

**Participant-Directed Programs Policy Collaborative (PDPPC)
Meeting June 27, 2018**

STAKEHOLDER MINUTES APPROVED AT JULY MEETING

- Meeting called to order at 1 pm
- Attendance and voting rights completed
- Draft minutes from May: Open Forum Number 1: one word was corrected. Kevin moved approval with one correction seconded by Alisha –unanimous

Open Forum Number One

- Gerrie Kathy Estes: She had been on CDASS through 1915i and now is going onto CDASS through SLS and was told she could not have homemaker due to her SPAL not having enough room. She said that the 1915i clients were promised that they would not lose services in the transition but this would cause a loss of homemaker services. **Katie McGuire asked to speak to her directly to resolve this and Kathy agreed.**

FOLLOW UP

-Katie said she followed up with Kathy after the meeting to learn about information the case manager provided and individual service details. She explained the request to speak directly to Kathy outside of the meeting was related to the individualized scenario and privacy concerns of HIPPA related information needed to provide accurate guidance. Katie said during the transition from 1915i to CDASS/SLS will not result in a loss of services.

- Kady/Consumer Direct (CD)
Did first lunch and learn last week, had about 15 people show up and hopes more in the future from CDASS clients or attendants –any suggestions or requests for topics they want to know that. Some topics include caregiving for people with memory loss, home safety, she would love ideas,
--call in availability would help a lot
- Cheryl Hargett Dorsett--multiple layers of advocacy needed within HCPF for waiver clients—there are changes as of July 01 that affect all clients. CCBs removing case management and all financial family support funding for anyone on an adult waiver and CCB are losing case management and family support funding. Linda Medina said that what is happening may be specific to TRE

because she has not been told that you cannot use family support for people on Medicaid but most CCBs do not fund family support for people who have other options. Jenny Smith also said she had not seen anything from the perspective of RMHS. John said that she could file a complaint on the CCB transparency page at HCPF web site to get a response from HCPF. Cheryl is meeting with people at TRE. Cheryl said this is affecting adults, not early intervention or children.

CDASS REINSTATEMENT: Carry over from last month. AR resignation subcommittee is set up through July 10. Should that committee also address this issue?

-Timeline for employment law—can FMS keep employees active if case is closed

-Do you always need new task sheet?

-Can someone get back on without going through training

-Can services get back immediately even if case is in process.

Should these come back to the same subcommittee?

Curt, says this is huge and thinks subcommittee should manage this. Julie agreed but said legal issues should be addressed first. Rhyann said she was thinking since there are so many groups this could start after the resignation.

Renee Farmer prefers it should be separate. AR group will become the reinstatement group. Everyone agreed. Gerrie asked if we could get a list of the subcommittees.

TRAINING AND OPERATIONS VENDOR REQUEST FOR PROPOSAL (MALLORY):

For new training vendor contract which is held by consumer direct, HCPF new director wants to make sure we have stakeholder engagement and we are getting most for our money—bring to discussion this month to see if there are thoughts to minimize inefficiencies with new training vendor contract 7/1/19

Curt- Any identified or perceived inefficiencies happening now? CD has a high level of customer services, they are happy to do more. Mallory- ED wants us to look into this and get perspective from members

Corrine—what is definition of efficiency, what are they trying to improve –are there things that could be done better or different, etc?

Betsy- when we say case management the frustration also with counties, who is overseeing case managers we all have to deal with

Julie—case managers not listening, also do we need to redo a RFP now since no complaints?

Curt-agrees with Julie and CD just hired a new person but SEPs do not take it seriously –either give contractor pull or hold seps accountable

Corrine- is SEP problem implementation for training?

Kevin—do we know how many entities might be interested in becoming the trainer?
Mallory- uncertain.

Renee-only thing she has noticed is they do not use updated forms.

Rhyann—example, she used to do all overspending reports, get info from all FMS and then ask case managers to respond and they added this job to CD contract. Are there other areas to have CD or whomever take on? Is there a deficiency we want them to work on?

Bonnie—with new things like EVV would CD do the training for this?

Mallory- CD is very involved in following the implementation of EVV and has been participating on the training subcommittee. HCPF will determine what CD will do versus EVV vendor.

Jennifer—may be efficient for CCB and SEP if they attend a training on Participant direction maybe expand it to other case management duties, so maybe expand contract for other case management training

If you think of something get in touch with Mallory – Mallory.Cyr@state.co.us

TRIWEST-CONSUMER DIRECTED CARE EVALUATION

Got summary of part of the evaluation of CD program—consumer satisfaction analysis

Random samples of different clients

Comparison group has lower response rate, CDASS and IHSS are more engaged but response rate was adequate.

Mailed with follow up calls

Some opted to do online.

A few did phone interview upon request

Betsy Murray—did you include AAA in call out –Answer no it was only clients

4 groups

State Plan and waiver

PDN

LTHH

Personal Care

Pediatric personal or LTHH

RESULTS

Analyzed in several different ways

5 areas

Satisfied with services

Attendant quality

Make choices

Health and quality of life

Overall

Rated all 1-4 (1 low and 4 high)

Average scores for each group

Across the board higher for CDASS and IHSS and in some areas statistically significant

Some frustrations about getting and keeping the right people in terms of attendants, some frustration on limits in qualitative

--wonder if survey question was right, heard in interviews that independence and choice was best aspect

--one contributor with some questions had to do with mobility and ability to access services outside of the home, rural clients had frustration about lack of transportation

Was care plan issue about general authorization by case management? Could there be dissatisfaction about what was authorized, this does mesh with open ended comments

like how do I get a new case manager? There was open comment section and are you doing text analytics –yes

-Is comparison between CDASS and IHSS or other providers: YES

Betsy said care plan number lower is due to SEP her members have concerns about education of SEP.

Why was overall so different much higher –this is common and also some questions were yes and no

Michelle asked about if there was a maximum level people could get

Curt said a lot of clients when they first get into it they do not realize how much say they have, clients have a fear that if they ask for too much they will be told to go into a nursing home. There is no knowledge about what to ask for and people are afraid to ask for more even if they have a need. The gatekeepers are the case managers –this could affect the score. There is a training element that we may need to beef up.

Corrine—when you look at cost you need to look at services as much as money –

Rhyann said for different waivers there are different ways services are authorized and funds are set. People have appeal rights if they do not agree with what they are authorized.

Cheryl as a parent advocate she just appealed for last year 40% cut that was not legitimate and was based off of case management errors—it is very time consuming – and there has to be more training to SEPS. Her SEP did this right after brain surgery.

Very high satisfaction especially for CDASS but also IHSS

Betsy- some home health clients have dementia

Julie did they separate and identify who filled out for others—yes

Comments from CDASS felt able to hire people who they had LT relationships – longevity –ten or more years, also heard from other participants that it was a struggle to find and hire and especially backups in summer months was hard, people want a PRN pool.

Julie did people say it took too long to hire?

No, but Michelle said she has complained about it before

Is this all of the surveys –YES

SLS Update Katie McGuire more testing completed last week, two issues, answers due tomorrow, then test again Friday, hope to know better launch date by end of next week. So close, one delay is due to recent increase in rate but that is done. Then send out case manager trainings and have them enter authorizations, once they have date and date of trainings they will work with pre-enrollment, get paperwork moving

--Cheryl question for task worksheet, will that eventually be omitted through process of documentation? NO that is part of what CM enters into the system, but it is a conversation between Client and case manager and that is how allocation is generated. There is a second worksheet. There is a separate one. Allocation worksheet is just to come up with number—This may be something used only in Colorado Springs. Kady said there was no form she knew about in CS—and they get all the forms.

This may be ASMP.

Julie asked if CCBs with people that know CDASS can get moving—answer this is not about CDASS but about systems to enter SLS PARs.

Betsy how much they budgeted and how many people did this affect?

Katie not sure about overall for this, she was referring to SPAL individual budgets for clients.

SUBCOMMITTEE UPDATES

Multiple committees going on

AR resignation July 10—not sure who will be there –will see who shows up

A few meetings of CDASS rule committee, not ready to bring until other subcommittees are done because that will be added

Service utilization authorization protocol meetings are ongoing –next meeting is Monday July 2—3rd meeting

Mallory is cochairing the CDAS/IHSS EVV committee and they met yesterday, and next meeting is July 24th tentatively

Betsy EVV—what is happening on national level?

Julie said house bill is passed GREAT NEWS

The bill passed the house to delay EVV and force CMS to make rules and listen to clients--still hope to get us exempted and now we have some time. But the most

important thing to do now is to call Senators Bennet and Gardner and ask them to cosponsor and actively support S. 2897. Senator Murkowski (R-Alaska) is the lead.

Senator Gardner 202-224-5941 <https://www.gardner.senate.gov/> for all office numbers or to email

Senator Bennet 202-224-5852 <https://www.bennet.senate.gov/public/> for all office number or to email

Mallory said that they are thinking of having EVV specialist come next month to provide more guidance on where things are at with that

Gerrie- if one year delay passes that will not change a Colorado implementation 1/1/19 would go ahead as scheduled? Mallory- does not know but will say if bill passes

Curt-at first meeting they said they were adamant about doing this

Mallory- says HCPF is following the bill closely, and will give more information once we know if the bill is passing or not.

Email EVV inbox if there is a question or concern evv@state.co.us

Betsy- said huge concern with home care agencies about EVV because of other pressures

Open Forum Number Two:

- Betsy

-1/1/19 HC association worked hard to amend the long bill to get new rates for personal care and homemaker, brutal process. Got rate to 18.44 not effective till 1/1/19

1% were in long bill and they are retroactive and goes into effect 7/1 not sure if they are approved yet, only retro for home health and not for HCBS

AAA homemaker 23.45

Personal care 23.89

We should get the same rates

- Kady—creating two guides, for CDASS one for AR and one for attendants, small brochure –question is for AR guide we will review first, one question is how much time does being an AR require?
- Curt—we have discussed extensive background checks for employees

Julie any reason we cannot do this personally---Jennifer anything we do should be consistent

Rebecca at morning sun- they do a national check if attendant has out of state license and they pay for that cost –people can also ask and attendant has to agree

Curt if employee is signed up does FMS sign up share with state, yes

- Curt thanks for TriWest

Next meeting: July 25, 2018, 1-4 pm