

We're all good? Yay! Okay, um, can you pull the slide deck up, please?

And we can go to Zoom captions. I'll try to as quickly as possible, move through some some intros so that we have as much time as possible for the content. We know there's there's a lot of information. We can go to the next slide.

So real quickly, for anyone that needs subtitles enabled, you can do so now. The screen allows for directions. So the directions are are on your screen. And if you need assistance.

outside of what's listed, please indicate that in the Q&A, and a member of our IT team will be able to assist you.

to the next slide, please.

So for some housekeeping items, we really appreciate everyone spending time with us on this evening. We want to go through just a few pieces before we jump in.

First and foremost, we do uphold our credo of mutual respect.

This is where we agree collectively that we'll have mutual respect for each other.

We'll honor and respect differences. We support mutual accountability.

and active listening. In addition, it's important that we are committed to nonpartisan professionalism.

The presentation part of this town hall will be recorded.

Once we get to the Q&A at the end, we will turn the recording off.

So that it allows for ease and comfort for all attendees. But for the presentation materials, we will be recording and then sharing those later.

As you come up with questions, right? A lot is changing. We know there are a lot of questions. Please submit those to the Q&A section in the chat.

the Q&A section function at the bottom of your Zoom window, and we'll be answering those either live or providing some responses, written responses back, if that's the most appropriate.

A recording and an FAQ sheet will be documented and uploaded to our website. If you want to revisit any of the information being shared this evening.

In addition, we just want to ask, please do not share personal health information. If you have specific questions or concerns that will need to be addressed in more depth, you can either reach out to your case manager or if you're not sure who your case manager is, you can call our case management care team.

at 303... 3606600.

And then that would be extension 3, and then there's an option for customer service questions.

You can also visit our website, dpcollo.org. for key leadership contact information. So there's a couple ways you can reach out if you need something specific from us.

Let's go to the next slide.

For today's agenda, we have a couple things. We want to talk about how we got here right? We know that there are a lot of changes coming down and effective as of April 1st.

We're going to go over some final budget decisions.

And then we're going to talk through the long-term services and supports which we always call Ltss system changes and the operational impacts that that has.

And then we'll talk about some local programming. After that, we'll leave some space for Q&A. I know we're kind of short on time, because you know had a little hiccup at the beginning. So we'll try to make sure that we're typing as many responses back to folks so that you get your questions answered, and then we'll try to save a few of them at the end for Q&A spaces.

Let's go to the next slide.

So real quickly want to talk about the 4 leaders that you'll hear from today. And we have various leaders also on this call helping to type some responses, follow up on the back end. But the 4 folks that you'll hear from today, like I said at the beginning, my name is Michelle Bauman. I'm the chief program officer.

My physical description is a female with brown hair and glasses.

We also have Kristen Yoder, who is our vice president of case management.

We have chem tenure, who is our Director of Government Affairs.

and then you'll also hear from Dinah Fry, who's the director of community engagement.

and go to the next slide. real quick, before we jump into the content, we're almost there, almost at some of the the details to start sharing. We really just want to make sure we're grounding ourselves in right our guiding principles, vision, and mission at developmental pathways.

Our guiding principles are really what lead us, and those are integrity, innovation, partnership, and stewardship.

which help us achieve our vision right? Enriching lives and strengthening communities, and ultimately to serve our mission at heart, which is to enrich the lives of people with disabilities and delays by partnering to provide expertise.

support and advocacy in their pursuit of a meaningful life.

Next slide. In addition, we believe that full inclusion and partnership in community life is attainable for everyone. That is something that we are very grounded in.

From here, we're going to start getting to the meat and potatoes of our content, and I'm going to kick over to Kim tenure to introduce herself and talk through some content.

Hi, everyone. Thank you so much, Michelle. My name is Kim Tenure. I'm the Director of Government Affairs here at Developmental Pathways, and my visual description is I am a female, blonde hair, really big glasses, like the biggest you could get on my face if possible.

Uh, and I'm excited to be here with you all to talk today.

My focus is really going to be... oh, could we do the next slide, please?

Thank you. My focus really is going to be to set the stage for us before we get into some of the specifics for budget decisions and specific for some of our operational changes, and really thinking about how we got here, and why there's been some confusion along the way, because the disability system and community has felt some confusion along the way.

So this has been a budget season unlike any that we've seen before at the state.

I'd like to start by going back to the beginning to look at the historic investments that we saw come into the state of Colorado through ARPA dollars. We saw 566 million dollars come into the state of Colorado from Artha.

Those projects focused on different investment projects and specific rate increases for some of our providers.

These programs, the aim was on increasing access to services and supports.

Um, and the focus was on innovating and investing into our system.

What's really important to understand. Thank you so much, someone in the chat called me out. What is ARPA? It was the American Rescue Plan

Act. I apologize. I tried to be really good on these acronyms.

So the American Rescue Plan Act was the result of COVID. What the government decided to invest and give to states to have strategic investments. It's important to know that this funding through ARPA was one time funding. It came over the course of several years, but it was one time funding, and it was not a sustainable or long-term funding source.

Most of the projects wrapped up by 2025, and that's where the funding turned off. During the 2025 legislative session, which would have been last year, there were several concerns raised about forecasting concerns around sustainability for the long-term services and support system.

and other heavy expenditures within the system. So that really was immediately post-pandemic challenge, and that got us to 2025.

Then in July of 2025, we saw passage at the federal level of H.R. 1 or House Resolution 1, or also commonly called the One Big Beautiful Bill Act, or OBA.

There are many different provisions in this bill. I'm going to focus on just a few of them that most impact healthcare and our state, specifically our state Medicaid program, Health First Colorado.

This bill cuts about a trillion dollars in health care spending across the country. It also added stricter work requirements for the for the.

expansion population. This would have been the Affordable Care Act expansion population.

For today's conversation, because it's really easy to get into the weeds on this.

The biggest impact to Colorado was a reduction in state or in federal matching that came to states. So we saw what that means is we saw less money coming into the state of Colorado from the federal government. That means if you think of our state budget like a big pie, our pie got a little bit smaller.

As a result of some of the challenges that could present to the state of Colorado from H.R. One, or the one big beautiful Bill Act.

Governor Polis called a special session in August of 2025. During this special session, there were several bills that were passed, but most relevant to this conversation today, a bill was passed and signed that gave the governor special authority to take measures across the state.

to reduce costs and save money. This allowed the government to issue

some of these changes through executive orders. Executive orders operate very much like legislation.

But the timelines can look differently than a regular budget decision.

Shortly after this power was granted to Governor Polis, we saw many executive orders that were released along with the State budget request from the governor's office that impacted cost savings measures.

One great example is in the 2025 legislative session. Providers, Hcbs providers were given a 1.6% rate increase that was rescinded or pulled back on October 1st of 2025 through an executive order.

So we got the rate increase, and then it was taken away.

Many of these decisions. Oh, it's important to note that an executive orders can be modified, codified, or rescinded based on actions that the legislature takes. What that means is that's a check on executive power. If you think back to the days of checks and balances. So if the legislature doesn't like something the governor does through an executive order.

They can override it. In this case, that opportunity came in some of the budget decisions that we saw happening.

Many of these executive orders had different timelines, which helped create some of the confusion that we've seen as a community and added to operational complexities. We saw some executive orders that were supposed to be operationalized January 1st or April first, whereas a traditional budget request is usually.

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effective on July 1st in the next fiscal year.

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All those executive orders are happening in the background, and then we start the 2026 legislative session, and we see the budget and the changes that are impacting our community. Many of those changes from executive orders were rolled into.

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budget decisions, whether they were a supplemental budget decision or a change that would take place in this current fiscal year or a budget decision for next fiscal year.

Once they're a budget proposal, they all have to go through the same process. That means they have to be introduced or included in the budget process would mean there's a presentation and hearing before the Joint Budget Committee, where they're presented and debated.

The State budget process typically starts in November with the submission of the governor's budget and lasts until April or May.

We're in April, and the budget process is still going on.

Ultimately, the budget process concludes when it's passed by both the House and the Senate at the state level and signed by the governor.

Given the complexities of the executive orders and the authority, as well as the growing deficit that the legislatures have needed to balance too. There has been so much confusion on these budget decisions. So if you were on this call because you are overwhelmed and trying to figure out what's happening.

I'm so glad you're here because this is a lot of information while you're trying to make sure you support your loved one that you're or member.

or if it's impacting you directly. This is a very different situation, as I've said, from previous years. Usually, July first is the starting point for all of these changes. This year we have some starting on April 1st and some starting on July 1st.

The budget has been introduced. So when I talk through in the next slide some of the budget call outs or changes that are coming. I'd like to make a note for you that this can still change. Many of these decisions are moving forward, but we have been getting word that some of these are still.

kind of up for debate. In addition to all of this happening at the State and Federal level, there has also been several changes through rules and memos, some of which to mirror some of the changes in the executive orders. Once the executive order is published or released, HCP has a mandate to try to operationalize that.

Because that's an executive order and an action until the Joint Budget Committee decides otherwise. So that's where some of the confusion has laid, where HCP was doing what they were supposed to do while the Joint Budget Committee continued to do what they were supposed to do. So this is government working the way it's supposed to in many of these cases.

Okay, next slide, please.

Okay, so here are some of the community-wide impacts and some of the final budget decisions that I want to talk about. I also want to take a second to talk about developmental pathways and our advocacy work.

It's very important to note that developmental pathways is not an

advocacy organization. We are a case management agency, early intervention broker, and we're a community center board. But we are not an advocacy organization. I highly recommend everyone connect with an advocacy organization that shares their values.

As a case management agency, most relevant to this space, we do do a lot of work on state budget advocacy. We closely follow the state budget and try hard to educate legislators, joint budget committee staff, and other stakeholders on the impact that these budget decisions are going to make to the individuals that we support.

It's critical to know that our 1st, our priority and our focus is to strengthen access to these services and ensure that essential services are protected for individuals with disabilities and delays.

Okay, so here are some of the many, many budget decisions that we've been tracking in my brain. This made the most sense to kind of bucket on a community wide impact and impact just to adults and just to youth or children.

So you can see most of these changes are impacting all populations.

The 1st is, I'm just going to call out a few of these. I'm happy to go into more detail during the Q. And a. But I want to make sure we have plenty of time from our program team to talk about how these are going to be operationalized.

The 1st is coming this year. We will see the implementation of the Colorado single assessment, which will be great news for our community, because this will hopefully help us better understand the needs of our community and make sure we're.

planning in a sustainable way for our system. The reality is that the long-term services and support population makes up about 6% of members on Colorado Health First or Health First Colorado or state Medicaid programs.

But it accounts for approximately 45% of the expenditures.

That's a real unsustainable number that we need to make sure we're understanding, and we've seen traumatic growth in that area. So that Colorado single assessment hopefully can get a better sense of what the needs of our community are.

I want to highlight that we are seeing a delay on long-term services and supports presumptive eligibility, but that wasn't a decision made by the state of Colorado. That was a decision made by the federal government and the state of Colorado is just putting that cost savings.

into the budget. We're also seeing a cap on weekly caregiving hours. This is a per caregiver cap. So per caregiver per member. So if you are a caregiver, you are limited to a certain number of hours.

per person that you care for. Kristen has a lot more detail about how that's being operationalized, because it's a very strategic approach of the Joint Budget Committee advocated for.

We are also seeing a cap for legally responsible persons.

We are seeing a soft cap for personal care, homemaker and health maintenance activities in community 1st choice services.

We are seeing equine services being removed from HCBS waivers or home and community-based service waivers.

And that's the broad community-wide impact. The one I didn't mention in this list is the 2% across the board provider rate.

There's still some question around this, whether it'll be a 1% rate decrease or a 2% rate decrease. So this is one of our unknowns when we're currently recording this.

Moving to the adult kind of square that I have up here. I'm looking at changes to the developmental disability waivers, specifically around youth transition enrollment and reducing the churn or the change. So usually it's one person.

comes off the waiver, one person goes on, this change will move. 2 people have to come off for one person to go on. And then we're seeing some changes to Petty or post eligibility treatment of income.

The youth transition enrollment just changes the automatic enrollment for individuals on Ces and chirp that are not in a specific population that's called out in previous statute. What's important to know by this change is this change didn't exist.

about 10 years ago. So I believe we passed this bill in 2015 or 2016. I think it was 2016, to automatically transition youths on Ces and chirp to give them the option to enroll in DD or SIs. So this is just kind of turning off that transition point.

for automatic. You can still get on the waitlist, and you can still be served through SIs or EBD or many of our adult waivers who don't have a wait list. The Developmental Disability Waiver, or the DD waiver, is the only waiver that has a waitlist.

We also see some changes to youth and community children and youth. And this is specific around community connector changes as well. While it's not specific to waivers, I wanted to call it out because it's

been in the news a lot. We are seeing some changes to pediatric behavior therapy.

Okay. I see a couple of questions in the chat. So I'm going to save those for later, and I'll try to answer some of those questions when I'm off. But I think we can go to the next slide.

All right, thank you so much, Kim. Hi, everyone. I'm Kristen Yoder and I'm the Vice President of Case Management Programs here at Developmental Pathways. A description of myself, I use she/her/her pronouns.

I'm a female with long brown hair and glasses.

Uh, so, wanted to first just make sure we're all on the same page in terms of long-term services and supports, LTSS. Um, so these are the services that are available to older adults and individuals with disabilities.

to have access to care in the setting of their choice, the services administered through case management agencies that we will be sharing about today are services available through home and community-based or HCBS waiver programs.

And the community first choice, or CFC program. Our focus in this part of the presentation is sharing about the system changes that have been confirmed and finalized as part of the state budgeting process.

We understand that there may be other changes that are still in discussion. Some of them were on the previous slide from Kim, but we will spend our time focusing on what has been finalized and is currently or will be implemented.

Next slide, please. So a quick recap on what Kim just presented on state and federal legislation, rules and regulations, executive orders, memos, contract requirements. These are all items that can have an operational impact to case management agencies.

So over the past year, we have seen a lot of changes in our system, including the introduction of the community first choice program, the nurse Assessor process starting and ending, and the introduction of a new direct care services calculator.

An age-appropriate task standards tool that HCP has directed case management agencies to use to support in service planning and authorization.

So developmental pathways tracks and monitors all changes very closely as we... and we prepare as much as possible to operationalize changes through providing communication and information to our case management

teams.

Creating resources and tools as needed to help our case managers move these changes forward. Communicating changes to our individuals and families receiving services, and to our wider community.

We do understand that there are times when information that happens at the state level is shared out with case management agencies and the community at the same time. And in those instances, we work as quickly as possible.

to get our case managers up to speed with information so they are prepared to answer your questions.

Next slide, please.

So the Ltss system changes that have been finalized to move forward have different timelines for implementation over this next year.

So we've outlined on this timeline on the slide, what changes are being implemented and when. The majority of changes will need to be implemented by November 30th, 2026.

There's one change in particular, the cap on weekly caregiving hours that has a unique timeline that will span throughout the remainder of this year to July 2027.

We will discuss more about this as we dig into details of the specific changes. Hcpuf stands for Healthcare Policy and Financing. That's the state entity that.

provides oversight to Medicaid funding, including the services case management agencies provide. Thanks for that call out.

Please note that hit that hiccup healthcare policy and financing has directed case management agencies that changes need to be implemented at a member's corresponding continued stay review or CSR.

That's the annual for individuals receiving services in an HCBS waiver or the Community First Choice.

program or both. Um, that's the annual assessment and service plan meeting.

or at a scheduled monitoring after the implementation dates above, meaning that we are not able to wait until the implementation due date of November 30th to make all changes.

So next we are going to go through each of the changes listed on this slide to provide more detailed information on what is changing and

what you can expect from your case manager in the case management agency as these changes are implemented.

Next slide.

So first we're going to talk about community connector changes. There are two changes that are specifically impacting Community Connector, which is a service available on both the Children's Extensive Supports Waiver or the CES waiver.

And the Children's Habilitation Residential Program Waiver, the CHIRP waiver. So the first change is that the annual unit limit for Community Connector will be reduced from.

2,080 units to 1,040 units. So that's approximately 520 hours a year of this service to 260 hours a year.

The case manager's role for this change is to assess, discuss the need and assess the need for community connector.

4 children who are currently over the limit of the 1,040 units, the case manager will decrease the units to below that to be at 1,040 or below.

This is also a time where the case manager can discuss alternative services that may assist in meeting the needs.

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of the child, or youth. The second change related to Community Connector is regarding age appropriateness for authorization of this service, as this service is meant for children who need a very high level of extra community engagement support.

To be involved in community activities. Significantly more than what most parents would normally provide for a child of their age.

For children under age 6, authorization of Community Connector is expected to be rare and limited to extreme or extenuating circumstances.

Early Childhood Supervision, hands-on assistance. Safety monitoring and redirection are considered typical parental responsibilities and do not alone qualify a child for Community Connector.

So again, the case manager's role is that during the CSR or annual service plan meeting or upcoming monitoring, is to discuss and assess.

For community connector needs. If it is determined that a child under 6 years of age requires Community Connector due to significant support needs, there is an exception process by which the case manager must

request that their supervisor review the needs of the child.

And the amount of hours requested, and make a documented determination on hours to be approved.

If in these circumstances, community connector units are reduced or ended for any reason, the case manager will send the family a notice of action, which is a letter that allows that provides instructions on how to appeal a decision.

about a service reduction. It gives the family the opportunity for appealing that decision. It's also a time where the case manager can discuss alternative services that may assist in meeting the needs with the service reduction.

Next slide.

So this slide is referring to CFC Community First Choice Program Services soft caps.

So, um, the services that are currently offered through the Community First Choice program include personal care, homemaker, and health maintenance activities, or HMA services for short.

An individual can be enrolled in this program, the Community First Choice program, by itself, or in tandem with a waiver program.

These limits apply... these unit and service limits apply to all individuals, whether they are receiving services through an agency or through a participant-directed model, such as CDOS.

The case managers role during the CSR meeting, annual meeting or monitoring meeting is to assess for service needs using all tools, including the age-appropriate task standards tool created by HCPF.

And I believe we will, um, whether that's later here, we will share with you a link to where that is located, so you are able to see on HCPF's website the age-appropriate task standards and task definitions for homemaker and personal care.

If there is a need for an individual to exceed the annual limit of any of these services, the case manager can submit an exception request to

their supervisor to their supervisor for hours that exceed the limit.

For example, personal care, a supervisor is able to review an exception for any hours for personal care that are between 40 hours a week and 47.75 hours a week.

Anything above 47.75 hours a week that is being requested would be the case manager would send an exception request to HCPUF directly to review those hours and make a determination.

If personal care, homemaker, or health maintenance activity units are reduced. The case manager will send the family a notice of the individual or the individual's family or legal guardian.

A notice of action to provide an opportunity for appealing the decision. And again, this is another opportunity where the case manager can also talk about potential alternative services that could help meet the need.

Next slide, please.

So the LRP on this slide stands for legally responsible person.

And that, uh, the definition of an LRP, it refers to a parent or a guardian of a minor or a spouse of an individual who is receiving services.

So if a person has 2 Lrps, for example.

Two parents of a minor. Uh, that are providing homemaker services. Each parent or each legally responsible person can have up to 5 hours a week of homemaker services they provide for one individual, equaling 10 hours per week.

Total. So, for this change, right, the reduction of the cap from 10 hours per week to 5 hours per week for a legally responsible person.

The case manager at the, again, at the CSR annual meeting, or upcoming monitoring, will assess for homemaker needs using the age-appropriate task standards tool.

They will allocate up to 5 hours of homemaker to a legally responsible

person based on assessed need.

Any remaining homemaker service needs outside of what can be completed by a legally responsible person can still be allocated to another non-legally responsible person within the annual unit limits for homemaker.

As was shared on the previous slide. Next slide.

So we are shifting. So those were changes that were implemented as of for as of April 1st, 2026. I apologize. I should have said that at the beginning of each of the slides. We are now shifting to services.

Um, service changes that are happening starting July 1, 2026.

A number of these changes are related to the developmental disabilities waiver, or DD Waiver, which provides support to individuals with intellectual and developmental disabilities, adults 18 and over.

Who meet the targeting criteria for the waiver, including needing access to 24 hours a day, 7 days a week support.

So one of the 1st change we're going to talk about here is related to youth transitions into the DD waiver.

So previously, youth who were enrolled into the CES and CHIRP waivers were offered an automatic enrollment into the DD waiver.

If they met the targeting criteria for the DD waiver.

This is changing, and an automatic enrollment into the DD waiver is no longer going to be extended, except for youth being served through child welfare.

wanted to just mention here, automatic enrollment into the DD waiver for youth in CES and chirp waivers has not always been something that existed. This was something implemented in 2016.

And so has been in place for the last 10 years.

So for youth who are ready to transition out of CES or CHIRP waiver services going forward, the case manager will assess the need of the youth and support in providing information on alternative adult waiver programs.

That could support the youth into adulthood. This includes the supported living services waiver, or SLS waiver, or the Elderly, Blind and Disabled Waiver, or EBD waiver.

The SLS waiver in particular, has an exceptions process as well to ensure access to needed services so individuals, adults with intellectual and developmental disabilities have access to needed services.

To keep them safe at home and in the community.

The case manager will also support with enrollment into the adult waiver.

They will add the youth. to the DD waiver waitlist.

If the youth meets targeting criteria for the DD waiver.

There is also an option. through HCPUF, that if a youth meets targeting criteria for the DD waiver and meets the requirements to request an emergency enrollment into DD waiver.

that there is an emergency enrollment process that the case manager can help navigate the youth and the team through to request an emergency enrollment into the DD waiver.

There are certain criteria related to this. Um, which includes that the youth is experiencing homelessness.

is in an abusive or neglectful situation? is a danger to themselves or others and or is experiencing a loss or incapacitation of their primary caregiver.

So the case manager in these instances can submit an emergency enrollment request into the DD waiver, which is reviewed by HPUF, who makes a determination.

Next slide.

Another change related to the DD waiver is that HCPUF is reducing the overall enrollment access into the DD waiver program by reducing enrollments authorized by HCPUF for individuals who are on the wait list.

for the DD waiver. For every two members who disenroll from the DD waiver, only one individual from the waiting list will be authorized to enroll.

So to know approximately 90% of individuals on the DD waiver wait list who are waiting as soon as available.

are enrolled in another program, such as the SLS or the EBD waiver.

So case managers can add individuals who meet DD waiver targeting criteria to the DD waiver waitlist at any time it is requested.

And also, as was mentioned in the previous slide, there's the option that if there is an emergency that meets the criteria for emergency enrollment request into the DD waiver.

That the case manager can help the team navigate and submit a request to HCPF for review.

Next slide, please.

All right. So first, I want to make sure that we all are we all are in the know on what.

petty means. So petty is post-eligibility treatment of income.

And it is the processed used to determine how much of a Medicaid member's income must be contributed toward the cost of their long-term care in programs that provide residential services.

Including, but not limited to provider-owned or member homes.

So, Hiccups is applying Petty to members enrolled in the DD waiver to align with other HCBS waivers that have residential services and are implementing Petty now, including the EBD or elderly blind and Disabled waiver.

So, once a member qualifies for Medicaid, the petty calculation identifies the portion of their income that should be used for their care, and the portion they may keep for a personal needs allowance.

or PNA or other allowable deductions and expenses outlined in regulation.

This process ensures fairness and consistency in how members contribute to their services while maintaining access to necessary support.

And on this slide, there is an example of to just provide kind of a visual of what that could look like in terms of how somebody who is on the DD waiver, how their income may be impacted by the petty assessment.

So, in this instance, the... case manager's role and responsibility is at the annual CSR assessment and service plan or at the upcoming monitoring. There is a DD waiver, or I'm sorry, there is a.

petty tool, or petty assessment tool that is provided to case management agencies by HCPF. I believe that's another link, um, that we will share with you all, um, because it is on HCP's website, so you would be able to see what that tool looks like.

And that's the tool that case managers will use to determine if an individual, um, depending on their income, would owe any money based on two member service payment to the provider.

Um, based on... based on income information that the case manager would be collecting.

This will be done, like I said, to implement this change after July 1st at the CSR, or at the monitoring, whichever one comes first, and then it will be something that is completed by the case manager on an annual basis.

At the annual CSR.

Next slide, please. Okay, I know this has been a lot of information. This is the last kind of in-depth slide that we will go into. So the last change that we're sharing information on today is regarding weekly cap.

on caregiver hours. So this change has some unique timelines as it is a gradual reduction of weekly hours starting July 1st, 2026 through July 1st, 2027. I just want to make note here that we are still waiting for operational guidance.

Specific to this change. Um, so this will... we will get this operational guidance through the typical HCPF rulemaking process.

And through the Medical Services Board, who approves rules and regulations, which will then be additionally clarified in operational memos. So, we don't have the full scope of how this will be operationalized at this time.

But we do know that it is coming, and we will, of course, share information through our case managers, through social media and other channels when we do get this information.

What has been forecasted for us is this limit for total hours is across personal care, homemaker services, health maintenance activities.

Long-term home health aid services and long-term home health nursing services per member.

So, the 16-hour per day limit for caregivers across personal care,

homemaker services, and health maintenance activities will remain.

This is not a reduction in services, it is a reduction of the number of hours per week of services that one caregiver can provide.

There will be an exception process in specific situations, whether that's because of extraordinary needs, clinical acuity, demonstrated workforce access barriers, cultural, linguistic.

communication barriers, transition periods, and end of life care circumstances. So that is an exception process. Again, once we get more information regarding the operationalization of this change in particular.

that our case managers will communicate when we have more of that information. And again, just want to make sure to call out that these are forecasts and have not been officially adopted into rule.

The case manager can support with identifying alternative caregivers to fulfill authorized hours.

As that's needed. And I think that wraps up my portion of the presentation. Thank you so much for your patience as I gave a lot of information, and definitely want to make sure you get your questions answered in the Q&A. So thank you so much, and I'll pass it to Dinah.

Great, thank you, Kristen. It's a little, I'm gonna be real here. It's a little overwhelming with all these changes. And so I'm glad that we have this time that you can ask Q&A, ask questions, submit those. We're happy to answer them. So hi, I'm Dinah Fry. As Michelle said earlier, I'm the Director of Community Engagement.

I have dark brown hair, green eyes, and big glasses. I use she, her pronouns. So I want to start and share a little bit about our local programming. So we know this is a time of change, and we're so glad you're here. We're so glad that your participation.

In your participation here, and it shows how strong and resilient that our community is. Tonight's about sharing options and highlighting what is available, helping you navigate your next steps with confidence, and so that's the part I get to bring in here. So you're

not alone. We're here to support you, and even what I share about local programming, you get to connect with your case managers about.

So you can find the resources you need. Local programming exists because our counties invest in creating vibrant, inclusive opportunities for people with intellectual and developmental disabilities. I might say IDD, so intellectual and developmental disabilities and delays, that's where I'll use the term IDD.

Um, so these... these programs here were designed to be flexible, responsive, and person-centered, especially when there are state or federal system shifts. The bulk of our local funding comes from the counties, and so that is why it's directed to support people with IDD.

However, we also have other funding sources in the local programming, so even if you don't have an IDD, we can potentially support you. So we want to share these resources. Also, with local programming, we're not here to replicate Medicaid services.

So we're going to offer other meaningful supports that build connection, skills, and independence. That's the goal with our local programming. We can support you right now with local programming.

Um, and can you go to the next slide, please?

Awesome. So first of all, one of the things that we can do is support with individualized supports.

Michelle, I see you joined.

Diana. Lindsay was coming on. I'm not sure if she's asking for us to slow down.

Yep. Thank you, Lindsay. Appreciate that. Thank you, Dinah. Sorry to interrupt.

Thank you. Yep, thank you. Yeah. So this is where I get excited, because this is my my neck of the woods here is the local programming. So I get get excited to share some resources. We've heard about all the changes, and that's why we wanted to come and share some of the

resources.

Again, local programming can support with some things, and that's why we're here to talk through what are those options here. So the first option, again, is individualized.

supports so we can, you can access tailored supports that are designed around your interests, your routines, and your needs. So this might be social connection, community engagement activities, or short-term supports during transition periods, which is exactly where we are right now.

So first thing is, you need to be thinking through what it is you need, and what is your priority. So you're encouraged to think through these with your case manager to define and decide what matters most right now.

whether it's maintaining your routines, staying connected, gaining new skills, finding support options to fill gaps that are created by some of these changes to services.

Our team will help talk through those needs and help brainstorm creative solutions.

How this happens? It's going to start with you. So you're going to identify your priorities first.

You can work with your resource coordinator or your case manager and explore available local options.

You're also option... you have the option to request the types of supports that align with your goals.

And then we also have in local programming opportunities to stay engaged through community partnerships.

through. We have community partnerships through scholarships with recreation centers, libraries, adaptive providers, and so many more. And those goals are, we're looking to help people continue to participate in meaningful, enjoyable activities.

So, as you're thinking through this, looking for a short term and flexible opportunity while these state changes are happening. If you or someone you care for is navigating a change here, a loss, a reduction in Medicaid services.

speak and reach out to your team and see if there's a temporary option where we might be able to step in and support.

What I do want to be transparent about is that local programming does not replace Medicaid services. It does not provide guaranteed funding. And so we just want to be clear about it. We do focus on community based supports.

rather than long-term personal care. But even with these limits, we are committed to maximizing what is possible.

So I'm going to tell you next a little bit about how to access these things. So you can go to the next slide, please.

Wonderful. So there's three direct ways to get access our local programming.

Number one is direct support. That's probably where most of you will be stepping in to ask for support here.

So direct support looks like individual unmet needs, which is short-term flexible funds that can go directly to you or a provider.

to support your needs that are not met by the... by other systems. So this might include respite, professional services, classes, camps.

transportation, things like that. We also have scholarships available, and scholarships are free or discounted community access programs, and those are all specific. We have an email for that a newsletter that sends those out. If you are not on that.

We do, we can add you to that list. You can ask your case manager to be on that list as well for scholarships.

Our local programming also supports during these changes through community providers. So we do have grants and sponsorships that go out directly to community providers to keep them afloat during these changes right now.

And Tubeline maintain system stability. And then last, we have community strengthening work.

So things like tonight, trainings, events, and community capacity building. So we do those things with our local programming in order to strengthen our community as a whole.

and you might be saying now, so how do I access that local programming? So if you or your family have needs that are related to your disability, and they're not addressed.

With your long-term care program, you might be eligible for these resources, so you're going to reach out to your case manager, which I said earlier, but that's what you're going to do. Reach out to your case manager or coordinator and explore, ask the questions about what might fit your needs.

And what funding might be available to you. I don't share. There's a specific amount or anything, because it is all different based on your needs and what program you're in, what other services you're accessing.

So again, the other reminder is that due to the majority of our local funding coming from local mill levies, which were voted on by Douglas County and Arapahoe County residents.

They are tied directly to IDD, so Intellectual Developmental Disabilities.

But we do have additional funds available. So check out our website for activities, events. Contact your case manager or service coordinator to ask them about funds for services that you might be having changes with that are necessary. What are your priorities? Again, we can't cover everything.

But we do have funding available. So you can explore programming and other resources as you anticipate changes here. Don't wait till it's after and you're reacting. Go ahead and start exploring now.

Thank you. Have at it, Michelle.

Thank you, Diana. I appreciate that. There have been so many questions rolling in and we do really appreciate that. We know that this is, it's a lot of information and there's a lot of detail. And in many cases, each.

case and each situation is very unique and specific to you, your loved ones, and your family, so we understand that. I'm going to ask Kristen Yoder to come on, and we've got a few questions that we want to just make sure we spend just a few minutes answering. We have about 13 minutes left.

We're going to try to hit on a few of the popular questions. Thank you, Kristen. Thank you, Kim. And then we're going to also go through some resources and make sure you have what you need. So again, thank you so much for that. One of the questions, and it seems as though there's a lot of questions around Petty. That's a big one. And so one of the questions, Kristen, is for my earlier question on PIC.

What is the percentage breakdown to determine how much they they keep versus how much goes to the provider?

Yeah, that's a great question. And I will say we are still waiting for HCP to provide a specific petty assessment tool for the DD waiver. So I believe that one of our staff members has.

linked, or will link to what's called the Provider Rates and Fees page of HCPUF's website, where there's a whole bunch of information on all the services and fees and everything.

If you scroll down that, um, at... scroll down on that page, you will find Petty tools that are currently being used for residential services in the elderly, blind, and disabled waiver. That's the ACF.

Petty alternative care facility, as well as in the brain injury and

community mental health support waiver, the Supported Living Program, or SLP Petty. So that gives you an example of what it will look like.

Those are not specific to the DD waiver, as that is being created, and it's going to be individualized based on the person's income, right, and information. And HCPUF will then apply a percentage there. So that is information we do not yet have to share with you, but we will once.

the DD waiver petty tool is created and released to case management agencies and will be on that same website that contains the Petties for the other waivers. So hopefully, I know that doesn't.

specifically answer the question, but that's also because they have not yet released the tool. So hopefully that helps and you can save the link and be on the lookout because it will come between now and July.