

January 23, 2013 Participant Directed Program Policy Collaborative (PDPPC) Minutes
Meeting held at 900 South Broadway Suite 200 Denver, CO 80210 (National MS Society
Colorado/Wyoming Chapter

Executive Summary:

In this meeting we heard about a minor change in the payment calculation methods. We discussed expansion of CDASS into other waivers. We recommended that HCPF include PDPPC in any re-procurement of the FMS (fiscal management service/AKA PPL) contract. We discussed and approved the final emergency/crisis management recommendation. We discussed testing of the allocation management protocol and agreed that it will be a two month process. We heard a report about IHSS and agreed this will become a standing agenda item. We agreed to discuss attendance and voting with regard to excused absences at the next meeting and also agreed that we will revisit the issue of why attendants now have to be 18 instead of 16 once HCPF gets background information. The small/leadership group will meet with Candie to recommend priorities of the remaining items on our work list to the larger group, and this will also be on the February agenda.

Italics indicate group decisions

Highlighted text indicates deadline related items

John Barry called the meeting to order at 1:00 p.m.

Present:

In the room

Sam Murillo
Elena Leonard
Mary Colecchi
Ann Dyer
Jason Jacques
Debbie Miller
Chanda Hinton
John Barry
Rosemary Colby
Rhyann Lubitz
Jennifer Martinez
Devorah Kappers
Dawn Russell
Linda Skaflen
Linda Andre
Keith Copen
Gabriella Steckman
Candie Dalton
Tyler Deines
Bonnie Silva
Roberta Acevas

Randie Wilson
Erika Raider
Gabriella Melicia
Jose Torres
Julie Reiskin

On the phone:

Corrine Lindsey
Don Reister
Heather Jones
Sean Bryan
Amy Scangarella
Todd Lobato-Wright
Sarah Roberts
April Boehm
Mark Simon
Robin Bolduc

Excused

Alan Wiley
Josh Winkler
Marguerite Myers
Sueanne Hughes

Attendance and voting:

Linda S. asked if she could remove people from the list once they are not present or excused for six months, the consensus was that this is appropriate to prevent the list from becoming unwieldy. There was an agreement to discuss voting next month to discuss if there should be a limit on how many excused absences should be allowed before voting rights are impaired.

Minutes:

The December minutes were moved by Linda Andre and seconded by Linda Skaflen were unanimously approved with the following correction. Under the section about CDASS and the DD system there was a recommendation that the small group look at initial documentation and help the state determine what is not necessary and help with messaging for stakeholder involvement appropriate to the DD population. (The initial meeting did occur and small group is formed)

Cost per Day Methodology by Randie Wilson:

Randie explained the new cost per day method and referred to a handout/fact sheet which is attached. If people have questions they can contact Randie directly at 303-866-6199 or email randie.wilson@state.co.us. The summary is that they have to round up for billing because otherwise there are inadvertent decreases, causing case managers and HCPF to have to do constant PAR revisions to prevent clients from losing hours. They fixed this technical problem by making a change from a daily rate to a cent per unit rate. This will not affect the annual allocation but they have to create a new CDASS period to implement the change. This will occur on July 01, when we will also probably see rate increases (if the state budget as requested passes). Clients will get a notice 30 days before this happens. As happened before there may be slight changes in the CDASS period depending on the certification period (the annual allocation). If the changes are significant this means there was a mistake.

Questions and answers:

1) Will this affect allocation management or savings? NO, the allocation is the same and any savings that exist at the end of the CDASS period (June 30th) will stay with the client. Savings continue to go away at the end of the certification period.

2) How will this happen and what is the burden on case managers? PPL is going to do the adjustment, and the case manager will have to print out the PAR and submit it like a regular PAR. They do not anticipate a significant workload for case managers. PPL is working to create an auto PAR revision process. They are not positive that this will be complete by July 01, but are working as hard as possible.

3) Will the letter be specific to each client or generic? There will be generic letter 30 days ahead of time alerting people to the change and explaining due process rights (appeal only if you disagree with calculations—since this is not a reduction of benefits appeals are highly unlikely). This letter will not indicate the specific amount changes for each client.

Group response:

1) We would like an opportunity to review the letter for clarify before it is sent.

2) The letter should indicate the difference between CDASS and certification periods and alert clients that any significant change is likely a mistake and the case manager should be contacted.

The department representatives agreed to both suggestions and will implement.

The group also expressed our appreciation to Randie and HCPF for presenting this to us ahead of time so that we can accurately respond to questions from our constituents.

Any further comments are due to Randie no later than 2/23/13.

Addressing Emergencies:

Candie gave out a handout (attached) and explained how she revised the recommendations based on what we discussed. This includes:

- 1) Temporary emergency situation-we do not want to allow for contacts after the fact, people can use their cushion and are already allowed to exceed allocation by small amount which should cover the flu and other short term issues. If early in year or if allocation does not cover client must still contact case manager before assuming an adjustment will be made. Clients that can manage a temporary emergency within their allocation need not seek permission but may need to explain how they will manage it, for example, by sharing with case manager how they will reduce use to get back within the budget if the emergency happens during the first month.
- 2) Candie is aware of the problem of only being able to process a change in allocation to start on the 1st or 16th of the month. The whole process of making a change can take more than 30 days before the information is entered into the system. She does not yet have a resolution but is continuing to work on those issues.

Comments:

- a) In training and continually we need to let clients and case managers know that there must be feedback loop. Clients should not assume something requested is OK unless the case manager returns a call or email saying so, alternatively, the case manager must respond either yes or no when a client says that they have a need for an increase (whether temporary or not) so the client cannot say "well I called the case manager and told them I needed X" to justify inappropriate spending. Response: Agree
- b) There could be an issue in the last month also, if there is emergency that is large and no time for PAR to go through. Response: Expedited process will need to be used if client is in last month of plan.
- c) What if the case manager denies the request, determines it is not emergency, not needed, etc? Response: If denial occurs case manager must issue notice with appeal rights and client can choose to appeal. Client cannot use services during appeal above and beyond what is authorized. Client will need to prove that the emergency was legitimate and that they shared relevant information with case manager at the time.
- d) If the PAR does not have to go to HCPF for over cost containment then the process time is happening in less than 7 days. Response: These PAR requests should not have to go to HCPF as this is not the annual allocation, just determination of whether the emergency justifies a temporary increase. This is not a permanent allocation increase.
- e) Is this good enough to have this issue considered resolved for expansion? Response:
Yes

Julie moved and Jose seconded that the group adopt the recommendations as presented by Candie. The motion passed unanimously. This is now a formal recommendation to HCPF.

Physician Statement:

This is still under review by doctors and will be discussed next month.

JBC Presentation:

Linda Skaflen shared that a group of client/advocate leaders presented to the JBC on January 05, 2013 about CDASS. The handout on the requests was provided and there was an error on the front page (date said 2012 not 2013) that will be corrected (has been corrected and is on the CCDC website). There was an additional handout that was the proper testimony of Julie Farrar (the original testimony mixed what Julie was going to say with what Chanda said). Linda explained the reason for the presentation and what happened: A year ago a group went to the JBC asking for help in solving ongoing issues with this program and wanting a greater partnership between clients and HCPF. This committee (PDPPC) in current form was the result. The group told the JBC they would report back. This presentation was report back and additional requests. Linda S. read the requests and listed the people who presented. The presentation was well received by the JBC and they asked to make this annual and to have HCPF be presented and part of the next one.

Questions and Comments:

- 1) Why was there an article about fraud in the packet? Answer is that there had been unfounded rumors of fraud in CDASS. Clients/advocates have always maintained if there is real fraud it should be prosecuted but that a good program should not be tainted by rumors without data. The article was there and referenced to say that we applaud this conviction, and that the fraud in this case was possible in part due to inability of the SSA and HCPF systems to communicate (article was about caregiver who got paid for months after clients death—a notice would have terminated the payments immediately). The presenters clearly told the JBC that any fraud is too much and should be prosecuted.
- 2) Candie said she listened to the presentation and thinks that we have a good collaborative effort. The audio from the presentation is on line. She said the department is committed to data based decisions and to addressing fraud, but not letting it taint program. She said they are working with Josh on a research project to compare clients and trying to really do valid comparisons and are looking not just at immediate costs but at health outcomes to help prove that this is a successful program.

Expansion:

The department believes that all eight priority areas will be complete by August. They are working concurrently on implementation of the priority issues and expansion. This phase includes BI and SLS and the third phase will be children's waivers. There was a discussion about firm deadlines and advocates wanting to have dates. Bonnie said she wanted to restate the department's commitment to this service delivery model. However, it is difficult to stick to a time frame rigidly, because the process is fluid. We do not always know what is involved with

implementation. Advocates said that while they understand that everything cannot be set in stone, they wanted a general idea of what is due when, and that all answers are not needed but there should be deadlines to get answers to make decisions. *Advocates said that they understood that deadlines may have to change but would like to have deadlines to push as hard as possible for expansion as some people have been waiting since 2005.*

Tyler said there was a small meeting the day before (1/22/13) on the SLS expansion and dates should be available soon.

There was a discussion of issues that will be unique to children for CDASS including but not limited to:

- 1) How much self direction is appropriate for a minor?
- 2) Parental responsibility versus what is paid for by the program.
- 3) Purpose of the waiver that serves the child (for example the autism waiver is not there for personal care but for specific professional behavioral intervention services)

Comments and questions:

- 1) Need to include sibling caregivers
- 2) Need to look at ADL issues, possibly through the acuity tool or modified tool.
- 3) The issue of parental responsibility versus what is paid for is already addressed in other programs such as home health –the line is when the care is extraordinary and not age appropriate. For example all 3 year olds need to be bathed and fed. A 3 year old who needs to have braces applied and suctioning is beyond normal. A 14 year old is not typically bathed by their parent so that would be appropriate for payment.

Allocation Development:

Candie presented this to the department and they accepted it and are moving forward with the recommendations. Once testing is completed she will present the results of the testing to the leadership at HCPF. Candie provided a handout regarding the testing parameters which included that there should be 110 tests of EBD clients and 7 mental health waiver clients. Clients can volunteer and we can help recruit volunteers. They will need two months, not one month to do this properly. There will be a spreadsheet for the case managers to track outcomes and a paper survey for the client about the new process. If there is allocation fluctuation case manager should document. Todd offered to volunteer. Not all SEPs will participate but they will try to get a majority. The agreement is the test will be done with the new process first, then the old.

Process for addressing remaining items (now that the 8 priority items are all in process)

The small group that meets in between meetings will review the list and make a recommendation to the larger group. Candie will send out a date to the group for the meeting.

PPL Issues:

Gabrielle said that the past month the call volume was very high, they have been expanding the phone system to accommodate growth in CO and hired new staff including in customer service and another program support specialist to handle the demand.

Jose said that a group of clients are going to be reviewing the contract and meeting with HCPF to discuss what should stay in the contract and if there are any elements missing in the contract. Jose said anyone interested in being part of this review should contact him or Julie.

Julie suggested that the group make a formal recommendation to HCPF that we are part of the RFP development and selection process for the fiscal agent when it goes out. Sean said that the department and division want to work collaboratively like they did with SEP contracts. He also said that the timeline is amended. The department extended the PPL contract so it is in effect until December 2014. Prior to that, the procurement process will need to start and the process is like posting a contract. There was a discussion about if we needed a formal recommendation given that HCPF said that they would include PDPPC in the process.

Jose moves and Linda Andre seconds to make a formal request to HCPF that PDPPC be an official part of RFP development, selection and anything else in the FMS procurement process. Motion carries unanimously. Chanda will submit the form to Candie.

Other PPL business:

- 1) Julie R. asked that PPL be required to consult this group before making changes and raised an issue from a member where an attendant was rejected because he was under 18 (but over 16). The client had been told that PPL made the change a year ago. Through discussion it was determined that PPL did not make the change but this was in the rule change passed in March of 2011. Most people (other than peer trainers) did not recall this being discussed. Candie will research origins of this and see if there is a reason. Julie and others asked that the rule be changed back and requested that HCPF initiate rule making so there does not have to be a citizen initiated rulemaking process. Agreement is to wait and see if there was some reason, such as department of labor requirement, before making decision.
- 2) Can PPL have applications in different languages? Answer by April this can be done (and is done) on a case by case basis if needed.
- 3) Julie R. and a few others asked about on-line applications which were promised by PPL when they came into Colorado.
- 4) People expressed that peer trainers are an important part of the program and should be required in any contract.
- 5) Communication needs to improve, Mark suggested using a reference number rather than making clients give their Medicaid ID and other information; this is a problem for

authorized representatives that work with many clients if they get a message from PPL simply saying to call. Another suggestion was to allow clients to sign a waiver when they sign up allowing PPL to leave detailed voice mails to the client's or AR. Clients who are OK with that can sign and others do not have to sign and can have security measures.

- 6) Mark Simon said that he can still pull up a list of all employees in the system.

Responses:

- 1) Gabriella will get back to us with fillable forms and communication and other issues.
- 2) They are setting up a system that will email time sheet confirmations to employees to notify them of what was submitted and when.
- 3) Their IT staff is working to resolve the problem where anyone can pull up all employees in the data base.
- 4) They have a process where someone can be a legal representative, for example someone who is not verbal and appoints someone to be allowed to speak for that client and this information should be visible to customer service. This is a written document and is put into place to protect client privacy.

IHSS UPDATES

Candie will be giving IHSS updates at each PDPPC meeting since IHSS is a participant directed program:

- 1) It is going through a Sunset Review at the Division of Regulatory Agencies. This is when they look at the program and decide if it should be continued and if any legislative changes need to be made. This program is under sunset every few years. It will likely not be out of sunset until HCPF responds to previous concerns. Staff before Candie did not respond to concerns so this is not the time to ask for less oversight.
- 2) Candie wants to make IHSS work to assure a full continuum of care between agency and CDASS with IHSS in the middle.
- 3) IHSS should be changed to allow a spouse as a caregiver.
- 4) IHSS should be changed to be allowed in all waivers not only EBD and CHCBS.
- 5) HCPF is developing IHSS training for case managers.
- 6) There are currently 20 provider agencies and they are working to increase provider capacity.
- 7) There is IHSS work plan.
- 8) HCPF wants to use this group to help educate people about continuum of care options and IHSS should be considered for those who want to self direct but cannot do CDASS.

Questions and comments:

- 1) Does IHSS work with PPL? NO agency does the billing
- 2) Can it get off the sunset route? Not now
- 3) Is it statewide yet? Not yet but they are working to increase capacity. Problems are Southeast and Northern CO but they do not know which agencies actively accept clients.

- 4) Can this group have IHSS presentation including statutory and regulatory authority?
YES
- 5) Do we need an AR option for IHSS? Different views on this, in some ways this can get in way, in other cases it makes sense.
- 6) Can one blend CDASS and IHSS? No

The meeting adjourned at 4:00 p.m.

Respectfully submitted

Julie Reiskin