

Participant Directed Programs Policy Collaborative Meeting
May 27, 2020
Phone Only Meeting

Executive Summary:

We discussed electronic visit verification which happens in a little over a month for CDASS and two months for IHSS. This was focused on live-in exemption form for CDASS. We also heard about the impending SEP transition in 5 areas of the state covering a big part of the HCBS population. We got department updates and heard about two new hires. The existing co-chairs will continue at least through May of 2021 when there will be elections. People expressed concerns that we are to chose a new FMS by June 01 (if we want) but that no one has seen the different EVV products and the Acumen system changes were due in March but had not happened.

1:00-1:30 PM not captured in minutes: This included introductions, Open Forum #1, & voting rights.

CO-CHAIR ELECTIONS:

It was reported that some people did not get the ballot that was sent out electronically. Those that received the ballot by snail mail got it, though one person said it was late. The process agreed upon at the last meeting was recapped such as the due date for nominations (self or other) and when the ballots were to be sent out and when responses were due. Some people thought the ballots were to come with the meeting materials which was not the case. Ballots came in a separate email.

However, the discussion about ballots was in a way, a moot point since the only nominations received were for the current co-chairs Curt Wolff and Kevin Smith.

Discussion: Should we go ahead and "vote"?

Discussion points:

- 1) Do we have any accommodations for people with disabilities who may want to share a job? Response later in the discussion was that is why there are co-chairs instead of one chair from the client community. However, there is still one person for CDASS and one for IHSS.
- 2) Were criteria set based on the skills and perceptions of current office holders?
- 3) Question about what kind of other accommodations would people need?
- 4) Lots of appreciation was expressed for current co-chairs.
- 5) We need to diversity and have more pathways for leadership.
- 6) Should we revisit term limits?

David Bolin moved and Maria Rodriguez seconded that we hold elections in May 2020. The current co-chairs will continue. The motion passed unanimously.

SEP TRANSITION:

Victor Robinson with HCPF Case Management Team re SEP transitions:

There are two types of Single Entry Point (SEP) agencies, county agencies and private agencies. Every few years there must be an open bid within private agencies. County agencies can just continue as long as they want but once they decide not to keep doing the SEP contract there has to be an open bid.

There was a Request for Proposal (RFP) process last year for all private SEPs. In two areas there was went a new SEP selected.

- 1) In the Denver metro area covering Denver, Adams, Arapahoe, Douglas counties Rocky Mountain Human Services won the bid. The current contractor is Colorado Access.
- 2) In Mesa County Rocky Mountain Health Plans, the current Regional Accountable Entity (RAE) took over for Mesa County Department of Human Services who decided they no longer wanted to do the contract.

After the RFP process was closed, three additional county SEPs decided not to continue.

- 1) Conejos/Costilla: The SEP had been Conejos and will now be Costilla county.
- 2) San Juan Basin Public Health serving several Southwest Colorado communities. The local Community Centered Board (CCB), Community Connections, will be the new SEP.
- 3) Central Mountain areas (Freemont and Custer Counties): The local CCB will be the SEP.

For these areas there will be a full RFP next year but HCPF needed to get something done quickly when the counties decided not to renew.

Victor explained how his team is working on a smooth transition. They have a dedicated project coordinator NaDean Smith hired just to do this project. Both the incoming and outgoing agencies have plans. Case Managers that want to change are being supported and not made to do extra training and they hope to have people keep their same caseloads. They are having regular calls and meetings. He opened up to questions:

- 1) Julie Reiskin asked what about PARs due July 01 or even August 01. Answer is that Katie is on calls, working to ensure PARs in place. They will run data reports to see where there are end dates or PARs missing as there is huge volume closing out and starting at this transition time. If there are problems people should reach out directly to Victor at Victor.Robinson@state.co.us or NaDean Smith at NaDean.Smith@state.co.us.
- 2) Gerrie Frohne said that because of the COVID-19 pandemic people have heard that no harm would be done for duration of pandemic. Is there a concern that people coming up upon annual redetermination could be assuming no change means that they do not need to deal with it? Does this need to be addressed by HCPF to let people know there will still be an annual process and not assume a problem. Should HCPF communicate? Victor said that as far as eligibility is concerned, there is no termination during this period. This is true regardless of change in provider. Case Management Agencies (CMAs)

know this. This is a federal requirement. However, services are still authorized based on assessed need. Gerrie said that if someone has a different assessed need she is not sure how there could be no negative impact if they have different assessed need. It was advised that we should all notify people that they should still answer redetermination paperwork so that when the emergency ends the backlog will not be as bad and they can still get a new year-long certification. While no one can be cut off of Medicaid, an annual redetermination could have a different outcome for hours of care as this is based on need. If there have been changed hours could be increased or decreased. These decisions are appealable.

ELECTRONIC VISIT VERIFICATION (EVV)

Lana Eggers, who runs EVV for HCPF and has been at PDPPC monthly meetings, was asked to share some updates and answer questions.

EVV starts for CDASS on July 01 and agencies on August 01. It is not blended with payroll until January. This will give us all time to learn the systems and get used to it.

Lana said that they finalized the exemption for live-in caregivers. There is a [form](#) and [memo](#) regarding processes on the HCPF website. FMS providers should have emailed and mailed the information to people.

Liz Wuest had questions about the form:

- A) On page 2 it says provider or FMS vendor and has three lines and PPL had no answers. PPL said there was no Medicaid provider ID and she did not know what to put down. Consumer Direct said she should use her son's ID but that was on the line above. Lana said that PPL as the billing agent DOES have a provider ID and they can either give it to the AR or Client or fill it in. People can leave those blank when they send the form and the FMS can fill it in. Matt from PPL said they are still trying to figure this out how they can best pre-populate this form and ease completion of it. PPL is trying to see if they can just make their ID public. For now, we can all just leave it blank and FMS can fill that part in.
- B) Liz also said that PPL had no name for representative of FMS. Same answer- can leave it blank and they fill it in.

C) On page 3, they ask for a member or Authorized Representative (AR) signature with a footnote saying for CDASS it is the person with EIN. Is this true? If there is an AR, does the AR sign it? Katie said yes, the AR signs it but then Curt said NO if the client carries their own EIN the client should sign it. Katie said they would talk internally and provide guidance. There may be a client, AR, and guardian, sometimes just a client and AR. Sometimes the AR has the EIN and sometimes the client does. This needs to be done this week so the form can be submitted in time.

D) Will we be able to clock out using CDASS as a service instead of each category (homemaker, personal care, health maintenance, etc)? Lana said that the state EVV solutions are code groupings. The intention is to not have to sign in and out on different groupings. There are two categories.

- 1) Basic CDASS
- 2) CDASS SLS Health Maintenance

There are three rates for each.

Follow up question: Who will tell us how to do this? Answer: You will only see those options and each FMS vendor has their own system and must train people on the systems.

Kirk asked with EVV coming into effect in August, is this the same for all service delivery methods? He asked if HCBS had to do GPS location tracking? Answer is NO, GPS is not required by the state for ANY service. It was reiterated that EVV begins July 01 for CDASS and August 3 for agencies.

Renee Farmer asked where we get the paperwork? The answer is from the FMS. They were not sure about agencies and not all agencies were exempting live-in caregivers. You can also get the form from HCPF on their website.

Dolores asked who to call for help while filling out forms to receive answers. Call John Barry and he will make sure the right person calls back.

Mark Simon is concerned that the form has to be submitted annually, but no one has a responsibility to remind us and that as clients we are liable if we forget. He also is concerned that there has been no direction from any FMS or the Department and we have not seen any app. This is supposed to come on line July 1, which is giving us less than a month to get information, learn how to use it, train our employees. He said this is a disaster in the making. He asked if there could be retroactive approval because if someone is not a live-in caregiver, they will have taxes taken out of pay. It was clarified that the exemption for live-in for EVV is completely separate from the exemption regarding taxes. If the EVV forms are not in place there will not be any effect on payment.

There was a question of what the FMS agencies have done to notify people about EVV and exemption:

- A) PALCO mailed out forms ahead of time and did an email blast. They also have user guides on their website already. They will send a reminder annually.
- B) PPL sent a newsletter saying it was coming.
- C) Acumen said that they have some stuff set up but it will look different than what eventually they will do. (Their promise to change their portal by March did not materialize.)

Cheryl Dorsett asked, if FMSs are sending this information to Case Managers? Answer is no because they do not deal with this. Also, it was made clear that a live-in caregiver exemption can be filled out anytime. Someone might become a live-in caregiver at any time or stop being a live-in just as other employment can change.

Matt from PPL offered his contact number if there is confusion about anything related to PPL: 720-274-6375 or mdotson@pcgus.com.

DEPARTMENT UPDATE: Erin Thatcher gave the update:

- 1) She hired a program specialist to be a contract manager. Jessica Corral, joined HCPF in late April and will be working on FMS vendor and consumer direct contracts and helping with workforce initiatives.
- 2) They also posted and interviewed for the IHSS position that Erin vacated when she became director of Participant-Directed Programs. She hired someone named Kristine who will be starting in mid-June. She comes from Massachusetts and has a background in Medicaid case management and home care.
- 3) HCPF submitted a budget request for utilization management to increase the scope of work for the contract. This is currently held by eQHealth and currently in "intent to negotiate" process. Erin said that the work would help support case managers in authorizing services. Currently EQ does over cost containment (OCC) and this expands what the reviewer would do and help them better determine appropriateness and services based on evidence. This is for all "skilled" health maintenance services. The JBC is working on the budget. The legislature was delayed and just resumed. This is part of the long bill.

Questions/Comments:

- A) Julie shared that CCDC had expressed concerns about this in general for CDASS because of the problems with eQHealth and the time lag in getting cases approved. She was not sure how much of the problems emanated from the Denver SEP which is changing. In exchange for dropping CCDC opposition due to the pandemic, HCPF agreed to some due process protections. This includes not starting until the SEP transition is complete and assuring that people are not going to end up with no budget because things are not done in time. Julie also said initially this was in the budget just to better handle the programs and now they project savings. The savings will be based on moving services from skilled to personal care.
- B) Cheryl asked if case management authority is different from eQHealth authority and the answer is YES.
- C) It was explained that currently they only look at people whose services are over \$300 per day. There are times that services decrease, but other times when they increase. This does not increase Case Manager authority.
- D) How long will it take until eQHealth is replaced? Erin stated the contract is being re-procured and that she is not aware of the timeline.
- E) Sherry at People's Care asked, at what point does the utilization review happen?

OPEN FORUM #2

- 1) Time concern for EVV. We are supposed to choose an FMS and we have not seen their systems. We have not received ANY documentation or information about this except for the live-in exemption form which just came out.
- 2) Acumen promised to change their report so clients could see how much money they had left, get payroll information, etc. Their system is based for facilities not Consumer Direction. Their codes make no sense. We do not see our budget info until weeks after the fact and do not know if our PARs are entered on time because we do not see our budget, at least not in a readable format. They have not done this. It was promised for March and never happened.

The meeting ended at approximately 4:00 p.m.

Minutes taken by Julie Reiskin