



## MINUTES

### Transitions Stakeholder Advisory Council

Google Hangout Weblink: [meet.google.com/emq-kfpb-aex](https://meet.google.com/emq-kfpb-aex)

Google Hangout Call-in: +1 470-268-2030

PIN: 614 405 288#

Thursday, December 2, 2021

2:30 – 4:30 p.m.

#### COUNCIL MEMBERS

- Clarice Ambler, DRCOG
- Meghan Baker, Disability Law Colorado
- Anne Bartels, Sandata X
- Amy Dixon, CPWD
- Monique Flemings, AHOD Services
- Paige Gallaher, Atlantis X
- Jennifer Giurgila, Jefferson County
- Fallon Gillespie, Rocky Mountain Human Services X
- Jennifer Krulewich, Focus Cares X
- Tracy Martinez, Touch of Care X
- Jenn Ochs X
- Neal Waite, ADRC Region 3B X
- Miriam White, SJBAAA X

Attendance Link: <https://forms.gle/EDaybu73WZAnPZH7>

#### 1. Welcome and Introductions

2:30 p.m.

- Approval of the November Minutes - Minutes were approved
- Purpose of Today’s Meeting  
Start off by welcoming new council member and new council member application. Haley Gleason from the Department is joining later along with Jessica Boyer, a new team member at HCPF, who is working specifically on the home health programs under ARPA funding. Home Health was a topic identified in survey earlier this year as important to program to make sure members can live in the community. We will also have open discussion on rural issues,

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followed by council updates, council meeting agenda changes, information on financial eligibility committee that met last month and strategy for new staff member coming on board. Note: January meeting changed to the 13<sup>th</sup> on zero income members and members experiencing homelessness.

## 2. Council Member Application & Welcome

2:35 p.m.

- Ryan McGee – DRCOG

Ryan McGee is stepping down from council due to accepting another job within DRCOG.

- Jane Sinclair – CPWD

Jane's application was approved, excited to have her join the council!

- LaShawn Love – Love Foundation

LaShawn submitted a council member application and shared why she wants to join the council. LaShawn is the owner and founder of Love Foundation303, providing services to families that are overlooked and underserved. She comes from an education background and learned transferable skills dealing with IEP's, IESP's and can apply those skills to TC, as well as how to identify with those experiencing a disability. LaShawn's agency has been up and going for 5 years and outside of that she's been serving the community for 7 years. Katy thanked LaShawn for interest in joining council.

## 3. Program Updates

2:40 p.m.

Matt provided updates on MFP grant, excited to share the new job positions will be posted shortly. The Department was awarded \$5M grant to expand services and part of project will require additional staff support. Two positions created out of MFP grant will be an Access Eligibility Specialist and a MFP Grant Specialist. More info to come soon, if any questions reach out to Matt. [View HCPF Jobs Page](#)

Matt also provided an update on the soft launch of the Care and Case management System to be followed by official implementation. The Department is delaying the soft launch as of now but anticipating April 2022 implementation date. If any questions reach out to Matt. Email: [matthew.bohanan@state.co.us](mailto:matthew.bohanan@state.co.us)

Courtney with DOLA shared they are continuing to maintain 20-25 transitions per month and Atlantis Community Foundations will now handle all Denver Metro vouchers moving forward.



## 4. Home Health

3:00 p.m.

Katy introduced Hayley Gleason, Strategic Outcomes Division Director taking on ARPA projects for OCL who is joining us today to talk about Home Health work and what OCL is doing on the ARPA project. Jessica Boyer with Workforce Sustainability is also joining today.

Hayley shared work going on to support Direct Care Workforce initiatives, where we are headed and work underway. Direct Care Workers are attendants, Home Health Aids, Home Care Aids, Assisted Living Aides, and individuals providing hands on support to older adults or individuals with disabilities. There are many different types of health care workers and all are important, but we know direct care workers are critical especially in OCL with the members we serve.

Look back between 2009-2019 showing growth in this workforce has been happening for several years. Vast majority is happening in Home Health and Personal Care side, which is the way we are headed keeping people in the community and providing that care. Reason for growth is due to aging of population as baby boomers age and continue to live longer and being able to keep people in the community. Where are we now? Talking about shortages for a long time and that it would only get worse with demand growing and pandemic sped that up. People leaving the workforce due to increased risk and new opportunities with different career paths. Since August, the weekly shortages reported by Residential Care settings is increasing. Growth needed in workforce is expected to explode, 40% growth needed in direct care workers (PCA and HHA) and need people to stay as there is very high turnover with this workforce. Need 24,000 workers to address growing demand, accounting for growth and separation need 116,000 direct care workers to meet demand. We know turnover is high, why are they leaving and not coming to new jobs> Compensation is big part of it, hasn't increased or kept up with inflation or cost of living. Limited career advancement opportunities and other job factors impact individuals deciding to leave. Need to address how to improve compensation, awareness.

PHI developed 5 pillars of Direct Care Job quality- Quality training, fair compensation, quality supervision and support, respect and recognition and real opportunity. HCPF pulled together cross agency collaboration group and meeting for almost 3 years to discuss what we need to do as a state to improve this industry and workers jobs. Snapshot of Goals and Actions, first is crisis response, we are still in a pandemic. Second is to expand cross agency collaboration and third is to recruit new individuals into the field. Fourth, expand career advancement opportunities to make it easy and build pathways to other allied health positions to grow and expand. Fifth, improve retention including addressing issues with job such as compensation and benefits. Sixth, Activate



Stakeholders to Accelerate Efforts to be at table to figure out together as there isn't an easy solution. Hayley handed over to Jessica with final goal of activating stakeholders.

Jessica shared Direct Care Workforce collaborative purpose is to raise awareness and collaboration with three action groups to identify problems. Values and awareness, training career advancement and compensation and benefits. Value and Awareness identified strategies to increase awareness and to create an awareness campaign. Compensation and Benefits identified this group is under paid, they support campaign to further evaluate. Training & Career Advancement, they lack training that prepares them for long term and leads to systemic under utilization of workforce. Strategies to address this is streamlining positions and partner with Community college system and align state regulations. Over 400+ persons have engaged with the DCW collaborative.

Haylee shared background on ARPA and HCPF Workforce Initiatives. ARPA passed in March and provides a bump to expand and enhance HCB with \$515 million total funding. There are several initiatives focused on DCW and 50% of total budget is going to that (\$262M) including provider rate increase to ensure workers get \$15 base minimum wage. Challenge we have is lack of data on the DCW, who they are, what is experience and what do they want? Executing 2 new surveys to have better data to understand needs and will have purposeful person-centered training to prepare them for their job that will be transferable across settings that is duplicative. Developing Resource and Job Hub to have one place to provide resources to learn about jobs, training, career advancement opportunities for current DCW workers or those looking to get in. Establish training fund to train people in high demand positions such as QMAP. Funding for career pathways, public awareness campaign to put spotlight on how important these workers are and finally workforce compensation research including benefits, childcare, housing and how we can address compensation to attract DCW.

Ian asked about wage increase, Taco Bell is hiring at \$15, MFP means person has user friendly system to hire, train their own staff where there is degree of flexibility. If we can figure that out so person can make own choices and pay a decent wage that is where we should be headed.

Mary Jo asked about Residential Care Staff Weekly Shortages which is 3000 people and wanted to know the total number of direct care service workforce. Haley will get look into that and get back to the group.

Brad stated something needs to be done to attract more caregivers and wanted to know vision on how to sustain that once the ARPA funds are gone? Hayley said great question, a lot of work is building and investing upfront, in R10



request for this year budget is to continue this funding ongoing, going to joint budget committee to sustain and there is also a lot funding being discussed at national level and will continue sustainability funding discussions.

Jane asked if homemakers will make at least \$15 and Hayley confirmed they will.

Ian asked in the chat to please include peer counseling, mentorship and real-life scenarios in the training workshops and Hayley agreed these are all important and collaborative is focused on these initiatives. Ian shared peer stuff goes along way when engaging folks to make the transition.

Hayley shared that this collaborative is a great group of passionate volunteers at the table and encouraged people on the call to get involved. Jessica included website and all dates for meetings, please send email to Direct Care Workforce Collaborative email to be added to email list: [HCPF\\_DCWorkforce@state.co.us](mailto:HCPF_DCWorkforce@state.co.us) Direct Care Workforce Collaborative website: [hcpf.colorado.gov/direct-care-workforce-collaborative](http://hcpf.colorado.gov/direct-care-workforce-collaborative)

Link to [Colorado ARPA Proposed Spending Plan Implementation Presentation](#)

Katy thanked everyone for discussion and asked if we would like to keep this topic on the agenda. Miriam said info provided today should include updates on work they are doing on ARPA funds and training.

## 5. Rural Issues

3:30 p.m.

Katy started rural issues discussion to revisit conversation and other issues the Department can look into. Other issues were housing, home modifications and lack of providers which is on the agenda for later this year. Partnership between HCPF and DOLA looking into how to streamline that process as well. Opened to group discussion for other areas experiencing in rural issues that want to share with the Department.

Brad shared that when he was previously working in Greeley and trying to spread out to other communities, he ran into problem with SEP's not wanting to engage in the transition process. Katy said maybe the Department can set up a conversation. TCA's and OC agency in Pueblo area expanded to other counties and their SEP has been involved in expansion to those counties. Brad also said social workers with SNF's would get frustrated with CIL and SEP when he was working in that area. Katy is taking back into the team to dig into this topic more.

Rejan is in Pueblo and said the other SEP in that county they were looking to expand to would handle transitions.



Frank addressed issue with home modifications, one just took 14 months to complete and there was price gauging. Katy shared there is a group working with DOLA and HCPF to discuss how to improve process. Katy is connecting Frank today with HCPF staff member setting up those discussions to identify what happened in specific situation.

Ian wanted to reinforce again that rural areas have resort communities and are only areas that are inclusive. Because there aren't HH agencies that provide services in rural areas they are going to need to go through CDASS or IHSS and reach out to all people to advertise, hire and train their own staff. Katy asked if group would like CDASS or IHSS the Department representatives to speak to group.

Frank asked if IHSS has opened more to family members while in crisis. Also, wanted to confirm if its 90 days for CDASS to kick in. Katy is getting back on family members providing IHSS care and CDASS timeline to start. Ian said that 90 days should be expedited. Katy agreed bringing in IHSS and CDASS groups would be beneficial.

Brad said CDASS and IHSS is unique, it's someone between HC agency doing it all or individual doing it all. His experience, only 2 people are capable of managing CDASS effectively, but IHSS worked for individual to find workers to fill gap to get out of SNF. Katy will have conversation with CDASS/IHSS group and when it makes sense for those services and how to work with those processes.

## 6. Council Updates

4:00 p.m.

- Council Agenda Changes

Katy shared proposed change to 2021-2022 agenda, recognize APS is something council wants to learn more about and inviting APS to speak to council in February in conjunction with Consumer Rights. Then, will move Housing conversation to June. Katy will make sure new calendar is on website to keep track of topics for the month.

- Financial Eligibility Subcommittee

Financial Eligibility Subcommittee met back in November to discuss financial eligibility that slows down getting members in the community. Right now, there are a lot of coding properties counties must go through. In the new system the level of service will need to be chosen to get first step accomplished. Group identified forms between county and nursing and SEPs, 5615 nursing facility completes and DSS1. Take to new team member once onboarded to discuss how to make process more seamless and simplified. Matt talked about training on



forms that need to be submitted that need to be put in place before member returns to the community.

Shannon asked for there to be clear level of care when HCBS switch is done on SEP. Katy said options codes will be HCBS, SNF, PACE, Hospital so on SEP/CCB side that determination will happen outside the county. Launch of the new system scheduled for April 2022 will help and will have more updates from the Department as we have more information on it.

Group meeting again in January, if anyone else would like to join include in chat and Katy will reach out.

## 7. Open Forum

4:10 p.m.

Neal shared he had issues with email's to Nora bouncing back. Katy said Neal can send to and she will forward.

LaShawn has questions regarding new TC guidance for in person visitation and wanted to know if this is temporary? What does this mean, are we forcing people to get vaccinated or not provide TC services? Matt said direction is based on research have to present day and responses in the community. He will bring back feedback and will revisit. Memo outlines that in person visits are opportunity now for members that would benefit from in person communication. If person is unvaccinated or meeting those requirements than meeting should be held virtually. LaShawn curious where ruling came from, what other in-depth surveying did we do? Did we survey members that aren't comfortable, heard from providers? Any data that TC services has related to Covid symptoms? Matt recapped hears on one hand question of rights, what background or data was used to inform this guidance and is there any data to suggest that transitioning people from facilities to community have an impact. Matt said where we can provide background and engage conversation further, the intent is to be consistent with all communication.

Katy shared link to memo [OM 21-074 – Targeted Case Management – Transition Coordination \(TCM-TC\) Guidance for Transition Coordination Activities During COVID-19 Pandemic, In-Person Meetings](#) – November 2021

Shannon said the memo does not address natural antibodies. Ian shared that some guidance on accommodations and exemptions would be handy (e.g., masking, distancing, testing and quarantining), vaccination is an important piece of the puzzle, beware a false-sense of security, if you're feeling sick, follow the procedure, stay home, get tested, take care of yourself and don't spread germ.

Ian said another topic to put on agenda for January, there's a lot of trepidation in community on how eligibility for HCBS is going to be determined with new



assessment and support planning process. Any assessment's or determinations that are changing, group should be made aware. Katy will invite member of Department to talk through what Assessment and Support planning process will look like. The 100.2 is going away and will be replaced with ASPP and Lori will join to talk through it in January. Katy also shared CCDC is doing a lot of training about this as well and shared CCDC's Changes to LTSS Webinar info on January 6, 2022 9:00 am- 10:30 am [Zoom and Registration link](#)

Kelly works with Development Pathways, and they don't receive any transition services referrals. Matt shared that CCT or TS, members with DD have not utilized the program. Matt wants to look at next steps and where to gather that info and those dealing with mental health to see how we can better support through transitions and MFP. The Department is looking at this and Matt is eager to learn more. Katy said they are working with folks on PASR working with individuals like these for transitions. The Department is exploring that population deeper. Ian shared he interested in digging into opening options for folks with Intellectual and Developmental Disabilities to live fully supported and uniquely integrated into our communities. The infrastructure (e.g., host homes) needs to be in place to make it work.

Neal asked if there is further guidance on resuming of in person meetings for OC. Katy said they are checking on issue again and will have that guidance issued soon.

## 8. Adjourn

4:30 p.m.

### **Next Meeting January 13, 2022 - Zero Income & Member Experiencing Homelessness**

#### **Submit Questions, Issues, and Comments:**

<https://forms.gle/iRZb5zWq5SyMctEe8>

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