

Personal Assistance Oversight Committee Meeting Agenda

Wednesday, September 14, 2022 1:00 – 3:00 (Mountain), 12:00 -2:00 (Pacific)

Meeting Link: [\[CLICK HERE\]](#) Meeting Password (if prompted): PAO2022

If calling in: (415) 527-5035 Meeting Number/Access Code: 2762 218 6328 Password (if prompted): 7262022

AGENDA ITEMS	LEAD	DECISION / ACTION ITEMS
<i>Welcome and Roll Call</i>	<i>Alexandra Fernández Bureau Chief</i>	Attendees: •
OLD BUSINESS		
<i>Read, Review and Approve DRAFT Minutes from June 15, 2022 (Attachment)</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: •
PLANNING		
<i>PAO Committee Composition</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none"> • As of September 1, 2022 PAO has the following vacancies: <ul style="list-style-type: none"> • 1 Participant Statewide (Any hub) • 2 Participants from the Northern hub • 2 Participants from the Eastern hub • 1 Participant from the Central hub • *1 Direct Care Worker (statewide) <p>*Sally Simons has resigned her position with the PAO. Thank you for your service, Sally!</p>
UPDATES		
<i>BLTC Quality Assurance Update (Attachment)</i>	<i>Chris Barrott Program Manager - QA</i>	•
<i>Idaho Home Choice Update</i>	<i>Beth Ultis IHC Project Coordinator</i>	•

<i>(Attachment)</i>		
<i>Public Health Emergency Updates</i>	<i>Alexandra Fernández Bureau Chief</i>	•
<i>Caregiver Crisis Project Update and Discussion</i>	<i>Chris Barrott Program Manager – QA</i> <i>Alexandra Fernández Bureau Chief</i> <i>Group Discussion and Input</i>	•
RECOMMENDATIONS & OTHER UPDATES		
<i>Assignment Update and Wrap Up</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: •
ADJOURN		

2022 Meeting Dates: March 16, 2022, June 15, 2022, September 14, 2022, December 14, 2022

All meetings will be held on Wednesday from 1-3 PM (MT) and 12-2PM (PT)

Personal Assistance Oversight Committee Meeting Notes

Wednesday, June 15, 2022 1:00 – 3:00 (Mountain), 12:00 -2:00 (Pacific)

AGENDA ITEMS	LEAD	DECISION / ACTION ITEMS
<i>Welcome and Roll Call</i>	<i>Alexandra Fernández Bureau Chief</i>	Attendees: <ul style="list-style-type: none"> • Committee members: Mickey Palmer, Tracy Martin, Amber Davis, Marcy Hayman, Jeremy Myers, Kevin Thorson with Pam Thorson, Sharon Barber, Bart Larsen, Jan Carpenter, Pam Ziegenfuss, Dana Gover • Guests: Denise Dustin, Carlena Hjaltalin, Lara Goers, Joseph Vincent • Speakers: Sasha O’Connell, Amanda Bartlett (OPE) • IDHW staff: Ali Fernández, Kris King, Susie Choules, Alain Hernandez, Paula Naegele, Beth Ultis, Jennifer Pinkerton
OLD BUSINESS		
<i>Read, Review and Approve DRAFT Minutes from March 16, 2022 (Attachment)</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none"> • Dana motioned to approve, Amber seconded the motion.
PLANNING		
<i>PAO Committee Composition</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none"> • As of June 1, 2022 PAO has the following vacancies: <ul style="list-style-type: none"> • 1 Participant Statewide (Any hub) • 2 Participants from the Northern hub • 2 Participants from the Eastern hub • 1 Participant from the Central hub <p>There was an error on the original agenda emailed out; it indicated there were two provider vacancies. At this time, there are no provider vacancies on the committee.</p>
UPDATES		
<i>BLTC Quality Assurance Update (Attachment)</i>	<i>Kris King Contract Monitor (Duals’ Programs)</i>	<ul style="list-style-type: none"> • Kris is standing in for Chris Barrott, QA Program Manager today and presented the BLTC Quality Assurance Highlights for the first quarter of 2022.

<p>Idaho Home Choice Update (Attachment)</p>	<p>Beth Ultis IHC Project Coordinator</p>	<ul style="list-style-type: none"> • Beth presented an update on the Idaho Home Choice program. Since she prepared this report, there was a lot of program activity! The total number of discharges from institutional settings is now 21 individuals. • The federal grant that supports Idaho Home Choice, the Money Follows the Person grant, has announced some expected flexibilities to be available soon, such as supporting housing. Guidance to date has been vague so we do not know how this might look in Idaho yet, but the team is looking forward to exploring the opportunity. • Idaho Home Choice program is also experiencing the effects of the direct care workforce crisis – without staff available to support people, they can't transition safely into their own homes. • Goal for 2022 is to meet 45 individuals supported to discharge to the community. • Question: One major barrier is finding a place to live. Is the program observing more Certified Family Home placements as an option? Answer: Yes, the program has seen a significant increase in recent months but it had slowed down considerably over the pandemic. Currently, most discharges are to private apartments. • Question: Are more placements seen outside of Boise? What are areas that have been successful in finding housing? Answer: The program is seeing scarcity of housing (and/or specifically accessible, affordable housing) in most areas of the state, the barrier is not local to only Boise/metropolitan areas.
<p>Idaho Office of Performance Evaluations: Direct Care Workforce Study</p>	<p>Amanda Bartlett Principal Evaluator</p> <p>Sasha O'Connell Senior Evaluator</p> <p>Ryan Langrill Principal Evaluator</p>	<ul style="list-style-type: none"> • Our partners with the Office of Performance Evaluations will join us to share their upcoming work around Idaho's direct care workforce. You can review the legislative request for this work by clicking this link or copying the URL below and pasting it into your browser. • The request from the legislature asks the OPE to review many provider types that have direct care components. OPE is currently working to develop the scope of the request. • Interested to learn from PAO how to connect with participants that receive direct care, workers that provide direct care and businesses/agencies. • OPE plans to release the evaluation during the next legislative session (2023). • OPE may make recommendations for state agencies based on evaluations. They also follow up to identify if agencies adopted those recommendations. • Question: How can a participant engage with OPE? Answer: OPE expects to have multiple methods to engage with people. They may host focus groups and conduct surveys in addition to continuing to interview stakeholders.

		<ul style="list-style-type: none"> • Question: What happens once OPE publishes its findings and makes recommendations? Answer: OPE is part of the legislative branch of Idaho government – and they do produce a follow up report to identify what the agency/agencies have done. OPE presents their findings to the legislature and in some cases the legislative body pursues statute changes or makes funding decisions based on recommendations. While OPE does not have enforcement authority, they are able to bring attention to important issues and makes recommendations intended to be actionable. OPE tries to make sure their reports are useful so stakeholders can use them in conversations with policy makers. • Question: Will Certified Family Homes be part of the scope of this study? Answer: Yes, these providers are part of the scope of the study. • Question: Is OPE accepting ideas about helping the direct care workforce shortage? Answer: Yes. OPE is first evaluating the direct care workforce and how the state can help support the workforce. How do people perceive this problem? What are ideas about solutions to pursue? <ul style="list-style-type: none"> ○ Tracy commented that CNAs in Idaho can get their license at 16 years old, but to provide direct care the direct care staff must be 18. Local high schools offer CNA programs. Mickey commented that people experiencing homelessness may be interested in the job opportunity, but may not have exposure to direct care as an employment opportunity. • Question: Is OPE conducting individual interviews, if people are not comfortable sharing in this kind of a forum (in a group setting like PAO)? Answer: Yes, OPE welcomes input, you can call or email the team. Amanda’s email address is abartlett@ope.idaho.gov and phone (208) 332-1474 • Question: Will OPE consider a survey that can be sent to agencies, so they can provide to their direct care staff? Answer: Yes. • Question: Will the final report be published and can it be commented on? Answer: The report will be published on its website and OPE presents the evaluation to the Joint Legislative Oversight Committee (the legislative body over OPE). Once published Ali can send the link to PAO committee members and stakeholders. • Marcy commented that <i>“Caregivers are often at the bottom of the totem pole of health care when in essence they should be admired and rewarded for the level of assistance they play in proactivity of the clients health. The only way to do this is to raise the bar through education opportunities, wage opportunities, climbing the ladder into health care and outreach. All of which are lacking in most states. If we started at the high school level and worked with them. It should be a definite "Career" as opposed to a stepping stone toward a "career." Educational incentives to come into the field at graduation (age 17 or 18) and move on up</i>
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the ladder would be a great incentive, as the training increases, the wage increases.

- Daycare incentives to get moms back to work would be great. We have the Idaho child care program in place, why not provide daycare to caregivers to help them get into the field? We should be interlinking these Idaho programs to feed into and through one another.*
- If we had navigational services in place for the unemployed which helped them to link childcare, training, career assistance, scholarship opportunities for themselves and their children could be a laddered approach as well*
- Timeliness is hugely important. Our agency is still waiting on ARPA [American Rescue Plan Act] dollars so we can bonus our employees, yet CDA agencies have already given their dollars to their employees and word of mouth travels fast. Our employees are wondering when they will receive rewards like the CDA employees. I reached out to the ARPA contact and they said to let them know if we don't receive it by end of summer. End of summer may very well leave us with no employees."*
- Jan commented that being connected to appropriate behavioral health services is an important support. Other attendees agreed mental health is important for people receiving services and people providing them!
 - I'd also like to see in this report or talk about the rate Idaho is licensing new agencies when there are no caregivers in existing agencies! If the agencies aren't required to adhere to suggestions and rules, what do they have to do to qualify as an agency?*
- Pam and Kevin Thorson commented to support Jan's thoughts. Pam shared the unique situation of having strangers in your home – it is stressful for the participant, and their family and loved ones. Participants live with the stress of fearing a caregiver may leave in the middle of a shift or they may suddenly have to go without care.
- Pam Z. commented that behavioral health businesses in Idaho do not offer good wages or benefits when qualified staff can go to neighboring states for higher wages/benefits.
- Jeremy commented *"The one thing that's hurting my agency the most is the caregivers' wages and benefits. I had a caregiver literally call me and quit over the phone and his reasoning was "Why would I stay and perform bowel care for \$13/hr when I can go flip burgers for \$15/hr"*
- Denise commented *"I think as a society we need to recognize the direct care worker shortage as the public health crisis it is and give it the same priority and attention as contagious outbreaks are."*

		<ul style="list-style-type: none"> Lara commented, “I am happy to participate/provide experiences as a parent (currently acting as my son’s PCS worker) and could easily gather other families to provide input.”
<p>Public Health Emergency Updates</p>	<p>Alexandra Fernández Bureau Chief</p>	<ul style="list-style-type: none"> States have not yet received notice from our federal partner about the end of the federally declared public health emergency (PHE). Our federal partner, the Centers for Medicare and Medicaid Services (CMS) committed to states early in the pandemic that they would provide 60 days’ notice of their intention to end the PHE. The Medicaid policy team is working on two FAQ sites: one for an agency/rendering/billing provider audience and the other is for Medicaid participants around how the end of the PHE may impact them. It is not ready to be published yet but Ali will distribute these links once they are live. The specific flexibility allowing spouses and parents of minor children to be paid direct care staff under the Aged and Disabled (A&D) program or personal care services has been identified as a concern for stakeholders. The state does not have an opportunity to extend this flexibility due to the federal authorities in place for these services. There is shared concern that this flexibility ending will exacerbate the direct care workforce shortage in Idaho. BLTC nurse reviewers will resume face to face assessments. The BLTC team is currently working on a plan and structure for prioritizing participants for in-person versus telephonic assessments. The plan has not been finalized, but we expect to include participants who are new to our program in the last two years (who have never had an in-person assessment) and participants whose health has declined or needs have increased considerably over the pandemic (based on their last level of care assessments). Question: Could agencies provide a “top ten” list of participants who need an in-person visit? Answer: Ali will take this idea back to the BLTC management team to discuss. First thoughts are that it could be difficult for the BLTC to manage a process like this.
<p>Aged and Disabled Waiver Renewal</p>	<p>Jennifer Pinkerton Medicaid Program Policy Analyst</p>	<ul style="list-style-type: none"> The Aged and Disabled program must be renewed with our federal partners every five years. We are accepting public comments on the renewal application through June 24. Please visit the document folder by clicking this link or copying the URL below and pasting it into your browser. https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=20852&dbid=0&repo=PUBLIC-DOCUMENTS Jennifer Pinkerton shared an overview of the key changes being proposed in the renewal application (attachment).

<p>Exercise and Personal Care Services</p>	<p>Group discussion</p>	<ul style="list-style-type: none"> • Marcy Hayman (with Loving Care & More) submitted this topic for discussion around exercise not being a reimbursable activity under Personal Care Services (PCS)/Attendant Care Services. • Loving Care & More is both a home health agency and a personal assistance agency. They often will go into a home where the staff is providing home health and personal assistance services. During their recent audit, they were advised exercise time for a PT plan was not an allowable activity. • If it is a service that support independence and quality of life, why wouldn't the state include this as a reimbursable activity? • Ali explained that when we conduct audits (and when our partners with Medicaid Program Integrity conduct audits) our staff are matching progress notes to the participant service plan and to the care tasks that are allowable under the definition of the service being billed. Currently, Idaho Administrative Code (IDAPA) does not include "exercise" as a discrete care task that can be billed and reimbursed, and to add that to the program, we would need to pursue rule changes, update our assessment tool to be able to assess for this need and allocate care time accordingly, and calculate a budget impact to request approval from the legislature. • However, if a participant has identified needs in mobility and transferring as part of their assessment, and support for those needs is identified in their service plan, a provider may bill for time rendering assistance in these areas – whether it is while the participant is working on their physical therapy exercise plan, out in the community, or otherwise. Service documentation must tie to the specific allowable care task. In the example of a participant who has a physical therapy plan, an agency may submit a significant change request with the PT plan and documentation for the nurse reviewer to evaluate the participant's needs in mobility and transferring, and adjust authorized service hours accordingly. Agency documentation for the service should indicate supports are being provided in the mobility and transferring area (rather than stating "exercise" or similar language without identifying the allowable care task being provided).
<p>RECOMMENDATIONS & OTHER UPDATES</p>		
<p>Assignment Update and Wrap Up</p>	<p>Alexandra Fernández Bureau Chief</p>	<p>Notes:</p> <ul style="list-style-type: none"> • Sharon motioned to adjourn – Dana seconded the motion.
<p>ADJOURN</p>		

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DRAFT

Aged and Disabled Waiver Overview

PAO Meeting

June 15, 2022



IDAHO DEPARTMENT OF

HEALTH & WELFARE

Medicaid Waivers

- ▶ A vehicle for states to test new or different ways to deliver and pay for health care services.
- ▶ Allows the state to use different standards for eligibility and benefits than the federal guidelines, and is normally used for targeted populations.
- ▶ Requires an **application** to the Centers for Medicare and Medicaid Services and their approval to operate.



Idaho's Aged and Disabled Waiver

- ▶ 1915(c) Home and Community Based Services (HCBS) waiver -designed to keep participants in their own home vs. institutionalization.
- ▶ This waiver runs on a 5-year renewal cycle - this period is **October 1, 2017 - September 30, 2022.**
- ▶ To make program changes mid-cycle, the state can submit waiver amendments to CMS.
- ▶ To continue the program, the state must submit a renewal application before the end of the current waiver period.

Waiver Structure

All 1915(c) waiver applications follow the same structure:

Appendix	Purpose
A - Waiver Administration and Operation	Describes how the state administratively manages its program, including which agencies or entities are responsible for various parts of the program.
B - Participant Access and Eligibility	Describes how the state determines eligibility for the program, including any functional assessments for level of care determination.
C - Participant Services	Describes the services that are available under the waiver program, and any provider qualifications or limitations associated with those services.

Waiver Structure

Appendix	Purpose
D - Participant Centered Service Planning and Delivery	Describes the program structure and process flow from assessment, to service plan development, to service delivery, and how the state monitors this system.
E - Participant Direction of Services	Describes if the state offers self-direction opportunities within its program, and if so, how the state has structured the self direction model.
F - Participant Rights	Describes how the state ensures due process for participants, including appeal rights and how to report complaints.

Waiver Structure

Appendix	Purpose
G - Participant Safeguards	Describes how the state ensures the health and safety of waiver participants.
H - Quality Improvement Strategy	Describes how the state oversees the administration of its program and the delivery of services under the waiver.
I - Financial Accountability	Describes how the state makes payments under the waiver and ensures compliance with federal requirements around Medicaid payments.
J - Cost Neutrality Demonstration	Projects program expenses over the 5-year waiver period to demonstrate that, overall, the program is cost neutral.

2022 Renewal Application - Process

- ▶ The renewal process for a waiver begins 6 - 9 months before the expiration date.
- ▶ It requires stakeholder engagement and some formal activities, such as public notice in state newspapers.
- ▶ Once the application is submitted there is a lengthy (usually 90 days or more) review process by CMS.

2022 Renewal Application - Changes

- ▶ There are no major program changes reflected in our waiver renewal application. The changes that are incorporated include:
 - ▶ Changes to some of the quality assurance measures
 - ▶ Updating expense projections for the next five years, and including reimbursement changes

2022 Renewal Application - Changes

▶ Changes, continued:

- ▶ Updates to allow greater flexibility with electronic assessment options.
- ▶ Updates to clarify limitations to the new residential habilitation service array and non-medical transportation related to recent, cooccurring Adult DD waiver changes.

Where to find the waiver:

- ▶ The entire waiver will be posted to Waivers Resource Library on the DHW Medicaid Policy, Procedures, and Waivers page:

<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=14566&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

- ▶ The draft changes will be included in a summary document.

Comments:

- ▶ The Department is accepting comments on this waiver renewal application through close of business on June 24, 2022.
- ▶ Please submit comments related to this renewal to the Medicaid Policy Team at one of the following options:
 - ▶ Email: MCPT@dhw.Idaho.gov (please indicate A&D Waiver in the subject line)
 - ▶ CC: Jennifer.Pinkerton@dhw.Idaho.gov
 - ▶ Phone: (208) 364-1887