



COLORADO

Department of Health Care
Policy & Financing

MINUTES

Transitions Stakeholder Advisory Council

Google Hangout Weblink: meet.google.com/emq-kfpb-aex

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

PIN: 614 405 288#

Thursday, October 7, 2021
2:30 – 4:30 p.m.

COUNCIL MEMBERS

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

Attendance Link: <https://forms.gle/EDaybu73WZAnPZHx7>

1. Welcome and Introductions

2:30 p.m.

- Approval of the September Minutes – Minutes were approved
- Purpose of Today's Meeting – Katy provided an overview of today's meeting, starting with Department update, Bre with the Department will share process for what counties are held to and how she can be a resource, we will have open discussion on members in the community without services, Clarice will share Council updates and we will end with an open forum.

Our mission is to improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

hcpf.colorado.gov



2. Program Update

2:40 p.m.

Matt provided an update on MFP. Currently, working on developing overall project plan and initial work to get the ball rolling. Over the next couple of months, we will have high level overview of the timeline. Matt also shared the ARPA plan was approved within the past week. Reach out to Matt if interested in learning more and what the Department is looking into. HCPF ARPA webpage: <https://hcpf.colorado.gov/arpa> Email: matthew.bohanan@state.co.us

Katy updated the group that we have been working on community-to-community transition for the group and working with Communications Department to make sure it is user friendly and easy to understand. Asked group if it makes more sense to have on one page (front/back) or if it works to have on 3 pages? Monique shared that the one pager would be easiest way to get info to the community as it makes it easier to share. Katy confirmed we will be making it 1 page.

Courtney with DOLA shared continuing to grow year over year and hoping to get funds approved to accommodate growth.

Katy shared the Department is working on Case Management Redesign and alerted the group to a survey of what quality Case Management looks like for HCBS waivers and wanted to make sure everyone on the call had the opportunity to provide feedback on what it looks like to work with agencies in a quality way. Very important for the Department to get feedback from this group. Link: <https://hcpf.colorado.gov/case-management-redesign>

3. County/Financial Eligibility

3:00 p.m.

- Bre Benbenek - County Liaison

Katy introduced Bre who is the County Liaison. Bre shared there's a lot going on since 1/1/21 that changes the landscape of how the Department aligns with county members. Started with initiatives the Department has been measuring with long term care application timeliness and what it looks like at a county level. Feds require the long-term care application is processed within 90 days. The Department performance measure matrix on care application timeliness with monitoring at 45-day target. This year put in more performance monitoring, data is going into a dashboard that shows when they are meeting or not meeting LTC application timeliness and process for tracking why things are not timely and looking at if it was data issue error or something to do with county or something to do with the way systems are working. The State needs to make a lot of improvements as well. Huge piece that goes into this is an onsite audit program



that started January 1, 2021. Every county is audited on a 3-year cycle, 24 counties a year and includes questions and LTC modules asking them to tell what their process is, if something comes up alarming it shows as audit finding. There is a certain time to fix it and if it's not fixed it can result in fiscal sanction. For this population, timeline is a key. The absolute timeline is 45 days and that is something the Department is working towards.

Ian asked for clarification, 45-day approval process is measured by Department, Federal guideline is 90 days. Reports they pull show 45 days, counties don't get penalized unless it goes past 90 days. Ian asked what the LTC application process entails and why does it take that long to complete? Bre said some things that cause delays are things that are attached like a trust, disability determination and LTC eligibility process is longer and more guidelines requiring more rules that counties are required to follow such as assets that need to be included with the Federal application. Ian asked when it's a typical application, what does that look like? Shannon shared she has experience with LTC application process and the reason it takes so long is all assets have to be verified such as vehicles listed in DMV that haven't been verified in years, did they give those away, was it market value, those things frequently delay process and trust. With disability determination, providing where assets tend to be biggest delays. Also, when the level of care needs to be updated at a county level from nursing facility to HCBS; that creates one of the biggest challenges. Bre said it's a manual based process and the back and forth to resolve application process takes time. State plan Medicaid can go through PEAK and find real time eligibility, the manual process inevitably slows things down. There are ongoing efforts to make a more automated or easily trackable process.

Monique asked Jenny why they don't have those gaps in services in Jefferson and Larimer. Jenny said they have different process, instead of having intake Case Manager in beginning and different CM to do assessment, they have 1 person doing it all. Larimer can somehow set up services right away. Monique asked how does Larimer get around it, why can't other counties work the same the way? Said Dummy PARs worked that were approved years ago, can it be implemented again. Asked if 45 days is for LTC and they are already getting care in the facility why aren't they eligible in the community? Bre said she can't address dummy PARs but is something she can follow up on. Jeffco and Larimer, happy to hear they are doing so well, it was a struggle for last several years and hearing it's going well is great. Bre will reach out to see what process is and how they changed it to improve. Some counties are losing staff or facing major staff shortages right now. For Larimer, being able to authorize almost immediately, Bre wants to hear what changes they've made and if they have a particular process that should be a best practice and shared with other counties. Matt spoke to PAR question; he came from Larimer as SEP manager before HCPF. In general, it's largely based on relationships and how can we copy that to make progress. Previously, the DEPAR was tied to legacy system, most were on paper,



auth process done via mail. Because of the process, CM agencies would provide a DEPAR and when this process moved to interchange it no longer fit. Regan with Pueblo County SEP, said Matt touched on it, but interchange coding can't create PAR without the Bridge. Pueblo County has specific people that look at eligibility so they can get coded quickly. Monique said it works well in Pueblo!

Katy shared we can reach out to eligibility team to walk through process each county takes. Also reach out to Larimer, Pueblo, Jeffco to see if they want to join conversation. Katy also asked if helpful conversation would be with financial eligibility and what's getting caught in the process? Miriam said yes, Monique shared meeting with SEP's and conversation with nursing facilities would be good as there is so much turnover in facilities the social workers are holding up transitions. Looking at process so everyone knows the role in process. Jenny Albertson offered to host meeting with Nursing facilities to help come up to speed with what can be done. Monique said that's hugely helpful! Jenny shared her contact info: Jenny Albertson, NHA Director of Quality and Regulatory Affairs Cell: (720) 675-3478 Email: jalbertson@cohca.org

Bre said they are also working on piloting a new issue tracking system in the next couple of months to give more of an idea of one offs or broader idea of issues that come in from different counties. Hopefully, will come with webform that will create ticket in the system. Issues with particular county and no response to extremely urgent escalations, the Department will start tracking those at a higher level. Katy asked if folks have other questions, they can reach out directly to Bre at: hcpf_countyrelations@state.co.us

4. Members in the Community Without Services 3:30 p.m.

Katy opened the discussion by asking the group what are the issues for members in the community without services?

Monique shared she had a member go to community without services due to financial eligibility (30-45 days to make decision) and had neighbor call Adult Protective Services to get involved in El Paso County. There have been two cases that she is highly concerned about transitioning as they don't have services. For members transitioning, asked why do they have to wait to transition that long if they are already approved for nursing services?

Paige said there's a lot of communication from the State and they need to have lease signed prior to move out to the community. Need to figure something on transition services that works as we are currently creating a community that is at risk based on the process. Transition set up has to be HCBS service and instruction from the State, many are comfortable to provide without PAR.



Frank said even when lease is signed and trying to get everything coordinated, everyone is on board but there's a glitch in process where something gets rejected or gets caught up in the system, so they are out there without services, and everything is held up because HH agency feels nursing needs are greater and that doesn't match with CM assessment. Issue increased lately because there's not enough HH around. Clarice asked if it is happening more now and Frank said yes, it's been happening. He's spending more time at members home to ensure they are getting meds, services needed and puts his agency, member, consumers all in jeopardy when this happens as everyone is at risk. One piece of this puzzle drops off and everything comes to a grinding halt. We need to have all things in place on Day 1, life alert, emergency response system, but can't get any of that until they've been in home 24 hours, a lot of times TC is jumping through hoops, not fair to TC, members, consumers, etc.

Pauline agrees with Frank. They hired TC that used to be a nurse and if it wasn't for her, they would have lost members that recently moved out. There have been so many scary incidents that have happened and the TC they have has saved so many issues. HH crisis is scary, gap in services is putting more on TC and they have to shift how their agency does things to accommodate the gap in services. As agencies, we should have more units to cover gap in services and not cover the gaps.

Monique shared the gap in services is a major financial liability to agencies, the units allocated is not enough to set up services. How can services be formulated so that LST is part of the PAR?

Frank responded to Pauline's agency having a nurse, they are going to do what needs to be done, they are responsible for the member, it's a liability to their agency... if there is a way to get individuals trained to cover when there is a shortage. Go out as a stop gap to ensure safety of individual that just transitioned.

Paige said it's significantly limiting who can move out of facilities. This program is created for people that can't live in the community without support. We don't want to add QMAP codifications, seems it's more important for nursing home to get paid until they move out instead of getting services provided. Priority should be to fix this, scared of what people are providing on top of services.

Jenny agrees with everyone, serious issue impacting the safety and health of members. This has been raised for the past year and finally addressing. Providing services without PARs is an issue and months later they may still not have a PAR. Jefferson and Larimar are not experiencing delays. Need to compare how they do things with what TRE and RMHS is doing and have them share best practices.



Brad said the other part is people that absolutely can't be out in the community without services. They have someone they've been trying to get out for a few months. Can't have them get out without having a CNA visiting 3 times a day, 7 days a week. Nervous about moving anyone out with services in place as it puts agency and member at risk.

Miriam in Durango, SW corner, shared they haven't had TC over there for over a year. Meeting with folks requesting OC but can't refer out if there's no TC to work with them and most members have been on waiting list for over a year now. Katy checking with Nora and ILC there to see what timeline is to hire new TC.

Matt shared he's so grateful for feedback, mostly wants to listen and assured everyone that the Department echoes all of these as priorities. Excited about this conversation, agrees with all said and level of importance with how this needs to be treated. There are short- and long-term things in place to address these things. Jenny shared functions that work in Jefferson and Larimer and Matt is reaching out to these people to discuss how they approach these issues in their region. Matt said this is the biggest issue that we face. Matt also thanked those that connect with him offline and offered the group to contact him directly.
matthew.bohanan@state.co.us

Katy asked group for next steps. One thing we want to come back to is approval process for additional units above 240 cap and asked if people are using that and if it's been helpful? Are people seeing an increase in submitting additional unit requests to cover the gap phase? Jenny said yes, they are having to request the additional units. To Franks point, home health doesn't service client and they need to help on gap. Monique said they haven't necessarily used it because they are relying on pars for LST. The TC is at 120 units alone on one case over the gap. Member signed lease in July and still not in home because of delay in approval for Mobile Durable Equipment. Pauline said they also need additional units because gap in services is so extreme. They have to save units for post care transition. When the send in units cap, they get additional units which is supportive. Katy said that process was set in place to help with those approvals above the cap. Asked if this is something we could dive deeper into to discuss best practices and solutions. Pauline, Monique, Jenny, and Miriam all said they would work on that committee. We can make this permanent discussion if that's helpful or wait and see ideas that come out of the new sub-committee. Pauline said these topics are so important to talk about Gap in services which is scary and needs to be prioritized and discussed until there's a solution. Jenny agreed about issue as it closes the door to some people that could live in community but there's a shortage of HH. Pauline said there's been 3 members they couldn't



transition. Ian said it's a slippery slope if we are conceding to this and preventing members from living in the community.

Ian said there are people in community receiving services that are even higher than what they are receiving in SNF. Brad shared the workforce shortage is situation where they have to turn down people for transitions, HC agencies can't staff and SEP's can't either. SEP is putting people on waiting list now because not enough HC and homemaker services for those individuals. Katy shared a lot of ARPA funding is going towards building a workforce to be more sustainable. Discussing HH/HC in December meeting as well.

Miriam said there are a few individuals they did transition needing HC, they can't find services and will housing facilities be more lenient knowing they are pending. Members are at risk for losing their place because they can't keep up with it. Katy will come back to group with an update on where the Department is moving in terms of policies and direction Department is going with funding. Because ARPA is not long term, it's not something that can go to paying higher wages for long term as funding ends in 2024 but she will bring additional info back to the group soon.

Brad shard in same situation with apartments sitting empty as well, takes a while to get apartment with modifications needed. Katy not only lack of services to keep them safe in community but also lack of housing.

Monique provided update on the October 6th OCL memo on the workforce shortage from John Berry regarding the reactivation of the Workplace Fusion Center. Although it doesn't look like it includes Home Health. Jenny Albertson shared that nursing homes are frequently closing to admissions due to worker shortage. They are being cited for having inadequate staffing for the residents they have already had in-house and now have fewer workers to support them. When you add that transitions are thwarted by workforce shortage, facilities also cannot discharge to reach appropriate staffing levels.

Katy shared one position the Department is looking to hire under MFP funding is an eligibility specialist. Goal is that position will be hired in the new year and could give feedback to get the person on the ground and up and running.

5. Council Updates

4:00 p.m.

Clarice opened it up to the group to share updates.

Billy Allen shared they have job openings in Grand Junction and to reach out to him if they know anyone interested. Katy said she will share with the OC group.

Courtney with DOLA said they are also hiring.



6. Open Forum

4:10 p.m.

Monique shared that AHOD will be featured in My Black Colorado next month. Her personal goal is to educate everybody about transition services.

Katy asked if anyone is working with CDASS, IHSS. Ian shared the Centers for Independent Living can work with people to access the Consumer Directed Attendant Services and Supports (CDASS) program, then advertise for, interview, hire and train staff, it is often the only option for getting personal attendant services in rural and frontier communities. It is still a huge challenge, but there is more flexibility in scheduling and pay than through an agency. Ian said when it comes together there's more flexibility with scheduling and getting good quality workers, the program allows for better attendants over what agencies can pull off based on reimbursement. Until we can get attendants paid \$20-\$25/hr we will continue to have this conversation.

Billy Allen shared link to locate your local Independent Living Center:

<https://coloradosilc.org/independent-living-center-locator/>

Brad said he sees a lot of merit with CDASS. Most of the transition members are not able to juggle everything under CDASS.

Katy asked group to complete the Satisfaction survey to make sure everyone is getting the most out of these meetings: <https://www.surveymonkey.com/r/transitionsrvcs>

7. Adjourn

4:30 p.m.

**Next Meeting November 4, 2021 -
Long-Distance Transitions & Transitions from Other Settings**

**Submit Questions, Issues, and Comments:
<https://forms.gle/iRZb5zWq5SyMctEe8>**

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify John Barry at 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.

