

**Participant-Directed Programs Policy Collaborative (PDPPC)**  
**November 20, 2019**  
**DRAFT Minutes for Stakeholder Review at February 2020 Meeting**

John Barry opened the meeting at 1:00 p.m.

**Executive Summary:** *In this meeting we discussed Electronic Visit Verification (EVV), the Attendant Support Management Plan (ASMP) and determined we will form a subcommittee to revise the form (if needed). Rate increases happen in January 2020 and new rates were shared. We got new numbers on clients using consumer direction in the HCBS Supported Living Services (SLS) Waiver and on all clients using In-Home Support Services (IHSS). We also talked again about the qualifications for PDPPC Stakeholder Co-chairs for this group.*

Attendance was taken and voting rights were determined. Cheryl Hargett Dorsett was deemed eligible to vote as she had been at enough previous meetings consistently. The October minutes passed unanimously with no corrections.

**OPEN FORUM**

1. Julie Reiskin said she has heard of a situation where case managers were telling people that they should not leave PPL during the next open enrollment because the other FMS companies had problems with payrolls and were not stable. This was concerning but she wanted to do a survey to make sure this was indeed not accurate before complaining about it. She created a short survey asking people about their experience, what FMS they use, if they have had payroll or hiring issues, etc. She said it went to people on the CCDC membership list who also expressed an interest in CDASS. She said she is willing to have it distributed more broadly if people are interested. Julie also said she was concerned that people do not seem to know when or how to switch FMS and clients do not get direct notice of our ability to do so or the process. Discussion:
  - a. People need to know that they have a choice
  - b. Consumer Direct sends information about the ability to switch FMS vendors to case managers once a quarter a month before the deadline and keeps info on their website. They post results on customer satisfaction survey which is done every year and sent to every client.
  - c. Did the state ask for this to be done? NO CCDC decided to do this.

People would like the survey to go out to the CDASS/IHSS stakeholders list maintained by John Barry. John during the meeting was able to find out that he could send it out via his list, with a statement that the survey was from an outside organization. Julie will send John the link and it will be send out. Julie will present the results at the next meeting.

2. Gerrie Frohne- What is going on with Rhyann Lubitz's replacement? Candace Bailey answered that the whole unit has been moved in Candace's section and she is acting in the role until someone is hired. She said that interviews are being set up for the first week of December and she hopes to have it filled soon. There are clients on the interview team and the position will report to her.
3. Betsy Murray wanted to remind people that the Home Care Association will be seeking additional rate increases. She said we all will need this to comply with the Denver minimum wage increase now and in 2021.
4. Julie said that in the Department's budget request they wanted to have all CDASS and IHSS allocations go through a Utilization Management vendor. Currently, only those over cost containment go through this. The current vendor is EQ Health and Julie said they are awful. Providers agree. They also delay approvals and often PARS are not completed in time for the new year. Julie said people that shared this concern should connect with her off line as CCDCC is considering their legislative options. Julie said she was disappointed that any UM needs for participant directed programs did not come to PDPPC as was the agreement.

### **ELECTRONIC VISIT VERIFICATION (EVV)**

This is a standing agenda item. John asked if anyone had questions or issues on EVV.

1. Cheryl heard that there is a postponement and wanted to know if this is correct or not? The answer is that EVV did get a one-year delay from the federal government to figure out how to exempt live-in caregivers given new federal guidance. They expect the Colorado delay will only be until the end of summer. The Federal Oversight Agency which is the Center for Medicaid & Medicare Services (CMS) said the states could exempt live-in caregivers from EVV. Colorado wants to do this, but the system is not set up for this so they need to figure it out.
  - a) How will this function with multiple caregivers? Only live-ins get exempted – all others have to use EVV.
  - b) Next week is the committee regarding Participant Direction and EVV for live-in caregivers. Staff would like people in attendance to learn more and give more people the opportunity to give input. The meeting is Tuesday, November 26<sup>th</sup>

10:30 a.m. – 12:00 p.m. Call-in is 877-820-7831, passcode 869804#. Location is HCPF at 303 East 17<sup>th</sup> Avenue, Denver, CO 80203, Room 7D (THIS MEETING WAS CANCELLED DUE TO SNOW).

- c) Mark Simon wants to encourage more people to show up. He said that the Department is requiring collection of more info than minimum federal requirements. For example, he said that CMS said that services provided outside home are not subject to EVV but HCPF is still requiring this. He also said GPS is still being used even though CMS is not requiring this and feels like clients are being ignored.
  - d) How many are attending the EVV subcommittee? Katie said she wasn't sure as they do not track call-in attendance. They have been meeting for a year and a half. Mark said there are usually 35-40 people on the phone and usually 8-10 that participate in person.
  - e) Robin said EVV is going to be a problem and we are trying to work with the state on damage control. She said that CMS has made changes and anything not in statute it can change on a dime. Robin said originally Congresswoman DeGette said she would run a bill to remedy the unintended consequences, as DeGette said it was not intended to apply to CDASS or family care givers but DeGette has not followed up and has broken her promises to us. Curt asked for invite for EVV subcommittee to be sent again – John Barry will do so. Curt also asked who is the Department representative for EVV. Answer this is a joint project between the Office of Community Living (OCL) and the Health Information Office (HIO). Nathan Culkin is from HIO and Colin Laughlin is from OCL. Lana Eggert is the project manager.
  - f) Curt said he has attended meetings and agreed with Mark that people are being talked to but not heard. He agrees there is too much tracking, big brother, etc.
  - g) Betsy said Home Care providers have the same concerns.
2. Denise said EVV was supposed to be a collaborative stakeholder process and CMS requires consumer participation. Robin said they are collaborating even though we disagree on some issues. Robin said the state should not be blamed as they are reeling from changes as well and they did not ask for this. Robin said at least HCPF is including us in meetings and getting input as CMS requires but CMS does not say they have to take our input. She said some states have only had two meetings in a year and a half and HCPF has several a month. Robin said state is making live-in exemptions optional and allowing all agencies to choose if live ins are exempted. She said that this is overreaching and agencies should not be allowed to choose. Robin shared that this is a federal requirement, not something HCPF created. It was part of the CURES act in 2016. This was snuck into the CURES act at the last

minute after Sandata paid millions for lobbyists. They are now making billions in states across the country including Colorado. Robin said HCPF has no choice but to implement it but how HCPF implements EVV does involve some choice. She said advocates are trying to do damage control and assure the least intrusive system that meets federal requirements, federal requirements keep changing. She said that this has been a huge amount of time and money for HCPF to do this, not their choice or we could lose money because the law has a penalty for states that do not comply. Robin said the people at HCPF are acting professionally and doing much more than most other states.

3. Maria Difficulty of care exemptions should be available to everyone.
4. Cheryl said that this is turning into an institutional mentality -dittoed by several.
5. Mark —the world is run by those who show up—this is harmful and invasive but we need to show up and make changes.
6. Cheryl asked if this will change the program design of waivers created for independence and integrity? Candace said HCPF has no intent to change designs of the programs.
7. Mark says he keeps hearing that the barrier is that Sandata won't make changes but they work for HCPF. He said that if they won't change to do what HCPF wants, HCPF should get a new vendor.
8. Cheryl asked will this affect how we get allocations determined? Answer is NO.
9. Maria said she is getting EVV materials but always after the meeting has happened and wanted to know who chairs the meetings for EVV: Answer Lana Eggers
10. Denise asked "Is it true that feds exempt live in workers but that the state is exempting them kind of, but letting each agency decide what they want to do?" Candace said that is not her understanding, but she will confirm and make sure this is clarified Tuesday. Robin said agencies are refusing to exempt people so the state needs to make it clear. Betsy said that CDASS would not be involved. She said for IHSS if you are with provider it might be a billing issue and impossible to do anything other than all or nothing which might explain why they are not exempting live-in attendants.

11. Mark said the Department has taken the position that HCPF has no authority to require FMS or agencies to do anything.

**SLS UPDATE:** (Katie McGuire)

CDASS was added to the SLS waiver on 8/15/18. They started seeing enrollments in January of 2019. As of Monday, the numbers were:

- 74 clients on SLS completely enrolled and receiving services
- 10 clients were enrolled and working with FMS providers getting employee paperwork complete.
- 5 clients have current referrals with Consumer Direct of Colorado (CDCO)

Katie said that they are looking into why people are experiencing delays. They are identifying questions that keep coming up and then can address these issues throughout the system. Katie is tracking follow ups and also incorrect PAR entry issues. She also attended CCB trainings with CDCO and said that the case managers seem engaged. Julie asked for an example of questions that are coming up. Katie said that one was: When to talk about Service Plan Authorization Limit (SPAL) and how to make that a collaborative discussion. She said there were also lots of questions about the process involved in entering the authorization.

Kevin asked if most of the clients had moved from other delivery models, or were new to SLS? Katie said most moved from the agency model. Gabrielle Steckman asked: How many are on SLS. Katie did not know but said she would get that information. Robin said she is hearing from families that case managers are discouraging CDASS and asked if training for case managers voluntary? The answer is YES they are voluntary. Katie asked that Robin let her know which agencies are saying this. Robin and others said training on CDASS should be mandatory for all case managers. Mark asked if case managers are accountable if they give misinformation? Answer is no but it should be brought to HCPF attention so they can address the behavior in contracts.

**IHSS UPDATE:** (Erin Thatcher)

The program continues with significant growth. Erin is working on a legislative report for a presentation to be made in January.

- 822 children and 5032 adults are in IHSS
- There are about 140 new enrollees each month and 80% are adults
- 156 agencies. There are lots of new agencies and others closing. There is an IHSS PROVIDER list on the CDCO and HCPF web site

- 45 agencies pending enrollment with DXC
- 13 trainings 318 case managers attended. Case manager training IS mandatory for IHSS.
- She has developed participant guide

### **PDPPC CO CHAIR**

Kevin Smith opened this discussion. This is the 3<sup>rd</sup> time we have had this discussion. He said that there are several parts to this issue. We need to define co-chairs' responsibilities before we determine terms, rotations, etc. We put it out for people to bring ideas about what it might look like. Discussion:

- What qualifies a person and roles
  - Should be voting member
  - Realize and know acronyms
  - Be able to be comfortable speaking in public
  - Run a meeting, know basic meeting protocol, keep order, follow PDPPC agreements, code of conduct and expectations
  - Need to be reachable and accessible to a variety of stakeholders, especially employers/clients in a variety of ways (phone, email, mail., etc.)

### Other comments:

- Positions should be 2-4 year terms and they should alternate to maintain continuity throughout the process.
- Cochairs: One IHSS and one CDASS co-chair
- Mark – suggestions include term limits are good but if you have someone good do not push them out because of arbitrary number, terms should overlap. We need to figure out how to recruit people to step up, need support and training for new chairs.
- Julie thanked Curt and Kevin and offered CCDC advocacy class as a way to help people get the training to take leadership.
- Robin said that the CDASS co-chair needs to be direct consumer, not a family member or AR.
- Maria, agrees with Robin and glad conversation is continuing.

**NEXT STEPS:** Curt and Kevin will draft a job description based on their experiences and these comments and we will then move forward on the structure (terms, staggering, etc.). This will be done by January.

## **TRAINING UPDATE**

As a result of SB 19-238 there is a Training Advisory Committee regarding training needs of personal care workers. CDASS was excluded from the bill but they are hearing from caregivers in the field. There have been in person meetings and a survey. They had ten community meetings and call ins. They heard from many caregivers who are happy about how training is provided.

Approximately 140 CDASS attendants filled out the survey. It is clear that they have better training and more support from employers. **HCPF will bring full presentation of what they found to the next meeting.** HCPF has learned that people do not know about CDCO attendant registry. There is a need to better advertise this resource.

## **ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)**

Curt raised the topic that we need to revisit this document and get clarity as to what can a case management agency require? He wants to make sure people get the right training and right info and that the plan is useful and set up for success. He wants to create a subcommittee. He would like the involvement of an FMS and Jason agreed to participate. Alyson from CDCO will also participate. **If you want to be invited, please let Curt know.**

## **RATE INCREASES:** (Katie McGuire)

- Rate increase will take place 1/1/20
- Case management agencies are doing the work now to make it happen.
- 8.1% increases for personal care and homemaker and 1% increase for health maintenance.
- Clients/employers will get notification that there is an allocation change as of 1/1/20. The new CDASS rates are:
  - Non SLS new rate for personal care and homemaker is \$16.21
  - SLS rate for basic homemaker is \$15.98
  - SLS rate for enhanced homemaker is \$25.97
  - SLS rate for personal care \$21.11
  - The rate for health maintenance is \$26.83 for everyone.

**With this the wage cap increases from \$39.30 increases to \$45.09.** This was a recommendation of PDPPC and HCPF decided to do this at the same time as the rate increase. **Also, as of 1/1/20 the new state minimum wage is \$12.** It will be more in Denver, but we do not know the exact number.

### **Discussion and questions:**

- Cheryl Brown from Mesa County said she is doing the revisions and cannot get them to merge. Can anyone help? Katie said she could call and there may be steps being missed. If not, there might be a system problem, but Katie can help.
- Julie said that the intent of the legislature was to put money in employee pockets. Even though CDASS clients do not have to pass on the increase, Julie said we should. She said we do not have to give all employees the same increase. We can reward excellent attendants by giving them more of a raise.
- Dolores asked if the rate increase will affect recertification? Answer NO. Katie said you do need to tell your FMS who should get what increases.
- Alyson of CDCO said that if you are not sure how to change pay rate, you can contact consumer direct.
- Dolores asked will this be explained in paperwork sent to clients/employers? Answer is that the case manager letter will explain that new rates. If people do not know what to do after that they should contact consumer direct.
- Maria —employers should be paid for the work they do. Curt said that the benefit we get is that we get to direct our own care. He said that this is an option if this does not work.

The meeting adjourned at 4:00 p.m.

Notes taken by Julie Reiskin