

**Participant Directed Programs Policy Collaborative
12/19/2018**

Stakeholder Minutes APPROVED by Stakeholders

Executive Summary:

We had a shorter meeting and discussed IHSS rules, CDASS rules, the need for streamlining. We discussed the increased wage request and came to a conclusion and will vote on a detailed proposal of \$50 an hour with a 3% COLA that will come in writing.

John Barry called the phone only meeting to order and explained how he would facilitate.

Linda did attendance and voting rights

Kevin moved approval of draft minutes as presented, no corrections or additions, seconded by David Bolin and the motion was approved unanimously.

Open Forum:

- 1) Cheryl Hargett Dorsett: Would like guidelines about voting rights to be explained more—do you have to attend three consecutive meetings? What is involved?

Linda Skafflen said that it is on the back of the agenda. It does not need to be consecutive but if you miss three consecutive unexcused absences you need to go to three consecutive meetings to get voting rights. Julie said it had previously been applied consecutively. Question is do you get vote on 3rd meeting or after. We agreed it needs to be clearer. Linda asked if she and others could play with it and give a couple options for the January meeting. Kevin asked how many excused absences you can have. The answer is after 3 excused absences you need to start over.

Linda and Kevin will work on this. People with feedback should reach out to Linda and Kevin. Mark said the intent of this was to make sure when we vote we are informed.

- 2) Betsy Murray: Home Care Association is asking for original request that they had to get to 90% of Medicare LUPA which is over \$4million of general fund, PDN (LPN) which is about \$1 million which will get them to 90%. They are asking for HCBS increase for personal care. HCPF has asked for 8% increase for personal care and homemaker. The amount is \$10 million. She does not know if this includes everyone or just agencies. There is a rate increase 1/1/19 \$16.80 for CDASS and \$18.44 for agencies. The 8% is on top of this. This is the first time since 1987 that HCPF has asked for this increase. It has always been home care

agencies that have gotten this in the past. Linda asked if there was a request of PDPPC. Betsy is asking for people to help with rate increases. She is sharing this so we have opportunity to do this. The one rate she did not complete is that she is asking for similar rate to what AAA pay for personal care and homemaker. Linda asked, "What is the position of agencies regarding if CDASS rates should be matched to what agencies get?" Betsy-they do not take a position on this and do not plan to do so. Linda asked if CDASS lobbies to have a matched rate would Betsy agree? Betsy said she would not react, as we all want more money. Rhyann said that CDASS rates for personal care and homemaker in all waivers except SLS 1/1/19 after the 10.75% reduction is \$14.99 and HM is \$26.50 per hour. Corrine asked what is justification for why the rates do not match? Linda said the justification should be by HCPF. Maria asked if employers should get compensation the way the agencies do? Betsy said in 1993 agencies had to do a cost report. Maria said employers have to pay out of pocket and it can be a lot. Betsy said arguments should go to elected officials. This is why she is sharing the info. She said she wants to get a rate comparable to than which AAA pays. Her ask is to have people talk to legislators about the need for increased pay.

IHSS Rules

Erin Thatcher was introduced to talk about IHSS rules:

- 1) Service definitions
- 2) Streamline between the service delivery options
- 3) Committed to MSB for mandatory provider training
- 4) Potential expansion, adjusting the language around secondary and contiguous tasks so everyone knows the rules. They are still working on this. She welcomes others to be on this group and she can share more info. She especially wants more participants.

There is a timeline that is in the document which lists the rule effective date of 5/30/19. This is likely going to be pushed back and that is fine because they want to do it right. June 30th is more likely. They will go to clearance in February and internal review in February and March then to MSB.

She briefly reviewed the edited document that was sent out. Anything in red ink was a change. Strike through means removed text, underline means added text.

They are removing the tie to the personal care definition. They are adding definition about licensed health care professional to address confusion between doctor and agency nurse.

They also streamlined agency eligibility information to clarify they must be licensed and administrators must be trained.

On page 16 they noted travel time cannot be reimbursed which is longstanding policy.

There were no questions.

There is another workgroup for the participant guides.

Erin will take input via email if needed from non-workgroup members.

CDASS RULE REVISION:

Rhyann and Katie were introduced to discuss the rule revision. She had sent out marked up and clean documents. We reviewed last month and she made a change to have caveat about termination of services. We discussed last month that some people who are terminated should be able to return in specific circumstances. 8.510.95. We added a C, D, and E clarifying when one is and is not eligible for reenrollment. For example, if it is due to unstable health and that changes one will be allowed to come back. She is working with Erin to align all definitions. If there are questions or comments let Rhyann know. She will send further revisions as they are done. There were no concerns or comments.

WAGE INCREASE:

Julie explained the impetus for the top wage cap increase based on what Robin shared at the past meeting. Sometimes people have to pay more than \$39.30 for a nurse or other reasons. It was suggested we recommend an increase for now and then have a specific percentage to increase annually.

- Brad from Estrella suggested tying increases to COLA
- Rhyann was asked to find an average wage for nurse and it is \$34.89 for Colorado. This does not account for benefits. In Denver it was \$34.16 median wage. She will send links for minutes.
<https://www.bls.gov/oes/current/oes291141.htm>
[https://www.payscale.com/research/US/Job=Registered_Nurse_\(RN\)/Hourly_Rate/1c298a3d/Experienced-Denver-CO](https://www.payscale.com/research/US/Job=Registered_Nurse_(RN)/Hourly_Rate/1c298a3d/Experienced-Denver-CO)

The Health Maintenance rate used to determine is \$26.50 so if there is recommendation based off rate keep that dollar amount in mind. The cap is \$39.30 now.

- Mark suggested we use a COLA for the rate but the figure we use is livable wages as opposed to standard COLA. He explained how the federal government comes up with COLA which is no longer applicable.

- Louise asked if site gave her specific skills for the wage. Rhyann said not, just high, low and medium.
- Linda said there is COLA info that may look at livable wage for Colorado. She also asked if we had implemented livable wage COLA all along what would rate cap be now.
- Cheryl: Was rate for nurse for hospital rate or private pay? Rhyann said it did not say but thinks it is a hospital pay rate. Cheryl and Alisha said there is a connection between wage and availability.
- Mark there are many more nurses leaving hospital going to traveling nurse because they get paid more—hospital is not comparable to what we have coming to our homes.
- Julie-this is not just about nurses, but also need to consider what full time employees have such as benefits, paid time off, etc. Our people do not get any of this. Therefore, a rate must be higher.
- Louise read a job description (generic) for a registered nurse. We should include a portion of this in the recommendation.
- Michelle said one of the first things she said when she joined was that she came from Georgia they have a policy that you cannot come into a program like this and be a case manager unless you have already been a nurse for 5 years. They are able to provide you more guidance. Since we do not require our case managers to have life experience is hampering us because we have lack of information.
- Linda said we have to be clear we are not required to have a nursing degree for health maintenance the purpose is when we are hiring someone with this kind of competitive market.
- Alisha asked where people find their RN or CNA if they need that level of care? Julie said it was across the board. Cheryl said they have facilitated free advertisement at the library and nursing schools and there is a lot of word of mouth and former home care agency workers. Also ask the Community Centered Boards (CCB) or Regional Accountable Agencies (RAE) case managers.
- Katie asked if we are asking for raise cap increase for any attendant or only for those with a nursing license? Julie said she would be strongly opposed to a nursing only requirement.

Julie moved that we request a cap of \$50 per hour with 3% annual COLA. Mark Simon seconded.

Linda asked for discussion: She said we should put some data into the recommendation.

There was not time to move forward and John suggested he send Julie and Kevin the recommendation template.

Julie agreed to write the recommendation, which will be sent to co-chairs and if they approve this will be sent to the group for voting next time.

Kathy Forbes said we did give workers compensation and unemployment correcting earlier statement that said we have no benefits. Rhyann said what we do not have is paid vacation, paid sick time, health insurance, retirement, etc.

The next meeting is January 23, 2019 at Jviation.

The meeting adjourned at 3:33 PM.

Submitted by Julie Reiskin