

Participant Directed Programs Policy Collaborative September 26, 2018

Stakeholder Meeting Minutes for Approval at October Meeting

Executive Summary:

We discussed a problem with eligibility checks bumping people off of CDASS and the need for a fix. We received the allocation review protocol and a letter from program integrity and made suggestions on that letter. We heard a report about IHSS and the increased interest due to referrals from case managers and provider agencies. We heard about new roles for Consumer Direct and discussed some concerns.

The meeting was called to order, introductions were made and attendance was taken. The meeting started a bit late due to technical issues

There were no minutes from July, as no one was there to take notes.

Open Forum:

Robin Bolduc: There is process by which FMS is checking eligibility daily and if clients are shown ineligible on any given day the accounts are zeroed out. Robin said her husband was in error put on ineligible list for one day and this process made him unable to bill for work already done by attendants with no advance notice. She said that people are frequently made ineligible and this is a problem. Robin said her problem was fixed because she knew people but this system is a problem. Michelle M. said this happened to her last year and she lost employees. It took 60 days to fix. This almost made her and others homeless. This needs to be fixed. The system that determines people ineligible is not always accurate. Rhyann said the FMS agencies have to run an eligibility report every day per their contract. Home health agencies do the same thing. If the report comes back with a problem the FMS agencies have to contact the member to let them know. The member then can address the problem because it is often a county issue, not a PAR issue or authorization of services. The eligibility process through Medicaid is managed through county DHS. Curt said the FMS vendors have not been notifying people and that people are losing Medicaid illegally. He had a problem because the counties are verifying assets and even though you are allowed assets in the Buy-In, counties are kicking people off due to having assets. This happened to him and others. Julie said there has to be an advance written notice before benefits are cut off. She said CCDC would provide any interested FMS agencies information on how to appeal. Clients should be told to do that if they lose eligibility because people are entitled to continued benefits as a matter of law if there is no advanced notice. Julie said there are times when CBMS is updated someone might show ineligible just as it is being repopulated. Their eligibility might look OK in a day or even a few hours.

Robin: There need to be checks and balances and more thoughtful process. No one notified her and she only got this info because she happened to check her portal. She said in her husband's case this is a life and death issue.

Linda: Who can fix this? Is it HCPF and DHS? Rhyann said it is an eligibility issue so it would be HCPF eligibility and the technicians that are through the counties. She knows they are aware of it. Julie said that Tom Massey is in charge of eligibility. On a daily basis the people involved are Marivel Klueckman, Shawn Bodiker, and Beverly Hirsekorn.

Kevin said as a provider they run eligibility as often as possible and they do notify the client. They get 2 or 3 a week where people are bounced off Medicaid. They cannot run eligibility before every service. There is no rhyme or reason for why or how people get kicked off.

Michelle said not everyone is covered by an agency. She is her own agency. She has no one to handle this for her and she has to handle it for herself. She is below poverty level. Every time something happens to her family member she also becomes ineligible. It took her six months to get her Medicaid back, they say "oh sorry you are right" but that does not help the time she went without. She said these problems affect the whole household.

Linda Andre: Julie said that Linda Andre died and the service is 9200 West 10th Avenue in Lakewood on Saturday October 6th at 2:00 PM. Memorial donations should go to Atlantis Community or the Chanda Plan Foundation. Linda was chair of this committee for several years. A Flyer about Linda is attached.

Allocation Protocol: Rhyann

There was a committee that worked on the protocol. This was sent out with the meeting materials. This is to be implemented in July of 2019 and there will need to be rules. The purpose of this is to answer: "What do we do if people are exceeding allocation and is getting in the way of purchasing services?" We have a protocol in place now, and over the past decade we found some missing definitions, gaps, not looking at underspending, etc. The goal was to clarify to make a fair process that is clear to everyone.

Highlights of the changes: MAKE SURE YOU READ THE PROTOCOL!!

- 1) Protocol used to be for life of CDASS. For example, if you had overspending episodes in 2008 and 2009 and then again 8 years later if you overspent again that could result in a termination. The workgroup felt that was not fair to be penalized for indefinite amount of time. Now previous episodes will expire three years from date they occurred.
- 2) Makes it clear that prior utilization does not determine allocation for next year so case managers cannot reduce clients for failing to use all their allocation.
- 3) This now addresses under-utilization as well. If under spends their budget by 30% there will be a phone call to ask if clients are OK.

- 4) It will be overspending if someone uses between 110-129% with no reserves and no prior authorization by case manager. Client get call from case manager then will get a letter from case manager summarizing conversation, offered optional training. The 2nd time there will be required retraining.
- 5) The correction of overspending is over a period of time in the certification period and not always two months.
- 6) Step three is required AR (this has always been the case). Step four is retraining or replacement of AR.
- 7) There is a hard limit of 130% you CANNOT go past this amount. Currently you can use whatever is in your account. This limit was decided by looking at allocation overspending. Some had reserves and some did not. Need to have accountability and maintain flexibility. 129% was what we saw as fair way to have flexibility but also to balance accountability.
- 8) Spending of up to 109% is no problem as long as you manage within the year. 110-129% and you have reserves or you have a plan and prior approval of CM this is also fine. After this is in place the system will not pay timesheets if someone goes over 130%. It will be an overspending episode if they go over 110% without authorization.

A letter to all clients will go out from the department explaining the new protocol. As employers we need to take responsibility for not authorizing work that cannot be paid.

Linda asked if someone is coming out of hospital and they might go over 129%--how do they manage if they need a lot of care? Julie said it depends. Do they have reserves? If so they can notify the case manager. If not, they may need short term increase or prior approval to use funds with plan to reduce services later in the year. A client can use reserves up to 129%. If something is happening and the needs cannot be met within 130% a case manager has to be involved for a new care plan.

Also, client cannot spend over 100% every month even if it is 105% each month because you have a problem the last month.

Rhyann said we should not have people just spending money in the last month just to deplete the account.

Mark: Rhyann made great argument for bringing Fund for Additional Services which allowed people to use half of leftover funds for something that will assist you in independence.

What if you are towards end of year and have reserve built up—does 130% still apply? Yes, you can never go past 129.9%. Someone could have a huge reserve but there was no rhyme or reason for why there was a big use of funds at end of certification period. People should not use it just to make sure they do not have anything leftover because they were afraid of cuts. Some were paying lower wages.

Mark, can case manager waive 130%? He had \$4000 in reserves, then had surgery, then got sick then had to use a ton of services. In that situation do they have to do a re-assessment? If that is the case, we need to do better training with case managers. He said he wanted people to be encouraged to save for problems.

Rhyann, the case manager can do a phone assessment because people should have case managers matching needs with care planning with services. We need to make sure case managers know what is going on.

Mark said this might discourage him from saving money.

Kirk asked about natural disasters like fires that go on for an extended period of time that causes breathing problems. You cannot plan 100% for this. Rhyann said that as those things come up they need to work with case manager to see if changes need to be made. Sometimes people move in with families, friends, and may need change in services.

Rhyann said people should remember that clients have ability to access acute care if there is medical emergency. You can also work with case manager around needs. Some things you can plan for like a planned surgery.

Linda said if it is working the way it is should, there is not a problem because you can just call case manager so why is this a concern? Julie explained the following:

- a) History from days before Candie when people got reductions when they did not spend every penny.
- b) Some clients spending every penny the last month which hurts credibility.
- c) Concern particularly with Colorado access whose case managers are not always supported by the larger company cannot always get back quickly but someone should be able to get it resolved in a few days or a week before too much is accumulated. Julie said clients need to be trained to escalate if they have a situation and cannot reach a case manager.

If people want to talk to Rhyann more we have several months during implementation and she is open to more dialogue. This has to be put in rule and contracts and will not happen overnight.

Question: Is denial only the part over 130%? Answer YES

Consumer Direct Contract Changes: Mallory and Erin

Erin and Mallory wanted to talk about additional exciting things Consumer Direct has been able to take on. They are adding a contract amendment specific to IHSS and some additional things specific to CDASS. Erin said we have needed additional support for IHSS for a long time. They have been working with Consumer Direct about this scope of work and they are excited that it is mostly finalized. The big concepts

- 1) Mediation: help clients and agencies and anyone on the programs have a mediation process. One issue is case manager and clients come up with plan and agency has a different idea and we need a third party to see what is going on? Some cases were in debate for months between agencies and case managers and that is not effective. This does not replace or circumvent appeal rights. This is for both CDASS and IHSS but CDASS needs are less.
- 2) New IHSS participant guide. They have a focus group for IHSS clients. They will meet in October to go over materials. They hope it will be sent to new participants within a couple months of joining.
- 3) They will do annual provider trainings, for new IHSS agencies and refresher for existing agencies. There are 70 new providers and lots of questions. Currently this training is optional and they are going to make it mandatory.
- 4) They will do case reviews for IHSS and CDASS.
- 5) They will do some utilization reviews for CDASS. They will do more in depth reviews to make sure it matches assessments. Look at trends to make sure spending is appropriate.

Louise said she was concerned that there could be a conflict of interest with one agency doing all of these things. If they are the mediator, write the guide, and doing reviews that is conflict.

Kady said the largest opportunity to do things better and provide better services for members. There will be six months of work before the new contract so we can adjust as needed.

Kady said that they will report to HCPF the trends, example they could see if someone gets a specific number of hours they will work with CM to see if it is appropriate. This will help them look at case managers that put all items in one place like personal care and not health maintenance they need to look at this. Sometimes the case manager has not even talked to the client and they can look at these trends to see what changes are needed to the trainings.

Rhyann said they needed a third party to look at these things it is taking too much of Erin's time. Louise said she understood but this is not a real third party and we should find someone completely outside that should just do mediation.

Curt said that there is a difference between mediator and mediation. They are doing mediation and if they were a formal mediator it would be a conflict but to get everyone in the same room talking –more facilitation of dialogue which is not happening. 150 new clients each month in IHSS and get no information at all about IHSS. They just get told their family member can get paid more.

Erin happy to talk more offline about specifics.

IHSS UPDATES: Erin

There is a lot of interest in IHSS which is exciting but a bit overwhelming. 137 providers currently and more that are pending enrollment in DXC. This is an increase of 70 in a year. There are only 20 clients under CDASS or about 3600 people. There is IHSS subcommittee held every other month. If you are interested, contact Erin to get on the list. They meet the 2nd Tuesday of every other month. They are doing a focus group for participant guide and they need more participants from the client or AR perspective.

CDASS and IHSS training on the 11th that they are excited about and the same day there is a collaborative meeting in Colorado Springs for SEP, agencies and others in El Paso, Teller, and not including clients. The sunset review will come out October 15th. The end of August they published new FAQ about IHSS.

Julie asked about why so much interest? Main reason is family can be paid more than 37 hours a month. In IHSS it is widely known that you can get additional hours. Most agencies are losing clients to IHSS agencies. Most clients are transitioning from traditional to IHSS. Case management is driving new referrals.

Coming to dividing up personal care and homemaking and health maintenance –some providers think everything in health maintenance and case manager was saying client needs 90 hours a week for wound care needs, but it was resolved ingrown toenail. If agency is a problem people can file complaint with health department as HCPF has no control over who becomes a provider.

Linda S-question is I am excited about IHSS growing, frustrated not option in SLS. Is it growing faster and more than CDASS because case managers are not pushing CDASS? Answer, IHSS is through providers so providers encourage people to sign up with IHSS because of family member piece. No marketing for CDASS –case managers and providers push IHSS. Once they learned family members can be paid full time through IHSS then it gets pushed. There are no limits for personal care for parents of adults and no limits for skilled care for paying family members.

Program Integrity Letter: Mallory Sarah from program integrity is on the line and Mallory asked her there to discuss a document that will go to members who have billed when they are in the hospital. As CDASS members know it is not allowed within the rules. This happens because they cannot get needs met in the hospital. People see fraud referrals simply people billed while in hospital. They cannot do anything with referrals but wanted better way to track them and let members know this is a problem and recommend retraining. The goal with letter is to go to client or AR and case manager, consumer direct for follow up. This is a way for program integrity to address it and close the case. If it came up again it would be handled.

This letter does not change or end benefits, it is an informational letter and suggestion for retraining.

They do not look at day of discharge or admitted.

Julie said we should give people a number to call if the information is wrong and they were not in the hospital and who they should call if hospital does not do their job. Kirk asked why the state does not call the hospital to ask what they provide. Sarah said they would like to hear about issues if hospital is not providing the services because that is a different problem. Maria said she agreed with Julie and this endangers peoples' health. It has been brought up many times and feels something needs to be done about this problem of hospitals not providing care. Rhyann said the other thing they run into is nursing facilities. They had a case where a nursing facility could not be billed when CDASS was paid. If someone is in a facility for rehab they should also be given a number to call.

Linda said what if someone has homemaker services and is only in for a couple days and the homemaking is scheduled on a certain day you cannot change it—what happens then. They cannot pay for homemaker when someone is in a hospital.

Mallory said if people have additional comments to reach out to her. She will reach out to program integrity. They will bring it back if changes are made.

Robin hospitals do not know how to do long term care because they do not do it—also tone down the 2nd paragraph. It is very scary and says they are going to sue the client.

CDASS Rule Subcommittee:

Took a pause because they were working on the service utilization committee but she wants to invite people to be part of the committee. Next meeting is 10/4/2018 1:30pm-3:30pm. Agenda and materials have been sent out to the subcommittee. Katie will resume the AR committee soon.

Applied Self Direction Conference in April 2019:

This is a great conference for consumer direction and is national. It is a really good conference. Julie made a strong recommendation that vendors that make money should send clients to the conference. Clients need to be there. This should be based on the amount of money they make so maybe the largest FMS should send 4 clients, the middle one 2 and the smallest one. Rebecca from Morning Sun said she would talk to her people. Louise offered to do research on conferences for Mallory to disseminate so they would have the information.

Open Forum:

- Bonnie from ACES\$ said they are hiring a new client care specialist. They can send resumes to her at brcaputo@mycil.org or call 720-465-6405x 101.

- Linda S. Given CDASS is now available in SLS is there a way to track how many people come on and from where. Answer: Consumer Direct does track by waiver. They got their first SLS referral.
- Kady: Announce annual satisfaction survey has gone out –the deadline is 10/29 to return the surveys.
- Mark Simon: he got a letter a couple weeks ago from Colorado Department of Revenue which was triggered by his getting Federal Employer ID number and then FMS sending payroll reports. They want to know about business and what equipment did you buy for the business. Give us this info or we will assess. Did other people get letters? His FMS was terrific in taking care of this. If you get these letters do not ignore it, go to your FMS and ask them to take care of it. Mark wanted to know if people were aware of the problem. Linda-can FMS providers let people know of this possibility? Mallory said they are not aware that anyone else has received it. Rhyann has outreached Department of Revenue.
- Rhyann Next Month she will invite TriWest to have the evaluation results ready to distribute. If they cannot attend we can release information and they can show up in November.
- Her team organization—Katie McGuire has taken over CDASS operations overseeing it in all waivers. Erin will oversee all agency based personal care and homemaker services for all waivers including IHSS. Mallory oversees FMS and training contract.
- John –Linda asked how many callers we had at meetings and we usually have in the low 30's in the phone at meetings. We will be at the same place for the next two meetings. In December we will be back at Jviation. It is time to look at calendar for next year regarding holidays.

Respectfully submitted

Julie Reiskin