

TO:	HCPF
FROM:	PDPPC

DATE Submitted:	
SUBJECT:	Change rate cap

Please check box below to indicate the type of recommendation this represents.

<input checked="" type="checkbox"/>	Policy Recommendation
<input type="checkbox"/>	Operational Recommendation

Summary:

PDPPC recommends that the maximum rate that CDASS employers are allowed to pay be changed to \$50.00 per hour and increased by 3% annually. The reason for this is that the rate cap of \$39.30 was made years ago. In addition to cost of living and cost of hiring going up substantially, if people are not allowed to bill a one hour minimum a higher rate for shorter visits must be allowed. Here are a few situations where \$39.30 is not adequate.

- 1) Someone requires an actual RN. We understand that HCPF does not require us to have an RN but some people have medical needs where an RN is appropriate. Often CDASS clients cannot use home health agencies even for acute care for a variety of reasons. Some examples include new wound care, IV antibiotics done at home, catheter changes that complicated, and changes with ventilator care.
- 2) Rural clients that need care at odd hours or on an emergency basis and the worker has to drive more than 30 minutes to get to work to do a shift of less than 4 hours.
- 3) Urban or suburban clients that need short visits including visits late at night or early in the morning especially on weekends, holidays or on an emergency basis. Example: someone has an aide call off at 9 pm on New Years Eve because her car was hit by a drunk driver. The client needs to get someone to come do a bedtime visit at 12:30 am, or even 10:30 pm. The bedtime visit only takes 20 minutes. No one is going to do that for less than \$25.

The Medicaid rate for nursing care for agencies is \$110.97. Even for a brief visit agencies are paid \$74.30 for the first brief visit of the day. While a wage for a nurse working a full time job may be less, people working a full time job are guaranteed 40 hours, a schedule in advance, and often have a variety of benefits such as paid sick time, health care, retirement, short-term disability, etc. CDASS workers have none of these and are not paid for travel time. Therefore the hourly wage must be significantly higher than people doing the same work in a different setting.

This will NOT have a fiscal impact because there will not be an increase in allocation to meet this need. Employers will still need to stay in their budgeted allocation.

Response: Response from HCPF regarding any recommendations from PDPPC, should be provided to PDPPC as follows:

Written acknowledgment of formal recommendation and subject received by HCPF with inclusion of HCPF decision (i.e. will all or portions of the recommendation be implemented? If not, why?). The response shall include the implementation date(s) and if necessary work plan or milestones. All written acknowledgment should be provided to PDPPC co-chairs, so written response can be disseminated to all PDPPC stakeholders.

CDASS or IHSS Program administrator will offer verbal explanation of HCPF written response/decision to PDPPC at the next PDPPC meeting and will offer HCPF management verbal explanation and answer questions regarding the recommendations. **HCPF response to PDPPC recommendations are expected within twenty (20) calendar days of submission to HCPF management.** This will enable PDPPC to provide a timely reply to HCPF responses or to respond to supplemental questions at the next PDPPC meeting.

The PDPPC will respond with suggestions within one week following the next PDPPC meeting as follows:

- If the PDPPC does not agree with decisions made by HCPF regarding recommendation/s or
- If the PDPPC has questions about the HCPF recommendation

Example: *PDPPC meets the fourth Wednesday of the month. On Wednesday January 23, PDPPC submits a recommendation to HCPF. HCPF would receive that recommendation between January 24-28. Therefore, HCPF would need to respond by February 14-18. The PDPPC would then answer questions if any by March 6, one week after the February 27 meeting. Hopefully this will result in HCPF providing a final decision and implementation plan by the March 27 meeting. There may be some rare occasions where an additional cycle is required, and the group agreed to monitor progress without requesting a more rigid response deadline with an expectation that recommendations will be prioritized and move with appropriate speed. The group will monitor the effectiveness of this regularly.*

Date HCPF Response:	
Date: PDPPC Response:	
Date: HCPF Final Response:	

