

Executive Summary:

We covered a lot of information from PPL where they outlined improvements made and planned based on previous recommendations. We received updates from HCPF on previous recommendations and made final recommendations regarding the physician form. We spent time hearing about IHSS and made a formal recommendation to ask both HCPF and DORA to support statutory changes to remove current barriers to IHSS. We discussed attendance and will vote on an attendance related matter at the next meeting.

Present In the Room

Rosemary Colby	Roberta Aceves	Erica Rader
Sam Murillo	Tyler Deines	Mary Colecchi
Linda Andre	Tiffani Rathbun	Elaina Leonard
Gabbie Malicia	Sean Bryan	Ryan Zeiger
Debbie Miller	Gabrielle Steckman	John Barry
Linda Skaflen	Bonnie Silva	Dawn Russell
Candie Dalton	Julie Reiskin	

On The Phone

Don Riester	Kevin Smith	Beverly Hirsekorn
Robin Bolduc	Margaret Proctor	April Boehm
Kelly Morrison	Rhyann Lubitz	Amy Scangarella
Heather Jones	Rita Nolan	Sueann Hughes
Kathy Forbes	Delane Dunning	

Excused

Chanda Hinton	Todd Lobato Wright	Josh Winkler will no longer be participating in PDPPC
Corrine Lindsay	Jose Torres	
Jennifer Martinez	Alan Wiley	
Marguerite Myers		

John called the meeting to order at about 1:10 p.m. and reminded us of agreements Linda Skaflen was filling in as co-chair for Chanda who was unable to be present.

1) Attendance Issues:

Linda Skaflen managed this part of the agenda. She said there are two issues:

a) Chanda was interested in asking if people who are excused for 3 meetings should maintain voting rights. The issue is if one is well informed enough to vote.

Different points of view were expressed including:

Robin -the people involved (who have had three consecutive excused absences) are informed but overcommitted. She would want their input.

Linda A --if one is not at the meeting one cannot be not well informed, even if materials are read because one cannot get a feel for the discussion.

Other comments included that even if someone could not vote they could be heard and would be represented through others who do have a vote. The group did not want to vote on this as affected individuals have a right to be heard and have a say.

DECISION:

At next meeting we will vote to one of the following:

- 1) Leave as is
- 2) Vote on changing to 3 missed in a row lose vote until back 3 months

b) Sara Horning has her contract with HCPF end 2/28 and wants to know if she can vote starting next month. The group agreed that the answer is yes—she was not able to vote because she had a conflict while working with HCPF but now that conflict is resolved.

John announced that there is now a sub web page with our recommendations and department response and all reference materials are on this [web page](#).

January minutes:

There was one change: Candie did not start a kids' and CDASS work plan.

Linda Skaflen moves and Linda Andre seconds that the January minutes be accepted with change. Passed unanimously.

PPL Update: Gabrielle

She said that we had a great discussion last month and she brought it to the company. There is now a woman in Boston (PPL main office) that will be starting a user group to formalize way to get input and discussion.

She reviewed a power point which is also on the website that answered six items brought up by us at the last meeting.

6 items discussed

- 1) Employee search issue fixed, can no longer find other employees.
- 2) Applications in different languages, handled on as needed basis. This does not arise very often. They can provide phone and application material translations as needed.
- 3) PPL set up a way for a third party to be able to speak to them for a client with a release --the form is on the PPL website.
- 4) PPL implemented email customer services, people really like that. It is really taking off. Responses are 24 hours or less. The email address is on the website and was in newsletter. They are looking at expanding customer service hours, not to do outbound calls, considering Saturday hours

The following issues are being analyzed:

1) Online application, it will take time to get a full online application, there are a couple shorter term partial fixes. The group agreed a fill-able PDF was the best choice. Gabrielle said it should probably be done next month but if not she will have a date certain at the next meeting.

2) They are working with legal and IT on determining if and how to use a code instead of asking security questions. They have to add a field on their database system to make it happen.

3) They cannot implement notification of timesheets for people that do not submit any—there are too many problems with this because of all of the backup workers who do not submit every payroll.

We discussed other issues. If employee processing is not consistent give Gabrielle the specifics (example same employee papers for two clients and one client is approved and the other is told the ID is not readable).

We asked that they create a form that allows us to give permission to leave a detailed voicemail. They have a process in other states to notify clients that an attendant has submitted a timesheet and it is ready for approval. There is also client responsibility to keep on top of time sheets.

We asked that all forms are editable and on line such as rate change forms. We also asked if they can make it so that one can view all employee pay rates on line.

Work plan Update: Candie presented on the work plan
There were two handouts.

- 1) PDPPC work plan for CDASS was result of the subgroup that met to go over original work plan to discuss what is left or should be combined. This handout (on web site and emailed) is the result. The group had a lot of discussion about the ranking. The rankings came from survey that was done last year. Some things that are further down might be easier to accomplish Discussion on a few items:
 - a) Reinstate Fund for Additional Services is number one in rank but will take some work to make it happen and research. However nursing home transition is something that Candie can begin quickly to do background work.
 - b) The department is also looking at true cost comparison along with outcomes and working with Josh on data.

2) Prioritized Work plan for Expansion: this handout looks at anticipated dates for completion for the eight tasks we have already taken on as necessary to complete for expansion.

Question: Are these still going to be on target for August 01? YES that is the plan

This is separate from expansion for SLS and BI. That work is happening simultaneously with this but not dates are available.

Question: What does the T mean on the document? The T on the work plan means tentative.

People commented that they liked the work plan and dates.

Candie will figure out which items she can start working on and let us know but will also just start, and then we can proceed to knock other items off of the list as we get them done. Many items are in process and some are complete.

Expansion: Linda S. reported that there is a challenging glitch with the Fiscal Management Services rate because some of the SLS clients receive such a low level of services. The pay for the FMS is more than \$300 a month, for clients whose annual budget is \$3000 this is a concern. This issue will be on the agenda at the next meeting and there will be a full briefing and hopefully a solution. The SLS expansion group meets the day before PDPPC. Contact Candie if you want to be part of this group.

FORMAL RECOMMENDATIONS:

There was response from HCPF on the PDPPC recommendation regarding crisis management. The department agreed with the recommendations but wanted a bit more flexibility on a couple of the timelines.

The response on our recommendation that we have significant involvement with the FMS re-procurement and new contract will get to us next week.

Stable Health Form—Candie received responses from 4-5 physicians. With that she provided us with a revised form that was also sent by email. There was the following discussion about the form:

- a) Linda A suggested some special and format changes
- b) After discussion it was determined we do not need the box to describe the medical condition.
- c) The last question will be reworded to ask if the person has the capacity to make informed decision regarding hiring, interviewing, training, and managing their caregivers

Candie will send out final version

Julie moved that the group approve this form with these changes, motion seconded by Linda A and approved unanimously.

IHSS In Home Support Services:

POWER POINT was provided and Candie reviewed the PowerPoint about IHSS. Ryan Zeiger was introduced –he is with CLASP or Colorado Long Term Assistance Services Providers. A letter was written by CLASP that involved issues to address. Most IHSS providers are part of CLASP. Ryan is also CEO of PASCO.

Key Points:

- ✓ Someone can have unstable health and be part of IHSS and physician can document if there are needs for additional monitoring and support.
- ✓ In IHSS clients do not have budget authority only hiring authority.
- ✓ There was discussion about the issue of “legally responsible relatives” and this is a problem that is fraught with misunderstanding in many waivers.
- ✓ IHSS has same relative restrictions of agencies with limits on relative personal care and spouses not allowed to be attendants.
- ✓ Legally responsible relative issue is rampant throughout the waivers
- ✓ There is a provider capacity issue. We need more agencies and that hopefully will come if the changes are made --there are 20 agencies but no information on how many take new clients.
- ✓ Dawn was saying that case managers were upgrading people to health maintenance when it should be personal care. Candie said it works the other way also. There was agreement that training is needed for case managers. It is important to note the clarification by Sean Bryan that some CMAs use varying CMs for tasks such as intake vs. home visits.

- ✓ Candie said HCPF is doing the same data work with IHSS that they are with CDASS regarding cost and outcomes.
- ✓ Heather said that training should be for IHSS agencies and case management agencies
- ✓ Heather said that IHSS should be expanded to CMHS waiver because many clients are not a good fit for CDASS. Others agreed and discussed that it should be in the BI waiver.
- ✓ Candie discussed the sunset review process going on and explained that DORA is seeking recommendations for statutory changes.
- ✓ Ryan said that the same issues extend to home health and we should not have barriers for family caregivers anywhere.
- ✓ Linda Skafalen said that everyone should review the letter and work plan and make sure we have everything. If there are other issues that should be fixed in the statute we need to catch them during this sunset review process.
- ✓ There was discussion throughout this section about what is and is not waived by the nurse practice act and if the IHSS providers really have to have nurses checking skills of the workers.
- ✓ We also clarified that while consumer direction should be in every waiver and for all services that may not always be CDASS or IHSS. Bonnie gave the example of the autism waiver that does not cover anything but behavioral services which are provided by professionals.
- ✓ Someone asked if there were hour limitations on IHSS. There are no limits to hours as it is based on need. Of course one cannot go over 24 hours in a day.

*Julie Reiskin moved and Linda Andre seconded that PDPPC recommend to the Department and DORA that the statutory change address all issues in the CLASP letter **and the PDPPC discussion above.** Passed Unanimously*

Public Comment: There was no public comment:

The meeting adjourned at 3:45 p.m.

Respectfully Submitted
Julie Reiskin