

**Participant-Directed Programs Policy Collaborative (PDPPC) Meeting  
April 22, 2020**

**DRAFT Stakeholder Minutes**

MISSED FIRST HALF HOUR OF MEETING

**EVV Update:** Lana Eggers gave an update: There will be a rule going to Medical Services Board. The public rule review meeting which is an in-person meeting and this was scheduled for Monday, but they are taking comments until April 24<sup>th</sup> and they can incorporate those until first reading of the MSB which is May 8<sup>th</sup>, the 2nd reading will be in June 12<sup>th</sup>.

**Questions:**

What is the most recent information on live-in caregivers using EVV? HCPF is permitting agencies or FMS vendors to allow exemption of live-in caregivers if the requirements are met. Requirements are based on the client/caregiver relationship. The member and caregiver will need to fill out EVV attestation form. They are finalizing the testing of the systems solution so they will be able to tell FMS and agencies what to do actually make this work.

Is it true that all FMS's will allow for that-is this correct? Lana said that all FMS vendors have all expressed their intent to exempt live in caregivers.

What happens if someone says they live in but actually are not? We do not want to create disincentives to allow this. The person who lies needs to be responsible, not the FMS or agency.

Answer—while this is still being discussed with legal this is what they are thinking: For agencies or IHSS it is the provider agency that is liable for this being correct since they bill Medicaid.

For FMS vendors the liability falls on the client, who is the employer of record.

It is super important that we make it clear that misrepresenting information is a serious problem. Curt said that vendors have to house the documentation, but if they did their job and the client lied the FMS would not be liable. Also, the FMS could not apply the exemption until all paperwork was done.

Where do providers turn in live-in attestation forms? They are still working on details but for now all provider agencies and FMS vendors should keep them on file.

Was it 5% of providers ready to go in August? Latest information is that 10% of providers are using EVV at this point. Betsy Murray said agencies that are not part of this 10% are challenged and are worried about getting full compliance by August. There is a concern about quality of care doing this while dealing with COVID. Their national association is trying to delay this. What are the odds of this happening? Lana said this would require a congressional action. Our current timeline is based on the 1/1/21 timeline and we are trying to prepare providers ahead of time so claims integration is ready and people are used to it before you have to integrate claims. It will take an act of congress to delay that mandate. Betsy said the efforts are trying to get this through the large COVID bills.

The draft form for live-in caregiver attestation. It says caregiver name and ID. What ID are you looking for? There is a caregiver ID in the agency or FMS EVV system.

What does attendant relationship to caregiver mean? Answer: Is this a family member, friend, or something else. Answer might be mother, daughter, etc.

Why does the state need to know about the relationship as long as they are living there? Another piece of information that helps us validate the form. They are doing real time edits as they get feedback. They can have documentation like voter registration, auto insurance, etc. The question is to support the question. It does not matter what the answer is.

What is the status of the FMS-options for telephony to log in and out?

PPL: Telephony is one aspect that will be provided. This will be available by July 01 with all EVV tools.

Acumen: Same

Palco: Same

Lana said that the next member and caregiver subcommittee meeting will be next Tuesday, 10:30 a.m. – 12:00 p.m. Notices have been sent.

### **Co-chair Discussion:**

Kevin Smith reviewed the survey that was sent ahead of time. The results are:

- 1) Co-Chairs must be direct recipients of CDASS or IHSS.
- 2) Terms will be 4 years.
- 3) There will be term limits.
- 4) There will be 2 terms.

People should submit nominations or self-nominations. Nominations will be available through May 5th at 5 pm. They can be submitted to Curt, John, or Kevin. This should say why you want to be a co-chair and what your qualifications are. On May 6th John will send out nominee names and it will open on that day and close on May 27th at noon before our meeting. The results will be discussed at that meeting.

There were many comments submitted in the survey results. Some people felt a case manager or AR should be allowed. People should be asked after a few years how things are going and if they want to resign, they should give notice.

If you want to nominate someone and do not know how to reach them, reach out to John.

John asked that voting closed the day before the May PDPPC meeting, to allow time to gather results and send them out prior to the meeting. Kevin suggested that voting end at 5:00 p.m. on May 26<sup>th</sup>.

If there are new co-chairs they would start orientation in June and begin duties in July.

If there are two new Co-chairs, we need to have one for 2 years and one for 4 years, to create staggered terms.

Maria said we should try to ensure that there is balanced representation of all of protected classes (race, gender, ability, etc.). She stated the group has been heavily dominated by European-American leaders and mostly male.

How often do we send out info to all CDASS and IHSS participants about PDPPC? PPL sends it out every month.

Erin said that outreach and increased participation is a goal for 2020 and they share about this at every single IHSS training and meeting.

A member who is a woman and of mixed heritage stated that participants are diverse and feels our leaders are representing us. We should not pick them by color or gender, she appreciates those who step forward.

Maria said we have not had adequate representation of African American and Latino members. People should be given statistics about what the number are in terms of identity so we can address any lack of representation of populations.

Curt said that he was not aware we have ever excluded anyone, and he is part Native American, but we will not exclude anyone.

Linda said we need to look at how many people from different racial groups participate on IHSS and CDASS. Are they getting the information they need? We are stuck and she is not sure if this happens or not, but we need to know because if there is lack of representation, we will not get people joining PDPPC.

Mark said minority populations being involved in the disability advocacy arena is a difficult issue and we have tried to be inclusive, but this is a cultural issue. Having been involved in recruitment issues, he found barriers. He said Maria is not wrong, but we do not have large numbers of candidates.

Maria has dealt with these opinions in the past, some are just naive. The comment that the group has never excluded overlooks that the group has never made efforts to include everyone and she does not agree that we have not excluded people. The question of who is going to do the work—this is an important issue. Government has regulations about groups being balanced. There is a lot of money going out to support this group. There should be a subcommittee to look at the numbers and design an outreach plan.

Corrine: We can do outreach to commissions, she was on Indian Affairs commission. She said it is about humans, not color and we deal with a very underserved community. Speaking as a woman of color we should take a human approach. We have other things we need to look at and it will come.

Tim: Worked for 17 years for an IL center and there are 9 of these across Colorado. We should partner with them and recruit new members. He would recommend creating an outreach committee, Maria can be part of it to get to IL centers and recruit new members.

### **Eligibility Questions:**

Jennifer VanCleave from HCPF -she is on the eligibility policy team for HCPF. She is there to answer questions and if unable to answer the question she will help follow up and make sure the answers are provided.

She also wants to talk about some of the COVID eligibility changes they have made in case people were not aware.

Right now they have put in place a forced pass meaning that if someone is on medical assistance they will not discontinue the case through the public health emergency. If your case terminated as of March 31<sup>st</sup>, or if you got a letter saying your coverage will end on April 30<sup>th</sup>, they opened the case. They are starting to send notices. They will maintain people at the current level of benefits. If someone can increase benefits you can do that but if you are eligible for lesser or you were not able to provide documentation you will maintain your eligibility through the end of the emergency. They do not have a date of when that will end. They will notice affected people when that happens.

In terms of the \$1200 "recovery rebate" as part of the stimulus check. This is not countable for any sort of medical assistance and not part of a patient payment calculation. The income will not be counted as a resource for 12 months. The unemployment is countable but the extra \$600 a week is not countable. The additional \$600 is only set to go through the end of July.

There is a county matrix on the COVID website which lists how they are functioning. There is a range between full remote and full open. It depends on the county. It is best to check the matrix and it also has contact information. You never need to go in person to a county for medical assistance anyway. People should use other ways including a PEAK account or calling the county. They update the matrix regularly.

Mark said he got an email that seems to indicate that if you are disabled or have a disabled child and you did not file a tax return you had file something today to file for non-filer to get the \$500 per child payment.

Cheryl: If we are tax-exempt as caregivers, are we also exempt from stimulus as employees? They file returns showing tax exempt.

Mark: If you have filed a tax return in 2018 or 2019 you should receive the payment. If you got electronic deposit or provided them with banking information, they will electronically process it otherwise they will mail you a check. There is a way to add your bank number to the account. If you have not filed a tax return you can do a non-filer return form. You can still get your payment. Yes, you will get a check as long as you file.

Julie talked about the eligibility problems with redeterminations and people losing benefits and wanted to ask what the process was and who should tell clients:

System dynamically generates packets based on what is provided. This is generated 60 days before a recertification period. The system checks to find out how recently information was verified. If it has been verified within 4 months, they do not ask for verification. If there is verification the packet will have information on what is needed and that is sent out as packet to the members. Members get packets either by mail or PEAK. If by PEAK you get email or text notification sent. The notice is not emailed or texted, but instead you get a notification saying to check PEAK.

Trying to always improve what the notice says to say clearly what is not provided. In terms of processing of cases. There is a county backlog and that is part of the problem.

Every member has a certain set of circumstances, if member does own eligibility the SEP may or may not get eligibility notices. When there is a backlog counties do not work eligibility and system set to determine cases based on what is in the system, they run the case and documents are not there because the county did not work the case is done systemically and sent to member and they may not get it to the SEP and it may take time to have county determine and go to SEPs.

Nicole Miller said the Chanda Center for Health contacts their clients if they get a notice from the state.

SEPs do not have access to this info, it generates its own notices. Even when they can see they do not know letters are sent. Case managers do not know until they get a call and there is a crisis. Case managers are not involved in CBMS, so they do not know. Jennifer said HCPF would like to move towards a portal so this could be available without someone having to access CBMS but due to all of the modifications they had to make with COVID this will be pushed back.

Kirk Miller said for the last two years, he has been flagged and got a paper saying if there are changes fill it out and if not ignore it. He has no changes and then he gets a letter shutting him off. This causes a panic. The last time he had to make three trips to the county to fix the problems. The one thing that kept rejecting him was they wanted a full statement of his bank account but after pushing all they wanted was to know if he was getting income through social security. They need to make this easier, this puts us into a complete panic, and it is not healthy for us mentally or physically. They do not put in the paper what they want.

Jennifer said they are trying to work with training to better utilize electronic verification so they can just get verification of assets.

If there are further questions, contact John and he will pass them along to Jennifer.

### **Sharing Best Practices in Relation to COVID-19:**

Erin: We want to highlight COVID-19. There is a training available to caregivers about COVID. She wanted to hear more from us about barriers, needs, etc. The disability community calls have been amazing, but she wants to hear from the group here.

Cheryl: Those who have limited digital access did not hear about the caregiver course. How can she apply for those who have no access to devices. The training HCPF was able to get was free for a limited amount of time from a private company. The training is not owned by Colorado, so there is no way to make it different. It is an electronic training. They are working with the developers to see if there is additional training. She is trying to find a way to do a paper version. She is not sure it exists. All courses are internet based. Cheryl asked if it was ICU training. Erin said it was informative, but not hospital level.

Maria: Also asked about access to an online training, as she has no internet. She also asked to have materials mailed earlier.

Cheryl said she had experience in transition from ICU to home. The ICU made sure no gloves or paper products were left lying around. Everything was emptied within 24 hours. She launders towels every three days because bacteria grow in 3 days.

Julie said she felt HCPF has been very responsive during this disaster.

Robin said their practices are what they do all of the time for flu season x 10 and that has resulted in significant increase in homemaker hours. Are we looking at allocations, understanding that there must be an increase in homemaking hours due to more laundry? Could people go over a certain amount or look at allotments and increase homemaker hours? Tips are great but that translates into increased hours. People should work with a case manager to go over their needs and if they need an increase ask for it. From a service perspective, people should do what they can to maintain a safe environment. If your allocation does not cover this reach out to a case manager.

They are working on how to let us use sick time, but they are not ready yet. Something should be out shortly.

Erin encouraged people to participate in the disability community conversation (Informational Webinar) on Friday at 10:30 a.m. HCPF really appreciates the collaboration. They publish information as much and as fast as possible. They have it on the website and will mail whatever people need. They have someone who can help with mailings —this is a bit more challenging with remote work, but they are sending someone in to help.

The Number for the Disability Community Informational Webinar on April 24<sup>th</sup> 877-820-7831 and the participant code is 303146#.

### **Planning for Future Meetings:**

It may be a while until we are all in a group together in person.

Cheryl said she appreciated the approach and would like to see it continue.

Linda said they have been doing in-person and by phone since this group started and we have moved more to phone. PDPPC has set standards in many ways about how phone meetings should be run. In other places, it does not work as well but we have this down.

Margaret Proctor likes the meetings and says it is the only way she has to get information as she does not have internet.

Renee Farmer says as much as she would like to be in person, she prefers phone over webinars.

Kirk Miller says the last two PDPPC meetings have gone better than others and feels safer.

Maria very much in favor of telephone only. In-person meetings not accessible to people all over the state especially if there is no handicapped transportation where they live. HCPF staff are paid to be there, but employers do not get paid.

Curt agrees with others, it is open, stakeholder engagement session, we share info with principles needed, getting the hang of people muting phone, speaking in turn, we should continue at least for several months with phone only meetings.



## **Open Forum #2:**

Matt Dotson of PPL says they were made aware of a situation where CDASS employees were inappropriately cleared. PPL will offer Colorado Bureau of Investigation (CBI) background checks for a limited period of time, if CDASS employers want it. Everyone will get a letter mailed to them.

Allyson of Consumer Direct said the FMS survey will be out June 3rd.

Kelly Tobin and Maria Rodriguez both shared about the importance of inclusiveness.

Mark Simon brought up background checks and how we only check for in-state crimes. He said clients should be able to use allocation to run out of state checks.

Curt asked if there is a background check and someone was found to have a criminal background. Matt said they should look at the letter but if someone has a barrier crime or revocation, they would be ineligible to provide service.