

# PDPPC Stakeholder Minutes

## January 24, 2019

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### **Approved at February Meeting**

#### **Executive Summary:**

*We made a list of topics for 2019 goals, it is a long list and we will determine which we can reasonably do in a year. We heard about the FMS customer satisfaction surveys, and reviewed rule updates for IHSS and CDASS. We voted on a recommendation to raise the rate cap to \$50 an hour and to allow employers/clients to implement a one hour minimum for payment of attendants. Neither of these will change the allocation of the client. We will be recommending next month to vote to request HCPF to require FMS's to give us input into EVV system development. We also reviewed voting rights.*

The meeting was called to order at 1:00 PM. Introductions were made and voting rights were established

**Jennifer Martinez moved and Alisha seconded approval of minutes and they were approved unanimously.**

#### **Open Forum #1:**

**Gerrie Frohne:** Many people who are eligible for IDD services choose to accept the EBD (or maybe another) waiver because they can access the CDASS option there, even though the SLS Waiver has the CDASS option now. (SLS has other limitations, like SPALs that encourage one to move to the EBD Waiver). Stakeholders working on the IDD Adult Waiver Redesign would like to know the number of individuals who are eligible for IDD services but have chosen to accept another waiver that they are also eligible for.

Erin said they can discuss with data team but her experience is many people left Supported Living Services (SLS) and enrolled in the Elderly Blind Disabled (EBD) waiver in order to get CDASS. Julie said she supported the request but the number is going to be understated because some people were not eligible for other waivers and many do not know what consumer direction is. Linda reiterated that under SLS people have limits in all services except Health Maintenance. Linda agreed with Julie and said there are people using Comprehensive services and they would like to direct some or all services.

Robin Bolduc: A parent is being told that CDASS SLS has a waiting list. Katie McGuire said there is NO waiting list for SLS. This may be about the transition that needs to be planned to keep supports in place while people do the training and paperwork. Linda Medina said this might be a workload issue at the Community Center Board (CCB) level. If there is a SIS assessment needed that would slow down the process. Robin said there needs to be a process where people get services until the transition is complete and Linda said there should be a process for this.

**Voting Structure:** Linda and Kevin have not had a chance to get together so are not ready to discuss it this month. They would like input before drafting. Linda reviewed the purpose and current rules. She asked "What is and is not working? " We need to figure out if you earn a vote after 3 meetings or 3 consecutive meetings? Comments should be sent to Kevin or Linda in the next couple weeks.

- Julie-is anyone not being heard? Also, should medical excused absences be treated differently?
- Curt-dittoed Julie and asked is there is a problem? He feels it is straightforward as it is.
- Linda said if someone has been consistent for years and then gets sick and missed 4 meetings in a row, is it fair to take away their vote?
- Kevin suggested a special circumstance proxy situation for the example given by Linda.
- John will send email with Kevin and Linda's email so people can respond.
- John pointed out that this is a stakeholder decision and HCPF does not regulate this.

### **Pay Increase:**

Julie explained the recommendation that was submitted. Curt also said we need to look at annual COLA for all rates but supported this proposal. This is important to people especially in rural areas. We are not allowed to do two hour minimum like home health agencies. Robin said \$39.30 was set years ago and it was not related to cost of living and when rate increases happened this never changed making the \$39.30 less meaningful. Linda asked if we should ask for both \$50 cap and 1 hour minimum and recommended it. Others agreed. The group approved Julie making a change to reflect the one hour minimum and send it to the co-chairs for submission. **Linda moves that PDPPC recommend maximum rate be \$50 per hour and increased by 3% annually and that employers are allowed to do a one hour minimum seconded by Kitten.** Michelle said this was a good idea because she had been told by PPL the max was \$20 an hour and she has had to pay the difference. Corrine said she has never seen \$20 as a maximum. Maria said it would make sense to also have

something about benefiting employers. For example, eliminate requirement about attendants not being able to be with us in hospital or travel time since many employers are home bound. Linda said we need to address policies Maria recommended in a separate policy. Maria said we should look at larger picture.

Linda conducted a stakeholder roll call vote: Bonnie said Aces\$ would abstain; as an FMS anything regarding to worker pay would be a conflict of interest. The following agencies abstained:

Aces\$, PPL, Morning Sun and Consumer Direct, Jeffco, Estrella, People Care, Envision, Montrose, Colorado Access, Mesa, Imagine, Rocky Mountain Human Services,

Vote Tally:

- 15 Yes
- 1 No
- 12 abstain
- 6 absent

**The motion carries because even with abstentions counted there is a majority of those present voting yes.**

Maria felt it was not valid due to the high number of abstains and this should be sent with the vote. Corrine said she felt the abstention was due to the conflict of interest. There was discussion about this because some but not all of the people that abstained specifically said they abstained due to conflict of interest.

**Katie and Kady on FMS satisfaction:**

Kady with Consumer Direct pointed us to the 2018 client satisfaction survey report for each FMS vendor. Consumer Direct administers a survey to all clients on satisfaction with FMS and then publishes the results on website and presented to PDPPC.

Weighted average out of 5 is first part: a sample survey was included as were comments:

- 4.56 Aces\$
- 4.69 Morning Sun
- 4.42 PPL

Julie asked if there was a way to reach out to people who expressed problems. Kady said if they gave their name it was turned to HCPF and they would get it followed up with. She asked if the response was better or worse and she asked the FMS if this

was helpful and what they plan to use it for. All three years they have had a similar return rate with a slight decline each year. 22-23% is typical for a mailed survey.

- Jennifer from PPL said this is helpful and wished it was more frequent than annual. They do offer short surveys after calls.
- Rebecca from Morning Sun finds these helpful so they know what they are doing right and what they can improve. One survey a couple years ago they got negative feedback on their online timesheet system and they revised it.
- Bonnie from Aces\$ said they also appreciated this and take to heart positive and negative comments.

Michelle asked what Consumer Direct does with this? Kady said it will be published on their website and the trainers share that the surveys are available when people are picking their own provider. Michelle wanted to know if the state uses this like CDPHE uses surveys. Katie McGuire says all FMS have contracts and this is used but is not the only measure.

Katie McGuire said she wanted to give update on RFP process. They are executing contracts. Once they know who the vendors will be they will let us know and should be able to do this next month.

## **IHSS RULES**

Erin said that IHSS rules are done and they had their last meeting. She summarized the main changes

- Mandatory provider training
- Adding service definitions
- Coordinating rule definitions with CDASS so all consumer direction programs have same definitions
- Secondary and contiguous tasks-the goal is to understand what services can be combined together in the flow of a visit.

Julie asked if the secondary and contiguous issue is fixed. David said it still looks really grey and it is hard for case managers to understand how things work together. He said in the past if there are skilled transfers the visit is skilled. There is risk for both individuals and workers. Their problem is that case managers do not follow current rule which says skilled is anything a CNA or RN would do plus exceptions in the personal care rule. We went through this years ago with CNAs. Using task worksheet it breaks things up into minutes of service but you cannot break a morning visit into 5 minute units of services. There are a lot of things that go together in one visit. For example skilled transfer, unskilled dressing, etc. Case managers are under the gun to get task

sheets done and they often do this over the phone. You cannot base it on diagnosis. The rule is better but he is not positive that it solves the issue for clients. Kevin said he was involved with the rule group as a recipient. His fear is with secondary and contiguous visits. IHSS is intended to be consumer directed program. If this issue comes into play will this affect how a visit is going to flow? Does this mean he cannot change things around based on how he feels, what is going on, etc. Will case managers try to micromanage his time and visits? Brad said the feedback from Kevin was echoed by his clients.

Betsy asked when this goes to the board? Erin said all comments need to be done by end of January. They want to start internal clearance in February and go to MSB March and April or April and May. They have been doing work groups since November. Erin said there are 150 agencies and some clients are not directing their care and the agencies want the highest reimbursement rate. Erin said some clients do not even know they are on IHSS. Julie said this issue brings up a lot of concern and we need a longer discussion. She said this also shows the need for a single rate.

Erin said she agrees we have to simplify how we pay due to EVV. She is talking to other people like budget and rates. We need a longer discussion. On threshold issue re what percentage of visit is skilled it is hard to put in rule because it is so dependent on the visit and person. In service definitions they are trying to make it clearer about skilled versus unskilled.

John will send Erin's contact info to the group.

## **CDASS RULES**

Katie said Rhyann is on vacation and gave update for the CDASS rule. There are a few edits and updates that were sent out. She updated a few definitions to align better with IHSS. There is a marked up and clean copy. You can provide further comments to Rhyann at 303-866-3641 or email [rhyann.lubitz@state.co.us](mailto:rhyann.lubitz@state.co.us) by 1/30/19

Louise: 8.510.6 had a question on point 6-is client responsible for completing reference checks on attendants. Answer, yes the FMS does background checks but clients have to do the reference checks. If FMS is not doing that why do they need the information asked for in the packet? Rebecca from Morning Sun said that the information is optional in their packet and not required. Maria said it would be good if we got the forms to do this ourselves instead of sending this info to the FMS.

## **PDPPC upcoming subcommittees:**

- a) IHSS subcommittee meets every other month. 2<sup>nd</sup> Tuesday of March (12<sup>th</sup>) is the next one at 10 am at HCPF. If you want to be on distribution list call her at 5788 or email her at [Erin.Thatcher@state.co.us](mailto:Erin.Thatcher@state.co.us)
- b) They are working on participant guide (this is workgroup)
- c) They will be starting a CDASS/IHSS combined workgroup to discuss task definitions that are hard like accompaniment, protective oversight and exercise.
  - a. What are the definitions?
  - b. What should they be?
  - c. If you want to participate in this let her know. They are gathering info and participants.
- d) Katie said now that things have calmed down after rate revision and holidays they are going to restart the discussion of AR paperwork and screening and try to combine CDASS and IHSS to try to cut down on paperwork and signatures. This will start in late February or early March. If people are interested reach out to Katie. When there is a date John will send something out. Julie asked if this was broader than the forms on other AR related issues. Yes, it is just for the forms. Erin said we can review on next agenda the existing AR issues.
- e) The subcommittee for EVV in consumer direction is 1/29 from 10:30- 12 (next Tuesday). It is in room 7-C and there is a call in option.

***There was agenda item requested by Mark Simon but he was not there.***

## **2019 Goals for PDPPC:**

Linda said when we first started we had a large sheet of things to accomplish. We stopped doing that because we moved quickly through issues. We now need to develop overall goal perspective. Ideas that were thrown out included:

- AR
- Employer Support (some have requested to be allowed to use allocation to offset costs of doing CDASS such as advertising)
- Definitions
- Fine tune some of the rules (not as much black and white thinking),
- Recommend ongoing rate increases,
- Increase participation on CDASS,
- Streamline onboarding of CDASS,
- Expand consumer directed options beyond the three services,
- Allow people to direct some but not all services within a category—e.g. direct personal care but not homemaker,
- Fraud and abuse including training,

- Goods and services,
- Hospital issue (when someone is in the hospital if the hospital will not do personal care because it is not connected to why you are there people have problems. One example is people with CP cannot get someone to feed them because it might take an hour, others cannot get staff to do bowel programs which might take 2-3 hours, etc.
- Coordination of care-one example was a client is leaving rehab and it makes sense for existing attendants to go to the rehab and get trained on a new transfer technique. Because the client is still inpatient there is no way to pay the workers unless client can afford to do it out of pocket.
- More participants involved in the process of this group.

Any more ideas send to John Barry or Rhyann

## Open Forum #2

Betsy: On page 2 of minutes she would not ask for a higher rate but comparable rate. They want increased pay, period, it always includes the workers. They are working on rate increases and the JBC tentatively approved a 1% provider rate increase but that evolves over the session but that included in both governors recommended the 8% increase for HCBS services (personal care and homemaker). This is the first time she can remember that it made a governors' request.

Robin: Electronic Visit Verification (EVV). She announced that there is a consumer directed committee call on Tuesday (see above). It is a subcommittee of the Colorado system. You can google Colorado EVV and it is right there. Robin moved and Julie seconded that the PDPPC require the FMS folks to give us real and meaningful input into the development of their system. Some will use the state system and others are developing their own. Colorado is not requiring as much as other states. Robin said the client community will not tolerate GPS. Soft rollout is July 01. FMS agencies need our input now. Robin moved that we formally request that the state requires FMS to include us in any EVV system. Julie seconded this. Julie will put this into the template and be sent to Kevin and Curt and voted on next month.

Margaret asked why people with snail mail do not get anything about EVV. John said there is a snail mail list by the EVV. John will print and mail the people who do not have email. She called Danielle and has not gotten any return calls. John will follow up.

Renee has not gotten answers to her questions and dittoed what others said about EVV.

Patty asked if agency is authorized rep, who signs off on EVV? The client or agency?  
Erin said there is a special agreement between the client and agency where it is determined on a case by case basis.

Linda asked did Robin mean a request or requirement? Robin said requirement.

The meeting adjourned at 3:40 pm.

Respectfully submitted

Julie Reiskin