



COLORADO

Department of Health Care
Policy & Financing

AGENDA

Transitions Stakeholder Advisory Council

Google Meet Weblink: meet.google.com/gjj-gmae-xff

Google Meet Call-in: +1 347-480-3624

PIN: 515 646 803#

January 5, 2023

2:30 to 4:30 p.m.

COUNCIL MEMBERS

- Meghan Baker, Disability Law Colorado
- Anne Bartels, Sandata
- Monique Flemings, AHOD Services
- Brittany Wright, Atlantis
- Jennifer Giurgila, ACMI
- Fallon Gillespie, RMHS
- Kara Marang, Ombudsman
- Jennifer Krulewich, Focus Cares
- LaShawn Love, Love Foundation
- Tracy Martinez, Touch of Care
- Jenn Ochs
- Patricia Cook
- Neal Waite, ADRC Region 3B
- Lauren Bell, DRCOG

1. Welcome - 2:30 p.m.

- Approval of Minutes

2. Open Forum - Challenges and Wins - 2:35 p.m.

3. Money Follows the Person Update - 2:45 p.m.

- a. Matt briefed us on the MFP demonstration application that we are working on.
- b. The Center for Medicaid made changes to MFP demonstration and supplemental services that were not covered by Medicaid. Historically they were for one-time expenses. They will now allow for short term services such as – short term rental, home mod provision, food assistance, case management while in nursing home and tenancy



support. In order for them to be available, we have to be an active MFP state and since CO is not active, we have to submit a new proposal (demonstration).

- c. Trying to build support directly around the transition coordination model in this proposal. If we get this in place we can also build out the supplemental services.
- d. September 2023 is the deadline to put in the request from HCPF.
- e. This will not change the way things are going now, the access and process stays the same, we are just building on it.
- f. Questions: how long can they use the transition services? Answer: 240 15 minute units.
- g. Comment from Monique: can we expand transition services to transportation (pre or post) to give time for that.

4. Capacity Building Grant - 3:15 p.m.

- a. Asking for ideas on what the grant money should be spent on in an open forum in the meeting.
- b. Shannon Buchanan: Earlier discharge planning.
- c. Monique Flemming: Building out behavioral and social skills and immersing them in the community again.
- d. LaShawn Love: higher payment for providers. Retention.
- e. Concerns around staff funding cliff. Suggestion: demonstrate how they will keep it funded.
- f. More access to computer systems – if agencies could purchase some digital computer systems.
- g. Narrow scope on transition counselors.
- h. BUS system – could be helpful to go paperless.
- i. Community needs assessment is 11 pages on paper. Then it's entered into seal suite then into the bus. *Can we input the community needs assessment directly into CCM. Can it be uploaded?*
- j. Mary mentioned the need to go paperless and the time it takes to update into the BUS system. There is a desire to get more tablets out to the case managers to input directly.
- k. Mention of policy requiring it to be on paper. Lisa Smith to look into this at HCPF

5. DOJ Updates: 3:30 PM

- a. [Informational Memo IM 23-003 Office of Community Living BA-07 Budget Request](#)
- b. This request would provide \$6.3 million total funds in FY 2023-24 with increasing amounts for a number of years afterwards.
- c. In-Reach Counseling (also known as Options Counseling) In-Reach Counseling provides members living in nursing facilities with information on community living and refers members to Transition Coordination. This will provide additional funding to

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implement proactive group and individual In-Reach Counseling for members who reside in a nursing facility. The Department will implement this through Case Management Agencies, state staff or other contractors.

- d. **Diversion and Rapid Reintegration Activities:** The Department will standardize and improve the information shared with members through nursing facility level-of-care screenings. The goal is to ensure that members understand all options for community-based living prior to placement in a nursing facility. The Department is also requesting funding to implement a requirement for Case Management Agencies (CMAs) to create a rapid reintegration plan for individuals that are interested in community living but still need to move into the nursing facility for a short-term stay while community services are arranged.
- e. **Enhance Transition Services and Eligibility Improvements** This request will provide funding to increase the Transition Coordination unit limit, maximum for Transition Setup, and expand access to Housing Navigation.
- f. The Department also proposes to pursue federal authority to implement presumptive eligibility to streamline and expedite the member's transition process from a nursing facility to community.
- g. **Community First Choice (CFC)** This request will expand access to community-based services and service delivery options to members who meet institutional level of care through the 1915(k) State Plan HCPF IM 23-003. This expansion also provides the State with a 6% enhanced federal match on expanded services. The Department will include the following services in the CFC package: Personal Care; Homemaker; Health Maintenance; Acquisition Maintenance and Enhancement of Skills (AME), which will be a new service; Personal Emergency Response System (PERS); Medication Reminders; Remote Supports, Life Skills Training; Transition Setup; Home Delivered Meals; Peer Mentorship; Consumer Attendant Support Services (CDASS); and In-Home Support Services (IHSS). Additionally, with the implementation of CFC, the Department requests to add a monthly Wellness Education Benefit for all waiver members. The Wellness Education Benefit consists of individualized educational materials designed to prevent hospitalization or movement into an institutional setting by assisting HCBS waiver members in obtaining, processing, and understanding information that assists with managing individualized health related issues, promoting community living, and achieving goals identified in their person-centered service plans. This benefit will also help members maintain HCBS waiver eligibility once CFC is implemented, as many services will move to the State Plan, by ensuring that members access at least one HCBS waiver service every month.
- h. Finally, the Department requests to combine the Children's Home and Community Based-Services (CHCBS) waiver with the Children with Life-Limiting Illness (CLLI) waiver. This combination will broaden eligibility and expand access to services for all children currently in these two waivers. For members currently utilizing only case management in the CHCBS waiver, the monthly service requirement will be maintained through the Wellness Education Benefit.

6. Next Steps and Adjourn – 4 to 4:30 p.m.

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Next Meeting February 2, 2023
Topic: Care and Case Management System

Submit Questions, Issues, and Comments:

<https://forms.gle/iRZb5zWq5SyMctEe8>

or email Lisa.B.Smith@state.co.us

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