



COLORADO

Department of Health Care
Policy & Financing

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

June 1, 2022 - 10:00 a.m. to 12:00 p.m.

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

Attendees Represented: 27

- Persons over the age of 65, persons with a disability, or their representative: 14
- Provider: 12
- State Employees: 1

2. CFC Council Highlights

1) Case Manager Feedback

- a) Stakeholders conveyed concerned about how case managers will be trained on CFC and how specifically SEP case managers will be able to support the transition to CFC when having already strenuous caseloads.

Response: The Department of Health Care Policy and Financing (the Department) is working to develop a Community First Choice (CFC) program that aligns its process with waiver processes, including utilizing the same Person-Centered Service planning process. The Department will also work with the Community Centered Boards (CCB) and Single-Entry Points (SEP) to develop trainings for Case Managers, so they are informed on the new services and program. The transition process to CFC is also being developed to ensure both Medicaid members, Providers and Case Managers are not overwhelmed by the transition to CFC process.

2) Homemaker Feedback/Questions

- a) “If combining homemaker and enhanced together, the rates are significant different and work different, to mesh them is to think about”
- b) “Homemaker re: duplicate services, in enhanced we fund cleaning crews who perform different dynamic aspects of tasks. Would this be considered duplication, or can we make room for this in the definition?”

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Response: This is something the Department is aware of and considering but has not yet been decided. We intend to discuss in further detail during the July meeting to get further feedback before we identify how to move forward.

3) Provider Questions

- a) “What process is the council looking at to recruit and select these providers?” and “there are no providers in NE Colorado”
- b) “There are concerns with provider compliance. How will HCPF remedy these concerns so it doesn't cause a delay with CFC implementation?”

Response: The Department has multiple American Rescue Plan Act (ARPA) projects that are looking to support the workforce. We will need to spend time as council talking about provider eligibility to discuss what barriers they're experiencing so as those are identified can build policy to help with recruitment, the process, and those who utilize those services.

We will also need to identify what providers need to come into compliance with and then go from there. The Department plans to specifically discuss provider qualifications in the October 2022 CFC Council meeting.

4) Rates Feedback

- a) “Think this council has to understand to bring in new providers, most of them are understaffed as is, must look at how to incubate new providers. Could we use ARPA funding? The cash reimbursement process for new provider could put them out of business before they ever get started, so could leave us with larger providers that are already having highly turnover so recommend looking at pay and rates. Have found that you have to be in the 20's to keep good people, can't do 12-15 and get someone to work”

Response: From a CFC perspective, closely watching that and thinking through how we might improve these and making sure we are writing out provider qualifications, understanding client eligibility, service definitions, tasks are done, settings they can occur in, etc., because once we have that figured out that is what leads to the rate methodology.

5) Self-Direction Feedback

- a) “Every other state that has implemented CFC has used CDASS option and started that way and included a somewhat like IHSS option, the



ACA intended more participant direction than what this appears to have”

- b) “You’ve taken the option away for children to utilize CDASS. This was discussed many, many times as being an option with CFC”

Response: States have implemented CFC in a variety of ways and not just through the CDASS delivery option. States such as Texas, Montana, and New York have utilized an option like IHSS called Agency with a Choice option. The Department intends to start with IHSS because of its flexibility and will easily transition into CFC.

Additionally, the Department is not eliminating the possibility of having CDASS be brought into CFC. However, the Department is not able to do it for this initial implementation of CFC. Our goal is to have CFC program stood up on January 2025 in a way that is sustainable and allows reinvestment in the Department to expand CFC and so that people can access CFC services in January 2025.

6) Self-Direction Questions

- a) “Forgive me if you addressed this, but does standing CFC up with IHSS remove the dependency on the implementation of the PCBA? “
- b) “We’ve been pushing for the expansion of IHSS for years and repeatedly told it was cost prohibitive and that there are concerns with provider compliance. I’m in complete favor of IHSS expansion. How will HCPF remedy these concerns so it doesn’t cause a delay with CFC implementation?”
- c) “Do people receiving support still have the ability to recruit their own people when working with an agency?”
- d) What supports will be in place for people who eventually are no longer in a position to be independent?
- e) What happened to CDASS as a service delivery option?

Response: At this time the CFC team is working with the person-centered budget algorithm (PCBA) team regarding how CFC and PCBA may interact. We will have more information about this in the future.

When it comes to services being cost-prohibitive, we are looking at how to work with the assessment tool and think through what IHSS gives us and offers people in Colorado. If it is truly cost-prohibitive, we will then need to evaluate where it because of something systemic or does it cost more because it meets those people’s needs.



Those who receive supports through an IHSS agency can select their attendants.

Regarding supports for those who have impacts on their independence, it will depend. First, we're not closing higher levels of care, and the goal is to have more options and make sure people can stay in their community as long and independently as possible. CFC offers an additional level of creativity to maintain that independence to the point where someone may have a voucher if someone has CFC services and be able to maintain their independence because of those flexibilities.

7) Service Definitions Question

- a) "Is there a future meeting in which we will structure those (service) definitions?"

Response: The Department for this meeting and the next meeting hope to reach a consensus from the CFC Council for what services will be offered through CFC. The definitions of those services will be fine-tuned along the way. However, we hope to bring this up definitions in future meetings once services have been determined.

8) Stakeholder Engagement Concern

- a) "I'm curious how this is true stakeholder engagement with the intent of being a collaboration with the community when the Department has already determined how it wants to proceed. The topic of CDASS should have been a discussion rather than just sharing the outcome."

Response: The Department's intent is not to limit feedback or conversations, but we want to more so show that our choices are limited, and, in some cases, there is no choice, such as with the mandatory services due to federal requirements. We hope to work through this process to help everyone understand where we are, what CFC should or could look like, and how things are looking, in general, to understand and discuss what is the first good step to make sure that CFC is stood up and is something that we can continue to reinvest in in Colorado.

9) Timeline Feedback

- a) "I would throw out there that CFC implementation might be more timely if it isn't dependent on other policy changes. So avoiding ties to the PCBA/allocation process could be beneficial, if possible."
b) "the plan is to implement CFC January 2025, that is 2 1/2 yrs away that seems like we have plenty of time to integrate CDASS, IHSS"



Response: While it may appear that there is a lot of time to make changes and incorporate more than what has been proposed, there is a lot of work going on within the CFC team, PCBA, ARPA projects, and more that also influence the implementation of CFC. We want to ensure that CFC is implemented in a thoughtful and sustainable way that enables us to move quickly and ensure we meet the deadline of January 2025.

10) Transition Services Feedback

- a) “Why trying to put transitioning services into this because those transitioning are 300%ers that have to go onto a waiver or they will lose their Medicaid when they get out. Also will raise costs considerably”
- b) “Are the one-time startup funds available for someone transitioning in age from one waiver to the other, or moving out of their home, if they would otherwise qualify for an institutional level of care?”

Response: Transition services are directly discussed in the [CFC technical guide](#) indicating that CMS sees transition services as an essential part in CFC, and the Department must meet this requirement when implementing CFC.

Regarding the start-up funds and transitioning - the Department is working with CMS to learn if that flexibility is something that is a part of CFC and what that would look like under CFC.

11) Virtual Meeting Feedback

- a) Zoom not as accessible as Google Meets, Team has next best captioning, Zoom is just not that great of a platform.
- b) I've used link-out polls through web services in the past. Agreed Google has been a little more accessible.
www.mentimeter.com/features/live-polling
- c) The state can pay for captioners and ASL interpreters in live meetings. Live meetings allow for much better discussion between stakeholders and the department.
- d) Technology has come around enough in councils where there is a lot of stakeholder engagement and found that using breakout rooms were really helpful. For buy-in some discussion is really important and drives innovation. Perhaps an extra meeting to give feedback, people don't want to travel like they used to.
- e) I'm eager to see how these next few virtual meetings as far as feedback and discussion go, once we as stakeholders have more of the puzzle pieces being presented today.



- f) I think that it would be great to hear from the group through virtual activities, discussions, breakout sessions, etc.

Response: Department will continue to use Google Meets for CFC Council meetings based on the feedback from the council and concerns about Zoom.

Technology has increased the accessibility, especially for those living across the state, so while in-person meetings are great for discussion and collaboration, the use of virtual meetings aligns with the Department's goals and values in continuing to enhance equity, diversity, and inclusion.

The Department will also continue to explore opportunities to leverage the technology that is available to create a more engaging stakeholder experience and improve their ability to discuss and provide feedback for stakeholder meetings.

12) Waiver Transition Feedback

- a) Stakeholder raised concerned about reduction in quality, for example when expanded wipes into state plan from waiver, many experienced that the wipes that had been working they could no longer get because they were under the state plan rates, so quality went down, so recommends being diligent so that quality is not reduced.

Response: The Department will utilize information like this as part of our service development, which includes rate methodology. The Department is committed to quality of services and will continue to gather feedback that will inform developing the CFC program to ensure the program meets the needs of individuals utilizing its services.

3. Agenda Items

Meeting started on time and Eileen presented PowerPoint page 1 to 6, including the meeting agenda and announced to use the updated google attendance form, and provided call in information for those who called in for meeting attendance.

- **Housekeeping**
 - Eileen presented page 6 - 12, Housekeeping and the New Feedback form
- **Feedback Review**
 - Adam presented page 13 - 16, Feedback Process and responded some high-level questions
 - Jordan presented page 17, CFC Council Volunteer Opportunities
 - Adam presented page 18 - 21, CFC Roadmap and Meeting Workflow
 - 2 Questions from attendees and provided response in the meeting

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- **Services & Service Delivery Model**
 - Adam presented page 22 - 43 - CFC Service and Service Delivery Proposal
 - All Questions from attendees and chat group, and provided response in the meeting
 - 5 minutes break time and returned at 11:35
 - Adam announced Service Discussion and Feedback in the next meeting, and encouraged to use the feedback form

- **Closing**
 - Eileen announced next meeting date July 6, 2022 and upcoming meeting topic. 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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