Participant-Directed Programs Policy Collaborative (PDPPC)
December 27, 2017

DRAFT MINUTES FOR APPROVAL AT JANUARY MEETING

Executive Summary: In this meeting we met a representative from the Consumer Directed Care evaluation contracting firm TriWest and had a discussion. We discussed rates, rate methodology and policy surrounding this. We heard about training for CDASS implementation in SLS as well as about rule revisions for IHSS and CDASS.

John Barry called the meeting to order at 1:00 pm. He called role. Rhyann Lubitz read the list of voting members. There were no concerns noted.

November Minutes: There were no changes and Kevin Smith moved and Curt Wolff seconded a motion to approve the minutes as written. **The motion passed unanimously**.

OPEN FORUM # 1:

1) Curt said that he attended a meeting regarding rate review that reviewed how they came up with the rates and he was happy with the explanations. The rates for health maintenance will be staying the same. He said that HCPF knows that we have room for improvement with personal care and homemaker rates.

UPDATE ON TRAINING FOR IMPLEMENTATION OF CONSUMER DIRECTION IN SLS:

Kady from Consumer Direct gave an update. CD put out announcement for case manager training and they will host four webinars at the end of January or early February. There will be one in person option at Rocky Mountain Human Services. Gerrie Frohne said she thought that case manager training was going to be open to advocates or other interested people. Gerrie said she assumes that each training is the same and wanted to know how people could call in. Kady said these sessions are about assessing the clients and knowing the case management responsibility and that there will be other meetings for clients in February. Gerrie asked if the webinars were being recorded and Kady said yes**. Julie moved and Gerrie seconds that PDPPC make a formal request to allow members of this group and advocates to listen into these sessions for case managers.** Julie said listening to a recording is fine and clarified that that we should not participate, but should be allowed to listen. Julie said this was especially important for those of us that help clients.

Discussion: Gerrie asked if the Q&A would be recorded and Kady said yes. Gerrie asked if the recording would be available to people before 2/8. Kady said she did not want to make these open before 2/8 because she wanted case managers to attend trainings and ask questions, not wait for the recording. Julie clarified after hearing from Rhyann about bandwidth concerns that she was OK with limiting it to up to 2 per call. Advocates will be listening not participating.

The motion passed unanimously. Julie sent the motion wording to Rhyann. Julie said she would coordinate among the advocates and reach out to Arcs and ILC's and CCDC staff to let Kady know who would be listening. Rhyann asked for the recommendation to share with manager of CCB/SEP Brittany Trujillo.

CONSUMER DIRECTED CARE EVALUATION:

Rhyann explained the history of the evaluation for CDASS (it was result of the audit) and the purpose (satisfaction, what is working best, opportunities for improvement). The evaluation has expanded to include IHSS. As we have discussed a request for proposals was posted and a vendor selected to conduct the evaluation. The vendor is TriWest and Tanya Aultman-Bettridge was the representative present. Tanya was introduced to the group and she explained the importance of full engagement with PDPPC. This is a new contract so they are just starting. Rhyann wanted to give the group an opportunity to share concerns and information that is important. TriWest is human services and health consulting company. They are based in Boulder but work all over the country. They have done a lot of HCPF work over the past two years, this is their 5th project.

Tanya has a background in public affairs and public administration but has worked in numerous areas. Her expertise is in policy analysis and sees us as experts in the subject matter. She understands that we know the programs they are evaluating. She said that in her experience, asking the right questions is hardest part of any evaluation.

Questions/Comments:

Gerrie: Are you charged with addressing items from audit and if so which ones?

Tanya: While the evaluation can address issues, they are looking broadly at CDASS and IHSS. Client satisfaction very important. They will also look at effectiveness in terms of health outcomes and cost effectiveness. They will talk to clients as well as case managers, caregivers. They will review claims data, and assess both cost and cost avoidance in terms of ER, medical care, etc. They will look at the audit but that is not the only issue.

Renee: Will you compare across different services or just CDASS?

Tanya: They will have comparison groups –those eligible for CDASS but not enrolled.

Julie: She had the following requests of TriWest

1) Read the report the disability community did about the audit. There was a lot of thought and vetting that went into that report and it showed the holes in the audit.
2) Speak to case managers that were around before we had CDASS (there are not that many left) so they can understand how it was when there were no options.
3) Use comparable populations when possible but acknowledge that the most significantly disabled people are in CDASS, like people on ventilators, which brings up the average cost per person.

4) Compare costs for the same amount of services.

Tanya said that before they get in the weeds they will do key informant interviews. She said this is the key group but because this is a large group they will request volunteers. John will be asking for volunteers via his PDPPC email and snail mail lists. They will sample within the group that responds to John's email. That will direct how they answer some of these questions.

Gerrie: Consumer Direction is just now becoming available in one IDD waiver, but there are also individuals that have IDD that have been using consumer directed services for years. They were grandfathered from the days of the pilot.

There was a question about how do you get perspective of individual not only the AR? Jennifer (PPL) said that many organizations have lists and send newsletters and they can send info out to get a broader perspective.

Tanya said that they are doing an evaluation of the crisis program in Larimer County and have experience with the IDD population and will use same method. (The crisis program is a pilot to get mental health care to individuals in crisis who have both mental health and IDD labels. It is to break through the long-time barrier that has stopped people with IDD from obtaining mental health services)

Kevin: How long will this process take and what will they do with evaluation?

Tanya said that this has to be completed by 6/30/18 and she hopes the findings will be useful. They will be sharing the results to HCPF for distribution. She said they would be visiting with PDPPC regularly.

Curt said he wanted to ditto everything Julie said. He also mentioned that the auditors gave specific details about rates and their idea about a separation of what should or should not be done under certain rates is not applicable under CDASS and auditors did not understand the whole concept of budget authority.

Rhyann said that the issue of service billing matching service authorization is not part of this evaluation (example of client authorized for 2 hours of health maintenance a day and one hour of homemaker but bills everything as personal care). Instead this is comparing CDASS/IHSS to nursing facility, PDN, or other options to see which is better to the extent this is possible. Rhyann said she always knew people cannot directly compare CDASS to LTHH. Some people cannot get their needs met under LTHH. She also said that this evaluation is not to dive into case management roles and issues related to case management. The evaluation is to address satisfaction and outcomes.

Curt said he was also concerned about sustainability. He said we should see comparisons showing weighted average of costs and rates, and alternative pricing. He said sustainability means that we have a way do provide regular wage increases for our workers

Julie said she worries about how outcomes are defined since this is a population that has health issues, some problems are not preventable no matter how good the care is.

Tanya said that they are looking at national studies to see how other states have defined and measured outcomes.

There was a suggestion that if there is survey for clients, make it anonymous—this is without regard to delivery method.

Someone said that we need to note that certain services have caps that affect the amount of spending. PDN has 16 hour cap, relative personal care has cap for agency based care and IHSS, and CDASS does not have these same caps. CDASS had limitation on individual family member reimbursement for personal care at 40 hours per week.

IHSS:

Erin Thatcher gave the report.

a) Rules: She finished the draft of the rules and has submitted the rule packet to go through the formal process. The rule is going from 3-11 pages after robust stakeholder engagement. They are now at the program integrity review spot in this journey. They are hopeful about the deadline. They were on schedule for February and March MSB and end of March implementation. This may not happen. Erin said that she wants to get this right because there are lots of new agencies and lots of people affected. There has to be room for training after rules are passed. There are no changes regarding content since our last discussion.
b) Sunset review: This is required by statute. IHSS will sunset in September 2019. The review (by DORA) is just getting started. The final report will be published in October. The report will make recommendation about if IHSS should continue. If someone wants to be included in the process (interviewed by DORA) or has questions let Erin know. Julie said it would be nice to have a period longer than 3 years because it feels like we just ended a sunset review for IHSS. Erin said that DORA said they have no hard and fast rules about how frequently programs are reviewed. She said that IHSS may be able to be extended for a longer period this time because the program is working well. Julie was concerned about the time from rule passage to training and wondered if Erin would have time to get it done. Erin said they are already working on training but the rule is more about formalizing what we are already doing. Michelle said that when the state implements a program there is usually a testing stage and we need to make information as clear as possible. It was pointed out that this is NOT a new program.

RATES:

Curt led this discussion and said that this was on the agenda to review the letter we got a month and a half ago. He was not happy with the answers to our concerns. Curt said that since then he attended a meeting and felt that our issues were addressed.

There were two handouts sent out; one says "elements that must be included in rate development" and that was our document. The other was a response from HCPF on 11/8.

A few things that were addressed in the 11/8 letter were that rates they used were through the Bureau of Labor Statistics (BLS) and Curt thought they were incorrect because of the significant price difference and difference in structure. In addition to that, the BLS picks one number that they said may or may not apply. HCPF said that they adjusted the rate to 90% to cover care in Colorado. He does not agree with how they came up with the rates but said that the outcome seems OK. Julie had several concerns and below are concerns and discussion about them:

1) We never said we agreed skilled should be more than unskilled. We just said we did not want people whose rates were mostly skilled to get a decrease. They said they considered all of our issues and came to a 90%. They worked to not lower the rate. Both rates did go up significantly but because the state does not have money now they put budget neutrality factor. The personal care and homemaker rates are 40% under what is recommended. The health maintenance rate is 4% under what is recommended. The numbers are good and did take our concerns.
2) Julie also had a problem with the 15 minute issue. Rhyann said for CDASS you go to nearest 15 minute increment, cannot pay for more time than actual time they were there but can do wage differential up to maximum. Curt said the manual does not specifically say that you can only bill in 15 minute increments. We have to bill for services and time that is done. A discussion ensued. One cannot get someone to work for 15 minutes only. Rhyann said that we should just bill 15 minutes increments but can do it at the higher rate. Julie said that the amount is the same but the issue is about the policy matter because some auditor will look at this and not remember that the rates were originally set due to the way home health was set with the first hour being much higher. Home health agencies get a higher rate for nursing and C.N.A. for the first hour and rates are not in 15 minute increments like personal care. The CDASS skilled rate was taken by averaging the first hour C.N.A. rate and plus two extended rates. This was added together and divided by two.

Other relevant items of discussion regarding rates:

3) The HCPF response said they took into account raises for longevity. It also had a lot of info about training us on how and when to give raises. Julie said this is great but is a moot point if we do not get increases.
4) Betsy that the documents used at the meeting should be on HCPF web page.
5) There is going to be another meeting to discuss this. The meeting that was held used a bad email list. The problem is that it was not a "John Barry" email list.
6) Figuring out the minutes "on and off" for EVV is a big concern and something on Rhyann's mind.

CDASS RULE REVISION: Rhyann said that she opened up the rule to add SLS but found other issues, made those changes, and did a bunch of clean up. She is going to wait before bringing this to MSB because there is not yet language about Electronic Visit Verification (EVV). Rhyann also wants to rework the termination wording. She is going to work on the termination part and hope that when this is done she will have wording for EVV. Rhyann had sent the rule in the meeting packet. Gerrie asked if reviewing the rule merited a separate meeting (that is sent to the whole list) and Rhyann said sure. She will set this up through John. Otherwise, Rhyann would like feedback by 1/27/18 either by email or phone.

OPEN FORUM # 2:

1) Betsy Murray: She said that increasing the rates now is more important than a rate methodology that may never be used. She said that her association will be lobbying to increase the HCBS rate for all personal care and homemaker. Betsy said that her group has always held that in the real world it is easier to recognize what the rates should be without a whole methodology presentation. They are working at same rate she has said since the summer 25% increase. That does not get us to the 40% where we should be but it is better than where we are today. Last year went for similar amount and we got 50 cents an hour. She said that they are also working on the home health rate. The three-year plan was to get to 90% of Medicare for home health side and market rate for LPN.

2) John Barry said there are a certain number of people on his email/mail distribution lists that are Medicaid clients. For privacy reasons he will not give it out to anyone, even a vendor. The email from a vendor (such as the email from TriWest to offer options for participation in the evaluation) will go out from John.

3) John Barry continues in his ongoing effort to find a real home for the meeting. In January, we are back to Jviation. We may be able to get an additional phone to make the call-in work better. It will take a team effort. In February, we will be at the new home of Colorado Health Foundation, this is near the Department but has free parking. This is a beautiful meeting room with numerous microphones in the wall. They do not allow ongoing meetings. In March, we are back to Jviation. We can go there whenever it is available but John is not sure how well it works. Julie said Atlantis hopefully will break ground for the redevelopment in March—it will take about 14 months to complete but there will be a meeting room and once it is done we can have a permanent home.

   The next meeting is 1/24/18.

The meeting adjourned at 3:00 pm
Respectfully submitted, Julie Reiskin