

DSHS Consumer Directed Employer (CDE) Project - Questions & Answers

DDA Community Summit 2019 Presentation

#	QUESTION	RESPONSE
1.	Is there a video explaining the Consumer Direct Employer?	Yes, there is a video produced by Informing Families at https://informingfamilies.org/cde-video/
2.	Who will oversee the CDEs and complete quality assurance activities?	DSHS will manage the CDE contracts and monitor vendor compliance using dedicated staff tasked with ongoing quality assurance responsibilities.
3.	What is the Union's role with the CDEs and will this change medical benefits?	The union's role will not change. The SEIU 775 Collective Bargaining Agreement in place at the time the Consumer Directed Employers (CDEs) become operational will include the provision for all applicable benefits. The CDEs will then bargain with SEIU representatives for the Individual Provider (IP) workforce moving forward.
4.	Why is this better than the current system?	Changing to the Consumer Directed Employer model will allow case managers to spend more time assessing, service planning, and supporting people in need of services across our system. People receiving in-home care will retain the right to select, supervise, manage, and dismiss the individual providing their care. IPs will have one entity to work with for payroll, requirement tracking, taxes and all other employment-related items.
5.	Will the Carina system be a part of the CDE?	No. Carina is operated by a 3 rd party trust, and not owned or maintained by the CDE. The CDE can use Carina to identify potential providers. Clients can contact their assigned CDEs to ask about availability of IPs registered in the Carina database. Clients can also continue to use the Carina website to find available IPs and contact them directly.
6.	Will there be IP training developed that is specific for Providers that work with clients with Intellectual or Developmental Disabilities (IDD)?	There will be no change to the current process. The Training Partnership will continue to provide training and the CDEs will monitor IP's training requirements. To provide feedback on training, contact the Training Partnership at 1-866-371-3200.
7.	For those who are rural and have poor internet/cell phone service what can be used for EVV?	The CDE vendors will have an Electronic Visit Verification system that addresses connectivity challenges. Possible solutions may include using a landline or waiting to upload information until there is connectivity. It has not yet been determined whether IPs may use their own devices, or a CDE-issued device for Electronic Visit Verification.

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8.	Will there be any changes to the process of how a CDE will work with a client's guardian?	There will be no change to the current process. The CDEs will work in the same way that Case Managers and Home Care Agencies work on cases where a guardian is involved.
9.	Who protects the clients? What if it is suspected that they are being taken advantage of?	The Case Manager, IPs and CDE staff are mandated reporters. There will be CDE monitoring processes similar to monitoring for Home Care Agencies. Anyone can report Abuse or Neglect by calling 1-866-363-4276.
10.	What is the ratio of Individual Providers to CDE Staff?	The CDEs will determine the ratios. Each vendor has committed to having staff available throughout the state for face-to-face meetings, by phone, and by email.
11.	Will the CDE decide the time of day that a client needs services?	No, the client will continue to manage the hours the IP works and the IP's work schedule. The CDEs will monitor IP work week limits.
12.	Will the CDE affect Supported Employment services?	No, this will not affect Supported Employment Services. The CDEs will be the employer of IPs only. It will only apply to individuals who receive in-home personal or respite care.
13.	Will IPs have to be rehired?	Yes, all qualified IPs currently authorized to provide services to DSHS clients will become employees of the Consumer Directed Employers at the time of transition.
14.	Will IPs have to clock in daily, several times during the day?	IPs will begin using Electronic Visit Verification at the time the CDEs are implemented. At a minimum, IPs will be required to clock in at the beginning of the shift and clock out at the end of their shift for each client, as well as provide the additional information required by the 21st Century Cures Act. Recently CMS released guidance for live-in providers. The CDE team is working with others across DSHS to understand the impacts of the new CMS guidance. We have asked the CDEs about their current EVV capabilities, what they may be adding or changing based on the revised guidance, and the cost of these options.
15.	What is being done to increase IP wages?	Wages are negotiated as part of the union Collective Bargaining process. When the CDEs are operational, they must follow the Collective Bargaining Agreement that is in place on that date.
16.	How will the CDE manage intricacies around authorizations (e.g., a temporary Exception to Rule (ETR), a client who uses both agency and IP, as well as waiver budget tracking)?	After the assessment is complete, the case manager will authorize the hours to a Consumer Directed Employer (CDE) rather than to the IP(s). The CDE will then work with the client to allocate hours between multiple IPs (if there is more than one) and to manage work week limits, ETRs and overtime utilization. This will work similar to how Home Care Agencies manage authorizations.