

# Direct Care Workforce Collaborative

A Stakeholder-Led Initiative to Help Stabilize the Direct Care Workforce

Wednesday, December 13, 2023  
10:00 - 11:30 a.m.

[Zoom Webinar Link](#)

Call-in Option: 1-877-853-5257

Meeting ID: 993 1700 7314 Passcode: 396389



# Today's Agenda

Agenda Item	Presenter	Time
Welcome & Attendance	Brooke Snyder, HCPF	10:00 a.m.
Meet the Leadership Team & Year in Review	Penny Whitney & Oliver Giminaro	10:10 a.m.
Colorado Provider Reimbursement & Workforce Strategies	Health Management Associates	10:20 a.m.
Direct Care Careers Demo	John Hendrikse, HCPF	10:50 a.m.
Open Forum	Open	11:20 a.m.
Resources, Closing & Survey	Brooke Snyder, HCPF	11:30 a.m.

# Attendance



In the chat, please put your name, location, and role/ title



Phone-only users, please Press \*6 to unmute your line or \*9 to raise your hand and we will take your attendance verbally



- To be added to our communications list, email [HCPF\\_DCWorkforce@state.co.us](mailto:HCPF_DCWorkforce@state.co.us) (include your phone number)
- Requests for accommodations can be sent to the meeting organizer or [John.R.Barry@state.co.us](mailto:John.R.Barry@state.co.us)

# First Meeting?

- Welcome!
- Direct Care Workforce Collaborative and Action Groups
  - Training & Career Advancement, Compensation & Benefits, and Value & Awareness
- Purpose:
  - The Direct Care Workforce Collaborative (DCWC) is dedicated to advancing the public's general awareness of the Direct Care Workforce. The DCWC advocates for improving compensation and benefits, training and career advancement, and publicly recognizing the significant value of the Direct Care Workforce in all healthcare sectors.
- Vision:
  - We (the DCWC) envision consumers receiving high-quality support and care from a strong workforce of skilled and qualified Direct Care Workers who are well-compensated, well-trained, well-respected, have opportunities for advancement, and have highly sought-after jobs that continually attract new entrants to and retain those workers in the Direct Care Workforce.



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# Polls

- Where are you located?
- How do you identify on the direct care continuum?
- How did you hear about us?



# Collaborative Leadership Team

## Collaborative Co-Chairs

Penny Whitney - LTC consultant, Aponi Partners, Inc.

Oliver Giminaro- Engineer, Advocate, Multiple Boards & Agencies

## Action Group Co-Chairs

Brooklynn Riehl- Ariel Clinical Services - Value & Awareness

Pascale Adou - SEIU Local 105 - Value & Awareness

Deborah Lively - LeadingAge Colorado - Compensation & Benefits

Ashley Weber - Non-Profit Director, Advocate - Compensation & Benefits

Jennifer Ochs - Advocate - Training & Career Advancement

Brittany Chavez - Choice Home Care - Training & Career Advancement



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# Year in Review

## Successes:

- Co-Chairs involvement in various advocacy and strategies to help this workforce
- Stakeholder Engagement for ARPA Projects
  - Public Awareness Campaign, Direct Care Worker Survey, Standardized Core Curriculum, Training Grants
- DCWC Representation
  - All Regions Represented, welcoming more direct care workers and individuals receiving services/ family members
- Direct Care Worker Appreciation Week (April)
  - Tributes on the floor of the House & Senate with direct care workers in attendance



# Year in Review

## Presentations:

- Virtual Career- Aligned ESL
- Direct Care Workforce Stabilization Board
- Connect for Health Colorado
- Benefits Cliff

## Partnerships:

- Colorado Commission on Aging
- Colorado Workforce Development Council
- Other State of Colorado agencies- CDLE, CDHS, Early Childhood, CDPHE



# Colorado Provider Reimbursement & Workforce Strategies

December 13, 2023

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### Keep People at the Center

All Coloradans should have access to Home and Community-Based Services in the communities they live in

#### Access To Home and Community Based Services

Build off existing work that has been completed over the last couple of years to:

- Better understand the current Colorado landscape for HCBS providers with a focus on access to HCBS in rural and inner-city communities
- Create a dynamic Heat Map of Colorado HCBS providers to identify regional variations in access to services, as well as areas with gaps in access to providers/services (care deserts)
- Engage stakeholders to analyze how HCBS providers are reimbursed and how changes to reimbursement may impact care deserts



### Features

- Understanding the impact of rates on care deserts
- Evaluating the impact of changes to payment methods on addressing care gaps
- Creating a rate development methodology to address care deserts
- Exploring other opportunities (administrative efficiencies, shared resources) to address care deserts and provider workforce shortages


## ■ Purpose of Stakeholder Engagement

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- Begin a conversation with HCBS providers on HCBS services reimbursement with a focus on the ways in which you are reimbursed
- Learn more about the barriers to delivering HCBS services, particularly in rural and inner-city communities
  - This may include rates as well as other, non-financial challenges
- Better understand what HCBS payment reforms or innovations would encourage providers to provide HCBS services to Health First Colorado (Medicaid) members

## ■ Sharing Ideas through a Jam Board

### Colorado Provider Reimbursement & Workforce Strategies Stakeholder Engagement

- HMA has created a [Jam Board](https://jamboard.google.com/d/1m1NDteTCaBQQAMTaK4y9sd2lmLpAhhBXh39GWNvWmhE/edit?usp=sharing) for you to share information  
<https://jamboard.google.com/d/1m1NDteTCaBQQAMTaK4y9sd2lmLpAhhBXh39GWNvWmhE/edit?usp=sharing> copy into your browser
- The Jam Board contains 6 “slides” with difference questions
  - You can put your input onto the Jam Board by clicking on the sticky note  and writing in it – then hit save
    - If you are done adding notes, hit cancel on the sticky note
    - You will see your sticky not on the board; if you like, you can move it to another place by clicking and dragging or just leave it where it lands!
  - Please provide detail on your provider type and location (“Home Health, Fort Morgan”)
- You can move through the Jam Board slides by clicking on the < 1 /1 > arrows at the top of the page
- HMA and HCPF will reconvene with the Direct Care Workforce Collaborative in January 2024 to review what we’ve learned and to expand upon feedback
- If you have any questions, please fee free to contact us!

## ■ Question 1 – Jam Board Slide < 1/6 >

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**How has the financial adequacy of HCBS service reimbursement changed over time, and how would you assess the adequacy of current service reimbursement?**

- Have you received increases/decreases in reimbursement over the past few years?
- If you have received increases, have they been adequate for the service(s) you provide?

**What is the largest non-financial barrier to delivering HCBS services to patients?**

- For example, administrative challenges to providing care (e.g., paperwork, reporting)?
- For example, challenges to providing care (e.g., travel time, language barriers, etc.)

**Are there any state or federal Medicaid policy hurdles that make serving or expanding to rural communities particularly challenging?**

- For example, provider credentialing policies, claims submission policies (timeframes, etc.), reimbursement policies, policies on who can provide what services, etc.

## ■ Question 4 – Jam Board Slide < 4/6 >

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**Do you find that some services, patients, or levels of care have a sufficient reimbursement rate while others are underfunded? Please provide specific examples of any applicable services/patients/levels of care.**

- For example, higher severity members are not funded appropriately but lower severity members are overfunded.
- For example, rate tiers exist but do not align with the traits that influence the cost of treating members.



**Are there any services/providers that are instrumental to patient care but are currently not reimbursed?**

- For example, services you deliver for which you do not receive payment or services in which the current fee structure does not align with how you actually deliver care.
- How would you suggest revising payments to make it feasible to deliver the services your clients need and to hire and retain the right workforce to serve them?
  - For example, travel time in rural communities, translation/hiring staff who speak the same language as your clients, etc.

**Are there any HCBS service payment reforms or innovations you feel would benefit Colorado?**

- Financial incentives to encourage participation in Health First Colorado?
- Non-financial incentives (e.g., CME credits, training) to encourage participation in Health First Colorado?
- Are there any payment reforms or innovation that a commercial payer uses to reimburse you that you would like to see Medicaid utilize?

# Thank you!

If you have any questions or comments,  
please contact:

[lrepasch@healthmanagement.com](mailto:lrepasch@healthmanagement.com)

[cdickerson@healthmanagement.com](mailto:cdickerson@healthmanagement.com)

[arudebusch@healthmanagement.com](mailto:arudebusch@healthmanagement.com)

# Open Forum & Announcements



# Resources

[ARPA Grants Website](#)

[HCPF Surveys Website](#)

[DCWC Website](#)

[DirectCareCareers.com](#)

[Colorado Demonstration For Applicants Video](#)

[Colorado Demonstration For Providers Video](#)



# Next Collaborative Meeting



**Wednesday  
March 13, 2024  
10:00 - 11:30 a.m.**

Information about the Collaborative and upcoming meetings can be found at:

[hcpf.colorado.gov/direct-care-workforce-collaborative](https://hcpf.colorado.gov/direct-care-workforce-collaborative)

**Email:**

[hcpf\\_DCworkforce@state.co.us](mailto:hcpf_DCworkforce@state.co.us)



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# Before you leave...

**Please take  
60 seconds to  
complete our  
feedback  
survey!**



*Thank You*



# Thank you!



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