

**Participant Directed Programs Policy Collaborative (PDPPC)  
Meeting Minutes May 27, 2015**

**Draft for Approval at PDPPC on June 24, 2015**

**Executive Summary:** It was announced that Rhyann Lubitz is the new Participant-Directed Programs Manager for HCPF. The community and members of PDPPC were VERY happy with this news. There was discussion about how CMS has not yet given us an answer on waiver amendments, announcement of an audit committee meeting on June 01, a discussion about the stakeholder recommendations to include respite as a service when CDASS is expanded to SLS, and discussion of the report from HCPF about potentially expanding IHSS into SLS, CMHS, BI and CES waivers. Two new Stakeholder Co-Chairs, Curt Wolff and Kevin Smith, were selected. Thank you to Linda Andre for her service and welcome to Curt and Kevin!

The meeting was called to order at 1:09 pm

Present:

On the phone: Kelly Morrison, Laura Armstrong, Caitlin Brady, Julie Miller, Stephanie Holsinger, Dyann Walt, Margaret Proctor, Donna Sue Carter, Sarah Engels, Daniel Holzer, Hanni Raley, Maureen Seprin, Tim Moran, Leslie Taylor, Mark Simon, Craig Morrison, Josh Winkler, Maria Rodriguez and Jed Ziegenhagen.

In the room : Linda Skaflen, Grace Herbison, Roberta Aceves, Janet Krause, Ryan Zeiger, Liz Wuest, Rhyann Lubitz, Tiffani Rathbun, Jennifer Martinez, Linda Medina, Candie Dalton, Anaya Robinson, Kevin Smith, Bonnie Rouse, Kelli Tobin, Linda Andre, Keith Copen, Curt Wolff, Jason Smith, some Consumer Direct and Morningstar staff, April Boehm, Jeff Pratt, Debbie Miller, Alisha Singleton and Gerrie Frohne.

Voting: Linda reviewed current voting members. There was a question about whether one must attend three PDPPC meetings consecutively or only three meetings in total, to be a voter. Linda will review the data and see if there are people who are there often but who do not get to three consecutive meetings to see if we need to revisit the consecutiveness requirement.

**Minutes** –Julie did not get the April minutes edited. Due to lack of help, a volunteer who was new took the minutes. There was not a vote and next month the April and May minutes will be voted upon. Julie said she would do the minutes for this May meeting but would not have time to edit the April minutes.

Leslie said that she was upset about not being contacted to participate in the interviewing committee for a person to replace Candie Dalton. Linda Andre said that an invitation to be involved was sent out snail mail and email. There was a discussion about whether or not Leslie was contacted. Julie said that she personally raised this when she heard there were interviews and was assured Leslie was invited by Sarah Roberts. Julie said

she then emailed Leslie. Grace is going to check with Sarah and get back to us. Julie shared that this conversation took place on May 12.

### **IHSS Expansion Plan:**

A document was sent out about getting IHSS in the SLS, BI, CES and CMHS waivers. Ryan said that he had questions about the assumptions regarding Home Health and Health Maintenance and is not sure if the assumptions are accurate. For example, he says he thinks the assumptions show that adults cost three times more than children. While there are some costs that come with parents no longer being responsible that is usually in homemaking. Answer—utilization goes up due to increased program flexibility which may allow people to get their needs met.. The data shows that clients are not always replacing IHSS from LTHH but IHSS clients are new users which are new costs, 80.77% of EBD clients are new users and 74.68% of CHCBS clients are new users. The Department was trying to figure out how could clients have no needs and suddenly need IHSS at that level. The data they have seems to indicate that the clients had the needs, but either were having needs partially met by unpaid supports or they may not have been getting their needs met at all. Julie asked: how many are new to Medicaid? Answer: not sure. Ryan asked if it would be better for a small group to meet with budget folks or is it better for budget staff to meet with the whole group? There seemed to be many concerns about the assumptions. Linda A suggested doing both. There was further discussion about data and if we know how many new people came into home health during this time. Anaya also said that this accounts for people coming out of institutions because traditional home health

agencies do not have staff with the skill set to work with that population. Julie also asked if we could figure out a way to collect data on costs of delaying entry into IHSS or CDASS. For example, if someone wears out a “natural support” to the point where they cannot do any care or doing without care makes their disability worse—these events cause people to need more support in the long run. We need to find data to show that getting people on IHSS or CDASS earlier saves money in the long term as these clients are on LTSS forever.

Linda S. said that while it was not mandated, the division should have gotten our (PDPPC) input before putting this paper out. There are significant questions. She even challenged the assumption that people are not able to get needs met through Home Health Agencies (HHA) in the IDD world. She said that in both SLS and CES the only way to get any HHA service is when client can provide a parent (or family member) as the C.N.A. The agencies are not providing staff in those cases but acting as a pass-through. Linda said that we need to look at this data to see if there is really an increase or whether we are just shifting the same providers and same services to a new delivery model. The parent C.N.A. may be paid through state plan but they are still being paid. Linda S. was also concerned about why it would take three years to do this. She compared this with waiver redesign –which is a very significant change and just authorized last month but has a projected implementation of July 2016. In comparison, the plan to expand IHSS into the SLS, BI, CMHS and CES waivers was mandated to be submitted to the legislature by March 1, 2015 and has a three-year timeline and the ONLY change is a delivery

methodology which is already in place in other waivers. She said she saw no reason for this delay. Julie agreed with Linda on all counts. Grace said that a lot of thought was put into this and HCPF was thinking of realistic timeframes for CMS approval.

***Ryan moved that PDPPC set up small group to review the budget and assumptions and timeline. They will meet with HCPF budget office. Anaya seconded the motion and it passed unanimously.***

Group members are Ryan, Linda, Sara, Anaya, and David. Grace will coordinate the meeting.

**New Stakeholder Co-Chairs of the PDPPC.** Linda Andre had said a while back that she was ready to turn over co-chair role. Linda said she is involved with many other boards and projects and does plan on remaining an active member of PDPPC but wants someone else to be the co-chair. In the past month Linda spoke to Kevin Smith and Curt Wolff and both are willing to serve as the new PDPPC co-chair. Seeing that no one else is interested there was a discussion about these candidates. Discussion:

Is there a conflict of interest with Kevin working for a provider? Does it matter that he is in a program without budget authority? The role of the co-chair is not necessarily to be a subject matter expert on each program but they must understand the programs. The role is to keep the meeting moving, make sure that we as clients are running the meeting with HCPF and that HCPF does not control the meeting (not in a negative way but about shared responsibility). Julie said she would feel OK with someone who is a client who also works for an employer if the employer publicly

stated that the individual was free to speak and act as a client, not as agent of provider. Julie said she was not worried about this with Kevin Smith who works for David Bolin, but thought there should be a process of some sort.

Curt spoke about his experience running meetings and said we tend to get off track and would want to run the meeting in a way that facilitates getting things done for the betterment of these programs. Kevin said that he had been in Medicaid system for 30 years and as an employee of an agency for about 25 years, mostly in claims processing. He has been doing stakeholder meetings for the last 5 years.

There was a discussion about having two stakeholder co-chairs from the stakeholder/client community since it is a volunteer position and that way if one is not available we always have a backup. ***Rhyann moved and Linda A seconded that we have two stakeholder co-chairs and that motion carried unanimously. Effective the next meeting Curt and Kevin will be co-chairs along with John Barry. They were also elected unanimously.***

**Self-direction and service planning update:** Grace shared that she received an email from HCBS Strategies, Inc. This is the group working on the new care planning assessment process. There is a self-direction component of the tool so the option for self-direction will be discussed with all clients. They will not get to the care planning part of this process until December. At that point PDPPC needs to get involved.

**CDASS and SLS Update:** Roberta gave an update along with a handout.

There was a task group within DIDD that reviewed waiver, rules and made recommendations. The handout was the Department response to the recommendations. In summary: The Department agrees respite should have an option to be self-directed but they will not implement that now but self-directed respite will be included in the redesigned waiver. This is supposed to be available July of 2016. Roberta said before they could offer this existing benefit in a self-directed delivery model that there would need to be fiscal impact analysis. She said that they will start working on this analysis and it will be completed by the end of summer or fall of 2015.

Roberta said that they will be moving ahead with FEA model only, the waiver amendment is in clearance and she got it back with edits, should be out for 30 day comment on Wednesday.

Gerrie Frohne asked if CDASS was only allowed in statute for personal care, homemaker and health maintenance and if adding respite would require a legislative change. She also said should this group not see any waiver before it goes to CMS and how could that happen. Roberta says yes rules would need to be amended to add respite to the CDASS service delivery option. Roberta said the PDPPC would be able to review the draft waiver during the 30 day public comment period. The public comment period would be open during the next PDPPC meeting, so discussion could take place at the next PDPPC meeting. Gerrie said she and others from the stakeholder task group felt ignored and that they might ask PDPPC to vote no since they were ignored during the task group. Roberta said she had not heard of any concerns since the report went out. Several people said they did not respond to Department responses because they had made it

clear in the task group and it was not heard so they did not feel that repeating the same thing was a good use of time and that lack of response was not an endorsement. There was discussion about the fact that CDASS will NOT be in SLS by July 01 as promised. The reason is due to the CMS concern about the two models. CMS is not approving anything and there are numerous waiver amendments in the queue at this point. It was stated that we will be lucky to get this implemented in 90 days after it is submitted to CMS which will be in July. Leslie asked if we could rescind the problematic non-DD waivers. The amended draft HCBS-SLS waiver was amended to avoid the CMS concerns and will be resent out for 30 days of comments with the Fiscal Employer Agency (FEA) model. However, if CMS does not approve it then people in the SLS waiver cannot have CDASS. Julie said that clients who are desperately waiting for CDASS (many people with autism who have lost home health care due to skilled care going to personal care but who cannot tolerate non-family member caregivers) will need to apply under 1915i because they cannot wait 90 or more days.

**Funds For Additional Services (FAS):** Linda Andre led the discussion. The recommendation was provided in the handout. ***Julie moved we accept the recommendation and send to HCPF and Keith seconded. The motion passed unanimously and the recommendation that was handed out is officially made to HCPF.***

**Audit:** There will be a meeting of the Legislative Audit Committee to discuss the CDASS audit on June 01 at 1:30 PM. The meeting will be live streamed through the legislative web site and there is not testimony. Julie Reiskin said it was very important for clients and advocates to be there and

be prepared. She said she thought everyone within 50 miles of Denver should be there and others should listen in. She said clients, advocates and families should discuss this outside of the meeting and make sure we are ready to talk to legislators if the auditors misunderstood CDASS. Leslie Taylor suggested that people in rural areas can tweet to those present to share info, thoughts, etc. Julie said that CCDC would coordinate this and we could use the CCDC twitter account. Jed said that government employees may not participate in this grassroots lobbying effort and they will not be included in any advocacy discussions outside of this meeting. Grace will send out any additional details so people can be informed. Julie said that the report probably would not be released ahead of time and that usually they have to vote to release it and then they talk about it and it would likely be on line after they voted to release it.

[Audit Committee Agenda](#)

[Audio page for audit committee](#)

### **HCPF Participant-Directed Programs Administrator position**

Replacement for Candie's position. Grace announced that in a process that involved stakeholders, HCPF has made an offer to Rhyann Lubitz and she accepted. She will start on June 8<sup>th</sup>. The entire committee was VERY excited about this.

### **Public Forum**

- 1) Ryan: Where do amendments stand re CDASS and IHSS? Jed said CMS regional promised a follow up and we are still waiting ---we do

not know when this will happen. He said that it would help a lot if CMS makes a call one way or another and does not leave us in limbo. There are numerous pending amendments in the queue. There are 11 amendments across 7 waivers. Jed has a chart somewhere. Leslie asked if we could have the chart or something similar so we can understand what issues are bogging down CDASS and IHSS. Leslie agreed this was bad practice and typical of CMS. She said with the information that we can as stakeholders “compel” CMS to get moving. Jed said he could not release deliberative process documents which is the back and forth from CMS, but he will release the dates and what was submitted and where they are in the process. Grace and Bonnie will ask Jen Martinez to get the info together for distribution to PDPPC.

- 2) Liz: What percentage of EBD clients use CDASS? **The Department will find out.**
- 3) Julie:
  - a) When are we getting to the issues raised by Mark Simon? Bonnie said she met with Mark last week. Linda suggested these issues be first on the agenda next month. ***Leslie moved and Ryan seconded that the issues raised by Mark are first on the agenda last month. Passed unanimously.***
  - b) Julie said that there will be a big celebration of the 25<sup>th</sup> ADA Anniversary on July 25<sup>th</sup> at Civic Center Park from 11:00 am-2:00 p.m. There is some money for transportation to help rural people

attend, hopefully via a carpool to make the money go further.

People should contact Julie if they want to attend.

- 4) Debbie: She had a question about whether or not there will be a new requirement for two signatures (or a changed requirement depending on your perspective) on timesheets: Bonnie said that they discussed the issue at length last month. HCPF reviewed feedback and are making a rule change that will be effective 9/30 to not require 2 signatures. PPL is still allowed to not use two signatures since they have not been doing that. How is that fair? Julie suggested doing an emergency rule and Debbie suggested that it was not fair to allow some to do it and others not to do it—Grace and Bonnie will bring this to HCPF leadership.

Keith said that tomorrow, 2 pm – 8 pm, is a meet and greet that Consumer Direct is putting on at a rec center in downtown Denver.

Respectfully submitted

Julie Reiskin