

Participant-Directed Programs Policy Collaborative (PDPPC)
January 27, 2022

Stakeholder Minutes APPROVED

John Barry opened the meeting and explained attendance (link for most people). John explained the speaker's queue process.

November Draft minutes were sent by email (and snail mail). Changes: Renee said on page 2 on EVV compliance on 4th paragraph a T is missing in the word THAT. On the last page of the 3rd bullet, change the word IS to IF.

The minutes were approved.

Julie noted she had to leave at 3 so if people wanted minutes after 3 someone else would need to do them.

Kitten asked if there were errors on the attendance sheet. None were noted. The sheet was sent ahead of the meeting. She explained it. kitten@estreet.com if you notice issues.

Open Forum #1

- Margaret Proctor: Why, on total cost factor, is there a difference between the FMS companies? A: This will be covered during the agenda.
- Robin Bolduc: Would like to revisit reinstating the fund for additional services. She explained what it was (if people had leftover funds at the end of their certification period they could apply to use up to 50% of those funds for something not covered by Medicaid that would improve their independence. Robin said that initially HCPF said we were not allowed to do it but other states are doing it. She said this would help people get more and better technology. For example, Alexa increased her husband's independence. It would be great to have this available to everyone. There are many expenses not covered by Medicaid and she would like us to revisit this.
- Cheryl Hargett-Dorsett: Glad we can hire younger people, but she does not like the limitation regarding Hoyer lifts. It would be nice to have a way to compensate Authorized Representatives. The lack of caregivers is a problem. Family members are capped at 40 hours and at least now it seems wrong to not allow family members to work more than 40 hours a week.
- Lisa Dutkiewicz: Also agrees that we need to ease up on the 40-hour cap. She also said the caregiver list from CDASS seems to be no longer effective. It would be great if we could have people get their name on the CDASS list. She offered to help make this happen on a limited basis.

- Stephanie Reese from Consumer Direct Colorado: Wanted to make an announcement and remind people they are hiring for peer trainers. <http://consumerdirectco.com/wp-content/uploads/2021/10/CDCO-Recruitment-Poster-8.5x14-online-RD5.pdf>. Their number is 844-381-4433. You can email infocdco@consumerdirect.com.

Erin Thatcher: Program Updates:

- Katie McGuire accepted a new position at HCPF to work on Community First Choice so she will no longer be working on CDASS and they will be hiring a replacement. In the meantime send questions to hcpf_pdp@state.co.us. She thanked everyone for working with her over the past 5 years.
- Kristine DosSantos is also going to be working on CFC but will stay with the participant-directed unit.
- There will be one hiring process for both positions They hope to have both filled in the next 1-2 months. A stakeholder will be part of the interview panel.
- People wished both of them well in their new positions.

Shawn Bodiker: Eligibility Update

- Shawn Bodiker said that Jennifer left the department. Shawn will be covering until she hires a replacement. The only update is that the PHE has been extended and eligibility can only close if someone dies, moves, or asks to be removed.
- Julie Reiskin said that there will be a meeting with HCPF to discuss the 10-day rule on 2/18/22. If you want an invitation reach out to Kenny Maestas at kmaestas@ccdconline.org. This was a rule proposed and then pulled back putting in rule that all financial changes have to be reported in ten days. The concern is that this is in rule and ALL changes in such a short time can cause problems.
- HCPF is gearing up to implement the law to allow people to have Medicaid Buy-In for Working Adults with disabilities after age 65. There is a presentation that was done yesterday and that will be available.
- Cheryl asked if there is a delay in reviewing income trusts. She has been waiting months and this delays the ability to deposit money. Shawn said that is not in her area, but she will follow up and report back. Later in the meeting, she chatted that the legal unit is processing income trusts in 7-10 days.
- Lisa asked about resources to get information about how her son can work. Shawn said that he could be part of the Medicaid Buy-In for Working Adults with Disabilities. This is a great program with a high income limit (450% of

poverty and no asset test) <https://hcpf.colorado.gov/medicaid-buy-program-working-adults-disabilities>.

- This information was also added in the chat: In regard to the question about counseling for Benefits/Eligibility the Division of Vocational Rehabilitation (DVR) has a service called "Benefits Counseling" for members who are eligible for their services. You can find this information at: <https://dvr.colorado.gov/resources>.

RATE INCREASE:

- Erin said there was an increase that went into effect and hopes there will be another one in July. Everyone should have received an increase and notification from the case manager.
- Erin explained the “cost to you” worksheet. This includes a new sick time premium of 1.70% Each vendor has a different sheet.
- Renee Frammer said she got a rate increase for January but not for November. Erin stated that Yes, she should have received information from the Case Manager, and if not, please reach out to them. Current budget should incorporate both. She should have had a smaller raise in November and another in January that incorporated both.
- Curt Wolff asked if there are updates on the per day max, both the \$45.09 per hour and the \$285 a day cap which is a cost containment cap. The cost containment cap is outside of Erin’s program. A rate increase should not push someone into the cost-containment threshold. The only time you would need to do this is at the continued stay review or CSR. A rate change alone would never push you there. However, if you are over \$285 a day there is a separate process of review. Most people who have this level have health maintenance so are already being reviewed. Erin reports that the max rate is still at \$45.09. Erin stated that this has been a recommendation of this group and if the group wants to make this recommendation, HCPF will review it. Several people in the chat supported increasing this to attract backup caregivers and people who have short visits where you need to pay more to get someone to show up.
- Patricia Martinez said she noticed that hours were increased and wondered if that was related to the rate change. Erin provided an overview of the process. When a rate change goes into place, the service hours are not increased or decreased. There is a calculation done for the allocation. Erin recommended contacting the FMS who should be able to answer questions. Client/employers have the ability to provide pay rates, etc.

Subcommittee Reports:

Kristine went over the committees

- IHSS-Next meeting March 8
- UR/UM-They are working on 2022 scheduling and will let people know when this is scheduled. This is to discuss utilization review activities
- IHSS agency as AR workgroup: Working on scheduling for 2022 and will let people know when it is set up. It will work on transitions due to rule change as of 1/31/22 that no longer allows IHSS agencies to act as AR for members. Lisa asked if IHSS agencies can no longer act as AR for clients. Yes this is correct. She asked “What happens to clients using the IHSS agency for care, where do they get AR?” Answer was the workgroup will be helping with this and they have until the end of 2022 to move to something else. They will work with providers and members to help identify a new AR. They did remove the requirement to know someone for two years. They hope this will widen the pool of potential AR. They hope to divide responsibilities and make it clear who does what (agency, client, AR). By eliminating the all or none approach they hope to recruit more people to be the AR. Lisa was with an IHSS agency and she felt there was a lot of conflict of interest and thinks this is good news.
- Jessica Corral has no updates for the background check workgroup.

Meeting Improvement Committee:

John said there was a group that met over a number of months to get ideas to improve meetings. They will be trialing a platform to be able to do breakout sessions in the next month or two. Also, the schedule of meetings has been set and notice has been sent. If you have not gotten those invitations, please contact John 303-866-3173 or john.r.barry@state.co.us. In November and December, we often move them up to the 3rd week in November and December. The phone number and link remain the same all year. There was discussion about breakout groups and transparency.

Employer Training:

Emily Harvey said that the employer 101 workshops are coming up in only 3 weeks. There are many topics and panels. There is plenty of room and she will explain how to register online or you can call and they can register you. They can also mail out paper documents. All of the info will be ready next week. February 16 and 17.

Employer 101 Workshop Information

infoCDCO@consumerdirectcare.com

Emily Harvey, emilyh@consumerdirectcare.com

Phone: 844-381-4433

Website to Register: <https://consumerdirectco.com/training/employer-101-workshop/>

Workforce Issues:

- Jessica Corral talked about the new direct care base wage requirement. No one can be paid less than \$15 an hour. They understand that the cost of living is often over \$15 an hour and the goal is to set expectations that wages should be appropriate and show the value of the work. Curt said that people need to get involved in the rate increase discussion. For CDASS even if we pay \$17 we go over what we are paid so we need to keep talking to the budget committee and others about increasing the rate for personal care and homemaking.
- Jessica also talked about the direct care workforce collaborative. This information was included in the materials for this meeting. There are three work groups and members are welcomed. It is important to be involved with this effort. If you want to join or have questions, go to HCPF_DCWorkforce@state.co.us.
- Lisa said this is really important and talked about some things she does to help show her son's caregivers they are valued and important.

EVV UPDATE:

- Erin reviewed the EVV compliance documents. The documents were in the packet of meeting materials. The rule to have a compliance protocol was passed by the Medical Services Board effective 2/1/22 to make sure people comply and records include the appropriate date. HCPF provided the full protocol and other documents. In a nutshell they want 80% of claims to match the EVV record. It would be REALLY hard for a CDASS member to actually get a strike. People need to know that each attendant who is not exempt needs to clock in and out. You can use the phone, an app or the website's electronic timesheet. Strikes reset annually. They will look at the data 15 days after the end of the next month. Make sure your FMS has your email or snail mail address.
- There was also an FAQ document. They want to hear from members and AR if the FMS system is not working right or makes it difficult to submit time. They do not want to hold people accountable for FMS problems. Please read these documents carefully.
- Gerrie Frohne asked what is the process for people to have advocates? If someone gets a strike they might need assistance challenging a strike. Where in this process does someone get the help of someone to support them? The EVV team can help. Someone can have an advocate go with them to a training session. She sees no reason why an advocate cannot participate in helping in any way the client wants. Gerrie said they should put in protocols that

individuals affected by strikes have the right to have a friend or advocate or anyone they want involved. There also needs to be customer friendly advice regarding appeals in communications. Jillian on the EVV team said she would look into this request.

- Annette: Is this the same EVV done in 2020 because there are usage issues in some areas where there is not access. What is the system to counteract those problems? Jordan said there are a few systems to use when there are these situations. Landline is acceptable if someone has one. You can also do a manual entry. Log onto a computer and enter those. They prefer real time if possible. Manual entries will not count as strikes. If they have to say that there was a reason they could not use it, does the AR or employer need to verify?
- Robin Stephens: I would ask that this committee get updates re strikes per month for entire program.
- Jerry Estes Do EVV strikes have any bearing or relationship to timing of Sick Leave approvals for Sick Leave pay? Not this completely separate from EVV
- Curt Wolff: Can someone clearly state what constitutes a strike? Is a manual into the FMS app IE forgetting to "clock in" a strike or can it be entered after the fact as long as it is electronically entered? While they want people to log in using the electronic timesheet (after the fact) will NOT count as strikes
- Julie asked about AR quitting if they need to do training. Erin said that was unlikely because it would be very hard to get to that point.

Notes until 3:00 PM taken by Julie Reiskin

DIRECT CARE WORKER BASE WAGE

- On December 10th, the Department presented an emergency rule to implement a Base Wage Requirement for Direct Care Workers. The proposed rule requires that all Direct Care Workers receive a minimum base wage of \$15 per hour effective January 1, 2022. Any workers in municipalities (like Denver) that have a minimum wage that is higher than \$15 per hour must be paid that higher wage.
- The Department has increased reimbursement rates to offset costs to providers. Provider agencies are required to provide an attestation that they've applied the base wage; however, CDASS Employers of Record are exempt from this attestation requirement because the program and FMSs will be ensuring no attendants are below \$15 per hour.
- The purpose of this rule is to utilize the unique funding opportunity of the Department's apportioned American Rescue Plan Act funding to increase wages and ultimately bolster the direct care workforce. The Department seeks to

immediately align with Governor Polis's directive for a base wage of \$15 per hour per his press release issued September 21st of this year.

- The Department received a lot of stakeholder feedback that shows support for this base wage because, while the cost of living has outpaced this wage in many areas, it sets the expectation that Direct Care workers, CDASS and IHSS attendants, must be compensated in a manner that reflects their value in our communities and immense need for their services.
- The rule was enthusiastically passed by the board and we will be bringing it back to the board February 11th for final adoption.

DIRECT CARE WORKFORCE COLLABORATIVE

- The Direct Care Workforce Collaborative is still meeting to focus on how to grow and bolster this workforce. The larger Collaborative meeting has been moved to quarterly with the action groups meeting every other month. The goal of 2022 is to take the Action Group action plans developed in 2021 and begin putting action toward the many strategies that focus on: Training & Career Advancement, Compensation & Benefits, and Value & Awareness. The Collaborative will also be working closely with HCPF to ensure that these action plans are aligned with the Department's ARPA funded workforce initiatives. The Collaborative needs active participation by stakeholders to be successful. Please consider joining or sharing about it within your networks. Reach out to HCPF_DCWorkforce@state.co.us or <https://hcpf.colorado.gov/direct-care-workforce-collaborative> for more information.

TAX REMINDERS

- The Department has been made aware that a few prior Acumen clients have received notices from their local government regarding delinquent Occupational Privilege Tax accounts. Occupational Privilege Tax is paid for the employer by the FMS vendor through payroll and typically done from an account held by the FMS--not the member or AR. Unfortunately, the Department understands that Acumen opened or maintained individual accounts for their clients and this is causing these notices. The Department has been working on resolving these accounts on the individual level with the various local government offices but there may be people who we don't know have an individual account. So, if a delinquent OPT notice is received, please reach out to Jessica Corral so she can work with you to address it. Jessica.Corral@state.co.us or 303-866-3504