

NOTE: Stakeholders, please send any additions to these partial notes to John Barry at John.R.Barry@state.co.us or 303-866-3173. This document will then be reviewed at the May PDPPC meeting.

**Participant-Directed Programs Policy Collaborative (PDPPC)
March 25, 2020
1:00 p.m. – 4:00 p.m.**

Stakeholder Meeting Notes (Partial)

Notes began at 1:25 p.m.

Seems as until this point there was discussion about the attendance process

COVID-Related

Curt Wolff: Only essential personnel are allowed to move around in some situations. Letters are needed and do they need to be on letterhead. Should we get this from FMS?

What is progress for sick pay for attendants. Erin has an update

They are working on a letter and smaller version of letter for caregivers to keep on their phone. Letter is generic to be available for any home care worker (beyond CDASS) that should be up today. Bearer is essential worker.

HCPF is working on sick time and does not have answer yet on how it will happen but are working on both federal and state requirement.

Board of Nursing Checks

We talked last month about board of nursing checks, we had people who want to bring this up again this month. Douglas Howey can speak about this.

Erin Thatcher wants to say what HCPF was doing about this. There was an issue where an FMS vendor made a mistake and client hired someone with revoked nursing license. This has been escalated to HCPF legal team and contracts. They are taking this very seriously and working with FMS vendor.

Matt Dotson from PPL said that they did receive response from Douglas and provided him materials requested. They reviewed internal processes and procedures, retraining for customer service staff and enrollment staff, as well as engaging with HCPF and DORA. They have questions not only about the check but details of when items may or

may not be there based on limited information they can put in and PPL wants to enhance this process and background check process.

Julie Reiskin asked what can be done culturally to address the fact that Douglas was dismissed when he called to report it. Matt said the call with customer service did not meet their standard. In this and other situations they do retraining for everyone. They think there was confusion between OIG and Nursing Check. Julie said that the issue was dismissing the client and this is a cultural issue.

This process needs to be online where people can review documents.

Nicole added that good to go status should be online because she has to call in to find out if an employee is good to go.

Erin said that this is a topic for a workgroup and will come back to this in a couple of months when things are calmer. We will include overall process of attendant onboarding.

Co-Chair Discussion

Kevin Smith: What was sent in January was a draft of what they came up with on co-chair responsibilities. During the last few meetings, they have discussed that people could send any recommendations, ideas, etc. They have five things that came up at the last meeting to discuss:

- 1) What is voting process going to look like? This will happen in June, if someone is interested, they should let John, Kevin or Curt know. We could do a vote during the meeting or use technology like SurveyMonkey, but that would leave people out. Curt proposed a deadline for nominations (self or other). If an election is held in June, we should get information ahead of time. Curt said last time they used people in meeting who were voting members. Curt said he is interested in staying on, but if someone else wanted to jump in he would accept that as well. John said he could put together a SurveyMonkey for voting that would be anonymous and for people without internet, he can use his confidential voice mail to take votes. He could aggregate the votes. Julie suggested nominations be due by the April meeting.
- 2) Should co-chair nominees be CDASS or IHSS participants or can they be ARs? Also, what about family members? Cheryl said that experience speaks loudly and there is a lot of experience in this group. It should be open based on process and experience.

Julie agreed about experience, but felt at least one co-chair should be a direct client.

Lisa Dutkiewicz agrees that experience is important and an individual with disability should be at least one of the co-chairs. She said her son would not be able to verbalize experience and she could do that as an AR and feels an AR as co-chair could be helpful.

Corrine Lindsay wanted to identify who should be excluded from running, for example, a lobbyist? She wants to make sure that people well versed in meeting process should be able to run. Kevin said they need to be a PDPPC voting member and have a history with this committee. She said we should not allow an FMS or provider to be in this role, but if someone is directly involved with the care they have the right to be involved in this position.

Gerrie Frohne still likes the idea of having ongoing one co-chair who receives services from IHSS and one from CDASS. She would like to see that as an ongoing requirement. Gerrie thinks employer/person receiving services be the one who we vote on, but it would say "XX person as represented by XX the AR". This is to emphasize who we are intending to hear.

Robin Bolduc said that, as an attendant and spouse, it is critical that we keep the consumer in consumer direction – the leadership needs to retain leadership. It is disrespectful to have a non-client as co-chair. The client is the boss. If there was another committee for attendants then it would be appropriate to be a family member, but this is consumer direction. We always respect attendants and family members.

Kitten Sheridan said she did not agree with Robin. Her mother lives in her home and has advanced Alzheimer's and she has attended all of the meetings and done all of the works. She is not a paid caregiver and does not want to be co-chair, but thinks if an AR wants to be co-chair, they should be able to throw their hat in. If people do not want this, they can vote for someone else.

Mark Simon said this has been a hot button issue in the disability community for many years, maybe 30 years or so. The question you have to ask is, should family members have a voice to be able to speak for the people they represent? We have had folks over the years who have been very good at it, who clearly represent the perspective of the person with the disability. However, it can also go awry and it could be taken over by people without disabilities that do not want to represent us or listen to us. He says no one has been able to figure this out. You can try different things but then if a person acquires too much control it is hard to get rid of them. This is something to think about figuring out what the balance needs to be.

Tim Thornton said he agreed with Gerrie and Julie and feels the person should be involved with advocacy and willing to be at the table for discussion.

Cheryl Hargett-Dorsett agrees there needs to be a balance.

Maria Rodriguez asked if there should be a "committee" of people comprised of disabled and elderly who would choose who the co-chairs would be. These would be regular voting members. Consumers would decide or send survey. This should be inclusive of people with different backgrounds, such as racial or ethnic. Linda Skaflen said she runs an advocacy organization for people with I/DD. She agrees leadership has to be people with disabilities even though she has been involved.

Kirk Miller said there are people who think our lives are not worth living and we need to represent ourselves. We should also have an AR position who can represent what others say about us.

Kevin said what needs to happen is a survey about who is for participant only and who is against that and for allowing others being involved. Then we can vote. The other two items are pretty basic. We do need to have a CDASS and IHSS co-chair at the table. We also need to discuss term limits. We could do election every two years but no term limits. The biggest issue is, who is eligible to apply? Kevin will work with Curt to develop a survey. John will assist with logistics.

EVV:

Lana Eggers: There are always many questions and comments on EVV. They are still on track with the current timeline to mandate EVV for August 3rd. FMS begins in July. We will tie to claims in January 2021. They are working on a live-in caregiver attestation form. That was sent out to folks to discussion at meeting next Tuesday and already got some good feedback.

Cheryl Hargett-Dorsett: Will the pandemic push out timeline because of limitations of people being hired especially those without digital devices?

Lana: The response to the pandemic is what everyone is focusing on, but they do not think it will impact the EVV timeline. CMS does not have the administrative authority to delay past January 2021. Changing the law is not the most pressing issue. The Department wants to mandate prior to federal go-live date because they have to integrate claims. They want people to get used to it before they have to use it for real.

Cheryl: How will this affect people who are medically fragile?

Robin:

NOTE: Stakeholder notes ended at this point in the meeting, during the EVV agenda item.

These partial notes submitted by Julie Reiskin.