

March 27, 2013 Meeting of the Participant Directed Programs Policy Collaborative

MS Society 900 South Broadway Suite 200 Denver, CO 80210

Executive Summary:

The group had an IHSS update, affirmed the stable health form and recommended that it be used every two years. There was significant discussion about PPL. PPL may re-institute client feedback forums. There is now an editable employment form in PDF format. The group requested that the IHSS recommendations agreed upon last month be sent directly to DORA. The department agreed to have PDPPC involved in the re-procurement of the FMS contract. The group revised the attendance policy and people with three excused absences will lose voting rights if they do not attend the next (fourth) meeting.

Phil Stolfus called the meeting to order at 1:01 p.m.

The following people were present on the phone

Linda Skaflen
Marcus Jackson
Margaret Proctor Florissant
Beverly Hirsekorn
Maria Rodriguez
Rosemary Colby
Mark Simon
Kelly Morrison

The following people were present in the room

Chanda Hinton
Roberta Aceves
Sueann Hughes
Linda Andre
Gabby Malicia
Mary Colecchi
Elena Leonard
Dawn Russell
Bonnie Silva
Rhyann Lubitz
Tyler Deines
Tiffani Rathbun

Gabrielle Steckman
Candie Dalton
Jose Torres
Diane Wotorchie
Louise Apodaca
April Boehm
Debbie Miller
Ann Dyer
Ryan Zeiger
Julie Reiskin
Sam Murillo

Excused

Robin Bolduc
John Barry

OPENING:

Chanda opened with the regular ground rules and said that we welcome new people. She said that if people want to get an orientation to know what is happening they can call one of the people in leadership in advance of the meeting. She acknowledged it could be hard to know what is going in if you are new and that we want people to feel comfortable. Phil said he was co-chairing because John Barry is on vacation.

Attendance Record Discussion:

We continued and concluded the discussion about whether or not someone should lose voting rights after three excused absences. Since the purpose of the attendance rule is in part to assure that people know the history of what we are talking about, it makes sense to not allow those out of the loop for extended periods of time to vote. After discussion the following motion was made:

Linda Andre moves and Jose seconded that after 3 excused absences a member can vote if they attend the next meeting (meeting four) but if not they will lose voting rights until they are back for three consecutive meetings. Members with three UNEXCUSED absences lose voting rights until they are back for three consecutive meetings. This motion includes getting rid of rules that address time frames such as what does or does not happen within six months. If that becomes a problem we can revisit later. It was clarified that

PRESENT means either in the room or on the phone. Motion carried unanimously.

Discussion included responding to a concern about whether attendance requirements put unfair disadvantage on people with disabilities. Many people with disabilities said that this was NOT the case and that with rights come responsibilities and we must meet our responsibilities, which includes getting to meetings. The “accommodation” we have for those unable to physically attend is the phone.

Linda S will update the voting rules.

Minutes:

Linda Andre moved and Jose seconded to approve the February minutes as sent: Motion carried unanimously.

PPL Update:

Gabrielle gave the news that PPL created an editable PDF for applications. It will be available shortly. This includes required fields that are easily identified and functionality that will pre-populate your name and other key items throughout the document after you enter information once. This packet will include various key tax forms, and the entire thing or required pages will still need to be printed and signed and sent via your preferred method. The group expressed appreciation.

Work Plan Updates: (please refer to past minutes to get history on each of these topics)

Candie gave the following work plan updates:

- 1) HCPF will be reviewing the PAR approval process to assure start dates can happen on days other than the 1st or 16th.
- 2) HCPF will need to review the allocation management protocol as it applies to the crisis protocol and new allocation development process. At that time they will review in general and if there are areas that need change it will come to this group or at least the small leadership group. When the allocation management protocol was done there was a secondary document that was an FAQ. This was never put out. It was suggested that this document is found, edited and published. It is imperative that case managers and

clients know all of this information.. Nothing has happened yet, this is just an update. Getting training up and running is the first priority!

- 3) Protective Oversight: The Department is still waiting to hear back from CMS. Candie sent another request. In the meantime, case managers are really struggling so Candie recommends that we provide SOME information now even knowing we may need to revise later. This created discussion about if we should define protective oversight by waiver or by service delivery. Obviously we would like to have it be uniform completely but if that is not possible there should be discussion about if we can define by waiver to ensure consistency of benefit regardless of service delivery mechanism. Candie said that would be easier but is not sure that this can be accomplished within current rules. Candie said the small group did a great job of identifying the issues. There was also an acknowledgment that CMS is not going to help us clean up our own rules. We would need approval if we are going to change the current benefit, and we may want to do that—however Candie is proposing for now just figuring out how to at least be clear about what our current benefit is. General consensus was that a small group should be formed to work on the technical assistance document. Candie will schedule a meeting.
- 4) Allocation Development: The testing has not moved as quickly as we had hoped. Candie had sent out draft guides for clients and case managers. She received and incorporated our feedback. It is going through the Department clearance process. It will then go to the SEPS. They will need volunteers—Candie asked if CCDC would help recruit and Julie said yes.. Candie will let us know when they are ready for a call for volunteers to go out and all members of PDPPC can facilitate volunteers. Part of the process is a need for training around service planning and conducting the assessment. We discussed the idea of a video training of a wrong and proper assessment. There is also training going on walking case managers through the BUS. After this HCPF will tackle training on how to do ULTC 100.2 assessments. HCPF training staff are getting feedback from internal subject matter experts. HCPF is also developing a service guidelines worksheet to help people work through the process and identify what they need. This will replace the task and norms worksheet but is not meant to be a regulatory document to limit services, rather to help

clients think about different tasks and how long they should take. This worksheet will also tell clients what to expect when a case manager is coming out, whom to invite, how to identify needs, etc. ***Julie moved and Jose seconded that we make formal recommendation that we see the training before it is approved to go to the case managers. Unanimous.***

- 5) The department formally agreed that PDPPC will be involved in all stages of the re-procurement of the FMS contract.
- 6) HCPF is developing a help desk phone tress in the new PPL training manual.

Expansion into the SLS Waiver:

Tyler Deines reported that the small group met and they are also exploring other services for which consumer direction can work and are getting stakeholder feedback. The small group continues to work on SLS expansion.

Stable Health Form:

Candie said that after the last meeting there were more comments on the form that physicians sign. She said that the comments were minor but since we had already voted she wanted to bring it back one more time. The changes included reordering questions and clarifying wording on mental versus cognitive. Candie read the changes and everyone was fine with the changes.

This led to a discussion about how often the form should be required. The current practice is to do the form annually with the PMIP (Professional Medical Information Page). However the rules do not require this. Case managers always have a right to determine someone is not stable and get a medical determination, for example if there are constant crisis. There was discussion about the appropriateness of having any case manager judgment about if someone was stable or not and the consensus was that they should not be the sole judges but they are the first line of support for LTC clients and we should not ignore their judgment. There was a lot of discussion about when this should be done, it is a challenging issue. There is benefit to flexibility but also a benefit to the department to have a regular time they know this form is completed. Discussion included whether or not the form was a safeguard for someone in trouble or just one more piece of paper doctors do not fill out causing a problem for clients? There was agreement that this form is a necessity for the department given the CMS requirements and because the nurse practice act is waived.

Linda A moved that we recommend that we use the form every other year. Jose seconded and motion carries unanimously. Julie said that we should be clear in recommendation that case managers can ask for a new form anytime they have a concern. No dissention from statement.

IHSS UPDATE

Candie gave a report:

- 1) The Sunset Review is still in process. Many people on this group in and out of the Department met with Vivienne.
- 2) DORA is interested in getting a well rounded picture of this program.
- 3) Candie met with CLASP agencies and discussed data analysis.
- 4) Candie is going to meet with CDPHE about the confusion regarding nurse oversight requirements between IHSS and HHA.
- 5) Another area of confusion was if long term Home Health and IHSS can be delivered at the same time. The rules do not prevent it. The rule is broader than CDASS and says you can do both, however the benefits collaborative said that you cannot do both. Several people pointed out that the rules must trump benefits collaborative. IHSS does NOT require stable health so the rules need to accommodate that issue. Other scenarios were given, for example someone has a family member under IHSS doing care but does not want family member to do catheter change so they have a nurse come do that one task from a home health agency. Also, IHSS clients have the same right to acute home health care as do CDASS clients. IHSS should be considered a service delivery model not a program and the care plan should address any duplication.
- 6) What is the follow up needed on our recommendation to have HCPF endorse the clasp letter re supporting the changes in law (e.g. spouse providing care). After discussion and due to the time frame and because this is a PDPPC recommendation the group requested that Julie Reiskin send the recommendations to DORA directly and immediately as they are due April 01. Julie agreed to do so. Jose moved and Linda seconded that Julie Reiskin send the recommendations directly to DORA and copy the co-chairs.
- 7) There is a new fact sheet on IHSS. Someone suggested an article about IHSS in the PPL newsletter or putting the fact sheet in as an insert. This should also go on the PDPPC website.

- 8) Someone asked where they get a list of IHSS agencies (there are now 20). Candie said she will get it on the website soon.
- 9) Candie said they were planning to do a case manager training on IHSS.
- 10) Julie asked what was happening with IHSS in the community. Jose said the last two meetings on home health in the community have been cancelled. Julie said that the leadership in the disability community was told by Sarah that IHSS in the community did not have to go through the benefits collaborative because it could just happen. Bonnie said she did not know about that (Sarah Roberts said this in another meeting) and now Bonnie said there is a long process involving a survey being sent to all providers Bonnie said that HCPF does not know the current practice and the department is using this opportunity to look at the whole issue holistically. Bonnie said she thought it was best to address this globally and completely. She said that they know home health has not been provided in the community but do not know the crux of issues. Julie said she disagreed and thought it was best to do IHSS first because it was small, there were cooperative agencies, and it could be a pilot where the kinks were worked out. Jose said that this news is breaking a compromise about this issue and there are already deadlines with department and while HCPF said deadlines were not written in stone this is very different than what we had believed. Bonnie will go back and talk to people who made the promises and report back next month.

PUBLIC COMMENT:

The public comment was all on PPL issues:

- 1) Louise said that the phone system says to press a number and you will get a call back, however it does not work. She said she had experience where system said she was next in line but still waited 20 minutes and used all of her minutes.
- 2) Louise said that she has had difficulty getting address changes processes. Julie Reiskin said she had heard that issue from others.
- 3) Gabrielle said that they extended hours for inbound calls to 7-8 am and 5-6 pm and calling during those hours might get you a better result. She will look into why the call me back feature does not work.
- 4) Julie Reiskin asked how accommodations related to communication needs were being handled, she said that there had

been several recommendations to have a “box” in the client information so anyone in customer service would know what someone’s communication accommodations were. April said that they put this information in the client note fields and that this is visible for any customer service person to see and they should know what accommodations someone needs by pulling up their information.

- 5) People should file complaints to the attention of the human resources department not to a specific person. Gabrielle and April said that it is OK to file a complaint and that they use that to look at trends. You can file a complaint by email or by talking to customer service. There is a form on the website but you do not need to use the form. The email address is in every newsletter ppcdass@pcgus.com or you can mail it to PPL CO 10155 Westmoor Drive STE 185 Westminster CO 80021
- 6) There was a suggestion to have a PPL client feedback forum monthly, they tried it in the past several times and no one showed up but PPL said they would try it again. There was discussion about the benefit of sharing issues in a group versus letting PPL know as soon as a problem happens. If they do a forum or meeting that is something other than phone or web based it was suggested to not use their office because access a ride does not drop off at their office.
- 7) Marcus wanted to know about the PPL stop pay and reissue policy. Gabrielle will let us know about this policy.
- 8) Maria said that it is taking too long to get employment packets processed.

Respectfully Submitted
Julie Reiskin