

# CDE July Public Webinar

July 23, 2019



*Transforming lives*

# What is the CDE?

The Consumer Directed Employer (CDE) project will transfer the employer support responsibilities of Individual Providers (IPs) from DSHS and AAA case management staff to a contracted vendor.

# Vision

## **Simplify processes and increase efficiency**

- Case management staff will have more time to work with clients to support activities that maintain their health and well-being
- Clients will receive more focus from case managers
- IPs will work with a single entity for payroll, tax reporting, credentialing and other concerns

# CDE Project Update

# Solutions Update

Recent Accomplishments	Upcoming Tasks
<ul style="list-style-type: none"><li>• Assisting with EVV Home Care Agency pilot and planning</li><li>• Preparation for contract negotiations</li><li>• Pre-work for interface design meetings</li><li>• Identifying requirements traceability tool for CDE project</li></ul>	<ul style="list-style-type: none"><li>• Contract negotiations</li><li>• Financial review of selected vendor</li><li>• Requirements validation and Fit Gap Analysis</li><li>• Design sessions</li></ul>

## B&O information

- DSHS has initiated request legislation for the CDE vendor(s) to be exempt from payment of B&O taxes in the performance of CDE services
- The reason for this request is to simplify administration of the CDE and reduce redundancy in the movement of state funds.
- Exemption from this tax allows the CDE vendor(s) to decrease the price charged to DSHS.
- No revenue to the State is lost in by this exemption as the money paid to the CDE comes from the State general funds. They would then be paid back to the State general funds through the B&O tax; a redundant process.

# CDE Readiness Team

Recent Accomplishments	Upcoming Tasks
<ul style="list-style-type: none"><li>• Began developing the Staff Training Plan</li><li>• Began development of an informational brochure (tri-fold)</li></ul>	<ul style="list-style-type: none"><li>• Posting Talking Points #12 – Dismissing an IP</li><li>• SEIU conference in September</li><li>• Brochure for Nurse Delegation conference</li><li>• Continue developing and updating transition plans</li><li>• Finalize the client and IP readiness strategy</li><li>• Ongoing communication and outreach activities</li></ul>

# CDE Foundational Principles

1. Preserving client-centered and self-directed care are our top priorities
2. Promoting the growth and sustainability of a skilled IP workforce
3. Supporting and investing in a high quality pool of IPs
4. DSHS and AAAs having no direct involvement in IP administrative work



## CDE Foundational Principles

5. Reducing Case Manager involvement in IP management so they can spend more time serving clients
6. DSHS defines the requirements and desired outcomes, but does not dictate methods or means
7. Prioritizing simple, efficient, and easy-to-use systems and processes

# CDE Foundational Principles

8. Implementing EVV
9. Ensuring effective data exchanges between the CDE and system partners
10. Engaging, working closely, and listening to clients, stakeholders, and tribes

# Questions from the June Webinars

**Q: Are there evidence-based examples of this model being used in other states that were used as rationale while moving this legislation through the Washington legislature?**

A: Not at this time. The Consumer Directed Employer is based on the CMS-recognized Agency with Choice model for delivery of in home care. However each state's Medicaid in-home care program is different. There have been no studies to generate an evidence-based approach.

**Q: What is the plan to resolve time disputes between consumer & IP?**

A: It is the expectation that the CDE will be the entity to help resolve these types of issues. If there is a disagreement with the outcome, there are two options available to the parties.

Clients will have a formal CDE complaint resolution process to submit verbal or written complaints. The CDE must provide a response and explanation of their decision within ten business days of receipt. There is also an appeal process.

Providers will continue to have the opportunity to reach out to SEIU with concerns and complaints.

**Q: What type of QA/Audit processes did each vendor outline to mitigate potential payment and/or service issues?**

A: Both vendors have planned for software quality assurance testing as part of their CDE solutions. The contract also requires monthly reporting to DSHS from the vendors on timely and accurate payment among other performance standards.

**Q: What will the process be for task reporting once the IP enters the home to provide service? Will each specific task require logging in, and start and end times?**

A: The IP will log in at the beginning of the visit and log out at the end of the visit. At the end of the shift, providers will report the tasks performed during the shift as part of logging out.

**Q: If there are two vendors for the CDE, how will the state be split?**

A: The state would be split into two areas covering approximately 50% each. The division would create a North area and a South area. More details will be shared about the areas if this approach is selected.



## **Q: Why would having two vendors be more expensive than one vendor?**

A: Both vendors have fixed startup costs to modify their existing software for Washington specific needs, setup or revision to call physical offices, revisions to policies and procedures, as well as other costs. There is also some loss of economies of scale to run two separate call centers, operate two systems, have two management teams, etc. All of these lead to additional costs.

**Q: In May, there was a DDA workgroup meeting for case managers and supervisor. Will there be a meeting for DDA support staff and their supervisors?**

A: At this point there are no CDE specific meetings scheduled for DDA support staff, however they are encouraged to attend the CDE webinars and to ask any questions through the CDE mail box at [CDE@dshs.wa.gov](mailto:CDE@dshs.wa.gov)

**Q: Has EVV been implemented in other states already and what have been the issues specifically related to live-in caregivers?**

A: Yes, EVV has been implemented in other states. We have not heard specific reports of problems from live-in caregivers, however we have heard frustration expressed with potentially clocking in and out multiple times in a day.

**Q: How will an IP sign out if care is being provided in the community at the end of the shift?**

A: Personal care can be provided in the community as well as at home per DSHS program rules. Clocking out while out in the community is allowable. The vendor solutions will have an option that accommodates this.

**Q: How will signing in and out of shifts be tracked when there are multiple clients in one home?**

A: The IP will only be allowed to be “on the clock” for one client at a time. If they switch to performing care for another client, they will need to clock out for client A and then clock in for client B.

**Q: GPS and specific location data is a privacy issue, especially when clients are in the community. How is this being addressed?**

A: DSHS has worked with stakeholders to get agreement on a level of location precision that captures coordinates within a radius of about a block. This allows DSHS to meet the intent of the 21<sup>st</sup> cures act, while not knowing exactly what business a person may be visiting.

Next webinars:

8/20/19 @ 11:00am

9/17/19 @ 2:30pm

10/22/19 @ 10:30am

Please send any suggestions you have to improve the Webinars to:

[CDE@dshs.wa.gov](mailto:CDE@dshs.wa.gov)

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