

April 24, 2013 Minutes of the Participant Directed Program Policy Collaborative (PDPPC)
National MS Society, Colorado/Wyoming Chapters
900 South Broadway Suite 200
Denver, CO 802010

Executive Summary:

This meeting covered finishing the protective oversight discussion, reviewing the movement of CDASS to the DD waivers and an extensive discussion about how the Fiscal Management Services Agency (PPL) is paid. We also discussed IHSS in the community and HCPF staff training. We asked and HCPF agreed that NO action be taken to train HCPF or SEP staff on how to interview clients before HCPF sees the training developed by a group from our community using actual data and data driven methods. We asked for a high level report from DDD to report on CDASS in SLS. We also asked for concrete movement on IHSS in the community.

John Barry called the meeting to order at 1:09 PM. Introductions were made

Present in the room:

Bonnie Silva	Roberta Aceves	Colin Laughlin
Ann Dyer	Debbie Miller	Sam Murillo
Dawn Russell	Tiffany Rothman,	Don Riester
Jose Torres-Vega	Julie Reiskin	Julie Farrar
Mary Colecchi	Elena Leonard	Tyler Deines
Gabrielle Steckman	Rhyann Lubitz	Alan Wiley
Ryan Zeiger	Vivienne Belmont	Todd Slechta
John Barry	Linda Skaflen	

Present on the phone:

Robin Bolduc	Kevin Smith,	Heather Jones
April Boehm	Josh Winkler	Stacia Haynes
Corrine Lindsey	Sueann Hughes,	Margaret Proctor
Mark Simon		

Excused:

Chanda Hinton	Linda Andre	Candie Dalton
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Attendance and Voting: We reviewed last months' changes of the voting structure. Everyone indicated continued understanding and approval of the new agreements that included:

After 3 consecutive meetings missed voting privileges are lost.

If absences are excused at fourth meeting individual can vote

-If absences are unexcused one needs to attend three consecutive meetings to get vote back.

If the fourth meeting is missed for those with excused absences they must attend three consecutive meetings to get the vote back.

There are no changes. Linda reviewed who had a vote for the April meeting,

March Minutes:

Jose moves Linda seconds that the minutes are accepted as presented. Motion carried unanimously.

PPL Updates: Gabrielle gave the PPL updates:

a) Launching in May email notification when timesheet is ready for approval include in client newsletter

b) PPL employment packet in PDF that can be filled in on a computer is now on line. Jose asked that we all be sent an email with a link to the new and improved packet. Gabrielle said PPL would do that for clients who have an email address in their system. Stacia asked if there was a way to use electronic signatures to avoid having to print so many papers. Gabrielle said this was not available now but they are working on making that happen in the future.

c) The next project for PPL will be to allow people to use a code when calling or receiving calls from PPL so they do not have to go through the current “interrogation” of all of the security questions.

d) Gabrielle said that they heard the need for a feedback process or group for PPL and they are working on this, PPL would like to create a forum. In the meantime people can go to any staff with issues.

Other PPL Issues:

1) PPL is requiring experiences AR’s to take new training if they have not been trained in 6 months. This happened in the past and we stopped it and is happening again. Julie Reiskin and others oppose this practice. Gabrielle said that they could use a common sense approach and allow exemptions for ARs that have not had problems. Julie and Debbie Miller said that this was not happening. Bonnie suggested that the group make a request to put brakes on this until we can discuss and figure out if there is any merit to this rule. PPL said at one time it was approved by HCPF but there are no rules requiring this process either. The group was unanimous in wanting this policy stopped, at least until a reasonable exemption process is worked out.

a) This will be on agenda next month

b) Corrine suggested that PPL should have somewhere in their files to note that AR qualifications exist and are elsewhere in the file. For example if person is AR for client A and is successful, and then takes on client B, wherever they would document training they would simply note in client B file that AR qualifications exist elsewhere.

2) Julie Reiskin said that she was still waiting to get information on why the change from age 16 to age 18 was approved and wants a rule change to make the age for people who work for us revert to age 16. A rule change is necessary for this change to occur.

PPL Statistics:

- ✓ 2373 active clients
- ✓ 5000 inbound and 1000 outbound calls monthly
- ✓ More people using email to contact customer service
- ✓ Most customer service inquires have a response within 5 hours but goal is 1 day

- ✓ Voicemails are being returned within 15 minutes *There were some problems last week that caused some delayed responses but they have been solved*
- ✓ 300 packets per month are processed and it takes an average of 2 days to do first review. Last year percentage of people with perfect packets was 15% now it is 30%.

Questions:

- 1) Corrine asked “What is commitment to displaced workers?” Gabrielle said that there is a list and that they are happy to take information in writing or over the call center. However, soon they will have an on line registry that will be much better. They will be able to update in real time and will require people to confirm their interest regularly. She said that the current registry is outdated and that was confirmed by people in the room. Julie Reiskin added that at some point she wanted us to discuss some sort of benefit for family caregivers for a month or two after the person for whom they are providing services dies. She said it is cruel to force someone to go find a job within days of losing their family member, even if there are jobs with PPL. (*After meeting it was confirmed that these workers do get unemployment*)
- 2) Robin asked about the status of attendants receiving health care under Obamacare in 2014. Gabrielle and Bonnie both said that the department and PPL are analyzing the requirements and costs and will report back.
- 3) Stacia mentioned that if someone is in the hospital for more than a month that the attendants can get unemployment while they are out of work.

Work plan update: Bonnie provided the update in Candie’s absence:

- 1) They are finally repealing CDASS pilot rules—this is in clearance and people should see the notices from DORA about a repeal of rules. She wanted people to know this was only repealing the rules that were in play for the pilot from 2001-2007.
- 2) **Protective Oversight:** This guidance is based on the department issuing guidance as it exists now. We continue to wait for CMS for an answer on a ways to expand this benefit. The draft document was sent out. Questions focused on ventilator users as that is not a behavior. The response is that this needs to be put under respiratory care, even if the hours are very large to account for all of the time spent dealing with ventilators. Alan Wiley mentioned that one cannot approve someone for 5 minutes at a time. We all agreed that there must be clarity about what tasks go in what buckets—e.g. does vent care go under respiratory care or in protective oversight? There was also discussion about what “just in case” means. Bonnie and others said it meant that if something could happen but had not happened, time is not allocated to address that but if something does happen then time can be allocated. If there are any further comments please email Candie before May 01. Bonnie will share comments from this meeting with Candie. There was a question about whether PO could cover hoarding and wandering. The answer is it will depend on situation and if there is imminent harm involved. For example if someone lived on a busy street then wandering might be covered Hoarding would likely not be for PO but may require additional hours under homemaker to clean and deal with stuff brought home by a hoarder.
- 3) **Allocation Development Process:** They will be ready to begin by May 01 so any comments on the process should be sent to Candie or Bonnie by

May 01, 2013. Comments included letting people know that there are things NOT on the list that still need to be done. It was suggested that clients are advised to keep a journal of every single thing for a few days to make sure they account for all tasks. There was a typo also, MEAL preparation said MEAN preparation. There is a service guide for case managers and HCPF will get that to PDPPC members. All case management agencies will be able to be involved with the pilot for testing.

- 4) **IHSS:** The report to the legislature is in clearance. All documents were provided to DORA for the Sunset Review. HCPF sent a response to CLASP and the group asked for a copy of that response. Linda Skaflen said that she sent an email to Sarah about IHSS in the Community and asked for an update before May 22. Bonnie said that initially the Department was going to look at the whole process globally, then determined that they would look at home health separately from IHSS and waiver services but they did plan to address IHSS and waiver services together. By waiver services they mean personal care. Several people said that personal care is already allowed in community through accompaniment and that IHSS should be in the community now. It is a small group of providers and this can be moved quickly and the providers can report any problems so they can be addressed before community based LTSS is implemented more widely. Bonnie said HCPF will get us a time frame at the next meeting.
- 5) **Training:** Tiffany reported that there are two kinds of training they are developing for SEP agencies. One type is technical such as how to put data in the BUS and the other is more substantive such as cultural competence training on how to do an appropriate interview with someone who has disabilities. The second area is where PDPPC members felt strongly that we must be involved. Robin Bolduc shared that for the past four months she has been working in a small group with others that included a doctoral level professional developing this kind of training. She said that they should have something to share at the next meeting and asked that HCPF wait until they see this and NOT reinvent the wheel. She explained that this work has been informed by data and put together using adult learning theories. They surveyed over 100 people who are other than the usual advocates but actual people out there who are not necessarily connected. People asked Tiffany how they incorporate people who use services in the training development. Tiffany said that HCPF is trying to figure out a forum for doing this but do not want to add more meetings to anyone's plate. **HCPF made a commitment that they will not proceed with ANY cultural competency or related training development before seeing what Robin and Denver have created**
- 6) **DDD UPDATE** Tyler explained that they were in the middle of a budget request where they are asking for extra money to cover the FMS fee. This is a serious concern expressed by Linda S. and Julie Reiskin because this will give a false idea that CDASS is not cost effective. This led to a discussion about the PPL rate and that the rate was backed into several months ago when we had to move from the percentage payment per member per month (PMPM). The current PMPM is very high at \$310 a month based on average expenditure of \$34000 a year. Many of the SLS client expenditures are much lower

because they are capped. Also health maintenance is not in the picture at this time, this led to a discussion and request that we create costs for every piece of the FMS work. For example we need to know what it costs to train someone, what is the cost for processing a new employee packet, what is the cost for each paycheck processed, etc. Josh asked if we could get data on where the money is going and if the rate is still working. For example the CDASS rates are 10.76% lower than the other HCBS rates. The 10.75% that does not go to rates gets put into HCPF administrative costs. At the time of the methodology change, this made PPL whole in terms of what they were getting. We want to know now how much money is being collected by having that 10.75% put in an administrative account. Is it more or less than PPL had at the time and more or less than what it would have been? For PPL to “break even” there needs to be an average allocation of \$34,600. This is WAY higher than SLS because the top SLS clients get far less than this. Linda and Julie Reiskin also asked that PDPPC see the budget request before it is turned in. Tyler said he would have to ask because usually budget requests are internal until released. Members also requested that Barb Ramsey come and explain this issue and what they are doing about it. John Barry said he would coordinate with Chanda and Candie to see when Barb Ramsey can attend. Mary Colecchi said that issues in the SLS waiver should not delay adding CDASS to other waivers including TBI.

Future Agenda Items: John reviewed future items that are on the list. At this time they include”

- ✓ AR training requirements (both new and experienced ARs)
- ✓ Health Care for attendants-under Obamacare
- ✓ Payment for family members (who are long term paid attendants) for short adjustment period after client dies (*After the meeting it was reported to Julie Reiskin by Gabrielle that people in this situation had been granted unemployment and that PPL had not contested it. Therefore this may be an issue that is moot for CDASS clients. It may be an issue for IHSS.*)
- ✓ CDASS in all other waivers (especially DD)
- ✓ FMS Payment Issues (Discussed above)
- ✓ We may not be able to report on the allocation management process until June because there will not be enough data by our May meeting.

John, Candie and Chanda will determine where each of these other items needs to go.

Public Forum:

1) Sueanne Hughes: Wanted to ditto Robins’ comment about training and also supported comments made on needing to have data on PPL fee structure. She asked that we get data from other states. She said that it was a good meeting and lots covered.

2) Mark and Josh mentioned that we will be receiving an 8.1% increase for our workers in July due to an increase granted by the general assembly. At one point there was going to be an increase in May and another in July (they would have been two smaller increases totaling 8.1%) but doing two allocation changes so close

together would have been impossible for everyone at the state and SEPs to make changes twice in such a short time. The overall increase is the same. Julie said that because this increase was meant to cover raises to workers, who have gone years in some cases with NO increase we should encourage our peers to use this for the intended purpose. There was discussion about what HCPF could and could not say and as a result the following motion was made: **Julie moved and Jose seconded that the PDPPC request PPL to make a statement in their monthly newsletter urging clients to use the increased money to give workers a raise.** Julie Reiskin was asked to come up with language. Gabrielle said she would need the language by June 01 to get in the June newsletter that will go out before the increase.

Here is draft language:

*“The PDPPC, which includes many individual and organizational leaders in the disability community, strongly encourages clients to use the July 01, 2013 allocation increase to raise the wages of your employees. We realize that you are allowed to pay your employees as low as minimum wage and cannot pay more than \$39.30 per hour. As leaders in the community and people very involved with the CDASS program **we strongly advise you** to give your workers a raise. Our workers have been without any significant increases in a long time and we know all too well that the cost of living has increased. We need to use the additional funds as the JBC (Join Budget Committee) intended.”*

The meeting adjourned at approximately 3:30 p.m.

Respectfully Submitted
Julie Reiskin