

PDPPC DRAFT Stakeholder Notes August 25, 2021
For Stakeholder Review and Vote in September 2021

Executive Summary:

We made two recommendations; one to allow people 16 and 17 to work as attendants and one to allow people to hire contractors for homemaking. We heard about a rate increase, got updates on case management and eligibility and workgroup progress.

John Barry opened the meeting at 1:00. Attendance was taken and Kitten Sheridan outlined voting rights. Kitten and Natalie brought the list up to date and asked people to notify them if there are any errors.

Open Forum #1:

- 1) Jessica Corral said anyone can contact the participant directed unit using the email hcpf_pdp@state.co.us or 303-866-3504. They also have a new Google form to report an issue. <https://sites.google.com/state.co.us/pdpissues>. If people report this way, they will more easily keep on top of issues and track patterns.
- 2) Julie Reiskin said CCDC wanted to hear if people are having problems with timely processing of employee applications as CCDC has had complaints from both PPL and PALCO about excessive processing time. She also said CCDC got a grant to work on DME problems, especially repairs. CCDC will be hiring for this position and also asking for people to share information so we can come up with either a legislative or litigation related solution.
- 3) Renee: She has been running into problems getting information on how telephony works. She wants to know how it works and the FMS will only say they can set it up. She needs to know how it works before making a decision. Jessica suggested a conference call with PPL to make sure all questions are addressed. Rebecca S. says she would be happy to participate. Curt also had someone who wanted to know about Telephony.
- 4) Rebecca S. also said that they (PPL) have been experiencing staffing issues in enrollment and working to address this and they hired a permanent Colorado person recently and have another one. They have been offering overtime to current staff. They are trying to get processing times up to compliant standards. This is also the time of year when they get inundated with EVV live in forms.
- 5) Renee also said she is faxing materials and has to do it multiple times and they keep saying the paper is too dark or something else was wrong.

PDPPC proposals and recommendations:

This is the process for making recommendations to HCPF from this group:

- a) If anyone has an issue you can ask to have it on the agenda.
- b) We have a discussion about the issue, if we want to recommend a change in policy we make a motion and vote on it.
- c) The co-chairs then get the language we agreed into a template form.
- d) Then it is sent on a template to HCPF. They (HCPF) have 30 days to respond (they usually do it more quickly) We post this online.
- e) Then it is brought back to this committee. If members feel HCPF response is inadequate we can go to higher ups in the administration or legislators to address the problem but that would be done outside of PDPPC.

We have two issues pending now:

- 1) Age requirement:** People need to be able to hire 16 and 17 year olds to deal with the caregiver shortage. There are people who are doing this work now but cannot work for pay. Several people voiced support for this proposal. This is not tied to only family members but many will be. All workers have to be trained and follow labor laws. We do direct training which is an advantage. Erin said they are hearing a lot about the age issue due to the worker shortage. She said our recommendation is powerful. **Julie moved and Cheryl Hargett-Dorsett and David Bolin seconded that we recommend the minimum age go to 16. The motion carried unanimously.**
- 2) Allowing people to use contractors (like Merry Maids) for homemaking:** Is there additional feedback? Julie explained this is requested by people who cannot find anyone to do homemaking especially in rural areas. People that set up homemaking as part of the gig economy do so through programs like Merry Maids or other apps and they do not want to be hired as individuals but through their companies. This would be a request to let us hire the LLC or whomever –this would not be about having “approved” providers. Ashley asked why we can not give people a little to help with things like deeper cleaning, fixing walls, etc. Ashley asked if there was a way to reward employees that showed up during the pandemic as they did not get any recognition as essential workers. Those topics are important but not part of this recommendation. Erin said if we make a recommendation, they can do research to identify what we can and cannot do.

Lisa said her son cannot be in a room when someone is cleaning due to the noise. He cannot be left alone during that time either. She said snow shoveling is also an issue. **Cheryl Hargett-Dorsett moved to allow us to hire contractors within our existing budget and Kirk Miller seconded and the motion carried unanimously**

RATE CHANGE:

Katie McGuire said that CDASS will be receiving a rate increase effective 11/1. Case management will start making revisions in October. We will get notifications of our new monthly amount. Linda asked what the new rates are. It is a 2.5% increase. Personal Care (non SLS) is going to be \$16.42 per hour (from \$16.03) for HMA \$27.19 from \$26.54. SLS personal care \$21.41 from \$20.89. Kathy asked if this would affect the \$285 daily limit and for SLS will it affect SPAL? For the daily limit not if you are in the middle of a certification but if going into a new one it will have to be reviewed. For SPAL yes you still have to stay in SPAL. Patricia asked why there is such a big difference between personal care in different waivers.

When is the last time the \$285 daily cap was reviewed? Curt said that this number comes from many years ago and this may be throwing flags at Telligen. Others agreed. Lisa brought up the 40 hours restriction and said during COVID that required her to provide a lot of free care. She would like to see it increased but without overtime. Curt offered to speak with people off line to discuss organizing to increase wages or reward attendants who stuck it out during the pandemic. He can be reached at 720-220-9020 or email me at curtisl.wolff@gmail.com. Robin said Less than \$1/hour increase is fairly meaningless. They can't even buy a cup of coffee with the increase. Patricia said "Ditto, with the shortage of workers we are here 24/7 and if I have a budget for over the 40 hours but haven't filled those with an outside source it seems like we should be able to use them no matter who is providing the care."

Workgroup Updates:

EVV Compliance Workgroup: That group has been meeting and they are at a place where they have a finalized protocol and will be bringing this to MSB in the fall and will present it to us.

IHSS Agency as AR Workgroup: They are going to remove IHSS agency ability to act as AR for a member. They will go to MSB on this for January implementation.

Employer 101 Training: Emily from Consumer Direct said they are working on this since June. They are putting together a workshop over a couple days they are working on what to include on each session. They are fine tuning this and are working on how to turn recommendations into fruition. They meet the first Tuesday of the month. They

are switching platforms from Zoom to Teams. People can call 844-381-4433 for Emily Harvey in CO Office if you want to be involved.

ELIGIBILITY UPDATE:

Jennifer Van Cleave presented: She said there is still no date as to when the PHE (public health emergency) will end. CMS has already said we will get 60 days notice before it ends.

There was a discussion about emergency medical services that are available for people who are not documented.

Robin asked about notices on discontinuation that are in error and noted that it causes a huge stress on people. Jennifer said they are always working on better notices and issues and if the counties see there is a system issue, they are supposed to submit a help ticket. Robin said this seems to be related to the Buy In and it is not limited to one county. Curt said he also has experienced this, and it is related to the buy in. Clients get letters asking for information that was provided electronically. Curt had it happen and he knew Beverly but if clients do not know where to go they will cut you off and then you cannot pay your attendants and it is not retroactive. Curt said on 9 news recently there was a story about someone being told they had to sell their home to stay on Medicaid. This is a serious concern. This can be life-altering.

Cheryl asked if the SSA increase will affect Medicaid eligibility. Jennifer said HCPF adjusts income limits every time SSA increases payment.

Case Management Updates:

Victor Robertson presented. He introduced Kidron Backes, a new HCPF staff member who has been a great addition to his unit. He said that two SEP transitions have occurred, and this has gone well. Rocky Mountain Health Plans is now the SEP for Costilla and Conejos and Alamosa went to Starpoint. Developmental Pathways will take on CCB functions of Elbert County.

They have been made aware of extreme challenges case management agencies are having with staffing. They are doing an emergency rule to relax the educational requirements. They asked for some input and one change that was heard clearly was a desire to have lived experience count but they are not using this at this time.

Gerrie Frohne asked about the new assessment tool and when we will be able to see a copy of the basic assessment tool. Victor said he could not answer that, but they will start soft launch on 11/8. We should see this before the soft launch. This is a target

date. Pat said the people working on this should get to see it before it goes live. Julie said she had spoken to Amanda and the people who had worked on the tool will get to see how this works with automation before it is launched and listen in on case manager training.

KEPRO --DME and State Plan: Alexis Keller with Kepro was here to speak to what they are doing with DME. She presented some slides. They are attached. David said he is concerned about their ability, talked to pediatric provider and is having trouble getting PARS back in a timely fashion, it is taking more than a month. He is concerned that they do not have capacity to add PDN and other services. What is the state doing to make sure they have capacity to fulfill their contract? Alexis said they are compliant with pediatric personal care.

Cheryl said that they took two months to agree to cover wound care supplies and because of the delay the provider cancelled the order. She then had to start over and see doctors, etc. This wastes time and resources. She said that Kepro refused to talk to her and it caused a lot of work for a lot of people and additional costs.

Mark Simon said he got a flat tire on his chair a few months ago. Provider wanted to replace all of his wheels instead of fixing the tire which Mark felt was ripping off Medicaid. He found a different provider, then the new provider had to do a bunch of paperwork to do this. He went through this ridiculous mountain of paperwork over \$110 and he had 5 weeks without a chair. He could have gotten parts from Amazon for \$12 and his local bike shop would have put it on –but Medicaid will not pay for this because they are not a Medicaid provider. Mark said he brings this to the group after he brought it to Dept and never got a response. A PAR vendor should be able to step in and navigate. This should not have required paperwork, a doctors' authorization, etc. as it was just a flat tire.

Erin asked if there can be a way for clients to call directly. There is no way to reach out directly other than a member contact center. Several others chimed in about waiting a long time for supplies and DME.

Open Forum Number Two: (I had to leave as this began)