TOPICS TO BE DISCUSSED ON THE JOINT FCOA/FASP/DOEA CALL ON
Monday, May 20th at 11:00 AM

Call in Number: 888-585-9008  Passcode: 419 201 747

Charlie Robinson, FCOA President, will be Chairing for FCOA questions I- V
Andrea Busada, FASP President, will be Chairing for FASP questions VI - VIII

FCOA Executive Committee members on the call: Charlie Robinson, FCOA President; Susan
Ponder-Stansel, Past-President; Christine Cauffield, President-Elect; Andrea Busada, Treasurer;
Terri Barton, Secretary, Erin McLeod and Karen Deigl, Executive Committee At Large Members

FASP Executive Committee members are: Andrea Busada, FASP President; Darrell Drummond, 1st
VP; Liz Lugo, 2nd VP; Karen Deigl, Treasurer; John Clark, Secretary and Immediate Past President.

I. Reports from the 2019 Legislative Session. How can FCOA/FASP assist in 2019?

II. FCOA 2019 Conference – Look forward to partnership with DOEA in 2019. Conference dates are
August 19-21, 2019 at the Hyatt Regency in Orlando.

III. Update on the Dementia Care and Cure Initiative

IV. Update on Communities for a Lifetime Initiative

V. Please share DOEA’s plan to increase the accuracy of the wait list numbers

VI. Please share DOEA’s status on CIRTS

VII. Submitted Questions

FCOA

• Do they have interest in caregiver initiatives? (Perhaps we can partner on a grant with them)

• It is our understanding that the menus and any menu changes only have to be approved once
by either the provider, AAA or state Dietitian. How do we get this implemented to speed up the
menu process and eliminate the redundancy and cost associated with multiple approvals?

FASP

• We would like to know what is going on with cash advances, are they going away or are they
only going to be for one month & then we will start receiving payment right away on the new
contract or what, we need to plan if only one month or going away
As you know, for some unknown reason my AAA (PSA 5) is not that quick to respond when it comes to providing us with waiting list information. Back on March 26th I was approached by an attorney in the east side of Pasco County willing to help me secure up to $500,000 in funding to provide services to seniors in the Dade City and Zephyrhills areas respectively. I immediately contacted Ann Marie Winter (ED) and Tawnya Martino (ADRC Director) via email to request waiting list information for those areas and I was told that the ADRC does not pull waitlist information for specific areas of the county. I really find this practice anomalous and not contributing to help us to raise funds beyond what we receive from DOEA. By not having such information readily available I am running against the clock in obtaining such funds. I was instructed by the ADRC Director to use information from internal waitlist managed by CARES. Lead agencies do not maintain CCE, ADI or HCE waiting list as they are maintained by the ADRC. Please tell me what I am missing here.

My questions to DOEA are: Why waitlist information from CIRTS cannot be pulled by zip code? Why lead agencies are not allowed to pull waiting list information from CIRTS for their respective County(ies)?

My second issue is that our AAAPP manages all the subcontractors for all in-home and in-facility services. Their two lead agencies, CARES and Gulfcoast Jewish Foundation can only manage the Case Management and the Case Aide for the ADI, CCE and HCE programs. I believe that they are the only ones in the State who are managing all the vendors. Since we own a Home Health Care Agency we have a “Vendor Agreement” with the AAA for the regular services (homemaker, personal care, respite care and so on). We are in the process of renewing our agreement for the 2019-2020 FY and I requested a 3% unit rate increase, which in most services 3% equals to 60¢ and it was denied. All main services (Homemaker, PC, Respite, Companion Services) current unit rate is $20.00 which is below any private pay rates in the County. I have requested the reason in writing and I have not receive it as of yet.

My question to DOEA is: Does DOEA have any control on this matter?

What is the overall vision for HCE going forward? Will special subsidies for new (non-LTC) HCE clients still require DOEA approval after June 30, 2019? We are not sure what is the purpose of DOEA having to give approval when we have guidelines in the manual and manage our own budgets?

What is their position/philosophy on transfers between programs (HCE/CCE) and titles (OAA)? Has there been a change in the process or the thinking regarding transfers? Historically transfers have been acceptable but recently we had been working under the assumption we would be making a transfer (and had alerted our AAA and it was mentioned in our monthly encumbrance reports) and then after about 3 months we were told the transfer was not approved. This makes it extremely difficult to manage a contract. Transfer requests need to be reviewed and either approved or denied within a couple of weeks at the most as providers need to plan for opening of clients and contract management. Given that transfer request for the past 20 years had always been approved, we did not think it was going to be an issue this year. Providers have the "ground level, boots on the street view" and need to be able to transfer to meet the needs of the clients. Attrition does not always happen as one would expect, the timeliness of getting appropriate referrals from the Area Agencies also affects how quickly people get opened and services start which all affect the ability of the provider to manage the contract appropriately. Last minute openings of large numbers of clients sends a
provider into the next year overspending and not being able to count on a transfer that you had been counting on also puts the provider in a difficult financial situation.

- **DOEA identifies and recognizes best practices during their annual monitorings of the AAAs/ADRCs, but those best practices are never shared with the other PSAs. Is there a way for such information to be disseminated to every AAA/ADRC and every Lead Agency? Clients and employees would benefit from these best practices and it would also help us work toward consistency and standardization.**

- **We are requesting a new service code that would be used for blended/stacked PECA (Personal Care) and HMK - retain PECA and HMK as separate codes but add a new code for a blended service of both. The same aide often performs both functions in a single home visit. Our contracted services providers requested this to save time and reduce billing errors. They advised us that this combining of the two services has already taken place on the SMMC LTC side (I haven't verified this). If the new code were used, very specific instructions and a list of tasks would be included in the care plan to ensure that the appropriate care is provided.**

- **Have any Lead Agency representatives been added to the eCIRTS Change Management Team on a permanent basis?**

- **When a Long-Term Care client’s Medicaid is terminated, we don’t know why – there is only one code used in CIRTS. Because this person’s Medicaid is terminated, they are “blackballed” from CCE and can never receive services under a general revenue program. We find this practice to be extremely, unnecessarily harsh and it leaves these very frail and vulnerable seniors with no care whatsoever. Chances are that if we could provide that person with CCE case management and in-home services, we could keep them stable while assisting with getting their Medicaid reinstated.**

- **701S Question 48: How confident are you that you will have the ability to continue to provide care? Response choices are “Very confident,” “Somewhat confident,” and “Not very confident.” If a caregiver answers anything other than “Not very confident,” it is automatically deemed that they are not in crisis.**

  The answer to Question 48 should not be the sole and automatic determining factor. Questions 46 and 47 are more important indicators. We believe the instructions from the 07/12/13 revision of the 701D should be utilized. Another determining factor should be whether or not the Caregiver is providing full-time care in the home vs. living out of state.

  **135. Assessor/Case Manager: Is the Caregiver in Crisis?:** Indicate your evaluation of the primary caregiver’s ability and/or willingness to continue to provide the care needed by the client. They may be unable and/or unwilling due to their own limitations and/or those of the client. The crisis may already be in effect or may be quickly approaching. If you determine the primary caregiver to be in crisis, mark “Yes” and note if that crisis is for a “Financial,” “Emotional,” and/or “Physical” reason, or some combination of these.

- **The recent HCE changes implemented a single BASI (Basic subsidy) amount and removed the provider’s ability to adjust the payment to the standard amount once income has been established. In other words, the consumer will receive $370 until they are terminated from the program, no matter their income. This loophole needs to be shorn up; once a sufficient income is established, the BASI should be reduced to the standard benefit of $160.**
• Has the DOEA completed tabulating the responses to the co-payment survey and what is their timeframe for researching the issue and coming to a decision?

• I would like DOEA to address what I call a disservice. Providers are permitted to pick up LTC clients, bring them to the senior center, provide them with a congregate meal and take them back home. Socialization is very important for seniors and in my opinion just as important as the meal. That is why it is a “congregate” site and “congregate” meal.

But we are not allowed to transport them anywhere else. We often take seniors to community events, health fairs, shopping and field trips. It is unconscionable that we are permitted to bring them to the senior center and then not permit them to participate with their friends in these special trips. We are not allowed to bill transportation. Imagine how horrible it is to tell a senior that they cannot go with their friends and to have to tell them they need to stay behind and cannot participate.

I hope DOEA will reconsider and have some compassion. LTC seniors should be able to go where other seniors/their friends go.

• What is the approval process for a nutrition provider to open a new dining site?

• I'm still concerned with the DOEA's dragging their feet on accepting digital signatures. The Federal Government passed a law that says they are legitimate: With the passage of the United States (U.S.) Electronic Signatures in Global and National Commerce (ESIGN) Act in 2000, electronic signatures became legal in every state and U.S. territory where federal law applies. ... Digital signature uses a certificate-based digital ID to authenticate a signer's identity.

Furthermore, all in-home service organizations that accept Medicaid are being forced by the Cures Act to move to Electronic Visit Verification by 2020, which uses GPS to verify location and time of service. It's more fraud proof, and the client and worker signatures are digital and can be printed...but any service provider for DOEA has to figure out how to print out and carry paper around too. It's really outdated and it's not efficient. When it was brought up at the summit they got really closed lipped and said ‘well, just currently we need paper.’ WHY.

• What is the status of the revisions to the Program and Services Handbook?

• What is the status of the revisions to Chapter 430? Has DOEA had a chance to review the proposed revisions? Are area agencies permitted to provide direct services?

• There has been some previous discussion on not allowing area agencies to enforce more restrictive policies on providers than are in the Program and Services Handbook. Has a decision been reached regarding this? And if so, what options do providers have for due process?

VIII. Are there any other ways that FCOA and FASP can be of assistance to DOEA in the coming months?