

**Participant Directed Programs Policy Collaborative (PDPPC)
November 17, 2021 Meeting**

APPROVED Minutes

John Barry opened the meeting at 1:00 p.m.

There was a mistake with the attendance link that has now been fixed so people that had problems were asked to go again and use the link and phone only attendees were taken. He reviewed housekeeping items.

Review of September and October minutes

- ✓ September: no corrections
- ✓ October: Renee Open forum #1 item 2 –there was a space missing in two places that she pointed out.
- ✓ The minutes were approved unanimously and will be posted with the spacing corrections made.

Open Forum #1:

- 1) Cheryl Hargett Dorsett: She did not receive hard copy in the mail last month until after the meeting and asked to be excused from the meeting (not absent). Curt excused her and the meeting schedule is set up for the whole year so the number is available and the same. The Postal Service made an announcement that they will be slowing down and this will mean we will not be able to get items ahead of the meeting. HCPF will have to address this more globally
- 2) Oliver wondered about double dipping on Medicaid and how does he cover that in the budget. He is concerned about the effect of paid sick leave on allocations and was told this would be discussed later in the agenda.
- 3) Robin Bolduc—with pandemic and catastrophic shortage of care—family members have become live in attendants temporarily due to shortage. They have to do EVV which does not work when they are live in—we need to look at policy for temporary or part time live ins. Jordan said they have flexibilities for extenuating circumstances and people should send paperwork to department.
- 4) Erin: Shared about January 01 increases and are finalizing the 11/1 increases. There are two pieces. We have to implement sick time in all services and in order to not affect budgets they increased the rates. They also are implementing new requirement to be paid a minimum of \$15 an hour. They are working on emergency rules. Denver is higher than \$15. Margaret asked what rate increase is for January? Revisions will start December 01 and will be

finalized by mid-December. She said that Resource Exchange had not communicated this to her case manager timely. (See later in agenda)

- 5) As of 1/1/22 we must provide paid sick leave 1 hour for every 30 hours worked with 48 hours maximum per year. (Discussion later in agenda)

EVV Compliance:

Proposed revisions were did go to MSB Friday 11/12 and was passed on initial consent. The next vote is 12/10 and then it will be rule if passed as of 1/3/22. This means that CDASS EVV protocol begins starting 2/1. Jordan gave an overview of "compliance protocol" is a way to display to CMS that we are in compliance. It incorporates requirement that 80% or more have matching EVV record. If not there is a strike. 5 strikes per year and unique consequence at each step. It is actually 6 strikes because if you get to 4th and complete a "correction" plan one strike is removed.

Julie felt the longer letter was confusing. Jordan said they were open to comments.

She also thanked the Department for making changes in the rule

Robin said that there is a new CURES 2.0 from DeGette that bans GPS and Biometrics – we need to thank her and watch carefully. Jordan said they are seeking clarification as that was confusing in the proposed legislation and they are watching it.

Curt asked for more clarification as to what a strike is: If caregiver forgets to log in and does after the fact is that a strike? EVV has said if there is a systems issue with FMS vendors that could be a strike and not the state problem. Also what about lack of internet or forgetting to clock in.

Jordan: If someone does not have access to internet and manually enters that is NOT a strike. They look at monthly cumulative performance.

Dave: How do we submit time if we have live in exemption: Jordan: Once you have live in exemption make sure it is billed correctly and you can just bill without using EVV but ask FMS to make sure things are done correctly.

Jordan—manual entry or web based portal use. This is acceptable way to record EVV. Mobile app, phone/telephony/ or web based portal but they want you to try to use the mobile app or phone first if possible.

Julie asked if web portal can only be used after a failure or can people use a web portal if they know the problem they reported is not fixed.

Oliver asked for an example of a strike: Jordan: 10 visits in a month but only 5 entries—they get a strike. Jordan said it is made to support us not punish us.

Erin said the FMS systems are pretty foolproof and likelihood of causing a strike is low. HCPF is working with FMS and will be working with EVV compliance. People did not

understand how one can bill without using FMS. Erin said her goal is to make sure we are all compliant.

Jordan said CDASS does well with EVV and this protocol shows this. The issues are more an agency problem.

Jessica Corral Presented on a Feedback Form:

She wants to dive deeper into option to help HCPF track issues and created a form. This was in our materials and shared on the screen. This allows you to remain anonymous.

PDP Issues & Feedback form: <https://sites.google.com/state.co.us/pdpissues>

EVV Feedback form:

https://docs.google.com/forms/d/e/1FAIpQLSf560LOesbSidM_VyNMLdinQomadG9FI-IGMmA08MfsJYWWJA/viewform

Case Management Agency Issues Form: <https://forms.gle/NyAwAzsvrhLLgvQn8>

HCPF_PDP@state.co.us 303-866-3504

Julie asked some technical questions and asked about circulation. She suggested frequent promotion. At this point it is on the website and asked for recommendations. This can be mailed and it will show up in a more orderly way on line.

SUBCOMMITTEE WORKGROUP REPORT:

Kristine Dos Santos:

- IHSS subcommittee meets every other month on 2nd Tuesday next meeting 11/10
- URUM Monthly on last Monday and next meeting is 11/29
- Background check update should have updates in January (per Jessica)
- IHSS Agency as AR meets monthly on 4th Thursday –next meeting is 12/16 for November and December due to holidays. They presented to MSB on rule change to not allow agencies to be authorized representatives. They received approval and up for final adoption in December. If that is approved the rule change will be in effect for January 2022. Julie asked about transition for current clients. HCPF has been collecting info to find out how many people are in this situation. Fewer than 300 people whose agency is AR. HCPF will do targeted outreach to these agencies and help find viable AR outside of the agency. They are working with Consumer Direct to develop member and AR training. They removed the 2 year requirement for member to know the

person. Their intention is not to have anyone leave the program. Erin said there are some people that just signed up and did not really know what agency as AR is. The two year requirement was challenging especially for kids. They have had good dialogue and AG has denied exception process. They can be creative to make sure people do not lose service especially with the staffing problem. They do not want agencies to continue this practice. They do have most of 2022 to get people transitioned. Lisa said that she used to be on IHSS and agreed agencies will not take people on if they do not have all of the caregivers lined up. She worked more and more and it was very overwhelming. She is glad we are discussing this and her husband is her son's AR and a major concern as they age is what happens to their son. She mentioned this to a case manager and there was no answer—it goes into crisis mode. ARs get paid nothing to do this. Not that they are supposed to be paid but it is getting more and more tedious. Lisa said IHSS not working forced them to CDASS and they like it much better.

Erin said a long term issue to work on is what the AR role looks like in the future. Can we improve the process for people?

They have talked to Consumer Direct about a way to build in an AR piece to the attendant registry.

It was suggested to allow payment for AR time but with a CAP.

After a break Jennifer VanCleave was introduced to give a eligibility overview:

HCPF has updated some eligibility rules such as allowing Afghan refugees to be eligible for all Medical Assistance categories (including LTSS). They also said they should be sending the COLA (cost of living adjustment) increase memo in early December. They already got some updated numbers for spousal impoverishment but they have not been formally released. This will affect all of the annual changes. COLA happens every year.

The PHE has been extended again through mid-January. Keep filling out redetermination packets to avoid the crunch when it ends and they are still getting guidance for how to unroll when it ends. They are not going to just flip a switch and it will be a measured approach over a year. There is additional legislation that might expand what they can do but that is not approved or anywhere close.

Employer 101 Training presented by Emily Harvey: A workshop flyer was sent out in the packet. Emily is with Consumer Direct Colorado, the training vendor. This will happen in February. They wanted the time to make it a great experience for everyone

and some breathing room. All are welcome but main audience are CDASS employers (clients and AR) but others can join such as people who may be interested including IHSS clients. Registration is now open. They will send flyers out to all CMAs. Advance registration is required. They will send packets ahead of time. It is also on their website cdco.com and go to news.

Tim: Can these count towards required IHSS training? Erin –probably not but this could be great option for independent living core services.

Julie said this was great and asked if they could put something to tell people how to ask for accommodations and to send the flyer stand alone to advocacy organizations so we can forward it.

John Barry: Webpage has a lot there and it is complicated. John is going to work on revamping it. He would like to get some assistance from stakeholders. Let him know john.r.barry@state.co.us or 303-866-3173

Oliver and Patricia volunteered to help

PDPPC PROPOSALS AND RECOMMENDATIONS:

Age recommendation: Department response: It has been accepted and a long memo was sent out. Curt said this was a great recommendation. Kristine DosSantos explained further: The age will change to age 16 to help address the workforce crisis. Implementation will take time and they will work on this over the next 9 months. This will apply to IHSS but agencies can decide what they want to do. Agencies will need to figure out if there are insurance issues.

Curt said there are a few limitations like no working on machines and this is a great opportunity for us. This shows the group process works.

Erin said the one caveat is we cannot allow minors to operate Hoyer lifts. They also realize there are emergency situations and Kristine will facilitate the emergency workgroup.

People were very happy about this.

. They will have a PDPPC emergency workgroup over a 2 day span for 12/1 and 12/2 from 9:30-10:30 am. This is on the OCL calendar on HCPF website. They will amend waiver language in all waivers.

To join the meetings: Google Meet: meet.google.com/esq-wydn-uae

Join by Phone: 1-225-443-9017, PIN: 161 457 790 #

This is a workgroup to discuss changes needed to lower the Consumer-Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS) attendant age minimum. All interested stakeholders are welcome.

More information about CDASS and IHSS may be found [on this webpage](#).

Reasonable accommodations will be provided upon request for persons with disabilities. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify John Barry at 303-866-3173 or John.R.Barry@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Homemaker Contract Draft Recommendations:

Curt said he and Mark looked deeply into this and ran into many logistic issues and at this time they are putting it on hold.

PDPPC will not meet in December.

Sick Time:

The law requires employers to pay one hour of sick leave for every 30 hours worked. They are working with FMS to have support of this law and communications are beginning to go out about what to expect and system training opportunities. This will provide outline of available training dates and they encourage attendance. This will be provided in webinar to call in or get in paper. If you have not received communications reach out to FMS provider.

There are many requirements but some they want to outline. Accrual can only go to maximum of 48 hours (January-December). They can carry over to next year up to 48 hours of unused. Must be used in 30 days of leave date and they have to have acquired enough hours to be paid. Can only approve on or after the leave date is taken. We can approve as of 2/1. Benefits funded through increase in annual cost to us by 1.7% but this will be offset by rate increase in January.

CDLE is responsible for administration and oversight. They would resolve a dispute.

PPL: Because it is on the APP it will not count as double billing if you bill one for sick time and one for regular time. They are providing training for people on 12/8 and 1/27

Can employer decline pay for specific reason? There is a list of qualifying reasons including being ill, preventative appointments, seeking domestic violence help, etc. We need to make sure people have a complete conversation about request for sick time and make sure eligible reasons are kept in mind. We cannot decline if they qualify.

- Julie asked if you could exceed 48 hours and the answer is no.
- What if sick time is not used? Can it be used for increased wages? No
- What if there is more sick time than the increase can cover? They do not think this is possible.
- If they get 48 hours, and use them all and accrue more before the end of the year can they use more or it is hard cap? Cumulative, they can accrue more.
- Do we need to provide proof of illness to FMS? (Not sure this was answered)

Rates:

- HMA \$29.50
- DD Personal Care \$23.74
- DD Homemaker enhanced \$29.30
- DD homemaker \$18.58
- Homemaker and PCP for the rest of us \$\$18.74

There were some comments about how we should incentivize people not using this in a bad way. They are required to use it or lose it once they accrue and we cannot pay for unused sick time.

Open Forum #2

- Katie Spaid: CDCO Alyson Weitzel state director leaving this Friday. They hired a new state director Stephanie Reiss and she has been a training coordinator for three years. Stephaniere@consumerdirectcare.com
- Louise Apodaca said she has been going through multiple health issues and appreciates the ongoing support.
- Erin Thatcher: HCPF has many positions open and has 17 vacancies in the office of community living and wants to encourage people to share and apply. <https://www.governmentjobs.com/careers/colorado?department%5B0%5D=Department%20of%20Health%20Care%20Policy%20and%20Financin>
- Curt Wolff: He works with American Wheelchair Bowling Association and had four members go to Dubai and received gold metals. One member is from Franktown Colorado.
- John will be sending out invites for all meetings for 2022. They will all be the same link and number.

The meeting adjourned at 3:45 p.m.