

## Participant Directed Programs Policy Collaborative Meeting

October 28, 2020

### Stakeholder Minutes APPROVED at the November 2020 Meeting

Virtual Meeting

**Executive Summary:** *We discussed many issues at this meeting including EVV progress, more SEP districts being decided, rate cut notices, background check revisions, and other committee work in progress.*

John Barry called the meeting to order at a few minutes after 1:00 PM

Linda Skaflen took phone attendance and reviewed who had voting rights for the meeting. Most people verify attendance through a Google form sent out before the meeting.

Minutes from September: With no comments or corrections the minutes were approved without objection. Maria Rodriguez said she had planned on sending information for the latest meetings and had not sent it in and apologizes. The information will be incorporated when it is sent.

#### Open Forum #1:

- 1) Julie Reiskin: She reported that Acumen had a recent issue with Payroll. She wanted to know what happens when a payroll is missed or is late. She said when this happens and it is a systemic issue, we should have something in future FMS contracts requiring the FMS to make people whole. As far as she knows this has not been promised to people affected by this payroll issue even though it was acknowledged as a systemic problem.
- 2) Betsy Clark-Murray: The City of Aurora will be voting on a minimum wage increase on Monday. This will be a significant issue. This will be in place January 2021. This affects everyone who pays personal care providers.
- 3) David Bolin: IHSS agencies will not be affected by Aurora issue because their minimum wage is already \$12.60 and minimum wage for the state is \$12.31 on January 1. He said that Julie, he and other advocates are on a committee looking at algorithm development (the Person-Centered Budget Algorithm) for a statewide budgeting tool. We need people to go to the website for the support planning tool and algorithm. As of now, it is supposed to start in July and it affects everyone getting all HCBS services. People need to show up at upcoming public meetings and learn about this. There are concerns about the algorithm and people need to pay attention to this. This is happening soon and it could hurt people. Links are below.

<https://www.colorado.gov/pacific/hcpf/colorados-ltss-assessment-and-support-plan>

<https://www.colorado.gov/hcpf/person-centered-budget-algorithm-pcba>

- 4) Gabrielle Steckman announced that Kristie Blickman no longer with Acumen.
- 5) Allyson Wetzel from Consumer Direct reported that they conducted case manager training in September on the overutilization process and procedures. She wants to report on this at the next meeting. There are some edits that were requested re timelines and she wants to discuss this. She is also open to receive feedback on this. (People agreed that this is a good topic for discussion at a future meeting.)
- 6) John Barry brought up the need for a stakeholder decision on meeting in December. He said that in December, options include either holding the meeting on the 3<sup>rd</sup> or 4<sup>th</sup> Wednesdays, or not at all. Linda asked if there was anything from HCPF that needed attention. Erin said she was not sure. There was feedback on both sides including unknowns like election results. John and Co-chairs will make recommendations at our next meeting.

### **Electronic Visit Verification (EVV) UPDATE:**

First, we heard FMS Updates:

1) Acumen: Numbers remain flat using EVV time complaint entry, has many live-in exempt people. Some are using the mobile app and others are still using their smartphone but pulling up the browser (instead of using the app). This is about 110 people and Acumen will be doing targeted outreach to them. Louise Apodaca said that attendants continue to struggle logging in and out using smart phone purchased for this. You get error messages locking out for too many tries and times it says it is unavailable. Gabrielle said she would follow up with Louise.

2) PALCO: Trends are consistent users on mobile up and exempt are going up 59% of clients have at least one caregiver live in exempt. For attendants, 48% using mobile app, and 18% using IVR (landline). 34% of caregivers exempt; they are following up with caregivers and employers who have not registered. Most of them are inactive or backup caregivers.

3) PPL: Moving along with EVV implementation. They are at 40% EVV compliance, they have a good percentage doing manual entries through mobile app (25%) or the portal (26%). 78% of attendants have used the app at least once. PPL gave updates regarding improvements they have made on the app. They are working on the "technical difficulty" error messages. They found one cause of these issues, but another one can be tied to network connection issues. To address this, people can go to airplane mode and clock in and out in off line mode and that saves the time They are looking at

notification about when there is system maintenance coming up and they are also looking for a way to submit time while in offline mode. PPL encourages people to use their EVV helpdesk 1-833-204-9041 or customer service 1-888-752-8250 if they have problems.

Questions:

- 1) Linda—Do the FMS's give people helpful tip handouts for the people who use the service? She said even today, this was a lot of information and people should know if X happens do Y.
- 2) Julie asked PPL if they have to stay in airplane mode throughout the visit and the answer was no they can turn airplane mode off after they enter the information so they can use their phone if needed during the visit. They just have to go back into airplane mode to clock out if the same problems is happening.
- 3) Julie asked about how HCPF can hold FMS accountable for poorly designed apps. She said there are problems with apps from all three companies. David Navas from HCPF said HCPF does not have legislative authority to make them have certain features (such as the ability to save log in information on one's own phone) so we need to get legislative authority if we want these features to be required. Erin said they want to know if the apps are not working properly. Erin said that Julie is right in that it is a contract issue. There is a part that it might be related to the overall aggregator, but each vendor has to participate in EVV and those requirements in the contract. Erin said that they are discussing internally having a way for CDASS employers/clients to report problem with the app or other EVV implementation issues so HCPF can track this. She wants HCPF to be notified but they need a process to make this manageable. David said that most FMS vendors have access to biometric data and they are talking about how vendors can plug into Sandata functionality. He said that they are reaching 50% participation. There were some providers on a delay list who did not know they had to do EVV. Telehealth also complicated things for agencies. Some agencies are being sent to program integrity. Some FMS vendors are not submitting data yet so there should not be consequences for employers before 1/1/21. There have been updates on travel time and updates to the website. They are processing live in caregivers differently.
- 4) Louise: What is PPR? It is Post-Payment Review. Who is this for? David N said that HCPF is reviewing all payments since August 3 to see who is completely not using EVV. It is a bit different for each FMS as they are in charge of making sure there is compliance. HCPF will still need to figure out how many entries will be allowed for manual or override.

### **Background Check Work Group:**

Jessica reported out for this group. The goals of workgroup were:

- 1) Review and update as needed barrier crimes list
- 2) Review and update FMS Barrier crime checklist
- 3) Determine if member or AR protocol for background check is needed

The group met on the 15<sup>th</sup> and had a draft edit for barrier crime list. They found a link to information from AARP and decided not to remove any crimes. Background checks do not deter people from applying. The purpose is to prevent hiring by people who have crimes related to exploitation or abuse of vulnerable people. They clarified which crimes are forever and which are time limited. They reduced timeframe for barring employment by someone with a history of felony DUI and drugs from 10 years to 5 years. They use the arrest date as start date. They want to include feedback from others before finalizing anything. She would love to have others join if interested. Her goal is to have a final draft at our November meeting. The next meeting is on Thursday, 11/5 at 11:00 – 12:30. Reach out to Jessica at 720-722-2601 or email [Jessica.corral@state.co.us](mailto:Jessica.corral@state.co.us) if you want an invite.

Louise: She had a concern about using arrest date as one does not know if they will be convicted or not. Jessica said there was discussion about this item and she invited Louise to come and discuss more. How do you know when disposition will happen? Jessica shared info on CBI recommendations. It should be included with final disposition but that does not always happen.

### **Eligibility Update Jennifer VanCleave**

Jennifer said she does not have eligibility updates. We are still in the COVID Public Health Emergency (PHE), so there is no change. They are working with CMS to find out the best way to unroll this when the emergency ends. The complication is the inauguration day the same day as the end of the PHE. They did a system enhancement to help them better determine retroactive coverage (can be requested for up to three months). This is not a policy change but will make it easier for counties to make this request without going through HCPF.

There have been concerns about noncitizens applying for Medicaid and Jennifer gave basic information but encouraged people to reach out to get answers to more complex situations individually. Anyone can apply for medical assistance at any time. No one should be discouraged. There are some noncitizen statuses that are eligible for Medicaid and this is not something for the average person or county worker to figure out. We should encourage people to submit application and this determination happens electronically. There is confusion about requirement for a social security number and there some federal exceptions so this should not be a barrier. There is no requirement if you do not have one and are not eligible to receive one. You do not have to obtain a

SSN if you have well documented religious objection, or if the only reason you need one is to get benefits. This is on the application.

Julie clarified that only people here with proper authorization can get regular Medicaid. People without documentation can only get emergency medical services.

### **Case Management – Victor Robinson**

He said that the SEP transition is going well. Bumps in metro area due to huge number but they are working collaboratively and quickly with RMHS and he hopes we share that perspective. Others are in constant communication and meeting monthly. Comments in the chat were positive about RMHS being responsive.

There is an open bid for the other SEP areas that transitioned (not Mesa or Metro Denver) to do a formal procurement process. There is evaluation committee already set. They should be able to announce the winners by the end of the calendar year. He also said that the signature for service planning memo went out. Now everyone must sign off on service plan including providers.

There is a memo and FAQ at:

[https://www.colorado.gov/pacific/hcpf/2020-memo-series-communications.](https://www.colorado.gov/pacific/hcpf/2020-memo-series-communications)

Direct link to the memo (OM 20-092):

<https://www.colorado.gov/pacific/sites/default/files/HCPF%20OM%2020-092%20%20Updated%20Statement%20of%20Agreement.pdf>

Direct link to the FAQ document:

<https://www.colorado.gov/pacific/sites/default/files/Service%20Plan%20Signature%20Page%20FAQ%202020.pdf>

CDASS is mentioned in the FAQ –the FMS does not have to sign, it is either the member or authorized rep. Julie asked about electronic signatures and they are allowed. There is 60 days after the start of services to get signatures. The 60 days and electronic signatures are due to COVID but they are trying to get good processes in place. They want to make electronic signatures permanent.

Linda said she is glad people are signing the plan and asked how did they decide who would be on the RFP evaluation committee? Victor said that is all decided by purchasing and he is not part of the unit. He will try to find out and he can get this info to John. Linda said she is more curious about if this is a good blend of people on this important committee.

Julie expressed a concern about signature pages. What happens if provider does not sign it? Will HCPF make them provide services anyway? Victor said his hope was to make sure they are clear about their obligations. It is a federal mandate.

Julie asked if the re-procurement was “real” given that there was a change recently made vs pro forma. Yes, it is real. Victor said he was not sure how much weight will be given to fact that the incumbents stepped up. This is a legitimate full-fledged procurement process. It would be hard to switch with only one year.

### **Research Study: American Association Health and Disability**

Sarah Dooly from Atlantis said that they are partnering with the National Institutes of Health doing a study to help change the medical model. It is called the All of Us Research Program. This is through the American Association on Health and Disability to get more individualized treatment. Sarah went over the goals which are all positive. There was a handout available. She invited questions and encouraged participation.

Louise asked, “Is our personal information made public at any point?” Sarah said no personally identifying information is released but our information does go into the system.

Louise asked, “Why should we do this?” Sarah to change the way they do medicine so that they treat us as people not diseases. Sarah reiterated that it is a v very personal decision and she personally felt it was worth it to make the changes.

### **Subcommittee Updates: Erin Thatcher and Ellie Shepard**

There are a few subcommittees going on that they wanted to talk about:

- 1) Jessica presented earlier on background check
- 2) IHSS subcommittee: The next meeting is the 2<sup>nd</sup> week of December. If you want to be added to this group, let HCPF know.
- 3) Utilization Review and Utilization Management (URUM) Subcommittee and they are working on the new extension of work for cost containment PAR. The legislature said there would be a nurse review of any health maintenance activity in CDASS or IHSS. There will be a new vendor Telligen (not EQ) and they are not sure exactly when the work will begin. They are working in the subcommittee to work on best practices and documentation. They meet on the last Monday of the month. There is a [survey](#) so they can assess what documentation is being asked of individuals NOW. You can fill out the survey. People are encouraged to fill out [this form](#). This form can be filled out by clients, ARs, agencies, advocates, others.
  - a. Cheryl Brown asked if they would handle the PASSR also –Erin is not sure but will find out.
  - b. Curt asked if there is a protocol to determine health maintenance as directed by HCPF. Erin said there is a lot of change up in the air right now. Right now there is no other process in place but a lot will be changing.
- 4) PDPPC Project: Ellie wanted to update people about the PDPPC project. This is to encourage more visibility and utilization of the PDPPC. She is working on

outreach and expanding stakeholder engagement and retention. She has scheduled meetings with people who have expressed interest and gathering suggestions. She is working on a report that she will hand off before her internship completes. She wanted to thank people who have already spoken to her and looks forward to talking to others. She wants to hear from anyone who wants to contribute their voice. Her phone number is (719) 647-7294.

**Rate Decrease Notices:**

Erin said CDASS participants should have received notice about decrease that took place on 10/1/2020. They wanted to check to make sure people got notices. This was required by general assembly.

Cheryl Brown (Rocky Mountain health Plan): She said that the amount of time to do notices and revisions was too short. She doubts they went out accurately given the time they had to process. Erin said they understand and know it was painful. The rate cut was for July 01 and they know it cannot happen overnight in CDASS. They could not put it off any longer. She hopes if a case manager realizes an error, they will correct it. Cheryl said, for a program that is supposed to be consumer directed, the case managers are being asked to do too much.

Louise said that she did receive the letter, it went into effect 10/1. She asked, "does this affect people who were already paid?" Katie McGuire said this does not change the wage of an attendant. It does not change budget authority. If there is a change to wage the AR or member has to make a change through the FMS. Louise asked how she figured out if she could still afford to pay the same wage. She can get help budgeting from consumer direct.

Curt asked if there was going to be a rate increase in January? The answer is yes, for residents of Denver for personal care and homemaker. HCPF is trying to figure out how that is going to work. This is because the Denver minimum wage is increasing.

Renee Farmer said she did not understand the comment about this being consumer directed and what Cheryl thought clients were supposed to do about this. She said she knew about getting the decrease and does not know why it is confusing that the case managers would have to send those letters and wanted to know what clients were supposed to do differently. Katie said the letter was to make sure that clients were informed of the change. Renee said she understood this is difficult for case management but not sure why Cheryl thought clients should have done something more. Katie said notifications like this are not the client responsibility. Katie said that there is a lot of background where case managers have to do a lot of work on the back end.

## **Open Forum #2:**

Corrine: She has participated on the Barrier Crime group and she is a stakeholder. She said that there is a place on the application where applicant can disclose if they committed a crime but also wants to tell the committee that the whole subgroup has been a great experience for her. She encourages more stakeholders to be part of this committee. She has learned a lot from the professionals on the committee. She thanked Jessica for how well she runs the meeting.

Mark Simon: He wanted to know how people find out about the background check committee as he had not gotten any info in 6 months. He also wants to be able to run checks on people who have an out of state background. He wants people to be able to use small part of their allocation to do these more expansive checks when appropriate or desired. Jessica will communicate to make sure he gets information and said the next meeting is on 11/5 from 11-12:30. He wants to add information about out of state background check.

Erin: This is Ellie's last meeting as an intern. She will have her Masters' Degree soon. It has been a great opportunity working with Ellie and congratulations were offered.

Rebecca Sturdevant (PPL): She wanted to follow up re EVV updates and the PPL app. She said that PPL wants to avoid situations where people cannot submit time and they are always working to make improvements based on feedback. They want to be transparent on feedback and the EVV helpdesk is a great resource. If it cannot be resolved it can be sent to IT. They also have contingencies built into the app. There is manual entry now but in the future that will be very limited. She appreciated feedback.

***The next meeting is November 18<sup>th</sup> (the 3<sup>rd</sup>, not the 4<sup>th</sup> Wednesday) from 1:00-4:00. Stakeholders will decide next time if we meet in December and when.***

Notes taken by Julie Reiskin