Participant-Directed Programs Policy Collaborative (PDPPC)
Wednesday, May 26, 2021

Executive Summary: Most of the meeting was taken up with a presentation on changes coming to HCPF LTSS in terms of a new assessment tool, a budget algorithm and case management redesign to be implemented over the next two years.   We discussed forming a client subcommittee and other outreach ideas. We also discussed Telligen and had updates and public forum.

Erin Thatcher opened the meeting as John Barry was on a well deserved vacation. Attendance was taken and voting rights confirmed.

April minutes Renee asked that a comment attributed to her on page page be deleted as she did not think she explained herself well. With this change Curtis moved and Cheryl Dorsett seconded approving the minutes and this passed unanimously.

Open Forum #1:

Curt Wolff:
1) Mark Simon had requested that we revisit allowing people to hire contractors under CDASS as well as individuals. In his community there are people who set themselves up as LLCs to do housecleaning and people are reluctant to be hired as individuals. He would like that to be considered as a program change.
2) He is hearing that people are having a hard time reaching staff at PALCO. He hopes Jason can address what is going on and wonders if they took on too much from taking everyone from Acumen and if so how they will address this.
3) He is hearing that PPL is taking three weeks to hire attendants. He is also hearing they are not returning calls for several days and one can only get a voicemail.

Nicole from PALCO: and Rebecca from PPL responded:
Candace Bailey spoke about upcoming Stakeholder Meetings about **American Rescue Plan Funding.** This was a recently passed federal law, the American rescue plan act of 2021. We are lovingly calling it ARPA, but there is an enhanced federal match for HCBS, and there's a lot of work being done to look at this funding and see what we could do to support our HCBS programs, There are some resources on our website, She shared stakeholder meetings coming up in the next couple of days. HCPF has to have their plan into CMS by June 12th so this is moving quickly.. Maria asked how people without computers could participate in these meetings or get this information. Candace said she apologized for not having this information in advance. This is something that she just heard about a couple days ago, in terms of these

meetings this week. She said she would take this back to her team and see how they can get information out.

Telligen Update by Kristine DosSantos and April Kelly from Telligen:
Monthly report for April showed close to 700 reviews done by telogen in the month of April, which was considered an increase from that of, it was about, almost 300, more than we saw in March. In general, we were at 80% approval for all of the reviews. We did see a lot of requests for more information, but the department is working on identifying some of those areas and providing technical assistance specifically to case management agencies that we found were having some consistent missing information from the referrals. We are hoping and anticipating that we will see fewer of those types of requests for information. In the coming months, moving forward.

Curt: I'm hearing a whole lot of issues with Telligen. Speaking of getting things done in a timely manner, my number one question is, is there some year over year comparison of this whole request for information and auditing of the overspending? I remember seeing a certain protocol that was supposed to be published that everyone was to follow and I'm hearing that's not been happening. So that's really a question: are they following the protocol that we recommended regarding overspending and requests for more information like doctor information, or whatever, especially regarding health maintenance? Curt was asked to clarify if he meant "overspending" and he really meant over cost containment.

Kristine DosSantos extended an invitation to everyone to email her with specific issues so she can identify systemic problems.   Curt asked for her info to be made more widely available as it is hard to get information on the state or PPL website. She said YES they are using the protocol referred to as the HMA (health maintenance activities) Documentation Guide, that your subcommittee had developed. At a recent meeting they said that the HMA guide is our Bible at Telligen! If there's something that's coming up that maybe appears as though it isn't being met isn't being looked at, per the HMA. Documentation Guide please forward that information over to Kristine. She can then investigate and figure out where the miscommunication or the misunderstanding is and intervene with Telligen and or a case management agency.

Robin Bolduc said "What I'm seeing with intelligence is an interplay between the case managers really not understanding what's expected of them. You got to fix two out of three issues that I brought forward last month, and we're working on fixing the last issue but in the course of this work I am finding case managers really are not providing the information that Telligen is asking for. It was a guessing game of what they were supposed to do. And then

the other piece which is ongoing and I'm sure it's on both sides as well is not understanding the differences between personal care and health maintenance skills, such as dressing and eating and those kinds of things. It's incredibly confusing but it's a huge difference in what an allotment looks like. I don't know how to make that easier. I'm confused. I've been working on this for over 17 years. Is there any way we can make that clear for both sides? What I'm hearing from case managers is they're confused about what is needed or wanted from Telligen. Asking for a 10-day turnaround for documentation is not workable because you can't get documentation from doctors in 10 days. The client should not be put on hold or pending, because of a document, because that means they're not getting care during that pending or holding period. I don't think that's been clear to Telligen. People are having gaps in services because of paperwork.

Kristine asked Katherine from care management to share what they are doing to clarify with case management. She said the 10-day turnaround does not result in a denial. They can open it up quickly whenever they get information. That 10-day window is where that technical denial concept comes into play. Also, the documentation justification does not always indicate a need for a doctor script. None of the requirements that Telligen are looking for are new in either of the programs. So, all of the documentation justification, that type of thing has been in place, and part of rule for several years now. CDASS clients clarified that if there is a technical denial, attendants cannot clock in and out so the person IS in fact going without care unless there is advocacy to continue services and most people do not know how to do that. Someone can get left lying in bed over a technical denial or documentation, so it is a huge issue.

Erin talked about the process and how clients should be notified of any need way before the certification deadline. For example, if the renewal is July 1, the client should know now in late May what is needed. She acknowledged that there have been cases right up to the wire and people should be notified of appeal rights so they can continue services.
She said if there is ever going to be a delay in here, and it's coming towards the end of the month we need to know.

HCPF staff shared a link that goes to a form to complain about case management issues and asked the committee members to share this widely as this is the best way to get info to the right people quickly if there is a situation where someone is running out of time.   JOHN PEASE INSERT THE LINK. They also shared what they are doing systemically and this includes:
1) Looking at data from Telligen to identify case management training and support needs.
2) Reviewing trends to address systemic problems.
3) Seeing which parts of the process are causing struggles.

4) Targeting technical assistance
5) Getting broad communication to all agencies when there are statewide issues.
6) Deep dive review of problem cases to see what is going wrong and address it.
7) Looking at data to figure out what in the system is preventing effective case management.

Cheryl Dorsett said that she just got off the phone with my case manager, and the renewal date for her son is June 1. They have been interacting with Telligen now for a little over six weeks after their review process, and they keep getting more requests for information. The case manager responds immediately whenever she hears from Telligen and with each request Telligen is taking five to six days to respond back to the case manager.   Cheryl is worried that this will interfere with the intense care her son needs as he has a serious medical condition. Staff promised to follow up on that since June 01 is less than a week away.

Julie Reiskin said when CCDC reaches out HCPF is really responsive. The concern is, what about the people who don't know, don't have any name other than a case manager, and because they change so often, at least in the Front Range, don't always know who your case manager is. People might not remember when the year is up, especially because timelines changed for many people when they changed the SEP.   She is concerned that Telligen does not notify the department to continue services if they notice a time crunch. We keep putting more responsibility on the case managers so things will slip through the cracks until we fix that so Telligen should take some responsibility here.   Whether or not it's always been the rule that you had to have documentation for certain things, it has been applied differently, and a lot of times, case managers maybe didn't get the documentation because they knew it had been the same for six years. So, to then all of a sudden say it's always been in the rule and you have to get something from a doctor in 10 days is a setup for failure.

Erin said she agrees this is multifaceted and we are only 2.5 months in so there are bound to be some things that come to light that we need to work. She said HCPF has been providing each case management agency a list of all clients with their due dates for CSR. They provide this three-months in advance to case management agencies so that they can effectively plan. In addition, they are looking at getting some reporting to help identify people who are coming to the end of the certification and there might not be a PAR in place. We have processes that have existed for a long time about appeal notices and we do want to make sure that people know what their rights are. She encourages anyone who's interested in or has concerns about Telligen or the Utilization Management process to consider attending our monthly stakeholder meeting. We get very in-depth about Telligen related issues. I think it's a good opportunity for folks that are able to join us. Those meetings are happening the last Monday of the month, and we can definitely get you on the distribution list if you'd like to be.

Nathan: "I wanted to make a reconnection with something we discussed in the last meeting about the development of an advocacy subcommittee for the purpose of compiling these topics". This is to make sure that the complete story on it is being able to convey to the appropriate entity, whether it be the department, whether it be another agency or subcommittee. There was a lot of interest in support at least for mentions to support such development. I don't see anything formulated. I am open to being part of the initial progress of developing. The group agreed that we should have a subcommittee that is for clients to better categorize complaints. Curt will work on this with Nathan and others.

Stephanie reports that the reports in SharePoint are several months old and asked if there is a plan to get updated reports, each month. The answer is that the reason for the delay is that we're relying on claims data. Erin said we can get more recent reports but the variability of those is a little bit more than we would like, but we are looking at different ways that potentially case managers could pull a report from interchange or have something that's sent to them monthly to identify who has a PAR coming up, who doesn't have a PAR in place, etc.

Renee asked how much time before the end of the certification period should we contact someone if there is not approval? erin said if you are in the month before your start date and there are issues with getting approval, it would be appropriate to reach out to the department, if you're within a couple of weeks of that start date definitely reach out to the department. Erin said that way we have time to look into this issue, get appropriate parties involved in getting a solution.

Re-Envisioning PDPPC:
Curt said we had some very good discussion about why you joined PDPPC. It may be issues that you had in the past, and I know we are looking at the client group to help frame issues that we could actually be facing going forward. How do we tackle issues like what we just talked about? One of the things I wanted to ask the group is, you know, how did you find the information to be joining this group? What suggestions do you have about how we can get that word out to the rest of the people and 3000 plus clients on CDASS and others on IHSS. We really have an opportunity to grow this group and have our voices heard.

Renee said she learned about it from a PPL notice. She also said she is no longer getting a paper newsletter from PPL.

Nathan sad he got his first contact through Rebecca or someone from HCPF he was speaking to about a problem. He said that there isn't something necessarily available explaining how to

become a part of this, it's a chance thing from any member, or if you happen to seek it out. He asked if we could create a simple creation of an information letter, even a somewhat brief paragraph of contact is probably sufficient to kind of have a mass mailing going something that anybody can forward to anybody.

Curt asked if others had ideas. He said email programs like Constant Contact are good but many problems are from those who don't use a lot of the internet who could be reached by mailers. We need a way to invite people and then share messages and information and get information for example issues with Telligen. He wanted to hear other ideas about the future direction of PDPPC.

Maria asked if we could get statistics about turnover in our group - how many join, how many leave, etc. and what has been done in the past, to increase not only the quantity but the quality of the program. Curt asked Erin to make a note of this and ask [Linda Skaflen](#) who would know about attendance numbers. Erin said they had better data since they moved to online attendance.

Renee said she thought the newsletters were good to know what was coming up and what we can do about different issues and wished they would come back.

Curt also mentioned that he, John and Julie participated in a panel about PDPPC and that caused a review of the history which was important. Curt said John would share the link of the video of the panel and that gives a good history of this group. He said that we are pretty lucky here in Colorado and that the Department of Healthcare Policy and Financing went through a very long uncomfortable portion of realizing that we actually had a say AND that we could help be truly participant directed.

It was mentioned that we need to track issues that need to be addressed, progress, and successes so we focus on continuous improvement not rehashing issues we have already covered.

Nathan said one of the primary goals of the advocacy group that I'm looking to get started now I have a contact for guidance on that is exactly to address exactly what she was saying because when we take that information, those reoccurrences and we categorize them and we create potential solutions as well to attach with details, and then passing those on to the people who actually have the abilities to do so, you know, giving that kind of assistance.

In the past we have resolved some issues. Some of them I basically had to go all the way up to CMS.

Case Management Redesign by Tasia Sinn, Tiffani Domokos, and Lori Thompson: A presentation was provided (JOHN PLEASE ATTACH) A lot of information about case management redesign was presented.

Background: An executive order created the Office of Community Living and the Community Living advisory group to redesign LTSS in Colorado. A big portion of their recommendations was a single access point and streamline assessment and structure for people accessing long term services and supports. So that's why all of this work is being undertaken and it's a huge undertaking, so it's taking years and years, rightfully so, but we're sort of coming to a culmination of some of it and so we're excited here today to present where we are out of this work. Part of the recommendations were one place to go for all waivers. That was way back 2014 Also, we still are not in compliance with conflict free case management. The new assessment and person-centered support plan process is really going to be a comprehensive way to assess eligibility and conduct person centered planning for everyone. This was recommended by the CLAG, and then codified by legislation in Senate Bill 16-192. So we are really working hard to sort of put all these pieces together. She shared a graphic about the approach to case management redesign. The focus here is really on making it easier to navigate, making sure the experience is really driven by the members, and making sure that there's consistency and accountability and quality across the whole system. The new case management system, which will streamline processes and increase efficiency for members and case managers. Within that system we're implementing a more comprehensive and objective determination of member goals, preferences and needs. She discussed the new assessment tool and person-centered budget algorithm and said they are planning a soft launch starting July 1. Case manager training is vitally important to the success of any of these new tools.. In November we're anticipating going live with the new system, and the new system will include the new assessment, the new person center support plan, and some eligibility determinations. This should streamline the process for people trying to access services. In summer 2022 is we're planning to pilot the PCBA, and that will be for all waivers, At the end of our road is that big is for the big changes in case management so that case manager redesign so we're sort of looking at summer 2024 to be when sort of all of this work culminates and is implemented.

Renee asked if the slides would be in a PDF and was told yes.

Lori Thompson talked about the new assessment tool that has been developed in collaboration with stakeholders over the last six years. There were stakeholder groups that met regularly as

we went through this process. It will be a more objective assessment process, and you will have interrater reliability. We have not really had a uniform assessment for all populations in our history. This will eliminate the need for most of the other existing tools. When you have upwards of 26, different types of tools, some will need to be parallel as we get this fully implemented. She walked through slides on the assessment process.

Julie asked about the capacity issues with case management. What is HCPF going to do if most people want to tell their story and take a long time doing it?   We already have an assessment that is longer with a system that is overstressed now in terms of funding and caseload.   Julie asked about hearing from the case managers that participated in the pilot. Cheryl Brown said she did participate and some people don't want to tell their story, but other people want to tell you their story forever. And so there were times when, you know, we'd kind of have to cut it off because an hour later, you're still hearing the person's personal story, and you've already been there for three hours, some of the assessments took up to five hours because of the amount of information that some people were willing to share. She said she does have concerns regarding the new assessment tool and the time that it's going to take because our case managers are already so overwhelmed. It's a huge time commitment. But the thing to remember is that basically you finish it in the field. And so when you get back to the office, there's very little to be done when you get back to the office. So, the way we do it now, we'd go out and do the assessment then we come back and enter all this stuff in the computer and do all of that, so you know you have to consider all of that time with the way that we're doing that now. So I think we're looking at probably an hour longer for the new assessment tool, and obviously it gets quicker, the more you do it.

Lori said what she is thinking is that firstly simply to gain some efficiencies with the carrying case management system or with the IT systems talking to one another and not entering into duplicate or different IT systems so we hope to garner some efficiencies there. We are going to be doing a time study on the basic assessment to determine a rate so that we are compensating adequately for the time that it does take to complete the basic assessment versus the comprehensive assessment because right now we only have a rate for the comprehensive assessment. Right now it takes three hours, just for an assessment for people with IDD, that will be replaced with the totality of all of these assessments.

The department does anticipate that the new care case management system will replace all of the systems that the case managers are currently using including the BUS and the BRIDGE. The system will be fully integrated with the Colorado interchange which is the Medicaid management information system which is the claim system. They do not have a rate on assessment, etc. The automation within a current case management system is a federal

assessment of the level of care screen and the basic and comprehensive assessment, the personal story. All of those pieces will be automated and they will auto populate and feed into the person centered support plan so many of the fields will be answered directly once the case manager enters them into the assessment and will populate into the relative field which we think will also provide some efficiencies. We know case manager training is a very very important area. We have upwards of 1300 case managers in our CMA system. So, we are working with the staff development center which is our state partner organization that has extraordinary experience in training. We're going to be using a learning management system which is web based and it'll be an instructor led interface. We are not going to train the trainer approach. All the case managers will be directly trained by either this web based or an instructor led model, and we'll have competency based assessments to determine case managers understanding of the training. After the initial training, there will be ongoing quality reviews completed, to make sure that we have that interrater reliability and to ensure consistency amongst the case managers. There's also going to be a platform for the new case management system where case managers can learn and practice their skills, sometimes called a sandbox. They can kind of just play around in there and use mock data and try to get more familiar with the system and get more comfortable before they start using actual member data within the soft launch.

For the soft launch they will have the functionality of the Assessment and Support Plan so all the components of the assessment. These are the intake and the level of care screenings and the basic assessment for case managers. Then we'll move into offering choice to participants if they want to do the comprehensive assessment. The functionality will include the person-centered support plan. HCPF will have a target recruitment of member participants, just as we had in the original pilot and working with the original Case Management Agency participants. They will also be offering up participation in this soft launch to people that have their CSR (Continued stay review) coming up. There will be training on automation in the system, there will also be training on the level of care screen that contains the targeting criteria for the HCBS waivers, there will be training on that for all 10 of the HCBS waivers. Go Live will follow right immediately after the soft launch. At that time, we will be doing the implementation on a rolling basis.

Pat asked: "Will there be anyone independent from case management who is trained and able to administer them in assessment?" At this time No there is not anyone independently trained to administer the assessment. We certainly have subject matter experts within the department that will be fully trained on their new assessment.

Pat asked: "Is there some assurance the individual budgets will not be decreased until it is clear that the assessment works?" And at this point, there has not been discussion about that because we were a long, long way from implementing a budget.

Cheryl Brown asked." We're going to be doing the soft launch and we do an assessment for a client for their CSR, and then they move to a SEP district that is not doing the soft launch, so now their assessment is in the new assessment tool and they don't have one in the BUS for their CSR, what do we do about that?" They will be duplicating both so it will not be a problem.

High level overview of the Person-Centered Budget Algorithm (PCBA) work. There's a lot of work over the years through the CLAG but then other efforts to not only seek this new comprehensive assessment and support them, but also to build some more flexibility and on top, and autonomy over how folks access services in Colorado. One of the things that came out of that work was the requirement for us to implement a person centered budget algorithm. We really know that it's a huge responsibility on us to ensure that we are intentionally developing an approach that really looks at lessons learned from other states, and really gets this right. We've been working closely with a group of stakeholders so hopefully you know, as we go through this process, we'll be speaking to a lot more of you as well to really make sure that this is brand new. So, what is the person-centered budget algorithm? It's a budget algorithm and so for those of you who are familiar with the IDD waivers. It's very similar to the SIS algorithm and approach, but it will be completely different. It is based on the new assessment, but unlike the IDD SIS algorithm, it's going to actually apply to all HCBS waiver programs. It'll be used, sort of across the whole set of programs that we have. And like I said it's very built on the new assessment tool analysis. So, it's really going to be a whole new thing, and you know we really think of it as a really important component of the Assessment and Support planning process to ensure that there's a consistent method for assigning budgets across the whole of our HCBS programs. It will be a more objective perspective, budget methodology.   We are learning from other states, other states, I think there are about 30 states or so that use something like this. It will be used alongside the person-centered planning process to help identify the services that individuals might need for support. *We've heard from folks that fear that it's intended to be used to cut benefits that is not the intention whatsoever.* It's really rather to give individuals a way to sort of manage their services with more autonomy and flexibility so that they know what their budget is. And you can sort of work within that across all of our programs and it'll also give the department the ability to better manage our programs. Our goal is really to build a process that's fairer and more objective, and objective and equitable across the programs for allocating resources. Our intention is really to be completely transparent in the development. We really want

anyone who's interested to engage with us. We will really be putting a lot of focus and effort into making sure that all members know about this and that this is not intended to cut benefits. We don't want to blindside anyone. We really want a lot of robust engagement on this, and to be as transparent as we can so hopefully very, very, very transparent. So that's just an overview of what it is. It's really a process by which to identify a range of resources that someone might need to support them, and that range of resources that will be used as part of the conversation during the planning process.

The PCBA development stages really gets into the technical aspects of how we're developing this.
1)Hypothesis stage, and then the hypothesis stage you know we are hypothesizing that relationships exists between member characteristics, and the resource need.
2) Testing, and so we test the hypothesis and say, Are there certain characteristics that our population has and different people have, and can we use those characteristics to analyze and identify patterns in resourcing,
3) Refinement phase, and that's really to evaluate the patterns, ability to predict resource use, or future resource needs.
So as you can see the hypothesis phase we really are looking at the assessment data and so far we've been using data from the pilots, but we are going to be using data from the soft launch when they go live. And that's why some of this work is on hold while waiting for additional data. But in this phase, you know, we're looking at the data, we're looking at the literature review or identifying sort of the appropriate statistical tools that have been used elsewhere and what might be useful for us. We're talking to stakeholders. And then we're trying to look at the variables in the assessment.

We want to make sure that stakeholders are sort of a part of this, to say what are we missing, what are we not thinking about, you know, are we getting this right. So far, we're really in the beginning stages of the PCBA development. We've been able to conduct a literature review and look at the data that we have which is not appropriate for continuing to move forward until we launched the new assessment. July 1st was going to be the implementation but working with stakeholders and realizing the data wasn't going to work and we didn't have enough, we were able to go back to the legislature and say hey we can't meet that timeline. Can you give us more time and they did. The legislature said yes, we want you to do this right, so we paused the development of the PCBA, in January, and pushed out implementation two years to 2023 instead of 2021. Since January we've just been working with the vendors that Lori mentioned on the current case management system. Other states had implementations where no one knew anything about it, and we did not want this. We built in a full year of a pilot and the intention is really to make sure our algorithm is working as we all

sort of through it together, but then also make sure every single member learns about it and has an opportunity to ask questions and understand the impact before it is implemented. And so, we'll be doing that, between the summer of 2022 in the summer of 2023. And then our plan is to implement it in the summer of 2023. I will be coming back regularly to check in with you all. We know that algorithms can't capture everyone's needs and can't capture everything. We're still going to have that exception process in place and so the goal, with the exceptions process.

Questions:
Julie said, while this, this stuff does make me nervous. We've looked a lot at other states and the states where things have gone really wrong have three things that are in common.

1) They have managed care and we have a law prohibiting us from having managed care or long-term care.
2) Absolutely no client involvement, like at all. Which obviously is not happening here.
3) No exception process,

So, it makes me feel good that none of those things are happening here. So, I just wanted to just say that although I'll continue to be nervous and watch it, at CCDC we're doing a lot of outreach about it starting late summer.

Pat asked if all of the data points will be used for PCBA or just basic assessment and if so why bother with the comprehensive? On the base level you know we want to make sure whatever path someone chooses (basic or comprehensive assessments) that assessment process will not impact the PCBA so the all of the items that ended up being in the algorithm will definitely be in the basic assessment.

Case Management Redesign: Tiffani DeCoste
What we're looking for is fewer silos, services that are based on need rather than a level, and an increase in consistency, accountability, and quality across the system. So, to that end, there was a system framework created and put through legislation to accomplish this. So, as you all are probably aware, House Bill 21 1187 was signed by Governor Polis on May 1, and the goal for this legislation was to achieve a high performing case management system that creates a person-centered member experience. Our goal really is to streamline those operations, create efficiencies, do away with inefficiencies and really put resources back into the spaces where members feel at the most. This legislation also repeals conflict free case management language in the current statutes,

 I also want to point out that this legislation requires us to work really closely with stakeholders, and we will be releasing a timeline for all of these policy systems changes by

December 31 for stakeholder engagement. We are really wanting to be transparent about this whole entire process. Our goals for case management redesign, are these five,
1) federal compliance
2) quality
3) simplicity
4) stability
5) accountability,

All of those working together to create a person-centered member experience.

She discussed what each of these meant and early contractor and stakeholder work. Creating regions will be the first thing they do. There is a current survey and a link was provided.

Department Updates:

Due to time constraints updates were skipped but the following subcommittees are actively going on:
1) Agency as AR for IHSS
2) URUM
3) EVV Compliance (just started)

Erin also said that they are working hard to implement the paid sick time that is required now for CDASS employees.   One hour for every 30 worked. This is for any employee. The employees can earn up to 48 hours a year. We are working again on the details of this and how this works. It's been a huge undertaking, but we should be getting some more specific information for you next month. It's our goal to make sure that our FMS vendors are able to handle this.

- **Open Forum #2:**
  Emily Harvey (with Consumer Direct): We're the training and operations vendor and we are actually facilitating a workgroup for the employers in the fall. She is inviting us to join us in this conversation, to figure out what topics would be good.   This is really meant to be a useful tool and a useful opportunity to learn. If you're interested in joining the workgroup, you can email me or call me. Our main line is 844-381-4433 ask for Emily Harvey and the Colorado office.
- Mark Simon: Asked if anyone brought up issue about hiring contractors earlier (yes). He said to Emily he hoped that would include the employer exposures and liabilities in the training. This has been a real concern for some time. He added to the need to be able to hire companies for homemaking and said often there are only one or two people in the company and he can hire them for $25 which is almost what he has to pay now.

- Rebecca S. from PPL wanted to respond to earlier comments about the lack of a paper newsletter. She was concerned that Renee said she had not gotten statements and will call about that but the newsletter is now electronic, but they can mail to people on a case by case basis if email is impossible.
- Kirk Miller said he had been hearing about people unable to afford internet and wanted to share resources. There are some companies out there. Some help people get it for as little as $10 a month. Some people in housing can get it through their service coordinator. There is a program through Comcast called Internet Essentials and another called PCs for People.

Erin was given kudos for facilitating a busy meeting in John's absence.

Respectfully submitted
Julie Reiskin