



## American Rescue Plan Act (ARPA) Project: Community First Choice (CFC) Council Meeting Notes

September 7, 2022 - 10:00 a.m. to 12:00 p.m.

1. **Attendees - HCPF CFC Team:** Adam Tucker, Betty Vanderkaay, Eileen Saunders, Jordon Larson, Katie McGuire, Kristine Dos Santos, Lana Eggers and Madeline Quartaro

### Attendees Represented: 35

- Persons over the age of 65, persons with a disability, or their representative: 14
- Provider: 14
- \*Unknown: 7

*\*Unknown - this section includes individuals that were on the call but did not identify which group they represent. Since they did not self-identify, we cannot assume which group they represent.*

### 1) Homemaker Licensure Feedback

- a) Stakeholders agreed that there didn't appear to be much benefit of having licensure requirements for homemaker as tasks like cooking, cleaning, laundry are rarely done with "hands on".
- i) **Department Response:** The Department values stakeholder feedback and will discuss the information shared further with our team. We will provide updates to stakeholders with any changes that may occur based on this information.

### 2) Personal Care Licensure Feedback

- a) Multiple stakeholders were in favor of simplifying the provider qualifications for personal care, one stakeholder reporting "If the tasks are considered unskilled, why would we need to add additional licensure requirements? Family Caregiver options handle this situation very easily. Simplify vs. Complicate with more restrictions. We do 100s of PC under SLS waivers and have no issues. Why trying to add more restrictions? We provide skilled hands off".
- b) Another stakeholder had recommended looking at the respite care, stating "Respite not being well utilized in CO because of licensure, under CDPHE you're seen as a nursing agency and not all those requiring respite need the medical license in order to sit with someone with dementia. Recommend looking at and it aligns with a lot of these."



- i) **Department Response:** The Department values stakeholder feedback and will discuss the information shared further with our team. We will provide updates to stakeholders with any changes that may occur based on this information.

### 3) New Assessment Feedback

- a) Stakeholder brought up that we need to ensure that the changes we make also will work well with the new assessment and support planning tool and potential person centered budget algorithm.
- i) **Department Response:** The Department values stakeholder feedback and will discuss the information shared further with our team. We will provide updates to stakeholders with any changes that may occur based on this information.

### 4) Program Approved Service Agency (PASA)

- a) A PASA administrator had reported they didn't use personal care and that they felt Colorado has stringent regulations around personal care compared to other states.
- b) Some stakeholders were less familiar with PASAs or how an agency could only have 1 employee but had recommended bringing in a specific community member that was more familiar with PASAs that have 1 or 2 employees to learn more.
- i) **Department Response:** Those are PASA's which are IDD waiver because of some of the confusion of the different qualifications, CFC can help reduce confusion, help inform other agencies to know what to look for and help providers to serve different populations. This makes PASAs less limited in the kinds of services that can be provided. We could also use CFC as a way to dig into other important policy work.

### 5) Personal Care and Pediatrics

- a) A stakeholder reported "I just want to point out again that as it currently exists, personal care is very, very rarely used in the pediatric population because pay rates are so low, family members aren't allowed to be providers, and there really isn't a provider pool to utilize."
- i) **Department Response:** Personal care in general is widely utilized by Health First Colorado members, however the Department is aware that pediatric personal care is not utilized as much as adults. There is not currently an intention to bring pediatric personal care into CFC, but the Department will notify the appropriate subject matter experts of this information.



## 6) Personal Care Feedback

- a) There was agreement from multiple stakeholders there was a need for more clarity on the definition of personal care, specifically for unskilled personal care tasks.
- b) A stakeholder stated “From my experience as a previous CNA and working with adults with IDD, it depends on the person and level of need, sometimes prompting is enough, other times you may have to button a shirt for them or write down instructions. It depends on the need and this is where the personal care topic can get vague, this then leads to them asking themselves “well if I'm not qualified to provide personal care, what can I provide/do and what can i not provide/do?”
- c) A stakeholder reported “Still seems to be confusion about unskilled PC task, the waiver because we do SLS waiver for PC, the waiver itself basically says you're providing assistance and most of that through prompting, cueing, or oversight to help the client accomplish a task that someone would normally do without assistance if they didn't have a disability. Waiver then goes on to lay out 4-5 specific assignments, it gives a few examples. We have way too many ppl in HCPF, CCB's, that then try to say that is all there is, only those specific items that are allowed in the waiver, or I submit that isn't correct. So I would appreciate clarity so that we can move away from 4 activities under SLS, and more of what the intent is of the waiver.”
- d) Another stakeholder stated “I am also wondering about CNA requirements for different personal care needs/types? Medical vs. non-medical. Megan says that we're aware of the difference, but reviewing skilled vs. unskilled could be helpful.”
  - i) **Department Response:** The Department referenced the [Health Maintenance Activities guide](#) that gives guidance about all the tasks, which are very similar to home health, but most importantly about skilled interventions. Additionally there are some diagnoses that lean into the need for skilled care. The Department will discuss this feedback further and provide any updates to the CFC Council with any changes that may occur based on this information.

## 7) Provider Qualifications Feedback and Questions

- a) A stakeholder suggested using IHSS or CDASS to try to understand what people's choice of requirements are and to get idea of what they prefer.
- b) It was also suggested that the Department work with other agencies such as CDPHE and DORA to make sure we are “working with all the state agencies working with providers to try to create one set of qualifications and requirements for providers and so providers aren't running around to have to figure out what rule applies to what. There is already a lot of discussions around streamlining, but haven't seen yet.”
- c) Another stakeholder asked “What level of training is really needed for these prompts or what have you? If provider qualifications continue to be



- so steep, going to continue to run into this issue, would like to see gap filled. Agrees with David that most in pediatrics are in behavioral or intellectual needs and not high medical needs.”
- d) “With the situation we ran into earlier this year with massive CNA denials, amidst other things, we saw really strict scrutiny on qualifying as skilled or unskilled. The current problem is if it is deemed unskilled, there is minimal to no support available. Families (and home health agencies) are then left either stretching to make something seem skilled that may not truly be or receive no assistance. I think with CFC we have the opportunity to remedy this with personal care or IHSS if done well.”
- i) **Department Response:** The Department values stakeholder feedback and will discuss the information shared further with our team. We will provide updates to stakeholders with any changes that may occur based on this information.
- e) Does the department intend to try to put CNA services into CFC?
- i) **Department Response:** CNA is skilled care and looking at those services under personal care that are not skilled services, so we are not at this time, but we are looking at health maintenance activities.

## 2. Agenda Items

Meeting started on time and Eileen Saunders welcome everyone and presented our mission statement, meeting agenda, announced to use the google attendance form, meeting etiquette & ground rules, and provided call in information for those who called in for meeting attendance.

- Adam Tucker provided updates
  - Listening Sessions by Adam Tucker
  - Volunteer Opportunities by Jordan Larson
    - For more information about these opportunities, please visit the [CFC Stakeholder Engagement Opportunities page](#) and review the [CFC Volunteer Overview](#) document.
  - One-on-one stakeholder meetings by Adam Tucker
- Adam Tucker presented PowerPoint page 8 to page 15
  - Provider Qualifications
  - Why We Are Here
  - Background on Provider Qualifications
  - Where the Differences Come From
  - Current Provider Qualification Across Waivers: Personal Care and Homemaker
  - Personal Care and Homemaker Provider Qualification Issue
  - Licensure Information
  - Personal Care Provider Qualification Questions



- Jam Board Activity
  - Personal Care Discussion
- 5 minute break at 11:11 a.m.
- Jam Board Activity continued
  - Homemaker Discussion
- Open Forum
  - Questions from attendees and chat room were answered and recorded
- Eileen announced next Listening Sessions - Wednesday, September 14, 2022 from 1:30 to 2:30 p.m. and Volunteer Opportunities
- Meeting adjourned at 11:50 a.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify John Barry at 303-866-3173 or [John.R.Barry@state.co.us](mailto:John.R.Barry@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

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