



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

July 13, 2022 - 2:00 to 4:00 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

Total Attendees: 25

- Persons over the age of 65, persons with a disability, or their representative: 8
- Provider: 12
- *Unknown: 5

**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.*

2. CFC Council Highlights

1) Case Management Feedback

- a) “Please make sure whatever you do with these services as it relates to case management to make it efficient and effective for people so it does not become a barrier”
 - i) **Department Response:** The Department will do its best to avoid creating obstacles or administrative burdens for case managers and those receiving CFC services. If you have specific ideas around this, please feel free to share in future Council meetings or contact the Department.

2) CDASS Feedback

- a) Stakeholder reported that what helps Consumer-Directed Attendant Support Services (CDASS) work well is related to the training and personnel that are a part of CDASS currently.
- b) “Based on previous information (referring to CFC Councils from 2012-2017), CDASS was always one of the service delivery models that was intended to be a part of CFC, but that doesn't seem to be what is being discussed. What does in the future mean and why if we have these different options available, why IHSS?”
 - i) **Department Response:** When looking at the 2 participant-directed service delivery options, the Department considered multiple factors which include:
 - i) Multiple timelines impacting CFC implementation, see [CFC DRAFT timeline](#)
 - ii) ARPA funding which is time limited
 - iii) System changes
 - iv) Policy changes

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- v) Previous work done by past CFC Councils
- vi) Past Reports

There has been a large desire to expand IHSS for some time and the policy for IHSS to transition into CFC with current federal regulations and requirements can be completed more easily without having to perform significant policy and system changes like there would be for CDASS.

Additionally, there is a lot of flexibility within CDASS currently that is facilitated through training. This training mitigates a good portion of risk, however, it is unclear what exactly needs to change in this training if CDASS were to be transitioned over to CFC. Lastly, if changes are being made to CDASS, the Department would need to do thorough stakeholder engagement and based on the current timeline it is unlikely that those decisions could be made thoughtfully to develop a successful CDASS program under CFC. The Department is continuing to explore CDASS as an option to include under CFC.

3) CDASS Timeline

- a) Stakeholders were seeking more information on a timeline for when CDASS might begin being reviewed more thoroughly or is planned to be incorporated under CFC.
 - i) **Department Response:** The timeline for CDASS currently is very complicated due primarily to system and policy changes. The Department will take this feedback and try to provide more information to stakeholders about CFC and CDASS in a future meeting.

4) Health Maintenance Activities (HMA) Care Coordination

- a) Stakeholders communicated there are currently some challenges with this valuable program that center around a complexity of the program, system navigation, and evaluation results, that may require a level of knowledge or expertise that not all of those participating in would have.
- b) Additional feedback highlighted a desire to have clarity in some of the HMA tasks. For example, highlighting the difference between what is not age appropriate and skilled care.
- c) Would be helpful to clarify the benefits of parents/care givers having a certified nursing assistant (CNA) and also communicating what they can do with a CNA vs. no CNA.
- d) Request to look at training “across the board” as there are reported frustrations with families that centered around lack of clarity that could be resolved by providing a clear guide or information of what HMA is for.
 - i) **Department Response:** The Department will take this information back to evaluate what options there are when implementing CFC.
- e) “I also think that parents/caregivers shouldn’t be required to have a CNA to provide some of these HMA services.”
 - i) **Department Response:** One of the benefits of In-Home Support Services (IHSS) is they don’t require licensure and waives the Nurse Practice Act, which is one of the reasons the Department is proposing IHSS to be the participant-direction option under CFC.

5) IHSS Care Coordination

- a) A stakeholder suggested that it would be helpful if the IHSS Plan calculator would give options for a breakdown of the various care plans and options under that care plan



- b) Stakeholder suggested Department “look at having policy across the board for what care plans look like and what information they include”
- c) Stakeholder reported that calculating the time minute per minute is working well under IHSS
 - i) **Department Response:** The Department will take this information back to evaluate what options there are when implementing CFC and communicate with relevant subject matter experts.

6) IHSS and Difficulty of Care Payments

- a) Stakeholders asked about if difficulty of care tax exemptions have been considered for CFC and expressed concern related to IRS notice 2014-7 that calls out 1915(c) services specifically, but rest of guidance is less clear.
 - i) **Department Response:** The difficulty of care payments, under current IRS regulation currently states that it is only for 1915(c) waiver, but other states like Colorado have gotten exemptions from IRS to extend the difficulty of care tax exemption to be recognized under CFC. The Department is currently exploring this option to understand how to incorporate under CFC.

7) IHSS and Protective Oversight

- a) “Idea of protective oversight, mentioned in last meeting, can that be incorporated into IHSS piece, especially children with behavioral issues, or any way to get protective oversight for IHSS things?”
 - i) **Department Response:** The Department will take this information back to evaluate what options there are when implementing CFC and communicate with relevant subject matter experts.

8) IHSS Feedback

- a) IHSS reported multiple things working well under IHSS and overall, there was excitement and positive response to incorporating IHSS under CFC including:
 - “Bridging the gaps in the workforce and allowing parents and family members to provide necessary skilled services.”
 - “A lot of parents we work with whether waiver or backup for IHSS, having conversation with families and medically complex kids, what is working is having that accessibility for parent or family members that has knowledge around needs.”
 - “Because of medical complexity can't work outside of home, have many single parents and supporting them while providing care for their child is working well.”
 - Those non-English speaking families will be able to access IHSS much easier than CAN

9) IHSS Feedback

- a) There were multiple suggestions on policy improvements or considerations for IHSS and CFC which include:
 - Enforcing policy for IHSS agencies to provide backup caregivers.
 - “Look at licensure regulations versus IHSS program regulations in relation to supervisory visits. They don't match.”
 - Protective oversight
 - Consider IHSS HMA with children
 - Thought needs put toward the prevention of duplication of services so they don't become an administrative burden



- i) **Department Response:** The Department will take this information back to evaluate what options there are when implementing CFC and communicate with relevant subject matter experts.

10) Training Communication

- a) Stakeholders conveyed a need for consistent technical assistance, training, and information for Single Entry Point Agencies (SEP) and Community Centered Boards (CCB) to help with inconsistencies in information and interpretations between these organizations. An FAQ page or state-wide training was recommended.
- b) Stakeholders expressed there is a current lack of cultural sensitivity for CNA exams, which presents additional barriers or misconceptions for those seeking to provide certain services.
 - i) **Department Response:** The Department will take this information back to evaluate what options there are when implementing CFC and communicate with relevant subject matter experts.

3. Agenda Items

Meeting started on time and Eileen presented Housekeeping PowerPoint page 1 to 6, including 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 announced no feedback from previous update.

- Adam presented PowerPoint page 7 to 13
 - Participant Direction in Colorado
 - Key Factors Considered for Service Delivery Model Decision
 - IHSS & CDASS
 - Comparison Chart for IHSS & CDASS
 - Proposed Participant Directed Model for CFC
 - Jam Board Activities to collect feedback from the audiences
 - CDASS (Consumer Directed Attendant Support Services)
 - IHSS (In Home Support Services)
 - Break
 - Jam Board Activities to collect feedback from the audiences
 - Health Maintenance (HMA)
 - Open Forum
- Closing
 - Eileen announced how to submit questions, feedback or comments and next month meeting date August 3 and topic. Meeting adjourned at 3:40 p.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 or the



504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

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