Participant-Directed Programs Policy Collaborative (PDPPC)

April 25, 2018

Minutes Approved at the May 2018 Meeting

John Barry called the meeting to order and attendance was taken and voting members confirmed.

EXECUTIVE SUMMARY: *The group participated in a mini focus group for the people working on improving HCPF stakeholder engagement. People felt the facilitation and shared leadership of PDPPC works well. There were two active open forums with several items for follow up. We had an update by IHSS, brainstorming about staffing for IHSS, an update about the three subcommittees and a report on SLS implementation. This is finally getting prioritized at HCPF but no date is available at this time.*

OPEN FORUM #1: The following issues were raised by PDPPC members:

1) How to get out of AR duties? If someone is acting as an authorized representative and they decide for whatever reason they no longer want to do this service, there should be an easy way to get out of the commitment. This should be true even if the client does not want the AR to resign. This was raised to be a discussion item at another time.
2) We need a way for someone to get back on CDASS quickly without any gap in services when a client loses eligibility due to either being in the hospital or not having services for more than 30 days. When someone is reinstated there needs to be a way to immediately restore CDASS (as this is often needed to get out of the hospital). This was raised to be responded to later by HCPF or for discussion.
3) A member shared that PPL does not respond saying if documents are received when in the process of hiring staff or adjusting wages. Because often the documents are lost, the client or AR has to follow up. Their system used to generate a message saying documents were received. There is too long of a wait for the employee to work and too PPL says they do not have the documents. Corrine said she was sure it was isolated because PPL has been good to her. PPL said thanks for feedback and they will give the individual that made the comment a call after the meeting. Julie said that people should remember that we have a choice of FMS vendors. She said if any vendor is falling short of anyone's expectations people should check out the services of the other two vendors.
4) A member asked if when one gets home from the hospital and needs additional care, can hours not used from the days in the hospital be used for extra care for days immediately following the hospitalization? Rhyann answered YES, as long as it is during the same certification period. Rhyann said that family members cannot get paid more than 40 hours in a week but others can. Rhyann said that the budget is monthly and the certification period is on an annual basis. Non family members can go over 40 hours but clients/employers have to make sure that they have adequate funds in their

budget because we must pay time and a half for every hour over 40 in a week or 12 in a day. Rhyann also said that it is best to keep the case manager aware of any situation that will show budget fluctuations. Kady said that if people have questions about this issue or budgeting in general clients/employers are welcome to call Consumer Direct at 844-381-4433. Consumer Direct will help clients figure out how to do budget adjustments.

5) A member asked what do you do if Case Manager does not post your allocation? Rhyann said that Consumer Direct addresses this issue constantly in case manager training and that this is important. Rhyann said that one issue case managers run into, is that they do not have the forms back from the physician in time or they are having trouble scheduling the mandatory annual visit. In these situations, there should be communication with participant by the case manager. Rhyann said that the 16th and 30th are the worst days of her month because she hears from people that suddenly do not have funds to pay the workers. Rhyann said that FMS vendors also reach out to the case managers when there is a problem. Julie said when there is an appeal (which requires continuing benefits), the case managers in some SEPS are not reinstating and this is a problem. Rhyann said when the case manager gets a notice of discontinuation from the county, they send a notice to the vendor. Then they wait to see if they get a notice of appeal from the county. We need to figure out how to address this. There need to be as many eyes on possible on this and we all need to work to try to prevent these last-minute crises. Rhyann said clients/ARs should be looking in the portal at least a week ahead of the month ending and if the money is not there they should go to the case manager. This is especially true as one gets to the end of the certification process. This should be an agenda topic at another meeting because there are numerous aspects of this process including but not limited to financial eligibility, issues with getting forms from the doctor, a PAR issue, communication with the FMS, etc.

STAKEHOLDER ENGAGEMENT PROJECT:

Kate Newberg of Government Performance Solutions, Inc. presented. HCPF hired her company to design a new stakeholder process. She had specific questions she wanted to ask and is using this is a mini focus-group. She said she is particularly interested in learning what would people like to see in terms of follow up, challenges, and what we value in terms of stakeholder work. She wants to hear about our perspective from three different timeline perspectives:

- before the engagement
- during the engagement
- after the engagement.

John sent out a list of the questions ahead of time which was in the materials.
This is a mini focus group with 8 questions and 5 minutes each: We can also send information to John or the people from the consulting firm in writing if we have thoughts

after this. Each question below is underlined and responses are below. Duplicate responses are present and responses with lots of agreement are bolded.

1) What do you value before a stakeholder meeting and engagement? **Appreciate getting printed literature in time before the meeting.** This has been great improvement at PDPPC. Lots of advance notice before meetings. Katie asked how much advance notice. Response was 2 weeks is great, 3 is better and 4 would be amazing but might be too much. Notice and agenda in timely manner along with all supporting documents. If there are presenters have them come with and provide beforehand their supporting documents. **Send calendar invite** along with notification of meetings. List of all meetings going on. Have agenda and all materials in email (the way John does it). Phone number and passcode should be in the invitation. Include the local number so we can save the money if there are charges for use of the 800 number. Reaching out to various communities, advocacy organizations, participants, etc. Do not go "cripple shopping". (Cripple shopping means specifically looking for people that may have a disability, but who have no knowledge or background of the topic for the sole purpose of getting "stakeholders" to agree with the dominant or government position and not ask the tough questions.)
2) What do you value during a meeting or engagement? People identify selves and give info about who they are. Value absence of bullying in the meeting. Changes to rules or regulations presented at the meetings. **Facilitator like John (**back and forth between room and phone, make sure people use good telephone etiquette, etc). Need good facilitators with good telephone management. **Co-chairs with one co-chair a client and one HCPF staff.** Stakeholders drive agenda. **Value input they get. Incorporate into finished product**. Leave enough time to discuss fully what we need to talk about. Hire a company to write minutes for the next meeting.
3) What do you value after the meeting or engagement? Language and info to equip us in maze of systems we must navigate. **Good minutes, easy to access, recordings. Follow through with tracking sheet on action items.**
4) How can HCPF assure all interested voices and is there anything that stops you from giving stakeholder engagement. There are some committees where they have standing committee members and you walk in and you have no clue if you can speak; HCPF can announce at each meeting who can speak, and when that is allowed. People are intimidated, afraid of retaliation and HCPF can tell people who they can call if they experience retaliation for speaking up. The right people might not be in the room and the people in a meeting do not have background info and do not know what is going on and then the people present speak up and do not get it right and then get criticized because they did not know. HCPF facilitators can stop that kind of behavior. HCPF can assure there is reasonable public comment more than once in the meeting. Treat stakeholders respectfully. Input should be valued

and welcomed. There is a gap between people in Metro and rural. HCPF should take affirmative steps to assure rural input.

5) What is your preferred method for giving feedback and input? Mixture of people that can be involved and may not be able to get there on the specific day and need plan or thought about that? People that do not have computer access need to be able to provide information in more private way for this process. Kate said there are numbers to call them and reach out by telephone as well. **Appreciate calls and in person communication,** things often are lost in email. Accommodations for people who cannot provide input by themselves without supports for whatever reason must be provided in all sessions. Whenever there is an announcement or request for input always include mailing address along with email and phone.
6) How would you like to be informed about what your role is for a given stakeholder meeting? It would be helpful to have discussion at the beginning of the meeting and asked about what I want my role to be. **Know ahead of the meeting.** Ground rules so we all know expectation, PDPPC does great job of that.
7) What barriers like accessibility to event, date and time do you encounter during stakeholder meetings and how can HCPF address the barriers? It is getting increasingly difficult to get involved in anything without access to a computer and internet. With all of the work that employers do we (CDASS clients) should be furnished with the the office equipment and supplies we need. There should be a way to figure out a backup plan when people cannot get to a meeting that the personal had planned on attending (but emergency or unplanned issue prevents involvement at the last minute). It is hard to get to some meeting places and HCPF can consider transit access when scheduling meetings. Lack of public transportation prohibits the ability to be there in person, and while phone participation is nice being there in person is ideal. Barriers have included poor auditory access problems, bad mics, other sound problems, etc. HCPF can address this by making sure HCPF has good equipment which requires purchasing and testing the equipment regularly. One challenge in meetings is keeping a balance between including new people and keeping things moving. There was no specific suggestion at this time for what HCPF could do about this barrier.
8) What works well at HCPF stakeholder meetings? People listening to our voices and consider our opinions. Diplomacy brought to meetings by **John** and others who facilitate. **Having right staff facilitate, cultural competence, stuff ahead of time, PDPPC**, **telephone only meetings, staff put time and energy into this, good facilitation, make sure everyone is heard, do not take it personally when people are upset at HCPF (John is good at this). Most important is when suggestions are taken people feel heard. If they are not taken and there is real dialogue that is important.**
9) When you participate in other organizations (not HCPF) what do you like and what would like to see HCPF do more or less of during engagements? More flexibility, not so hard and fast technocrat messages –understand that those in the phone are not

bureaucrats. Structure of meetings can be more relaxed—for example what is considered staying on the topic can be more relaxed, and determination of what is and is not on topic can be more flexible. Have a part of meeting to share "what do you hear from people in the city". Do not say you only want college graduates in lieu of people with lived experience. Likes that HCPF allows everyone.

Feel free to reach out to Kate or Brian Pool after the meeting. (See their contact information on the handout.) John will re-send the questionnaire in a Word document. The deadline for comments is May 18th.

SLS UPDATE: Katie McGuire from HCPF

Katie said that she had hoped to be able to provide us with implementation date by today but that is not to be. They do not have an implementation date. They have discovered a couple more problems that must be fixed. There are two areas they should be ready to test within a week and a half. The good news is they have been able to identify every possible problem and address it making success likely. The initial testing shows that it worked. Every time they get a fix for one problem, they have to go retest everything again. If they make one change they have to make sure they are not causing problems elsewhere. Even if things were previously correct, they still re-test after each fix. They want to insure a positive launch. The main focus is to make sure that it supports CDASS. If they do not launch properly there could be service disruption and they will not allow this to happen. There is a push on this development to move this as quickly as possible. There are other areas that do not relate to CDASS that are held up because this is not done. These other areas will not be allowed to commence until CDASS in SLS is implemented!!! Because of this we are getting good communication and focus on getting this done, which is a breath of fresh air. They are also working on case manager training for the system so they know how to do it right. There will be a tool with specific steps for them to follow. Implementation should decrease user errors that could be easily resolved due to human error. They have staff from other units looking at the training and review process to see if it makes sense. Anyone can review information sessions that were previously held at Consumer Direct website.

Questions:

1) What areas (in reference to 2 problem areas)? Calculations a tiny bit off, it seems minuscule but adds up over a whole state and have to make sure there is not a longer-range impact.
2) Is this the same challenge related to the case managers having to enter changes manually because the BRIDGE was not set up for CDASS? Answer: Yes this involves the fix and they are testing on SLS and aligning with the rest of the system.
3) Is this a new training? Yes, this is for all and new functionality, this is for all case managers.
4) Linda M. Offered to test the training as a case manager. Katie thanked her and said she gained a ton of respect for case managers in the system.

5) How did we get the prioritization? There has been a line up ---CDASS has been waiting for a long time and now are in front. This is the priority now so they have to finish CDASS before going to the next thing. As long as case managers cannot enter themselves, HCPF staff have to do the work and that is also a motivation.

IHSS OVERVIEW AND UPDATE: Erin Thatcher

IHSS is for people who cannot self-direct or feel that they need or want additional support. It is like traditional services but with flexibility. IHSS clients can also get independent living skills training. Case managers will now be doing the allocation calculation and send it to the agency..the agency will then develop a care plan. This is collaborative process. IHSS clients can have long term home health along with IHSS as long as there is no duplication. Kevin said there needs to be more IHSS clients involved at PDPPC and asked providers to get the word out. Tim said since Erin has been running it the IHSS program has gotten better. The most recent training has been great. Erin said that the group went through the rule-making process that goes into effect on Monday. It was a collaborative process among everyone and she is very proud of what is done but has a list of other things that need to be changed. There was a question "Is HCPF budget looking at comparison between IHSS and if they were in a facility for the sunset review"? Answer is -Yes, they have to give a legislative report annually and they do provide a lot of data. The sunset may look at more data. IHSS costs are going up because of enrollment increases. There is some correlation with LTHH costs going down.

Attendant recruitment:

One overarching situation in IHSS (and CDASS and agencies) is that it is hard to find qualified caregivers. What can we do collectively to help this process and collaborate? Erin said she understands because she has a kid on IHSS and the primary attendant was unable to fulfill the job requirements and backup flaked out and then the agency cannot staff this because there is no one in the remote mountain town? We all have these issues with staffing. Kevin was asked for his perspective and he agreed with everything Erin said. Kevin said he values CDASS but IHSS was better fit for him. He said that there is a shortage and there is not a lot of people stepping up. There used to be a pool of people that would fight for visits. How do we get the help as advertised? He said it is great to be in charge of how care is done but there has to be people to provide it.

We need to brainstorm on how to make it more inviting to get the workers. The unemployment rate is lower than it has been in years. Thoughts and questions:

- Could IHSS clients get support from Consumer Direct?
- Do they need budget authority or do we all need a backup rate that is higher?

- Kady said maybe the attendant directory can help? Nothing about that would discourage IHSS client from using it. There are 85 active attendants on the list looking for work.
- Rural employers need to be able to pay more to compete.
- Tim asked if agencies could use consumer direct site, Kady said it was intended for clients.
- Tim agreed with Julie that shift differential is important –they pay more for last minute care. The past year you cannot recruit new folks to have a pool of attendants. They are required to have a pool for those that do not have their own caregivers. It is getting harder as minimum wage is going up. You can make more at fast food or retail without having to drive different places and getting a full shift all at one time. Tim said going through Denver workforce and job corp works well.
- In CDASS not getting paid sick days, health insurance, paid vacation, etc., is a huge challenge.

CDASS SUB COMMITTEES: Rhyann reported: Mallory said that the feedback today about stakeholder engagement was helpful.

1) Electronic Visit Verification (EVV): The next meeting is Tuesday May 01 2-3:30 at HCPF rooms 11 A, B, and, C. The agenda went to the list that they had through the EVV box. If someone is interested let her know email evv@state.co.us . Mallory will be managing this box and she can make sure there is consistent information given out. There will be call in as well. 877-820-7831 access code 303146#

2) CDASS RULES SUBCOMMITTEE which met this week and Rhyann is incorporating edits and then sending back to committee. Maria wanted more information and Rhyann said she would call her about this subcommittee.

3) UTILIZATION REVIEW COMMITTEE Case management protocol to determine changes made -Lots of interest and information has been mailed out. That group meeting is on May 1.

All work group products will come back to us as the large committee:

OPEN FORUM 2

1) Linda said she knew of a person in the comp waiver and the family is providing services as a family caregiver under Level 7 (means significant needs). We need a CDASS option because the intrusion and cost of family caregiver is too much. We need to get CDASS for all waivers and waiver services. She wanted to give a heads up that she may need to ask for an accommodation or help for this family.

2) There was a question about how the Interchange issues apply to CDASS based on a communication John sent out. The answer is that the issues apply to the FMS vendors, not the client/AR/employers.

3) Kirk said that case mangers are still not talking about IHSS or CDASS and asked if there has there been follow up? Rhyann said there has been a lot of follow up. HCPF staff are telling them regularly about all the options. Linda asked if we could have a handout for all people on waivers with things they should ask their case manager? Kevin said there is good info on the HCPF website and case managers could use that if they wanted to. This is ongoing issue.

4) Rhyann said that Tim Cortez and HCBS strategies reached out and want to talk to us at the May meeting about a new physician form for HCBS eligibility (replace the Physician Medical Information Page) and they are on they the agenda next month.

5) Erin issued a reminder to IHSS agencies that there will be communication regarding a fingerprint requirement of agencies, if you own more than 5% you have to do fingerprint cards. There is a strict timeline. There was a discussion about fingerprinting including how to make sure there are not gaps in services due to agencies not complying and if the original fingerprints providers were asked for a few years ago can still be used.

The meeting adjourned at 4:00 PM

Respectfully submitted by Julie Reiskin