we have a complicated or…

Christine Merriman - HCPF She Her: a feeding that is not tolerated that needs started and stopped and if there's venting needed if there's a titration of the rate if there are a lot of intolerances that make the G tube feeding something that is not safely considered to be delegated to CNA or lower caregiver than then we would need that nurse. if you have multiple medications that are going in with the tube feeding that could be considered depending on that member could be considered at a nurse level. Right.

Megan Bowser: The initial setup here makes me think, setting up any tube feeding, no matter how tolerated,…

Megan Bowser: is nursing. So that's where you got on this one.

Christine Merriman - HCPF She Her: So that can be clarified.

Christine Merriman - HCPF She Her: Yeah. Yeah. they have an overnight feed for 12 hours. maybe setting up the pump and do or the machine to run at a specific rate, that could be a nurse task if it cannot be delegated. if there's, changing feed rates or maybe you're working on different feeding intolerances, whatever it may be.

Christine Merriman - HCPF She Her: But then the rest of the time for the rest of the 12 hours if there's no complications there's no intervention that needs to happen then that tube feeding could be overseen by the members that the workers that are already in the residential habilitation setting.

00:45:00

Megan Bowser: I think the problem is you don't know…

Megan Bowser: if there's going to be a problem until there's a problem. So that's where we struggle for a lot of these with the tolerance. But we talked about that already. Yeah.

Christine Merriman - HCPF She Her: Right. Yeah. Yeah. there's a lot of when you say intolerance if it's a pattern that happens a lot, but if there's somebody that's been on the same feeding for the past two years, same rate, they get it every night rarely, meaning, maybe once every several months, there's a need to do something different like uncink a hose or whatever it may be, that would be considered tolerated. But if there's that history of we're changing feeds, we're stopping feeds in the middle, that would be seen as somebody who is not tolerating their G ttube and would need some more oversight. So just saying that someone has a G tube feeding does not necessitate the level of private duty nursing for every member. It's dependent on that individual.

Christine Merriman - HCPF She Her: Again, we have that wide variety of members and…

Megan Bowser: Sounds good.

Christine Merriman - HCPF She Her: medical needs range that whole spectrum there.

Megan Bowser: In the chat, Molly asks, "Can you talk about how PDN may or may not impact the residential perdm amount?

Christine Merriman - HCPF She Her: private duty nursing if it is approved and it is outside the scope of what is provided in the residential pdium would not impact that payment to the DD waiver provider. out if it's determined not to be medically necessary at private duty nursing then that those services that are being requested would be included in the PDM.

Christine Merriman - HCPF She Her: So basically if the PAR is approved as being out a PDN level and outside of the scope of what the DD waiver provider can provide then that will be build through the PD PDN…

Christine Merriman - HCPF She Her: but if it's services that should be already included in the residential habilitation then that would not be an additional payment. Thank you.

Megan Bowser: Got it.

Megan Bowser: So, you could get the full PDM and some private duty nursing paid. But if they say private duty nursing is not authorized, we don't think it's medically necessary. the provider who's doing the residential could say, I want a nurse to come in anyways, and I'm going to pay out of my PDM to have that nurse come in.

Christine Merriman - HCPF She Her: Absolutely. and there are ways to go with a case management agency to evaluate the level of PDM that they are on if the member of the family feels that it needs to be adjusted.

Megan Bowser: All another one is there any consideration for administration of controlled substances and medication delegation.

Megan Bowser: Show you.

Christine Merriman - HCPF She Her: That's a great question. it would depend on I don't know. I'm going to phone a friend, Candace or Cassie, on the medication administration of the controlled substances.

Candace Bailey - HCPF She Her: I mean, it really just depends on the controlled substance and we'd have to go back to what's within the scope and what's not within the scope. So, I don't think we can answer that blanketly today, but if you have a specific question, you're welcome to reach out to us directly and we can certainly follow up.

Megan Bowser: All right. then my CNA training said we were not allowed to cut toenails. That was for trained RNs. Is that an example of something that will be waved from the Nurse Care Practice Act so anyone can perform? Same for medications and trait care.

Christine Merriman - HCPF She Her: So, within the scope of practice for a certified nurse assistant,…

Christine Merriman - HCPF She Her: cutting nails is appropriate Unless there is a patient diagnosis or condition such as neuropathy or a bleeding issue that could result if you nicked someone while cutting the nails then it could take the level from just toenail clipping to a much higher level. that is what is not included but blanket overall not clipping nails is that it's within the scope of a CNA. It just would depend on the patient's di diagnosis the orbidities on whether or…

00:50:00

Christine Merriman - HCPF She Her: not that would be something within the scope of a CNA.

Megan Bowser: I'll never forget my kid in the NICU born with really long fingernails and…

Megan Bowser: they were like, Not allowed to trim them." Really long fingernails. So, that's one that's always stuck with me is who's allowed to clip toenails and fingernails and knots? …

Christine Merriman - HCPF She Her: Yeah, it depends on the whole picture of what's going on.

Megan Bowser: and then another similar question to the CNA one about unclogging catheter tubes and having to flush it sometimes. So, what support can be provided for those sort of things like the G2 thing that happen intermittently and unpredictably?

Christine Merriman - HCPF She Her: There would be a plan in place. I would assume with having trained staff at the residential rehabilitation on all the possibilities that and then having the nurse oversight …

Megan Bowser: All right.

Christine Merriman - HCPF She Her: if you do have tasks that are delegated to be able to call and have that nurse assist when there is something of that nature. Great.

Megan Bowser: And then just comments about actually finding inh home nursing is Any other questions, comments about private duty nursing, either clarification or for those on the developmental disabilities waiver. Once going twice. yep. Christina, go ahead.

Christina Hopewell: Hi there. I appreciate the immense pressure that you guys are under to still offer services while maintaining costs, but I would be remiss if I didn't say that so many of the families that we are interfacing with are having PDM hours cut or eliminated entirely. Even though there's documented

complex diagnoses and plans on file, our families are going through multiple denials. And I think that there's just some considerations that need to be taken into account with these memos that are not entirely fleshed out entirely both on the family side and…

Christina Hopewell: also with the delegation. that would make me nervous from a license standpoint.

Megan Bowser: Thanks, Christina.

Megan Bowser: I know it is so complicated. All right, I think we're ready to move on. Candace, you are up talking about all the roles and…

Megan Bowser: responsibilities and the community first choice process such okay nurse assessor.

Candace Bailey - HCPF She Her: Not community first choice.

Candace Bailey - HCPF She Her: I'm not talking about community first choice. I'm talking about nurse assessor.

Megan Bowser: Yes,…

Candace Bailey - HCPF She Her: Don't make me do that. I'm not ready to do that one.

Megan Bowser: I know the nurse assessor meetings have more people than community for choice meetings.

Candace Bailey - HCPF She Her: They do. which just means everybody is super excited and super committed which is great. although I was a little bummed yesterday we were under which is the first time in several months that I've been under sad for me. I think everybody's on vacation. I do have slides and I'm going to work on presenting my slides. I never present my slides so forgive Give me just a second. I don't slideshow. Here we go. my goodness.

Candace Bailey - HCPF She Her: I don't know what that means. It gave me too many options. Okay, now I'm going to show my screen. Can you guys tell? I never actually do this.

Megan Bowser: And the different programs are all a little bit different and what buttons you have to push and where.

Candace Bailey - HCPF She Her: I know. Thank goodness this is Google and I'm used to Google. you put me on Teams and I'm not even going to get off mute. I'm just going to warn you now. cannot do Teams. All right. thank you so much, Megan. My name is Candace Bailey. I am the HCBS division director within the Office of Community Living, and I am going to talk about the different roles for, the nurse assessor program. yes, it worked. So, I'm going to go through the case manager process, the home health agency process, and then, the telegen process as well. So, the different processes for the three different entities essentially when we're talking nurse, assessor.

00:55:00

Candace Bailey - HCPF She Her: for those of you who are not aware, I probably should have started with an intro slide around what moving too quickly, my apologies. The nurse assessor program is a new program that will begin August 1st. It has not started just yet. It will begin August 1st and where we have

a thirdparty vendor, Teligen, who is going to be conducting a skilled care acuteity assessment. So they will go through and conduct an assessment for all members to help them identify what skilled care needs they have and help educate them on their various ways that they can get those needs met. so this is a singular process that will streamline so everybody can be assessed for all of the services at once instead of private duty intermittent nursing CNA over here, and potentially self-direction over here.

Candace Bailey - HCPF She Her: so the idea is really to streamline things and help members understand how they can get their needs met all at one time, but it is new and I know anything new is hard and challenging. so I understand that completely. So I'm going to start with the CMA stands for case management agency. for members so for the case management agency process this is specific to health maintenance activities which is a service under consumerdirected support two different delivery options. So these are self-directed services and this HMA health maintenance activity is the skilled component of those services.

Candace Bailey - HCPF She Her: So it is actually under community first choice now effective eight days ago which is so exciting. We actually are a CFC state. for those of you who know we've been working on this for 10 plus years. literally it's pretty cool. So this is under a CFC community first choice service and so therefore it is prior authorized by a case manager. And so the case management agency process focusing on health maintenance activities we have it laid out in the various steps. So step one is at the time of the scheduling of the level of care assessment. The case managers are actually going to then submit the referral to Teligen for the nurse assessor program. Referrals can be made up to 60 days ahead because it's a skilled care assessment around all bodily functions and systems and things like that. we do limit it to 60 days.

Candace Bailey - HCPF She Her: The level of care assessment can be completed at the same time after the whatever works. it is not tied to when the acuity assessment is being conducted. Jerica the third party vendor will work on scheduling and completing the acuity assessment directly with the member during the assessment. If there are tasks that are identified that are not considered skilled tasks. So something that does not need to be performed by a re licensed practical nurse or certified nursing assistant, CNA, RN or LPN. then the nurse assessor will complete the direct care services calculator to help identify and show where those unskilled tasks live and that they were identified during the assessment.

Candace Bailey - HCPF She Her: Once the acuity assessment is completed, the case manager will receive a copy of the recommendation letter and the assessment and then also the direct care services calculator if it is been completed. After the case manager receives the recommendation letter and the assessment and the calculator, they will then complete the person- centered support plan. During this time, yes, we will work on getting these slides out. Sorry, I need to not read the things while I'm talking, but not very good at that. so during this time, case managers are actually going to discuss the delivery options with the members to go through and make sure that all of the needs are met, not just the skilare needs. So, keep in mind that case managers are responsible for all of the different home and community based services, FC, community first choice services, and making sure all those needs are met under those programs.

Candace Bailey - HCPF She Her: they will discuss any sort of non-duplication of services and hours that are recommended by the nurse assessor and then finish the direct care calculator if necessary. once they have identified all of the services that are necessary with the member to make sure that all of their needs can be met, the case manager will then submit the prior authorization request for CEDOS. The case manager will complete the CDOS monthly allocation and submit the prior authorization or PAR to the fiscal management system FMS vendor. I'm going to hit them all. I just know it. I'm not going to hit them

all you guys. for inhome support services or IHSS, the case manager will send the direct care services calculator to the IHSS agency and then the agency will provide their care plan for the case manager approval.

01:00:00

Candace Bailey - HCPF She Her: The direct care calculator and the agency care plan do not need to match as far as they don't have to have the exact same format, but the overall service authorization needs to For new for a case manager that is working with a new member that is enrolling in community first choice and is interested in self-direction services. Thank you, Dan case manager must complete the intake process for community first choice once they are financially approved. So a member has to have that financial approval in order to receive their skilled care assessment. So once they are approved then the case manager can make the referral to the nurse assessor will contact the member and schedule the acuity assessment.

Candace Bailey - HCPF She Her: During that assessment, if tasks again are identified that are not considered skilled, the nurse assessor will complete the direct care services calculator. Jerica, is this around the case management process or this slide specifically? Otherwise, I'll go to the end of this,…

Jerrica Thurston: Just the financial eligibility part.

Candace Bailey - HCPF She Her: but if it's a slide, I'll wait.

Jerrica Thurston: Could we clarify that at the very end?

Candace Bailey - HCPF She Her: All so the new members continue. So after I think it's cited yeah so then once the recommendation letters and assessment are received so these steps are very similar then the case manager conducts the person- centered support plan works with the member to make sure that they are identifying and helping identify providers and things for all of their care needs.

Candace Bailey - HCPF She Her: They will then follow the enrollment process for either participant direct adoption whether we're talking consumerdirected tenant support or seeds or home support services IHSS and then they will submit the part to so I'm going to go back to the eligibility piece here so for people that are brand new that come in through the system through the case management agency the case manager will conduct the level of care assessment and then send off usually that certification to the county office to make sure

Candace Bailey - HCPF She Her: that the member is also financially authorized. You have to have both components. And so the skilled care assessment cannot take place until a member is determined eligible for Medicaid as a whole. does that answer your question, Jerica? Yeah.

Jerrica Thurston: And I get I guess thinking people coming into CFC just because there would be a part if they don't approve this is where we need to support them in the ARG application. Okay.

Candace Bailey - HCPF She Her: So, they wouldn't be authorized for CFC until they have that authorization. Matt CFC is a 1915K state plan benefit.

Matt Cloven: Just for clarification on what you just said. So CFC is estate plan benefit for anybody who has Correct. So they still need the ARG eligibility in order to qualify for CFC.

Candace Bailey - HCPF She Her: So, yes, but there is still a level of care component. So the member must still meet that level of care requirement but the financial requirements for Medicaid.

Matt Cloven: Is that what I just heard?

Megan Bowser: Eileen has your hand up to say no to me.

Matt Cloven: Because I didn't think

Candace Bailey - HCPF She Her: Yesen save me.

Jerrica Thurston: if they exceed the income limit for Medicare.

Candace Bailey - HCPF She Her: Eileen. Thanks,…

Eileen Saunders - HCPF She Her: Hi there.

Eileen Saunders - HCPF She Her: Sorry, this is Eileen Sandwich from the department. so for if you're only enrolling in community first choice, you don't need the disability determination, but if you are enrolling in both the waiver and in CFC, then you do. I hope that that helped. Yeah.

Candace Bailey - HCPF She Her: Eileene. So, you do need the level of care determination regardless.

Candace Bailey - HCPF She Her: It's just the disability determination. and Jerica, I think, maybe has a follow-up question for you, Eileen.

Jerrica Thurston: And so just to clarify because the waiverss have very specific targets. So if they want access to CFC, they can do the ARG without enrolling in the waiver because they may not qualify under those targets, right? It's almost …

Eileen Saunders - HCPF She Her: Sorry, Jessica, just to make sure I'm understanding your question.

Jerrica Thurston: if someone's interested in long-term supports, but they don't qualify for certain targets under the waiver, we would need to continue that ARG process just to do like that buy in. So they have access to CST. Does that make sense?

Eileen Saunders - HCPF She Her: I think if the buyin is certainly one way to access CFC services. If members are eligible for the buyin program then they can receive CFC services as well. But they don't have to be on the buyin. They could just be eligible on the state plan and also receive and also if they're eligible through the 100.2 then they can receive CFC services.

01:05:00

Eileen Saunders - HCPF She Her: But yes, if getting that disability determination helps the member become eligible on the state plan through whatever program, then of course that would be the recommended option to take

Jerrica Thurston: And if they do go through the ARG process, will that need to be handled by the CMA for that eligibility or would that just be straight county and department or Denver Health process?

Candace Bailey - HCPF She Her: the case management agencies don't handle the disability determination process at all with ARG. That's all through the counties in Denver Health. Molly, do you have a follow-up CFC question? Megan wasn't joking. I am talking about CFC today apparently.

Megan Bowser: I know it.

Megan Bowser: It's all intertwined, Kenis.

Candace Bailey - HCPF She Her: You knew it. You're like, I know she's going to talk about CFC.

Molly Wiley: My question is I have a question going back to Yeah,…

Molly Wiley: it's all intertwined, isn't it? It's back to slide four.

Candace Bailey - HCPF She Her: That's so far back. Just kidding. It's one slide.

Molly Wiley: So on that step four, case manager will submit PAR.

Candace Bailey - HCPF She Her: Mhm. No,…

Molly Wiley: Does that mean that the case manager is submitting the PAR prior to sending the direct care services calculator to the agency or prior to the agency sending their care plan back to the case manager?

Candace Bailey - HCPF She Her: no, this is like the category. So, in order for them to submit the PAR, here are some steps that they have to do. But no, it is not prior to doing that. It is after those steps.

Molly Wiley: And…

Candace Bailey - HCPF She Her: It's just the category basically.

Molly Wiley: then sorry.

Molly Wiley: Okay.

Molly Wiley: So, I know so there's been a lot of talk of those not needing to match and however the overall service authorization must align and what you mean by that is the agency's number of homemaker hours and the direct care services. So maybe the specific tasks aren't precisely the same, but maybe the category of homemaker matches the hours provided on the direct care. Can you go into that a little more detail because

Candace Bailey - HCPF She Her: Mhm. Yes,…

Candace Bailey - HCPF She Her: that is correct. you have to make sure that let's say an agency says on their care plan that they have 10 hours of HMA and two hours of homemaker…

Candace Bailey - HCPF She Her: but the skilled acuity assessment actually shows the reverse that would not work. But if you have homemaker for 2 hours broken out a little different than what is on the direct care services calculator, but the time aligns that works. So yeah, that is correct.

Molly Wiley: And…

Molly Wiley: so right now in the current process with IHSS care coordination between the agency and the member and the case management agency there's that the CDCO or consumer direct Colorado is that right? they have that they help with is it me the mediation process or kind of that back and forth if there's a misalignment they can help with that.

Molly Wiley: Is that process going away or is that going to still because I know you're saying that they don't need to match and I think there's a challenge sometimes when you have a clinician from an agency going in and doing that, their own assessment and…

Molly Wiley: drawing up a care plan. And it's really helpful to have that conversation back and forth until everyone is aligned on that same page. And so to see that they don't need to match.

Candace Bailey - HCPF She Her: Mhm. Yeah.

Molly Wiley: I think there's a worry that maybe there's going to be a par submitted and maybe the agency doesn't know what's being approved because there's no longer that need for things to match. And so that's just a concern that I have.

Molly Wiley: And so I'm wondering if that CDCO process is still available or because we're removing the need to match that it's no longer part of the piece. Thanks.

Candace Bailey - HCPF She Her: So, I see that Danny has her hand up and I'm going to let her jump in and provide a little bit more detail on that.

Danielle Krause - HCPF She Her: Thank you, Candace. And I'm Danny Krauss. I'm the participant director programs Molly, great questions. And I'm glad that you're bringing attention to this because I think it has been causing some confusion about, the level of specificity and matching between the agency care plans and the direct care services calculator that case managers work on. So to answer your question, Consumer Direct is keeping the mediation process. It's still available. So if there are disagreements between the IHSS agency and the case manager and the member CCO will continue providing that mediation support.

01:10:00

Danielle Krause - HCPF She Her: I would say that it's possible that that would still be needed because while the tasks don't have to be if the case manager expects there to be 3 hours of I don't know bathing per week and the agency's like, it's actually only taken us two and a half hours, but it's taking us a little bit longer for dressing." Yeah, those things don't necessarily need to be disputed, but there might be instances where the case manager says, "We're going to give you a 10 hours a week of personal care." And the agency's like,…

Megan Bowser: All right.

Danielle Krause - HCPF She Her: No way. We need at least 20." Those would be instances where it'd be really appropriate to go through that mediation process. And it is still available. Totally.

Molly Wiley: Okay, great.

Molly Wiley: Thanks. Thanks, Danny.

Megan Bowser: Victoria, is your question on the CMA process or should we let Candace continue to the end and then answer? her hand went down.

Victoria M: I'm Can you hear me?

Megan Bowser: Jar, I see your hand. Go ahead. Yeah, go ahead.

Victoria M: I'm not really I'm not Yeah.

Victoria M: I think it does and it Does that make sense? Because it does include this, but it's also an overall concept question.

Megan Bowser: Let's get to the end of the slides and…

Megan Bowser: then we'll answer and then if she hasn't answered it, go to that question. Does that work? Cool.

Victoria M: Yeah, I don't think she will answer it, but yeah, I can wait till the end.

Candace Bailey - HCPF She Her: I will do my best.

Candace Bailey - HCPF She Her: All Thank you, Megan, and thank you for all the wonderful questions thus far, everybody. I'm going to go back. All right. let's move on to the home health so here's the process that home health agencies are going to follow. it's again these slides. I'll make sure they get them out to you. They were also in a slide deck and a presentation I did in June June 10th I believe is actually where we pull these slides directly from. So they are available on our nurse assessor website, but again a little bit more consolidated. So we'll get them out. home health process. The home health agency must complete the mandatory training for the nurse assessor referrals.

Candace Bailey - HCPF She Her: they will then once they know how to do, they know what they're doing, they understand the system, they can then make a referral to the nurse assessor. this is required for all new and existing long-term home health and private duty nursing members. It is for nursing and certified nursing assistant services only, so not the therapies. So, I know we say long-term home health, but that's a bucket of services, but we're specifically talking about certified nursing assistant and RN LPN services. For current members, referrals can be submitted up to 60 days before the expiration of the existing PAR starting from the go live date, which is August 1st. for those that have a PAR, which would be private due nursing and adult long-term home health members, for new members or those that do not have a PAR in place, referrals can be made at any time starting August 1st.

Candace Bailey - HCPF She Her: so what agencies will do is they are going to actually look at their totality of their case load break it down by 15% so they can plan ahead of when they need to submit these referrals. the nurse assessor intake call will happen next. Telgen will then contact the member to gather the information schedule the ass The nurse assessor will conduct the assessment. Then the home health agency will receive the recommendation letter. They will also get a copy of the actual acuity assessment as well. and the nurse assessor will send the recommendation to the member and the home health agency which will include the suggested services and hours in the documentation. The home health agency must still then complete their normal assessment. So all of the lensure required assessments are still required. None of that's changing. None of that's going away. that includes the start of care reertification things like that.

Candace Bailey - HCPF She Her: The home health agency will submit the PAR, so the priau authorization request, the assessment, the plan of care, and all required forms and documentation to the utilization management vendor, Essential Health, via their Trezo provider portal. So all of those processes are the exact same. None of that is changing. This is the current process that providers already use. The difference is they will have that recommendation letter to submit with their prior authorization request. The home health agency may request hours beyond the recommendation if they are clinically justified. If there is something that is missed or wasn't fully captured, if it is documented and justified, they can request it. Absolutely. And that will be the full picture that a central will be looking for when their medical necessity review.

Candace Bailey - HCPF She Her: the PAR will then be reviewed and there will be a determination and that is the end of the home health agency process. So it is at the beginning of the PAR process just with case manager. So it's at the beginning is where that referral comes in. All of that work happens with Teligen and then they follow their normal standard processes both the case management agencies and the home health agencies. So here's the teligen process outlined. so When a referral is sent to Teligen, they will process it within one business day. The Teligen will outreach the member or the representative if it's indicated they would rather have them reach out to a representative to complete an intake call where there's going to be some preliminary information gathered and The acuity assessment appointment will be scheduled within seven business days of the referral for a standard referral and then much faster if it's expeditated.

01:15:00

Candace Bailey - HCPF She Her: And if you want more information on the criteria for expertited standard, all of those things, that is all on our nurse assessor website. Perhaps Cassie can put the link in the chat for me. Then comes the assessment process. So we have our Then we have our assessment. The nurse assessor from Intelligent will be present for an in-person or virtual appointment based off of the established criteria also posted on the nurse assess website to complete the acuity essment. the nurse assessor will complete the assessment during the appointment by asking a variety of questions, gathering information from the member and anyone else that's present that the member wanted to have there. After the assessment is completed, the nurse is actually going to go through and discuss the results with the member and caregiver and talk about what that means, provide education around those services and the different ways they can receive services to have their needs met. They are not

Candace Bailey - HCPF She Her: It is completely up to the member's choice. They are simply providing education on the variety of ways they may get their needs met. And then comes the recommendation. for a standard assessment, Teligen will have the seven business days to complete the assessment and then a day to turn around the recommendation letter. And then after that, the completion of the assessment. Again, they've already gone through the results of this with the member, so none of this will be u a surprise.

Megan Bowser: All right,…

Candace Bailey - HCPF She Her: Telgen then sends the recommendation letter and the completed assessment to the member and anyone else involved or anyone else that the member identifies they would like to have this information sent to. Questions? Great.

Megan Bowser: Victoria, let's go for you and then do a few from the chat and then we'll go to you PM.

Victoria M: So I've got a question. I don't know if it's rhetorical or not. And then another question that is concerning some families with advice that they're being given that I want to get some clarification on. the first one is with, and I may not be saying this right, but I'm going to just say it. with families getting kicked off a PDN and possible families getting kicked off CNA once a PARS restart and they're moving over to IHSS or CFC.

Victoria M: if those federal matches don't come through and Colorado can't figure out how to meet that deficit when they've already talked about having to make cuts next year, what's going to happen to all these families that are moving on to CFC or IHSS and where are they going to be able to go for services? Are they Are they going to be able to go back to CNA? what coverages are they going to get? cuz that's a lot of families that are hopping over to these two programs. And if the federal match doesn't come through and Colorado can't meet that deficit, that's a tremendous amount of families that are going to be impacted. and there's really no answer to what happens to them if these federal matches fall through, where are they supposed to go?

Victoria M: and then the second question is I've seen a lot of advice given on different platforms of families being suggested not to move over to IHSS CFC or whatever if you're on PDN or CNA because I'll try to quote here. If you move over to those and you accept personal care and something happens to IHSS or CFC and you need to move back over to CNA or PDN, you prove that you don't need those programs because you qualified for personal care, so they won't let you back on. And that's something I've seen in multiple platforms.

Victoria M: So clarification on that for sure because I haven't commented on posts like that on comments like that because I don't know. I'm sure there might be some underlying truth to it, but how much truth is I'm unsure. But definitely for all these families that think that CFC and moving to o over to the new IHSS is like, the land of milk and honey, may not be the land of milk and honey and these families may fall flat if these federal matches aren't done. And so I just wonder if you guys have had meetings or…

01:20:00

Victoria M: discussion behind closed doors of what's going to happen to these families if that occurs. Thank you.

Candace Bailey - HCPF She Her: So yeah,…

Candace Bailey - HCPF She Her: thank you Victoria. I appreciate the question and bringing a lot of the fears to the forefront, there's a lot happening on the federal front grounds right now and on the federal landscape that is creating a lot of uncertainty and it's quite scary in a lot of ways, And so one of the things I can tell you is that the home and community based services the services specific to Medicaid that we author are not threatened. They are not a part of the big beautiful bill. They are not being cut and we actually have a contract with the federal government for them to provide their match for CFC which would include the IHSS services all of our state plan services actually.

Candace Bailey - HCPF She Her: so those are not on the table right now. the bill has passed that's been signed and they're moving forward. So that is not a concern that we are having. There is no behind closed doors meetings around that. What we are working on is trying to figure out how we can implement the various aspects of the bill that were included which is not cuts to services specifically. It is actually limits on some provider fees that we utilize to help enhance the match on the different side and also the

increase financial requirements for members that are not in long-term care. So those don't apply to long-term care population disabilities impact is still great.

Candace Bailey - HCPF She Her: but the financial match is currently not on the table and currently not something that they have threatened or that we are worried about. so that shouldn't happen. the other piece around your question about going to personal care and then being able to come back. every single person receives an annual or anybody that's looking to switch services receives an assessment. and then if they're looking for medical services, they have a medical necessity review and it is based off of that individual's medical needs during that time and based off of the request. And so just because somebody chooses to receive services a different way and then comes back to and it doesn't work out for them doesn't prohibit them from being able to receive those services in the future is completely based off of their own medical needs and their assessed level of care as far as what services that they need. So hopefully that helps answer that a little bit.

Candace Bailey - HCPF She Her: I do understand that there is a lot happening out on a variety of platforms which is unfortunate something outside of our control. and a lot of it is not true. And so if you all hear things directly please feel free and be like I don't think that's accurate. Maybe check out the department's website here here and Reach out to them directly.

Candace Bailey - HCPF She Her: The more that we can stop false information from continuing and creating more fear, the better we can all be as a whole.

Victoria M: Candace, I do hate to interrupt on this one.

Victoria M: Just real quick, last week the government stopped the funding to public schools all across the US that was approved by Congress that impacts before and after school care and free and reduced lunches. And I do know that the state of Colorado right now is fighting to try to get those funds released even though they were congressionally approved and there's contract on that.

Victoria M: So, if the government can do that, what says that they can't do the exact same thing to programs like this where they withhold the funding or whatever? Cuz that I would think those are extremely important programs and they're congressionally approved and there's a contract. So, what says that and I'm not trying to fearmonger anyway. It's just truth. There's so much instability with, one minute we're totally fine.

Victoria M: Don't worry about there's a contract. Congress approved it and the next minute somebody woke up on the wrong side of the bed. Wrong. and so that's what I think I'm concerned about is the instability. And I understand you saying there's a congre contract. I understand that you said that that's not in the bill, but that doesn't necessarily mean that somebody's not going to wake up tomorrow and decide if we're just going to push the red button and there's no funding. So, I just wonder what your thoughts are on that.

Candace Bailey - HCPF She Her: Yeah. Yeah.

Candace Bailey - HCPF She Her: So, I just did something. Sorry, my computer just freaked out on me. I hear it's scary and there seem to be a lot of unprecedented things that are happening. I cannot begin to speculate on that. I just can't. because I mean I could go down platform, which I used to do as a young child, and was limited to the number of what if questions I was allowed to ask for my mother. which is kind of funny. But what we can do is we actually have a really robust link on our website that talks about

the federal landscape, what's happening, what it means for Colorado, how we are addressing it, how we are responding, what we are doing. And so I'm going to ask Cassie to put that link looks like Stacy beer into the chat for you all to follow. It is updated on a very regular basis.

01:25:00

Candace Bailey - HCPF She Her: It's actually quite a tool that many other states have adopted and have used and modeled it after our own tool which is kind of neat. its in Congress it's been used on a very large wide basis…

Candace Bailey - HCPF She Her: because it's so robust and has so much information but as far as speculating the whatifs of what could happen, I just can't do that. there's no way for me to feasibly be able to do that.

Megan Bowser: All right,…

Megan Bowser: I'm going to try to do some of these questions in the chat. We'll give us 10 more minutes and then we'll switch to the last topic because I want to make sure we get through everything, too. So, sorry if we don't get to all of your questions. Somebody can put in the chat an email address you can send other questions to if you have them too. one is who's invited and included in the nurse assessment with the individual and family who can attend

Candace Bailey - HCPF She Her: anybody the member would so the member actually on the referral form they get to designate and they'll also be asked during the intake process. So they can ask anybody to come. so they are allowed to have family members, they're allowed to have caregivers, they're allowed to have their case manager. so is if the member would like to have them there they are welcome to come.

Candace Bailey - HCPF She Her:

Megan Bowser: Awesome. …

Megan Bowser: Angela had a question about does CFC have different eligibility requirements and income like waiverss? Can you briefly talk about CFC and el how that plays into Medicaid eligibility or…

Candace Bailey - HCPF She Her: No because I don't know …

Megan Bowser: not? Somebody put in the email address for the CFC team so they can talk about it.

Candace Bailey - HCPF She Her: but perhaps I don't know if Eileen has that super handy or if we want to just take that offline perhaps.

Eileen Saunders - HCPF She Her: That's good.

Candace Bailey - HCPF She Her: That'd be great.

Megan Bowser: Is there an appeal process that is outlined with the telegen nurse assessment if there's a disagreement?

Candace Bailey - HCPF She Her: No, the action is It is not a approval, a denial. It is not an adverse action in any way, shape or form. And so the actual assessment itself is not an appealable action. what but there

are a lot of ways that if somebody disagrees with the assessment or if it doesn't fully capture their needs, there are plenty of ways for them to still get their needs met. The case manager can actually authorize hours outside of the recommendation letter as long as it's justified.

Candace Bailey - HCPF She Her: The home health agency can request hours outside of the recommendation letter as long as it is justified. So, there are still ways to get those needs met. but it is not an adverse action. So, it is not an appealable action. Correct.

Megan Bowser: All right.

Megan Bowser: But you can appeal the case manager's decision or you can appeal a centra's decision.

Candace Bailey - HCPF She Her: Because those would be actual decisions.

Candace Bailey - HCPF She Her: This is just a recommendation. Mhm.

Megan Bowser: All right,…

Megan Bowser: Pam, you're up. I'm gonna start putting two minute timers on people so we get to the end of this.

Megan Bowser: Go ahead.

Pam Clinefelter: I just had a quick question.

Pam Clinefelter: So with this process how are we addressing brand new pars or because in the past right we get a new client we do the assessment we say okay this is kind of what we think and we pretty much start services immediately. We don't say, in a month we'll let" So, and with reasonable certainty that what we're assessing is, within the realm of, what is covered. So, how does that work? as far as this process when you're talking about somebody maybe that comes from out of state that's never had a PAR or somebody that was in the hospital on the last day of their research period that then was discharged and now needs to be readmitted.

Pam Clinefelter: what is the process in regards to this whole elongated process that you've just made for those people?

Candace Bailey - HCPF She Her: So, it is the front end of the process and I'll reiterate it's not elongated. the maximum amount of time is really going to be a week. and that's for standard process. So for somebody coming out of the hospital, it's going to be a matter of days for them to get out there, conduct the assessment and get everything turned around. and so this is the very front end of the process. So, if an agency receives a referral,…

Megan Bowser: All right.

Candace Bailey - HCPF She Her: they submit their referral over to the nurse assessor. And while they're working on their paperwork, the nurse assessor can be working on scheduling and getting out there to conduct the assessment.

01:30:00

Megan Bowser: Thanks, Deborah.

Deborah Bowman: I just wanted to clarify yesterday I believe that you said we as home health agencies the case management agencies would have 60 days from the date of the nurse assessor referral to submit a PAR.

Deborah Bowman: Is that correct?

Candace Bailey - HCPF She Her: So, what I said yesterday was that the assessment is good for 60 days.

Candace Bailey - HCPF She Her: And so, it's not that I would suggest in any way, shape, or form waiting 60 days. But the point is, if you know that you have a par expiring coming up, you can go ahead and submit the referral so you can get all that completed.

Candace Bailey - HCPF She Her: maybe you are working on gathering additional paperwork and to be able to submit the prior authorization. So the timeline was that they are good for 60 days to allow you that additional time to continue to gather the necessary paperwork and all of the things

Deborah Bowman: So I understand that.

Deborah Bowman: My question is more on the other end. So sometimes we go through and we do our reertifications and during that process we create a plan of care 485 which is what needs to be submitted to a centra for par approval. sometimes those reertification dates don't line up perfectly with our end of par dates or our CSR dates. So I know this year we have some flexibility in when we're submitting things but we will have pars that then we have an end date.

Deborah Bowman: So my concern is trying to fit in a nurse assessor assessment and our plan of care that has to only be 60 days old to submit to a centra as well. We're going to be really tight for time for some of our patients or members. And so I'm just worried that 60 days to submit a PAR won't always be enough in some cases because our reertification will have happened 15 days before that 60-day mark and then we still have a plan of care to come up with to be able to submit to a Centra. So, I feel like maybe 90 days would be a more flexible time to allow us to have our plan of care and the nurse assessor assessment all within the amount of time that we need to have them to submit them to a centra or we're going to be really tight for time in a lot of cases.

Candace Bailey - HCPF She Her: I think Deborah perhaps, excuse me, you could reach out to us directly with some specific examples around that. all of the conversations that we've had with other home health agencies, the 60 days seems to have been plenty of time. And so, if there is something specific to the timeline that you're concerned about and we can chat through that and get some examples, then we can take a look at that. I think that would be helpful for us.

Deborah Bowman: I will send

Candace Bailey - HCPF She Her:

Candace Bailey - HCPF She Her: Thank you. Appreciate that.

Megan Bowser: All right,…

Megan Bowser: Katie, last comment on this and then we're moving on. you're still muted, Katie. Yep. Good.

Katie Wallat: How about excellent. Thank you. I just had a quick question about what the expectations are for a Centra's notice regarding the PAR in terms of …

Candace Bailey - HCPF She Her: …

Katie Wallat: what it will say visav the recommendation letter and what members can expect to see in their notice letter.

Candace Bailey - HCPF She Her: so their notices and their letters are not changing. Their notices are based off of their medical necessity review of…

Candace Bailey - HCPF She Her: which the recommendation is a part of. And so it is a totality of all the information that is submitted by the home health agency and that is the information is and so that their notice letters are not changing.

Katie Wallat: So the expectation is that a center will use this new information…

Katie Wallat: but it won't affect their determination.

Candace Bailey - HCPF She Her: The expectation is that the home health agency provides this information as part of their overall documentation and…

Katie Wallat: Okay.

Megan Bowser: All right.

Candace Bailey - HCPF She Her: all of the information is what determines the medical necessity.

Megan Bowser: Thanks Candace for all this conversation. Always great. Danny, I think you are up to talk about the different delivery models available under community first choice. So agency and IHSS and CEDOS and…

Megan Bowser: all of the Thanks.

Danielle Krause - HCPF She Her: Yes, thank you,…

Danielle Krause - HCPF She Her: I am going to try to do this with my camera on, but I have had some internet issues today. So, apologies if I abruptly am turning my camera off and not sharing my face with brief introduction. hi Danny Krauss. I am the, participant director of programs policy with our transition into CFC, we really wanted to share with everybody just some of the available options that members now have access to as you transition into CFC. So, we'll first do a highle overview of what services are available through CFC, specifically the direct care services.

01:35:00

Danielle Krause - HCPF She Her: We're talking homemaker, personal care, health maintenance activities. how those services can be provided. So the different service delivery options, how to get started, and then where you can learn some more information. All righty. So to start, through community first choice,

members now will have access to personal care, and health maintenance activities, which is considered skilled care. So it' be the care that's comparable to what a member would receive through a CNA. health maintenance activities are only available through IHSS and SEOs. so if you're working with a traditional agency who is not enrolled in IHSS or if you're not on CDOS, you would only have access to homemaker and personal care.

Danielle Krause - HCPF She Her: the service delivery options that are available are traditional agency based care home support services or IHSS or consumerdirected attendant support services which is CADS. through Homemaker members can get access to kitchen cleaning, dusting, laundry, bed making, floor care, trash removal, basic cleaning u essentially they can get support with banking and money management and appointment management, meal preparation and menu planning.

Danielle Krause - HCPF She Her: It is important to acknowledge for homemaker and for personal care and health maintenance activities actually that the services that are authorized under Medicaid must be age appropriate. And so typically for a 5-year-old child, we would expect a parent to be managing their finances or managing their banking. we wouldn't really expect a 5-year-old to be managing that piece. So it might not be appropriate to authorize homemaker in that instance. however, when we're getting into, 16, 17, 18, 19 and 20, we would expect, an individual of that age to have more involvement in banking and money management. And so, if that support is needed, that could get approved through Homema I will also add that we have a new addition to Homemaker called acquisition, maintenance, and enhancement of skills.

Danielle Krause - HCPF She Her: the definition of acquisition, maintenance, and enhancement of skills, excuse me, that's a mouthful. I'm going to call it AM moving forward. the definition is functional skills training that's necessary for the member to accomplish activities of activities of daily living andor instrumental activities of daily living. and AM is available in homemaker personal care. if your child has received enhanced homemaker, some of the support was through enhanced homema With the transition to CFC, it is now available Additionally available to members is personal care.

Danielle Krause - HCPF She Her: so some of the tasks that could be approved under personal care include meeting or excuse me, eating, bathing, mobility support, dressing, if there's, support needed with toileting or bladder and through personal care, these are going to be those unskilled tasks. So, these would be the tasks that would be appropriate to be provided by just an aid. They don't necessarily need any nursing training or super skilled training. They just need to be able to help the member with some of these tasks. and then next we have health maintenance activities. And as I mentioned before, these are going to be your skilled services. Victoria, I see your hand. I'm going to call on you once I get through this slide if that is good for you.

Danielle Krause - HCPF She Her: so health maintenance activities are the skilled tasks that are available through inhome support services or consumerdirected attendant support services. The tasks are very similar to what would be available under personal care with the exception that the skill level of the attendant or caregiver it is increased. So maybe for bathing, the member, requires assistance with bathing, but this member has, ongoing open wounds. In those instances, we'd really want somebody more skilled to be providing that care. And so in those instances, that would be approved under health maintenance activities. The health maintenance activities too might be familiar because that is what Candace just talked about. that would be evaluated by the nurse assessor.

01:40:00

Danielle Krause - HCPF She Her: All before I get into service delivery options, Victoria, I can do a quick clarifying question right now, or if it's more in depth, can we wait till the end?

Danielle Krause - HCPF She Her: If we have something deep. Okay.

Victoria M: This one's quick.

Victoria M: So on this, a lot of these are similar to the ADLs for a parent CNA. and there's a lot of families that I have had discussions with that are concerned that they will get denied parent CNA. because these ADLs are,…

Victoria M: the same as the personal care. So, what separates parent CNA from personal care through the nurse assessor if the ADLs are the same? Am I making sense? Cuz they're worried that they're going to get kicked off CNA for the ADLs because they're the same as the personal care and they don't want to lose CNA, but they're afraid nurse assessor will do that.

Danielle Krause - HCPF She Her: Yeah, I think that's a great question.

Danielle Krause - HCPF She Her: I think as each case is case by case so not going to give a blanket this is what's going to happen if somebody isn't eligible for pediatric home health or CNA services. So if there is an instance though where a member doesn't necessarily meet the skilled care need for pediatric home health, they may be able to access the service through CFC and they would be able to use personal care in its place. And Christine, I saw your hand come up,…

Danielle Krause - HCPF She Her: so I don't know if you wanted to jump in.

Christine Merriman - HCPF She Her: But Megan beat me to it.

Christine Merriman - HCPF She Her: She put it in the chat that CNA certified nurse assistant under home health CNA is skilled ADLs versus personal care which is the unskilled ADLs. And in the home health regulation, it kind of explains what is skilled and what is not. so that's further information you can look at.

Danielle Krause - HCPF She Her: Thank you kindly. All righty. So, now that we know what services are available, I want to talk a little bit about the different service delivery options that you will have access to. So, I think for this population you're probably most familiar with traditional agency based care. And this is the care where a member is going to have the most agency support. And so, while the member still has input and, is able to, provide feedback about how they want their care provided, there's a lot more hands-on support from a licensed or certified agency, who can support with the decision making.

Danielle Krause - HCPF She Her: with traditional agency based care, members don't necessarily have decision-making authority over who the hired caregivers are or what the caregiver schedules are or specifically, what the caregiver is paid. within agency based care because the agency is so supportive there would be no required authorized representative which we'll get into a little bit more what that is with IHSS and SEAS so as a reminder IHSS is inhome support services and so this is going to be our kind of middleof the road option as far as service delivery options go so with IHSS there's moderate agency support but members have

Danielle Krause - HCPF She Her: much more active role in directing members or their authorized representative. So for children specifically, an authorized representative would be the member or the authorized representative is able to manage aspects of their care such as selecting who provides their care. So they're able to determine who they want their caregiver or in IHSS and CASS we call them who they want their attendant to be and they're able to customize their attendance schedule. within IHSS, the member authorized representative does not have decision-making authority over attendant pay or the total hours worked. So that's where the IHSS agency is still supportive.

Danielle Krause - HCPF She Her: and an authorized representative is required for children under the age of 18. And one of the perks with IHSS is that an agency is required to provide backup care. So in the instance, if the typical attendant is unable to show up, the IHS agency is required to back up the member and support those needs. And then finally, we'll get into CADS or consumerdirected support services. And CADS is the much more flexible self-directed option. So with SEAS, this is really for the member who wants to have pretty much complete autonomy over managing their homemaker personal care and health maintenance activity support.

01:45:00

Danielle Krause - HCPF She Her: So within SEOS, there's no home care agency that's involved. and instead the member or their authorized representative works with the financial management services contractor or we call them the FMS really acts as They process, the administrative paperwork. They help the member with taxes and issuing payroll and complying with insurance requirements such as my gosh it's escaping me right now workplace thank you Megan thank you yes workman's comp things of that nature so they really do support with the

Megan Bowser: Workman's

Danielle Krause - HCPF She Her: or administrative work within SEOs. One of the cool features is that the member or the authorized representative has decision making authority over many aspects of their care including they're able to choose who they hire for their caregiver. They're able to decide how much their attendant is paid. They're able to determine what schedule they want their attendant to work. They're fully responsible for training the attendant. They're also responsible for terminating attendance. So, if you have a bad caregiver or a bad attendant, as the member or authorized representative, you would have the freedom and the responsibility to separate employment for those individuals.

Danielle Krause - HCPF She Her: within SEDAS there's no home care agency involved which means that there's not anybody to provide backup care and so that may be scary or stressful and so I think it's important to consider if there's good backup options if you are interested in participating in SEAS and then similar to IHSS all members under the age of 18 are required to have an authorized representative And D, I see your question in the chat about hiring who they want do attendants need to have nursing skills to do nursing level tasks, IV, meds, skilled wound care, etc. So within IHSS and SEAS, the nurse practice act is waved.

Danielle Krause - HCPF She Her: And so what that means is if a member wants to hire a close friend who isn't a CNA but who is capable of providing that skill level support they are able to do So an individual doesn't necessarily need to have their CNA certificate or license to be able to provide the care.

Danielle Krause - HCPF She Her: And then Pam wow.

Megan Bowser: Can you also talk Danny about in…

Megan Bowser: which of these models can a parent provide personal care for their own

Danielle Krause - HCPF She Her: I'm gonna get into that a little bit later. exciting exciting One of the things we were able to do with CFC is align all of our services to make family caregiver requirements the same across service delivery options. So family members, friends can provide across all service delivery options. if you are working in traditional agency based care, it may look a little different just because the agency isn't required to hire family or friends. but they are permitted to if that's something that they're interested in doing.

Megan Bowser: Parents still can't do pediatric personal care long through home health, right?

Danielle Krause - HCPF She Her: Good question. so we do still have the pediatric personal care which is a state plan benefit separate from community first choice and that is still not permitted to be provided by parents. However, that is separate from the personal care that's available in CFC. So, as long as the member is accessing personal care through CFC, parents, family members can provide that care. And I'll get into the limits and just some of the more specifics here in a minute. Pam, I don't know if you have a question about delivery options,…

01:50:00

Danielle Krause - HCPF She Her: but I'll try to answer that if you do.

Pam Clinefelter: Yeah, just a couple of questions.

Pam Clinefelter: The seeds, is that then considered a 1099? No.

Danielle Krause - HCPF She Her: No, That's a really good question. So, within SEAS, the member or if you have a child, the AR would be the employer of record.

Danielle Krause - HCPF She Her: And so that employer gets an EIN number and they actually issue W TWS. So the attendants truly get onboarded and hired as actual employees. So a lot of the employment requirements that are required for small businesses contractor helps the member to execute. So one example of that is our FMS tracks and…

Danielle Krause - HCPF She Her: manages the amount of time an attendant works. So then that attendant gets so through SEAS members are eligible for sick time just like if they were employed somewhere else.

Pam Clinefelter: And then if you had someone that qualified for say PDN, can they get their unskilled or…

Pam Clinefelter: their more CNA type services through SEO along with the Excellent.

Danielle Krause - HCPF She Her: Yeah. So it's with CADS it's a little tricky in…

Danielle Krause - HCPF She Her: how services are split off in the sense of case managers and members work to create a total allocation that covers the cost of care and then the member is able to use that however they want for what they need. so if a member wants to do CADS they can't also do IHSS or…

Danielle Krause - HCPF She Her: traditional agency based. However there is a caveat for the skilled care.

Danielle Krause - HCPF She Her: So, if there are additional skilled care needs that may only be accessible through PDN, or the member wants to work with PDN and use SEOs for their other services such as Homemaker or the unskilled personal care, that is an option.

Pam Clinefelter: Thank you.

Danielle Krause - HCPF She Her: It would require just some closer navigation with the case manager. And I think that's something that could also be discussed and highlighted kind of during the nurse assessor process, just the beginning authorization process talking about how to navigate the skilled and unskilled to make sure there's not duplication.

Pam Clinefelter: right.

Pam Clinefelter: Thank you.

Danielle Krause - HCPF She Her: Yeah. …

Megan Bowser: All right,…

Megan Bowser: we have five minutes left. If you've got comment,…

Danielle Krause - HCPF She Her: dang. Then I need to get rolling.

Megan Bowser: put it in the chat, please.

Danielle Krause - HCPF She Her:

Danielle Krause - HCPF She Her: I get so excited with your questions. So, I'm going to roll now through the rest of these and then if we have time, we'll do more questions. so just some highlevel service rules that everyone can be aware of. For all of the service delivery options, the case manager will use the direct care services calculator to assess and authorize service hours. So regardless of your personal care needs through a traditional agency or if you're getting it through SEAS, the case manager is going to use that same tool to assess and help you determine what your care needs would be. there's no service limits for services provided by family members. So if you have aunt, uncle, sibling providing care, there's not a limit necessarily to the amount of care they can provide.

Danielle Krause - HCPF She Her: That being said, it has to be appropriate, So, if the case manager authorizes you for 20 hours a week, that would be your limit, to family members. Family members can't provide more than what's authorized, but there's not a hard limit specifically for parents and legal guardians are not permitted to provide more than 10 hours a week of homemaker specifically per week. So that means if a member has 20 hours of homemaker, they can get all 20 hours of homemaker. but only 10 hours of it can be provided by mom or dad. that is not to say that mom or dad can't provide personal care or health maintenance activities in excess of that So that 10-hour limit is only for hug maker.

Danielle Krause - HCPF She Her: And then across all of our service delivery options, and this does include long-term home health and private duty nursing, no attendant can provide more than 16 hours of care in any given day. This is really to preserve our caregivers and preserve our attendance and ensure that our members are getting care that they actually need and that our attendants are able to maintain health and their abilities. and then for IS specifically, I did kind of cover this earlier, but all children must have an

authorized representative. I don't think I need to explain that much more detail, but the individual who acts as the authorized representative cannot also be an attendant.

01:55:00

Danielle Krause - HCPF She Her: And so, what you may encounter if you have a two parent household, we frequently see one parent may be the authorized representative, one parent may be the attendant, and they work the logistics of that out internally. both parents can be an attendant, but if they choose to both be an attendant, they would need to designate somebody else to be the authorized representative for their child. All righty. So, just some quick high level how to get started. first and foremost, if you're interested in any of these services, always start with your case management agency. If you don't have a case management agency yet, we can get you the links so that you can find the case management agency in your area and let them know that you're interested in getting started with services like this.

Danielle Krause - HCPF She Her: to get started with agency based care, it's pretty straightforward. You work with your case manager. They do your assessment, determine that you're eligible, you figure out the services, and they send a referral to the Home care agency starts services. Pretty straightforward. When you want to do IHSS, similar process, you do your assessment with your case manager. You figure out the appropriate services for you or your child. the referral is sent to The IHSS agency completes an intake assessment and begins onboarding the selected attendants and then your services begin with SEAS as you may have already put together because it is a more complex program. there are a few more steps involved to get on to SEAS.

Danielle Krause - HCPF She Her: So, similar to IHSS and the agency based care, you start with your case manager, you do your assessment, you figure out the services that are appropriate to you, and then they send a referral to Consumer Direct for Colorado, who is That training vendor will then train the authorized representative or the member on how to do SEAS. They train on the services that are available. They give some information about how to be an employer and what you can expect and how to set budgets and budget your allocation and kind of explain all the things to you. Once you get through your training, then you're referred to the FMS and that FMS will work with the member to enroll attendance and get employer requirements done such as getting your EIN number.

Danielle Krause - HCPF She Her: the FMS will complete background checks on your attendance for you and do all of that administrative work. Once you have two attendants hired, then services I would say start to finish CADS can take a couple months. So, if it's something that you're interested in doing, we do sometimes see members start with IHSS so they can, get their services start doing that self-directed process and then kind of work on that seeds in the background and get the training requirements done and get some of that enrollment done with your FMS while you're still at least receiving the services through IHSS.

Danielle Krause - HCPF She Her: If you want to learn more, there's more information about our programs on the participant directed programs or you can go to Consumer Direct of Colorado's web page where you can learn more about, what the processes look like and you can see some of the specific training materials for both IHSS and COS. I think that's all I have. I'm assuming we don't have time for questions.

Danielle Krause - HCPF She Her: I don't know.

Megan Bowser: It's one minute over…

Megan Bowser: if you're going to stay on…

Megan Bowser: if somebody has questions. I think people have answered a few of them in the chat. So on the difficulty of care piece and getting an update from the IRS was the big one that was asked that Eileen said we're posting an update soon. Perfect. Perfect.

Danielle Krause - HCPF She Her: Yeah, great questions.

Danielle Krause - HCPF She Her: If I could just ask any questions that you have lingering, if you could put them in the chat because I can't commit to staying too long today. I can get them responded to and get answers back to you.

Megan Bowser: That works great. Thank you so much, Danny. I appreciate all of this. And if you've got public comments or additional questions, please put them in the chat. We'll make sure we capture them before we close the meeting so they get answered. Thank you all as always.

02:00:00

Stacey Davis - HCPF: I would also say you're welcome to email me with any questions that you may have as well and I can get those to the right folks. And I'll volunteer Megan for that too. Either one of us.

Megan Bowser: Honorary member.

Stacey Davis - HCPF: Thanks, Megan.

Megan Bowser: Thank you all. Bye.

Meeting ended after 02:11:25 👋