

## Participant Directed Programs Policy Collaborative (PDPPC) Agenda

Date and Time: November 20, 2013

1:00 pm – 4:00 pm

Location: MS Society, 900 S. Broadway, 2<sup>nd</sup> Floor, Denver, CO 80203

John called the meeting to order at 1:01 pm. Mary is unable to be at meeting so Linda Skafren was appointed as stakeholder co-chair.

Present in the room:

|                    |                 |               |               |               |
|--------------------|-----------------|---------------|---------------|---------------|
| Kevin Smith        | Jose Torres     | Linda Skafren | Kelly Tobin   | Linda Medina  |
| Gabrielle Steckman | Diane Wotorchie | Linda Andre   | Sueann Hughes | Don Riester   |
| Debbie Miller      | Ann Dyer        | John Barry    | Candie Dalton | Rhyann Lubitz |
| Alisha Singleton   | Bonnie Silva    | April Boehm   | Sam Murillo   |               |

On the phone:

|               |                    |                |                  |               |
|---------------|--------------------|----------------|------------------|---------------|
| Julie Reiskin | Maria Rodriguez    | Kelly Morrison | Margaret Proctor | Cathey Forbes |
| Heather Jones | Stephanie Campbell | Mark Simon     | Martha Beavers   | Stacia Haynes |
| Ryan Zeiger   |                    |                |                  |               |

Excused:

Mary Colecchi

Executive Summary: This was a productive meeting with numerous issues discussed. The issues included announcement about the Brain Injury waiver getting CDASS, IHSS next steps, improved processes for allocation development and discussion about the FMS re-procurement, the department has not determined a model and the RFP will go out in January.

Highlighted indicates action is required

Bold indicates agreement by group

### Minutes:

John said there was a version in the room with edits that he received in writing and verbally. Linda A and Jose both asked for and received confirmation that their comments were included. The edits were not substantive Jose moved to accept as distributed. Linda Andre seconded:

Comment on 2<sup>nd</sup> paragraph 2<sup>nd</sup> sentence: It should read “Josh asked how the decision would be made and if stakeholder input would be considered. The answer was yes it would be considered.” **John will make this change.** **Linda A requested that the different Linda’s are identified by last initial.** **Jose and Linda considered this change a friendly amendment to the motion and it passed unanimously.**

## **PDPPC “Procedural” Work Group Report:**

Sam Murillo reported from this group. There was a discussion at the beginning of the last meeting about agreements, procedures, and how PDPPC should be a model for collaboration between HCPF and stakeholders. At that meeting Sam made a comment about the need to differentiate between an issue and a process and was appointed to lead a small group. The group included Sam, Jose, Linda S., Linda A., John Barry and Candie. Jose said that the meeting included a profound conversation about ethics and one more meeting is needed. The outcomes of the first discussion included:

- Issues need to remain issues and be conceptualized as issues, for example pay for attendants. We should also provide the context,
- We need to ask if the issue includes a historical or cultural context.
- We need to make sure that we are clear.
- We then need to honor the process as one that requires discussion about accountability, what was promised and what was delivered.
- We need to be able to adjust in the moment, because topics can be surface or deep level. We also need to have appropriate responses so we do not make inappropriate assumptions about what the issue is about. We have to acknowledge that issues are related to previous accountability. We do not really have a way to measure how accountability is brought to the table.
- We have people at table who have done what they can but do not have control throughout the whole department.

- We should acknowledge current efforts by the department even when they are not complete. The things that happen are historical, we do not have to relive every problem every time or we will always be angry. We need to make sure that we can address issues but also continue to move forward.
- We need to continue to honor our approach so we keep to the integrity of rules, we need to do this as a group not having a rule police. We need to not have a tennis match conversation but an opening to discuss what is happening and why

Julie asked if anger and how to manage anger was discussed. Jose said yes but they needed to have another meeting to address this and will be doing so. This issue is woven into the accountability issue. We also need to make sure that the communication issue handled so that people know what they are there to present and have appropriate context.

Cathey asked if there was a copy of what was discussed to be distributed. The group said they were not yet ready to distribute something in writing until they can meet again and be clear.

There will be one more meeting and then written recommendations will be sent out. Everyone will be able to add comments.

## IHSS

Candie reported:

Trainings: There have been a couple trainings for case managers.

- These are basic trainings because knowledge varies.
- There will be more advanced trainings later.
- There is a lot of interest and on 11/5 there were 82 participants.
- Accent on Independence and Front Range (two providers) participated with the training and gave some scenarios of when a client would be good for IHSS versus CDASS or home health. They also were able to answer questions about nursing issues.

**There will be FAQ document developed and distributed with big issues identified from trainings. Two of these were discussed in this meeting:**

a) IHSS and LTHH (Long-Term Home Health) delivered at the same time. There has been contradictory info about whether one can get both. **The IHSS rule says yes and the benefits standard says no.**

**The Department will revise the benefit standard to comply with the IHSS rules to allow one to get both if there is no duplication.**

- i. Stephanie gave example of how it could work, example is that someone on IHSS for regular care but needs INR once a month and they send a nurse. Another example is catheter care where the IHSS attendant is not comfortable doing that. Stephanie also asked if they can do more than 40 hours a week as there are people wanting to transition to IHSS but they need direction.
- ii. Candie said nothing should change until they provide direction so the case managers can provide a PAR for more than 40 hours. Candie said that they do not want to cause unintended gaps in service.
- iii. Heather Jones said that the regulatory citation is 8.552.6.a.3 and it says that they can use both if the case manager documents why both are needed and there is no duplication. Linda S said that it was discriminatory to not allow someone to get home health and IHSS. In IHSS rules you can access LTHH as long as it is not duplicative.
- iv. Candie said that is why the department is changing the benefits collaborative statement.
- v. Jose asked if this would be fixed by rule, the answer is that this only requires a change to the benefits coverage standard. However, this will go in front of the Medical Services Board and they will have to amend because the standard was incorporated by reference. Jose asked why only skilled care is available for CHCBS and the answer is that is the way the law was written.

b) Is a parent or guardian of a kid limited to 40 hours a week in IHSS? Candie is researching where that waiver language came from and if there should be a change.

- i. Jose said that during the PAT discussion there was a lot of discussion about the breakdown between skilled and unskilled care and there is a belief that C.N.A. can only provide skilled care, not unskilled care.
- ii. Given the 40 hour limit there will always be a problem if the kid needs more time. Bonnie said that in the CHCBS is only available for skilled care, not personal care or homemaker. There is no correlation with the PAT.
- iii. They are required to provide personal care under EPSDT but parents cannot be paid to provide that service.
- iv. Julie asked how we are providing personal care now. Bonnie said that they are getting ready to roll out benefits coverage standard under EPSDT that would be provided by an agency. Julie asked if the IHSS agency would provide the care and Bonnie said that it could but not a given. She asked if there was going to be coordination and if there would be a way to combine personal care with skilled care (for example skilled shower with unskilled dressing). Bonnie said that they would not require two different people to do the same basic task. Does this mean that the parent cannot do IHSS at all?
- v. Bonnie said that the overarching rule about cost effectiveness would allow us to provide the IHSS benefit for the whole task. So for example, if there was a child that had a skilled transfer to get into the bathtub they could be paid. David Bolin said that he was not sure if CMS was going to allow this cost effective manner of providing the services. CMS may require us to use a more expensive method.
- vi. Jose said it was important to clarify this.

- vii. Bonnie said that she is heavily involved in the personal care for children issue. She said it was wise to defer to Dr. Zerzan and will get a written clarification and send it out.
- viii. Linda S. said she thought CMS did allow for extraordinary care for a minor—Bonnie said that they allow the care but not for parents to be paid.
- ix. Martha clarified that under other authorities parents can be paid, it is only under EPSDT that they cannot be paid.
- x. Linda S. clarified that under CES parents can be paid for extraordinary care but Colorado has chosen not to accept this option.
- xi. David Bolin also said that the department of labor said that that they home health agency cannot limit an employer to 40 hours. The reason this was done was that parent employees were being treated in a discriminatory fashion as opposed to others. David said that this could apply to CDASS also and HCPF should look at this.

Kevin Smith asked how many people are using it now, there are 129 on the children's waiver which is almost 100% month. For adults it was 407 as last count. Candie will bring that data to the next meeting. They have the data by waiver and by Single Entry Point if HIPAA allows that (this level of detail may be impossible because the program is small)

Candie said that after the sunset report they are working with CDPHE to reconcile lists and they are only three agencies off at this point. This list will be accessible by the website.

### Overall IHSS Changes:

- Several months ago Candie started a work plan on a variety of basic issues re IHSS. Now that the report is done she wants to start developing a comprehensive work plan of everything we want to see happen. She thought that a small workgroup to work with her would be great so there will be something similar to what we did with CDASS with specific goals, timeframes, etc. Candie has a good idea about this and wants our involvement to make sure that it is complete.
- Linda S asked if the department was open to legislative action to change the law re skilled care only for kids. Bonnie said that we should approach Mary Katherine Hurd who is the legislative person. Stephanie from
- PASCO wanted to be in the work group for IHSS.
- Jose said that he agrees that small groups work better. He asked how soon she needed it. Candie said that she knew there was a sense of urgency with IHSS but there is a lot going on in December and she would prefer to meet in **January. The group agreed.** There was a discussion about what is good participation. Candie will figure out scheduling the meeting likely through a meeting doodle.
- David Bolin agreed to participate and said he would rather do a longer meeting to get more done. He said he would help recruit IHSS clients for this group.

Linda A. recently went to a Dept webinar and could only hear and not see, she had preregistered. John Barry thinks that the person who set it up did not click the button to allow people to see.

## **Community Living Consumer Direction Subcommittee      Follow-Up from last month**

Linda S. said that last month we reviewed what the subcommittee on consumer direction did for the CLAG. They provided definitions of Consumer Direction, Self Determination and Person Centered Services. **Linda S would like to see a small group to identify what needs to happen to get to full consumer direction.** She explained that CDASS and IHSS are options, but limit people to only a couple waiver services. Jose said he tries to bring the concept of consumer direction to other committees and subcommittees for example the duals subcommittees and the care coordination committee. He suggested maybe we can reach out to members of those committees. He said CDASS is a program and consumer control is a cultural philosophy. CDASS and IHSS are service delivery models that include personal care, homemaker, etc. Full consumer direction includes ALL waiver services. CDASS is consumer directed but not full consumer direction.

Candie agreed with this. The department asked her where she would like to see consumer direction in five years.

**She will share her recommendation which is consistent with full consumer direction. She said that her**

recommendation was not detailed and meant only to bring leadership up to speed. Candie will send what she provided to all of us. Linda will do a doodle poll. Linda A, Linda S. Sam, Jose, Julie R. are all interested. Sam said that we need to be clear that it should be full choice, some parents do not want to be the C.N.A. for my child. **This meeting will occur in January.**

This particular subcommittee no longer meets. The CLAG received a report from them and may reconvene if they are needed.

**BI Waiver: Candie reported that everything is on track for January 1<sup>st</sup> expansion.**

- The Medical Services Board approved 2<sup>nd</sup> reading.
  - Still waiting for CMS on approval for waiver amendments, all systems ready to go, provider bulletin coming out in December to let them know.
  - HCPF will do case manager training in December. This has been collaborative effort between Department and PPL and she sent outline out to stakeholders about the training. Most is logistical.
  - Candie wants to make sure everyone who wants to be on CDASS from this waiver can get on CDASS.
  - Candie got some input about the training from stakeholders.
  - Candie thought about developing a full consumer direction training in 2014 about all options that includes philosophy.
    - She wants this on the agenda for January.

- PPL worked with Brain Injury Alliance to develop cultural competency training and that went well. They want to offer to other programs.
  - They were two hour long discussions and staff loved it.
  - Jose said that the philosophy is really important and he would like to participate in any process as he is able to move the training along.
- Candie said they would do a webinar for all single entry points and the notice will go out to everyone. If they reach the 100 person limit they will do a 2<sup>nd</sup> webinar.
  - Linda A asked if the BI training video was available for MSB. Answer- Not yet but they are working towards it.
  - Sam wanted to know what the group thinks about this –he has been reading about cultural responsiveness because that is more fluid and an ongoing process, not something that you obtain at one time.

### Allocation Development:

The small group meet twice. Candie anticipates getting a draft to that small group this week and it will go out to all of us long ahead of December. They will have to keep the task worksheet for now but the big issue is the guide to case managers explaining this is not a rigid time limit but that they should document when someone has needs outside of this.

➤ Guidance will clarify that the task sheet and norms should not be used as a hard and fast limit.

- Guidance will address request for changes including crisis or emergent situations.
- Jose said that they were trying to make the process more user-friendly and to make an assessment more like a conversation and not an interrogation. When people are open and not in fear they are more likely to be able to express their needs. Candie agreed and said she hoped to provide some guidance to case managers to philosophically get to where we wanted to go in terms of conversation and also teaching them how to reconcile discrepancies in the record.
- Linda A. asked if case managers should be told to provide the task worksheet to clients ahead of time so clients will know what is expected.
- **Linda S. asked if this could be a directive, not just a suggestion. Candie agreed.**
- Linda A said most clients do not get this.
- Jose confirmed that this was discussed and suggested that this not only be in training but put in instructions to the task sheet users.
- **All agreed that this information should be put right on the task sheet-- it should say it is a guideline not hard and fast and that it should be given to clients.**
- **Rhyann asked if they could get an email from HCPF in the interim to give clients task worksheet so they can start now. Everyone said that was a good idea.**

Someone asked if physician statement on stable health was revised, Candie said yes and it was sent to PPL today. It will also go on the website along with updated forms.

Candie said that the repeal of the original CDAS pilot rules was also sent for initial reading to MSB.

### FMS update:

RFI

- Responses were due on the 8<sup>th</sup>.
- There were only four responses and Candie was disappointed but procurement said that is typical as many just wait for the RFP.
- The responses varied. Some agencies were knowledgeable and others were not. Some were more medical model.
- HCPF cannot send out actual responses but could only send out summaries, if someone is interested they can email [candie.dalton@state.co.us](mailto:candie.dalton@state.co.us) They can ask John to send snail mail if interested. Maria Rodriguez requested a hard copy.  
People can make formal recommendations individually or as a group.
- The RFP has to be drafted by 12/1 into clearance.
- The draft RFP goes to the broad community for feedback by January 1.
- The responses will be due January 15<sup>th</sup>.
- Candie needs recommendations TO INFORM RFP DEVELOPMENT by Monday and can be done via email or letter. She will incorporate feedback whether it is formal or in email.

- To date comments have been that people like the current model and that training should be more frequent and more comprehensive.
- There are three states that offer both FMS models, agency with choice and fiscal employer fiscal agent. Candie has reached out to those states to ask what that looks like.
- Julie said she was still waiting for numbers on health insurance and information on liability of clients if we choose the other model. PPL is working on this.
- Changing to the FEA model would fix the issue of attendants working 40 hours. The companionship exemption which would let people work more than 40 hours a week without requiring overtime will NOT apply if we stay with our current model.
  - If we stay with current model, after 2015 NO attendant will be able to work FOR PPL more than 40 hours without being guaranteed overtime.
  - This is a huge issue for attendants that work for several clients. If we change models this issue goes away because the exemption is there for individual employers but not third party employers.
- Julie also said she got feedback that if we changed fiscal agents it looks like the employees are not stable. This is a problem for loans and credit issues for employees. Julie asked if we changed models but kept PPL if it would be a transition the same as changing an FMS (employees looking unstable, having to re-apply, etc). **PPL will get us an answer.** Julie said that CCDC needs this data to make a recommendation.
- Candie said that the Department is not leaning any one way including offering both models if it is not too administratively burdensome.

- Maria Rodriguez asked to get all possible information about this mailed. **John Barry will mail all hard copies.**
- We had discussion about how hard it is get the accurate data and all of the caveats involved with the data. If we offer health coverage we make all of our employees ineligible for the exchange unless the products were unaffordable.

### Forum:

- Julie announced that CCDC was going to be putting together the annual presentation to the JBC about consumer direction programs that would include but IHSS and CDASS and that the department was joining us this year. **She said CCDC will make available any information packet to this group.**
- Linda S. said that she was concerned that we specifically asked that DDD provide some information last time and no one was there. We asked them for data on costs of home health. We never heard anything. **Linda will follow up.**
- Candie has been having ongoing issues with email. If she has not responded to an email please resend.
- Gabrielle said they expanded call center hours from 7-6 to redistribute calls but people are not busy during late and early hours, they receive almost no calls during 7-8 am. 5-6 only 5 calls. She questions the value of this because they are moving people around. She wanted to know if it was better to have more people from 8-5.
  - Comments: People may not know about expanded hours, some may no longer need due to email option, Cathy Forbes likes later hours, would not use early hours. Needs time between attendants. They will review

again. There are still people on hold for a long time, when they leave messages for return calls they are not getting calls back quickly. Maria gave specific example and Gabrielle said they would review her history and get back to her. Cathey Forbes said if there is a specific message about call back times re availability that works.

- John had two announcements.
  - If people need to reach Mary Colecchi, please do so through John.
  - Next month we will meet on third Wednesday again.

The meeting adjourned at 3:52 p.m.

Respectfully Submitted Julie Reiskin