

**Participant Directed Programs Policy Collaborative Meeting
June 24, 2020**

Draft Stakeholder Notes for Stakeholder Approval

Executive Summary:

We discussed moving the meeting to Google Meetings and keeping a phone option to make the meetings work more effectively. We discussed both the short-enhanced rate for April-June and the rate cut coming in September for CDASS and July for IHSS. We discussed eligibility and issues with PEAK as well as heard progress on the SEP transitions in 5 areas. We also had our regular discussion about EVV which goes live in August. We learned of two new workgroups, one on Utilization Management and one on background checks.

The meeting came to order a few minutes after 1:00 due to some participants not muting their phones and requiring a few "starts".

Voting members were identified and people were directed to use the attendance link and others identified themselves for the record.

May minutes had two corrections:

Page 1 say May 2021

Page 2 2nd paragraph add a when before new SEP selected

With these corrections the minutes are approved:

Open Forum # 1

Betsy Murray: Home and Hospice Association of Colorado wants to let PDPPC membership know about HB 20-1085 which allows on private insurance side to do opioid avoidance allowing for 6 visits for PT, OT, Chiropractor without preauthorization. The goal is to help people with pain issues to avoid prescriptions. The Governor might veto this. If you think this is a good thing, contact the Governor and ask for the bill to be signed.

Erin Thatcher: We have been discussing some potential changes to the way we hold this meeting. One change is to look at google meeting. There would still be a call-in and people could join online using a webcam with closed captioning. The main reason we are heading in this direction is the ability to mute people. Any feedback let her know and more info will be forthcoming. This can hold up to 250 people.

Discussion about Google Meets: (held later in the meeting but put here for ease of reading)

Michelle –did we say there is only going to be internet access in the future? Erin NO- they are looking to move to internet only to conference call plus internet.

Julie thinks this is a great idea because it adds access for people without taking away anything.

Erin said there is an app that you can download and use only with your phone as well in case you are at work and have to be walking around.

If we ever get back to in person meetings the number of people in the room will change due to social distancing so we will have to address this also in any future in-person meeting.

CDASS ENHANCED PAYMENT:

Erin explained there was a temporary increase for CDASS for April, May and June to thank workers for the work they are doing during the pandemic. FMS vendors are the point of contact if you have questions about how they compensate attendants and amounts. She wanted to make sure everyone knew about this and answer questions.

Mark: Is there potential for this to be extended due to COVID continuing. There is some rate info in the long bill, but this is not likely to continue.

Renee: Was PPL going to be late on the next payment? There was some confusing info on the recorded voicemail when she called PPL. The payments are still being processed. FMS vendors had to redo how they process things to get this out and they needed reporting from HCPF and DXC and this was not easy. They are distributing the rest of the payments, but timing will depend on FMS.

PPL: There was an outline in all letters that had dates of payments and they were not able to meet last date which was June 19th because they did not get reporting. They still do not have the updated report but are trying to get the right data to process the final two payments that will come out in June and July. This is why they put a notification on their recording.

Acumen and PALCO said the same and will pay as soon as they get the information.

RATE UPDATE:

In the Long Bill, there is a decrease in all HCBS provider rates. They are working on this as soon as possible. All rates for CDASS sometime in the fall will be reduced by 1% including all allocations. This is because of the huge budget crisis the state is facing.

Julie: This could have been worse, and we have been through past budget cuts where it was much worse and they talked about things like reducing how many people could even have HCBS or reducing the rate for skilled care by 1/3 so we did well this year given the horrible budget situation we were in.

The JBC was and is supportive of our services.

Betsy: Do we have to get approval from CMS for all of these cuts? Is this why 9/1? A memo is out or coming out soon explaining the process. The 1% for CDASS is on a different timeline because of the complexity of what is needed for a rate change. Erin is not sure if we need amendment to CMS or not. The date is July 01 for agency providers. She agreed with Julie and at one point there was talk of 5% for all Medicaid providers. There will be funds to allow providers to meet Denver minimum change.

Mark: Advocates should be commended to minimize cuts we took across all of their programs. It was good strategy to figure out what cuts we could all live with and offer cuts before having other people make the decisions for us. This was better than saying NO to all cuts. Everyone had to take cuts.

BUDGET REQUEST R-13

This has been on our agenda for several months. HCPF had requested funds to implement utilization management for skilled services for CDASS and IHSS and this was funded. They are moving forward with stakeholder group working on what this looks like, what the vendor will be doing, etc. The current vendor is EQ and new contract is up for reprocurement so we do not know who the new vendor will be. We are putting in the new scope of work for vendor to participate in stakeholder meetings re CDASS and IHSS. They will start a workgroup and have initial meeting next week. This group will report to PDPPC. There will be members on the group from PDPPC and they will report to this group.

Sherry: Who is on the group and is it still open for membership? Erin said they are just at beginning so if she wants to be part of it, Erin will send an invite.

Louise, Corrine, and Alisha would like to be considered for that group and Erin will add her to the list.

Corrine: What does this mean in terms of health maintenance. Erin said that we need to be sure that if HMA is authorized it is correct. Also, frequency is still up in the air, how often, what kind of documentation should be provided, etc.

John will send info on the meeting and how to volunteer to the whole group.

SEP TRANSITION: Victor Robertson

There are 5 agencies transitioning July 01. The largest is Colorado Access moving to RMHS, and also Mesa to RMHP, Conejos to Costilla, Central Mountain Options to Starpoint, San Juan Basin to Community Connections.

They are all moving in various stages. This may bleed into July to make sure that work that is started now is completed. Working with the county financial eligibility technicians, sent info to them about transitions. HCPF liaisons are talking to counties to prioritize re-determinations for people in counties affected by transition. They are working closely and will continue weekly calls for the first month to make sure transitions are on track.

If someone needs to apply now –they can call the new place on 7/1 if they cannot wait the exiting agencies are obligated to complete work through the end of the month. With Colorado Access there is a detailed pending item spreadsheet the info will be sent over.

If there is not communication for new case manager and there is a crisis on the 1st or 2nd, what do they do? There is a ton of work going in to get communication about caseloads and new case manager ASAP so most should get communication before the 1st.

If there is a problem call the main number of new agency and if they cannot help call John Barry or NaDean Smith NaDean.Smith@state.co.us as she is the transition coordinator.

ELIGIBILITY: Jennifer VanCleave

They continue to receive questions about when public health emergency will end and how they will transition people off the “forced pass” but if you do receive a redetermination packet you should act on this because they are processing eligibility. This will keep you open for a year and not be in the backlog. They do not know when it will end or how it will happen.

In general people never should be asked to delay submitting an application. If they have not been assessed for Medicaid in any category, they should be able to apply whenever they want by phone or PEAK or mail or fax.

- 1) How do people find out when their year ends? Regulations say that there is an annual renewal, there must be annual review at least once per year. This is not a guaranteed locked in year. If there is a change, they must act on it. If there is a change during the year that could affect eligibility. When there is redetermination packet, they send them out 2 months before the end of the period. They would get notified that they have it coming up. Dates come on the packet and can be viewed in PEAK or contact counties with questions.
- 2) Curt said he usually gets his every couple of months via PEAK and he enters info into PEAK but does not get downloaded to county and it was battle for several

months to get this done in time. What causes this to happen.? Everyone points to each other between county and state and this is a problem for many people. When a document is uploaded to PEAK county receives a notification that there has been documentation and county is responsible to review case appropriately. If they review documents provided and they need more information they need to reach out. This is a common problem. Letters are confusing. If you cannot get to someone high up, you cannot get the problem solved.

- 3) Should people on Buy In not use PEAK? Everyone should be able to use PEAK. Jennifer wants to know who is advising people to not use PEAK.
- 4) Michelle said she has had problems with PEAK since 2015 and a manager had to spend one and a half months to fix this. He said they do not know why her case was so messed up and was told not to use PEAK. She was told IT cannot fix the record and was told to do everything by paper and physically take it in. She does not do anything by the mail or online. She has been contacted 3 times since 2015 reiterated to NOT use PEAK because she is on LTSS. She is also guardian of three grandkids. The whole family has to report to LTC. They cannot go to 36th and Steele which is close and has to drive to 14th and Federal. The Steele street location in Denver will not deal with LTSS. This is a continual issue. Last year Medicaid sent her redetermination paperwork to a railroad company in Nebraska.
- 5) Betsy asked to give Jennifer's title and area she covers when info is sent.
- 6) Louise-why was there no response other than saying "who said this" and our concerns should be addressed about PEAK. Jennifer said she wanted to know so they could target what they want is for people to use any way they want.

Department Staffing Update:

Erin – the Participant-Directed Programs Unit is now fully staffed. Christine is new and will oversee personal care and homemaker services and IHSS. Still learning about the programs and stakeholders and committees, hoping to get to speed quickly. She has lived in Colorado for 5 years with son and parents. She has worked in HCBS before moving to Colorado in MA and in CO she was working in a nursing facility in a memory care unit. Info with Christine's contact info will come out from Erin.

Background Check Workgroup:

There is an agenda topic about background checks. There are inconsistencies in background check process, and they will start a workgroup to look at process for CDASS. IHSS folks are welcome but this is about the FMS process. They will gather participants in workgroup, and they will have all FMS and Consumer Direct involved. They want to have the first meeting end of July or early August if possible.

Ashley recently had a background check come through. She got employee ID and the background check said she could not work. It got cleared and then PPL made her re-run every background check just to rerun her check. Erin asked Ashley to be on the subcommittee and she agreed.

Curt wanted to be on the subcommittee

Kirk how do they do background check for agency-based care because he knows of people who have very questionable backgrounds working for agencies. How far back do they go?

Erin said for this it is only focused on CDASS. They are only looking at requirements for participant directed attendance. There is defined process in the rules and waivers, so this is limited to CBI and DORA Board of Nursing that is required. She is happy to talk to Kirk off line about other issues and he said he would like a number to discuss this. John will facilitate this connection.

Mark suggested to see if CBI could participate and maybe someone from private sector background check industry. It is complicated and having this expertise could be helpful.

Participation by all members is welcome.

Electronic Visit Verification (EVV) Update: Lana Eggers (Department)

On June 12, the EVV rule went to the Medical Services Board (MSB) and was approved with some comments and changes from stakeholders. The rule passed and it is effective August 3rd. It will post online at the end of July.

She can provide a draft of the rule with markups so we can see what was changed, if requested by stakeholders.

Julie: Is this July 1 or August 1, because we were supposed to get a month to get used to it? Now, she is told it is not available until August. Erin said the CDASS system was supposed to start by 7/1 and this meant the FMS system was supposed to be ready, but it is not ready. Lana said the timeline in the rule is tiered for all services. Providers begin using it on 8/3/2020 and at that time they will look at data, working with providers, members and no punitive actions. Compliance monitoring and request for written response means HCPF can reach out to FMS and providers. Next step is 10/1/2020 work with vendors and make sure systems are up and running and doing request for written response. If someone is refusing to use EVV HCPF can do overpayment recoupment. January 1st, 2021 is when it affects payment, and the pre-payment claims review begins. PALCO requested extension past the 7/1/2020 deadline.

Julie also asked how systems could not be accessible under the ADA. Lana said there needs to be a process for CDASS reasonable accommodations. Timeline is delayed for

response and back and forth re vendor and told vendor is compliant. Crafting a response to members that should come out soon.

Michelle: Do we still have ability to send in EVV waiver for live in caregivers. Lana said you can exempt yourself is an option available anytime. You have to go online and fill out the forms and work with FMS vendor. Many forms are coming to the EVV inbox from members of one FMS vendor. Those forms should not be coming to HCPF unless it is a part C extenuating circumstance. Michelle said that she cannot send this until libraries are open. Lana said HCPF can mail her forms as well.

Tim has been on most of the EVV training. Do they get forms to live in caregivers and clients or does the state do this? HCPF does not send the form, it is on the website and clients are supposed to get this. FMS vendors indicated they would make this available to all members. For IHSS agencies can decide if they want to send forms or just tell people it is an option.

Lisa recently moved from IHSS to CDASS. How can she get overview of what EVV will look like? Is there an app to track where she goes with other attendants to assure there is not financial overlap to the state? We do not have any access to an app yet so need to know what it will look like. Lana said we do not revisit the basics frequently enough. EVV is federal requirement that all state agencies have to implement for a variety of services. It is relevant for CDASS and IHSS. When service provision takes place, the department needs to receive 6 points of data. Start and end time, date, person receiving service, the service and location and individual providing service. Two technologies. One is an app on the phone or tablet. Clock in and out. The other option is telephone option. Majority of systems but not all use this. Caregiver calls in and out. Lisa is it a fluid system? System does not ask what services we have done—but we would not be with CDASS if we were not doing it. State requirement is provision of service is required. For CDASS we are looking at fluid capture. We are not looking for task. You begin you say CDASS is the service. If you are on SLS you have to clock in and out for SLS HM.

Liz: Can there be overlapping times. EVV does not change the programmatic design or billing for any services. Katie said nothing changes. She can do homemaker while another worker is doing personal care.

Dolores: She has not gotten the exemption form yet and is this too late. She does not have a computer. There isn't a fax number on the form, but PPL can give her a fax number. Dolores said she loves CDASS.

Renee: Can she just print timesheets, or does she have to keep handwritten? If you are exempt is best to ask FMS how to keep time.

Open Forum Number 2:

Lisa: Is there any rule about IHSS and how they allocate the money, and do they have fiduciary duties to the client? No except that SB 19-238 required increase to go to attendant. Agencies can set wages any way they want as long as it is minimum wage or higher. Some agencies pay better. No rules on how it is allocated.

Louise: Enhanced attendant payment: Why was this treated as a wage? It was not allocated as a bonus just like a regular wage. She can ask an FMS about a specific situation.

Ron: They got a new timesheet and it has rates and you just write 1, 2 or 3. PPL will call and discuss this.

The meeting adjourned at 4:00 p.m.

Notes taken by Julie Reiskin