

Participant Directed Programs Policy Collaborative Meeting (PDPPC). Wednesday November 28, 2018

Welcome and Intro

Attendance was taken and voting rights were assigned

Comments or correction to October draft minutes:

-Renee Farmer on page 3, 2nd paragraph, third sentence, changes an in to an on. John will make the correction. Kevin moved to accept the October minutes as corrected seconded by Linda. No objections.

Open Forum:

1) Robin: Follow up to discussion around need to increase cap in the CDASS attendant hourly rate. It needs to be adjusted for inflation or as we get increases. That rate is not high enough for nursing care.

Discussion:

-Cannot hire nurses for \$39.30

-Should we have different caps for different services?

-Has not been increased for 8 years.

-There are some things you need a nurse for and this is not workable with this rate.

-It will not affect allocations because the allocation is what it is.

We will put on agenda at the next meeting.

Group will discuss and if there is agreement we will do a formal recommendation to HCPF. Then it would be voted on the following meeting.

2) In December the meeting is the same day as the Joint Budget Committee Office of Community Living hearing. Should we have a shorter

meeting since staff will have to answer questions? Decided this will be a phone only meeting. Suggestion is we will have abbreviated meeting 2:00-3:30 PM. We will do the IHSS rule, CDASS rule, and rate cap.

IHSS Subcommittee: Erin Thatcher

Erin reported: there is an every-other month subcommittee which does a lot of question and answer. There were 85 participants, mostly new agencies. They are promoting PDPPC. There are two workgroups. One is working on a participant guide. They want to look at continuum of self-direction. This is in development. She seeks more client or ARs to participate. They have another group for rule revision. They are starting and they will be adding mandatory training for providers and adding service definitions into the rule like CDASS instead of referring back to the personal care definitions. They are also looking at secondary and contiguous tasks. Example, bathing is health maintenance but dressing might be personal care. You cannot have two people doing two different things but also cannot make everything skilled because of one issue like a wound from an ingrown toenail.

Julie asked if most of the 85 were providers, answer yes, also case managers but only about 5 clients/families.

Julie said the breaking up of skilled and unskilled was part of what got us CDASS and gave example. She said the real problem is that the personal care rate is inadequate and it is all personal care (except for nursing issues as Robin mentioned later). She said we need to be careful to not go backwards.

Erin said they want to more clients involved in stakeholder meetings, want clients to get adequate and safe services. HCPF does not provide guidance or make people clock in and out per service. In EVV implementation we are hoping to have people clock in and out for an IHSS visit not tasks.

Kevin: Ditto to what Julie said and also to Erin with EVV. It would be impossible to get people to clock in and out for each task or service type.

He said we really do need people that are receiving the services to be there (at meetings). Please promote it with AR and family members.

Louise: How do you reach Erin? Number is 303-866-5788 and email erin.thatcher@state.co.us

Linda: Does national center for participant direction have any data on how it is managed across the country. Different states do it differently. They want any ideas. Next meeting is Tuesday 12/4 1-4:30 at HCPF and then the following Tuesday. Kevin said if you cannot come to the meetings send comments to Kevin or Erin.

Corrine: Are we talking about how tasks are managed? Is there no common sense? What about the flexibility or is this just about money? Erin said that people have the right to direct and manage care. They should be able to say I want to brush my teeth before the shower or after the shower or during the shower. We need to make sure services authorized are appropriate for the condition. There are agencies that are new to IHSS and may not understand the nuances and are saying "you get more money if you call it skilled".

Medicaid Financial Eligibility-Shawn Bodiker

Robin—counties are being rewarded for determining eligibility timely 85% of the time. This is disturbing that 15% of people not getting proper or timely eligibility determinations.

Rhyann said Shawn was asked here to talk about the problems we are having when people are getting kicked off and their allocation is stopped, and all of the questions we asked at prior PDPPC meetings.

Eligibility –Ongoing and told you are pending: What is happening is you are active for LTC case should remain open even if they are asking for documents for verification or they received something that they need to verify. They are trying to make it less burdensome but sometimes they

need more info. Sometimes workers use wrong terminology and use the term pending but services should remain open.

Linda: If FMS checks eligibility and there is pending would it show to the FMS? Jennifer from PPL said they have file exchange with DXC and it shows up anything but eligible there is a problem.

Robin said it has happened to them at least twice where county says they are pending and they are refused services because FMS got message it is denied and cuts all services. She has gotten three calls from others it has happened to. It is partly because FMS checks daily and they get denial not pending or on hold. She hears it is happening in home health. If you are pending, providers will cut your services off. She can give Shawn examples individually. Shawn.Bodiker@state.co.us 303-866-3584 wants to look further into it and look into what happened in the case.

Kevin had been deemed ineligible- it would be helpful if we could check our eligibility on our own at any time. Is this something HCPF can look at? It is confusing when they are told you are not eligible with no written notice. He wants to know why not and who do you go to? Is there a hotline? Do I go to the case manager or eligibility tech?

Julie said the problem is people send in verification and county is not working them and case closes. Shawn said counties have to work cases within 15 days of getting information.

Erin—always have issues with PEAK—It is uploaded and they do not look at it.

Shawn they want people to use PEAK. They are working on it. One person in room said that Weld County discourages PEAK for anyone in LTSS. You can see your notice of action, verifications are showing.

Renee—called county and was given a number to call 303-271-1388 to confirm if they got papers and could not get through after several hours, just gets “we have higher than normal call volumes”

What do you if you cannot reach counties? Some have their own phone systems which have very long wait times. County liaisons are working on collecting data. What process and protocol is..they are looking into this and want to collect data and better improve the member experience.

Closures, notices and appeals: When eligibility determination comes in and you do not meet requirement for any program they must give ten day noticing. If it is later in the month, after the 18th, so usually will not close down a case until the next month. This does not always work and they deal with that case by case. Along with that notice there is appeal rights. If you get denied or terminated you will receive notice. You have appeal rights and there are two ways.

County dispute resolution or State Level appeal. Sometimes it is as easy as talking to county worker (if you can reach them) and they need something. She understands it is difficult to reach counties. You can upload documents through PEAK.

You can also use the state appeal process. During that time if you file appeal before the termination your benefits continue. She gave an example:

If you get a notice and case will close end of December you must file your appeal with OAC before end of December for us to continue benefits. There is appeals specialist that every appeal that comes in she reviews for continued benefits. If you meet definition she automatically continues the benefits. You have to appeal prior to termination.

Linda –they send out ten-day notice that benefits end –what happens to FMS who is looking every day? Will it show termination? It should show open through a certain date but show termination as of the date.

Robin- Boulder has no specific caseworker. Not sure how other counties work, there is a team but no one knows who is on the team and how to get hold of them. For formal resolution, she has been in the field for 30 years and it is very confusing –there is too much info that is not relevant.

Julie suggested that people not use the county process and file a state appeal any time there is any sort of denial.

Julie said there are times when people get no notice. Shawn wants those cases. It seems to be sporadic.

Kitten said if I am unsuccessful in getting anyone at 303-271-1388 is there a different number? Shawn is not sure what that number is. It is Jefferson County. If someone cannot reach their county they should call the Customer Service Center at HCPF. 1-800-221-3943

Some counties work a caseload and others are task based, the number Kitten is referencing is the main line for long term care. That is the only line to reach a technician in Jefferson County. It depends on the schedule, there is no one assigned to the number.

There is information on the website in terms of reaching people.

Kathy moved last year and lived in Denver for years. She made sure the new place was in Denver County and when she called to give a new address the person argued with her that it was not Denver County and she argued and was transferred to Arapahoe County. It took her a year to get back to Denver County. It was a hassle. She had to be approved to be sent back. She also said she went for help to a nonprofit agency and they told her to go to assisted living and Kathy wanted to know if an outside nonprofit can force her into assisted living. Shawn said this is a case management issue, not really an eligibility.

Consumer Direction Outreach- Julie Reiskin

Julie is concerned about the lack of outreach and growth of CDASS. Wanted input. Linda suggested that we contact Jen Martinez to make sure case managers understand their obligation. Maybe the national center would know if there is a point where states meet saturation. Robin is on a listserve for parents with adults with disabilities and as CDASS went to SLS case managers said that CDASS is so much work that you do not want to

do it. The alternative especially for IDD is extremely complex –what parents are hearing is that CDASS is very difficult. Robin suggested a side by side chart. Is there a way to get better info? Consumer Direct can send to Robin. The problem is parents say they are told by their case manager it is really hard.

Kady- 69 new people in October went through training. Consumer Direct has increased case manager trainings which keeps it fresh in their minds. The Colorado Respite Coalition came out with a guide for family caregiver and included CDASS and IHSS.

Bonnie said paperwork/processes are more burdensome for case managers so we should make fixes to streamline. Erin said IHSS can be burdensome too but is quicker than CDASS and they are looking at ways to streamline.

Linda—consumer direction should be in all waivers and all services. We are far from that. We should break services apart and let people consumer direct just what they want. Respite needs to be added sooner rather than later. IHSS needs to be in SLS.

CDASS Rule Revision-Rhyann Lubitz

Rhyann said there were two versions a clean and ugly one. There are some longer-term goals she cannot address in this revision like protective oversight, range of motion/exercise –these will require work groups that should not be rushed. She wants to go to MSB in March so she needs to get it to clearance soon.

She made an edit to allocation definition (changed conjunction to collaboration). She also changed Fiscal Employer Agent is THE FMS model used in Colorado. Under inappropriate behavior put in who it is towards.

Under eligibility she tweaked #6 and created a bullet saying client training obligations and added a line to say if someone was closed due to financial denial they can resume CDASS without attending training if they had

CDASS in the prior six months. She accepted some feedback on service definitions.

She reworked bathing assistance to remove distinction between full or partial baths.

She reworked accompanying. Going with client to provide services during the trip.

Added advance before notice under client rights.

She will clean up in a few areas to say AR not authorized representative.

AR cannot be employed as attendant for same client they are AR for.

Added where agreed upon timeframes for application processing on FMS requirements.

Added language about FMS transition.

She fixed the problem about telling people they had to use an agency for acute episode.

Took out state plan benefit under accompanying to make sure people can go to the doctor with people.

Took out institutional option for ending CDASS.

Put in time frames for PAR submission and ASMP revision

People liked these changes.

She wanted to talk to group about involuntary termination. She restructured the area. They may look new but it is not new, just restructured within rule. Is it harsh to say you are permanently banned especially if they are declining and come back with an AR? Julie and David said they should be able to come back with or without an AR. They might not know anyone long enough to have an AR.

Linda said it looks like we are dinging client due to AR bad behavior. If the problem is AR the person can come back to CDASS if they have a different AR. Linda asked about overspending and Rhyann said she was leery of reinstating member due to the heavy case management workload in the protocol for overspending management.

Maria, often rules seem geared towards people with AR not employers who are independent. Rhyann offered to have a call with Maria after she reads the rule to discuss it. 303-866-3641.

She wanted to open this to share any concerns or comments: She will then take all feedback and send one last draft. Any additional comments to Rhyann before December 14th but prefers them by December 7th. There is also IHSS rule and case management rule revision occurring and she is trying to get continuity amongst rules and their definitions.

Meeting Schedule- John Barry

December 19th PDPPC: Held by phone call, not an in person meeting.

John did not see any conflicting holidays for 2019 PDPPC schedule. If he is wrong let him know. Next year both November and December have to be changed. He sent email/mail

Open Forum:

Linda Skafien: Should we look at what we wanted to do coming up, we used to have a bigger plan and maybe we should do that again. People agreed.

Rhyann: Case managers are doing PAR revisions for CDASS allocations for 1/1/19 rate increase for all except SLS because they are getting bigger increase on 3/1/19. Have patience with case managers as they do this.

The meeting adjourned at 3:38 pm