



COLORADO

Department of Health Care
Policy & Financing

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

July 6, 2022 - 10:00 a.m. to 12:00 p.m.

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

Total Attendees: 37

- Persons over the age of 65, persons with a disability, or their representative: 11
- Providers: 8
- *Unknown: 18

**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) Home Delivered Meals (HDM)

a) Stakeholders brought up that understanding eligibility for HDM is difficult and recommended making eligibility guidelines clearer. Stakeholders also stated there is a struggle knowing when people can access it and when they cannot which leads to people seeing the service on the website and then requires someone explaining to them the details around eligibility like the timing of it.

i) Department response: Under American Rescue Plan Act (ARPA), it does include HDM expansion. This is something we can keep it in mind and will find more info and bring it to the group. The home delivered meals expansion was a budget request the department put forward last fiscal year and will be implemented 1/1/23

b) Homemaker

i) There was multiple responses related to homemaker from stakeholders including:
(1) "Take Homemaker out of LSS",
(2) "EVV as a barrier to get a skilled license, and not being able to find staff are definitely the biggest barriers. Extensive cleaning is more used than habilitative. Take out the habilitative portion and make that something else." Eligibility requirement recommendation was to "take the habilitative portion out and basic homemaker as they're



absolutely worthless.” Take HM & HME out of waivers and into CFC, then split out the habilitative for AME.”

- (3) “The pay rate is low, which makes it hard to find provider for homemaker. Whatever we make, that need to be accessible. Need to provide a living wage. If we have to keep a basic homemaker, that need to increase the rate. If basic HM rate was increased to the rate of HME that could eliminate the access issue.”
- (4) “We can work with community colleges about give credit for people. How can we bring people in and give them a degree, give a different benefit other than money, have a career not just a job.
- (5) “If we do something, needs to be beneficial for all not one service delivery option.”
- (6) “Serve CO families. So the best possible thing you could do for the Homemaker services is peel them out into the State plan as separate services without the rehab and raise the rates. Although this poses a budgetary concern, currently the burden of this cost is on providers and families.”
- (7) “Often higher support needs and "hoarding" situations do devolve into ones which need enhanced homemaker, and earlier intervention with regard to skills could reduce the need for the more extraordinary cleaning.”
- (8) As an observation, the key to this solution will be provider credentialing. It would be a nightmare if Provider A can deliver CFC Homemaker, but Provider B has to be used from the CES/SLS Homemaker.”
- (9) “Adult on CDASS, oftentimes requires family to do the extraordinary cleaning b/c they do not qualify for HME in their existing program.”
- (10) “As far as cost reduction, I would rather have Enhanced Homemaker as an expanded service outside of waivers that actually works and ditch basic homemaker entirely, then have both but neither are actually usable in the "real world”.”
 - (a) 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.

c) Life Skills Training (LTS)

- i) “Case Management Confusion on division of services. Can we get both services?”

- (1) Department Response: LTS & Independent Living Service Training (ILST) are similar services. LTS is mainly for individuals who are transitioning out of the institution in the first year. ILST is for members on the BI waiver and focuses on helping individuals stay in the community by helping them learn how to take care of themselves more independently. So may be able to access services given they are different, but would have different eligibility requirements as outlined above.



- ii) “Our biggest barrier with LST currently (all transition services) is helping people understand when they can access them. Moving from an institution is straightforward, but the “change in life circumstances” language is harder to help people understand. I like moving all of LST to AME to help with clarity.”
 - iii) Other comments included suggesting LST become accessible to more people and that they felt would lower budgetary risks.
 - a. Department Response: The CFC Team can take this feedback and intends to share it with the respective benefits managers to see if clarification or communication can be improved. We will provide updates to stakeholders with any changes that may occur based on this information.
- d) Other Services
- i) There were multiple comments around other services related to CFC which included:
 - (1) “I would like to see more transition services implemented/available for children accessing services that are transitioning from child to adult.”
 - (2) “Hard to find people to provide respite b/c of training/rate.”
 - (3) “Kids with behavioral need vs the medical need having a gap in services. Recommend extending parents getting paid for the behavioral oversight piece.”
 - (4) “Significant amount of children are not qualified for waiver and they can only qualify for children buy in.”
 - (5) “Can we include Non-medical transportation? Clients need to pick up meds, etc”
 - (6) “Guardianship is a challenge for us as well, across age ranges when circumstances change for people. The different aspects of Representative, Payee, MPOA, Self-guardianship, and appointed guardianships are so much for teams and clients to hold”
 - (7) “Respite services - Hard to find people to provide respite b/c of training/rate. There are so many circumstances where providers whose dependents don't qualify for I/DD waivers need skilled care for respite. Totally, would love some accessible materials (or a podcast!). Seminars to braid funding would be really helpful: IEP uses some CCAP and ties into the waiver services provided by the CCB but the Free and Reduced lunch is different than the TEFAP is different from SNAP is different from WIC...”
 - (a) 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.
 - ii) “Monthly recorded education provided by dept. in layman terms. Same education to providers as well.”
 - iii) “Education for parents navigating through dept. resources for available services.”



- a. Department Response: The Department is very interested in ensuring our communication and resources are accessible and informative to everyone. A great way to get more involved with these types of resources is to bring your ideas and skills to help improve these communications through the CFC Volunteer initiatives. More information can be found on the [CFC Stakeholder Opportunity page](#)
 - iv) “Does the proposed Transition Setup service include both the care coordination & the purchasing of times components? Or is it only for the purchasing of items?”
 - v) “Are the optional services actually the services offered for the first year post-institutionalization? a lot of transition services require post 18 yr old. a lot of issues around ... children are unable to understand and can't afford guidanceship.”
 - vi) “Transition services 365 days: e.g. how does it work if someone has a stroke? if events happened, will the 365 will start over?”
 - a. Department Response: Transitioning from youth waiver to adult can qualify for transition services. The eligibility would be that without the transition services, the member would be at risk of institutionalization. Adam also provided his email to have stakeholder contact him and see what options there are.
- e) Peer Mentorship
- i) A concern related to Peer mentorship was summarized as “I don't know much about peer mentorship, however I am wondering if this is something that would be offered for children receiving services, more for the parents? Is peer mentorship an actual paid position? CES offers parent education. I think it could be beneficial to offer some form of peer mentorship or education across the board for children (parents) accessing services.”
 - a. Department Response: Currently Peer Mentorship is available to individuals 18 years and older. The CFC Team will take back this comment and discuss further to see what other options may be available.
- f) Personal Emergency Response System
- i) “For some people, this is the only services from waiver. If this service move to CFC, will they lose their benefit. Will members utilizing only PERS as their monthly waiver service for eligibility lose eligibility?”
 - a. Department Response: The Department is working to create a Wellness Education Benefit, part of which will include as part of the newsletter what individuals want to learn about and how to potentially better use waiver services. This benefit is also meant to allow a waiver member to sustain their waiver eligibility by using the benefit and prevent them from being losing their eligibility.



- g) Personal Care
- i) “It will be ideal expand personal care to children, difficult to find provider. Non-skilled personal care to parents would be beneficial.”
 - ii) “Fed regulation that limited PC done by parents. Provider rate is too low. Will this fit if its regulated by federal? I have not been able to find any providers for the Pediatric Personal Care benefit. I have tried offering this option to families that have PC in addition to HMA under IHSS. Children IHSS - only able to look at the HMA. If PC can be expanded into children's based on age”
 - iii) “I have not been able to find any providers for the Pediatric Personal Care benefit. I have tried offering this options to families that have PC in addition to HMA under IHSS”
 - iv) “Children IHSS - only able to look at the HMA. If PC can be expanded into children's based on age”
 - v) “EPSDT - if parents cannot provide PC, it limits access to care b/c of rates.”
 - vi) “Allowing PC in state plan will allow children to access PC”
 - a. Department Response: not all services. we have option to waive the Nurse Practice Act. Kristine will investigate the federal regulations about parents allowed to provide PC.
 - vii) “Children will be aging out. We are not looking to transition out of their care from parent. The solution may be to allow parents to do PC under EPSDT and also review our age-appropriate guidelines.
 - a. Department Response: We can review the age-appropriate guideline and will bring pediatric personal care benefit information to the Council.
 - viii) “There were services I didn’t know were available but we’re only available for the first year so by the time I discovered this the time was expired. I have found that personal care more is needed as we go along because obviously they’re not getting better.”
 - a. 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. Agenda Items

Meeting started on time and Eileen presented PowerPoint page 1 to 7, including meeting agenda, announced to use the updated google attendance form, and provided call in information for those who called in for meeting attendance.

- **Updates from Previous Meeting Feedback**



- Adam presented PowerPoint page 8 - 14
 - announced 7/13/2022 additional meeting for feedback on IHSS/Health Maintenance,
 - Draft Timeline Review - provided the link in the chat
 - Service Comparison Chart - provided the link in the chat
 - CFC Timeline Dynamics and CFC Roadmap
 - Explain today discussion and activity process by using Jam Board
- Adam presented PowerPoint page 15 - 21
 - CFC Proposed Services
 - Jam Board activities to collect comments and opinions from stakeholders for proposed services including:
 1. Homemaker Enhanced
 2. Life Skills Training
 3. Personal Care
 4. Home Delivered Meals
 5. Peer Mentorship
 6. PERS/Medication Reminder Systems
 7. Other Services

- **Closing**

- Eileen announced next Additional Meeting date 7/13/2022 and meeting adjourned on time.

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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