



**Meeting Minutes  
 Children’s Disability Advisory Committee  
 Department of Health Care Policy and Financing**

Colorado Department of Public Health and Environment  
 4300 Cherry Creek Drive South, C-1-A Room Located in building C  
 Denver, CO 80246

*Note: Participants need to sign-in at the CDPHE front desk in Building A in order to receive a badge for access to Building C.*

February 14<sup>th</sup>, 2018  
 10:00 a.m. to 12:00 p.m.  
**PHONE: 720-279-0026**  
**PIN: 308112**

**Introductions**

<b>In the Room</b>		<b>On the Phone</b>	
<b>Person</b>	<b>Agency</b>	<b>Person</b>	<b>Agency</b>
Christy Blakely	Parent Advocate	Candace Bailey	HCPF
Kyra Acuna	HCPF	Gina Robinson	HCPF
Nina Snyder	HCPF	Shilo Carson	NMCS
Bethany Pray	CCLP	Carol Meredith	ARC
Beth Cole	Early Intervention Colorado	Tom Rose	Family Voices
Chris Russell	PPHC	Beverly Hirsekorn	HCPF
Tara Entwistle	CDPHE	Alex Koloskus	HCPF
Barb Rydell	CDPHE	Nancy Harris	CDHS
Tiffani Rathbun	Developmental Pathways	Eric Walczak	Jefferson County
Allison Harris	Tennyson Center	Jocelyn Gilbert	Children’s Hospital
		Ryan Zeiger	PASCO
		Patricia Fulton	ARC Jeffco
		Catherine Strode	AdvocacyDenver



## Agenda Items

### 1. New Business

#### a. Reorganization at HCPF: Candace Bailey

Candace shared details on the recent reorganization at the Department of Health Care Policy and Financing (HCPF). The Office of Community Living (OCL) has been restructured into four separate divisions. The Benefits and Services Management division oversees all Home and Community-Based Services (HCBS) and supportive living (nursing facility, hospital back up, and intermediate care facility) benefits.

As part of the reorganization, Dennis Roy has taken on the compliance piece of the waivers. Waiver compliance is in a different section within the Benefits and Services Management Division. Dennis no longer has the capacity to attend the CDAC meetings due to his new job duties. Sheila Peil will be attending these meetings moving forward, however, she is out sick today. Kyra Acuna is filling in for Sheila Peil. The Community Options Benefit Section, led by Candace, will continue to support this committee.

Candace shared that an external communication brief will go out later with updated contact information. Until then, she can be contacted with any questions relating to HCBS waiver services.

Part of the goal of the redesign was to make benefits more consistent across the 11 different waivers, Candace explained. The design is now benefit management focused versus waiver specific management. Benefits within all waivers now falls under the Community Options Benefits Section, which allows for increased equity and alignment.

### 2. Old Business

#### b. Pediatric Behavioral Therapies Update: Candace Bailey, Gina Robinson

Candace provided the update that almost 60% of behavioral therapy clients have transitioned from the waivers to the state plan for services. The Children with Autism (CWA) waiver is still scheduled to end on June 30<sup>th</sup>, 2018. The most important detail being that clients are still receiving services.

Beth Cole asked what portion of children formerly receiving services on a waiver will not qualify for Medicaid. Candace replied that all CES clients will continue to qualify for Medicaid, however there is a possibility that not every CWA client may qualify for Medicaid. The Department does not gather income information on families with children on waivers, so no hard data is available.

Shilo Carson inquired about the status of a letter regarding the new CES deadline, which Sheila had mentioned at a previous meeting. Candace said that the Department plans to send out a communication brief with that information in the near future. The

first goal was getting children who were receiving services with providers enrolled in both systems, switched over, since they did not need to change providers. The Department will now be able to work on the next deadline. The tentative end date is June 30<sup>th</sup>, 2018, but the Department does not have a formalized letter yet.

Gina Robinson also shared two new provider types available as of February 1<sup>st</sup>, 2018: type 83 and 84. Type 83 is the group code and type 84 is the individual code. Gina also mentioned an upcoming Benefits Collaborative meeting for behavioral therapies. The Department will be presenting items to modify in order to receive stakeholder reaction. If you have items that need to come up, this is the opportunity to debate them, however the collaborative does not discuss rates. Everything except rates will be on the table. Gina said invitations will be going out to the community and providers by the end of this month.

**c. Children's Habilitation Residential Program (CHRP) Updates: Candace Bailey**

The Children's Habilitation Residential Program (CHRP) is currently administered by the Department of Human Services (DHS) in the Child Welfare Division. Health Care Policy and Financing (HCPF) and DHS have requested to move the administration to HCPF. HCPF currently manages all other waivers except CHRP.

CHRP, a residential program, currently requires that children be in foster care to take advantage of waiver benefits, which creates barriers for families. Some families do not need to put their child in foster care. HCPF and DHS submitted a joint request to move administration from DHS to HCPF and remove the foster care requirement, which would lead to fewer hoops for families to jump through for waiver enrollment.

Children would not be required to be in the foster care system, however children in foster care would still be able to access CHRP benefits if needed.

As part of the transition, HCPF also wants to move case management from counties to Community Center Boards (CCBs). This request also includes the addition of two new services. An in-home stabilization service and a transition service. The in-home stabilization service would help children/families prevent out-of-home placement when possible, and the transition service would help children transition back into their family home from residential placement.

The eligibility piece is crucial, but legislation has not been introduced yet. HCPF is optimistic that the JBC will sponsor legislation. Two stakeholder meetings are scheduled to discuss the changes to the CHRP waiver. One meeting is scheduled on Friday, February 16<sup>th</sup>. The other meeting is scheduled for Wednesday, February 21<sup>st</sup>.

The request is for the authority to make changes to the CHRP waiver; no details are written out yet. Candace emphasized that the waiver design has not yet happened, and that stakeholder engagement will be sought for the waiver design.

Jocelyn Gilbert asked for help with a specific child at Children's Hospital. Gina Robinson asked Jocelyn to email her for more information on a solution. Christy encouraged other case managers to bring up similar issues at these meetings so everyone can learn about different options available in the community.

Nancy Harris from DHS contributed that there are 35 children currently enrolled in CHRP, although the enrollment cap is 200. Nancy shared that 60 to 65 children have also moved out of CHRP into adult services. Candace noted that the utilization of the CHRP waiver is low.

Carol Meredith asked if advocates should attend the CHRP meetings later this month. Candace said that she won't have any additional information available, apart from what was shared in this meeting, but advocates are welcome to attend if they would like.

Chris Russell asked what residential facilities house the CHRP children. Candace said currently the facilities are primarily foster care providers.

#### **d. Private-Duty Nursing (PDN) Updates: Christy Blakely**

Christy updated the group on private-duty nursing. When a child turns 21, PDN drops from 21 hours to 16 hours, even if there is not a change in medical needs. The hourly change is written into state statute currently. Christy said she spoke with Matt Colussi and Alex Koloskus from HCPF on the phone about this issue.

Christy shared anecdotes about four families that have transitioned to the 16 hours a week, because of this rule. Their solution was to have their child's need level be changed to a level 7 under the DD waiver so that they can receive the highest reimbursement rate. Families are then able to receive 16 hours of PDN with wrap-around visits. For example, families need a high-level of care for children on ventilators or children with developmental disabilities.

Christy said parents are exhausted and not getting enough sleep, or their children are not receiving the services that they need. Christy feels passionate about this issue because families are failing. She suggested finding a way to blend DD services and other services so families can work with only one agency.

Christy offered to speak with leadership on this issue. She pointed out that if the alternative is a hospital setting, they're going to be at a higher reimbursement rate due to the hospital setting.

Carol Meredith contributed an update on PDN from the legislative side. Carol said House Bill 1086 would allow community colleges to have four-year nursing degrees. One of the other problems we're seeing is that you cannot find anyone to provide services, even if you can pay for it, Carol added.

Chris Russell asked if the cut-off at 16 hours is a state choice, or federal direction. Christy said it's the state's choice, and that higher hours can be requested from CMS. Candace pointed out that while HCPF can ask CMS for more hours, the Department must also request authority and funding from the General Assembly. PDN is very expensive care.

#### e. Waiver Updates: Kyra Acuna

Kyra shared that the CHCBS waiver has 1,577 children enrolled. The CLII waiver has 198 children enrolled. The CWA waiver has 55 children enrolled.

Kyra reminded attendees that the CWA waiver is slated to end on June 30, 2018. Kyra also said that the CHCBS waiver renewal is up for public comment, but only one comment has currently been received. Candace said that people are welcome to submit comments via fax, email or letter. Email comments can be sent to [ltss.publiccomment@state.co.us](mailto:ltss.publiccomment@state.co.us).

For more information, please visit the HCPF website at: <http://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition>

Meeting attendees asked if they could submit their comment in the meeting. Candace said she would accept verbal comments. Three meeting attendees offered comments for public record:

**Christy Blakely:** "We love this program because they help to keep families intact. My own daughter was on the CHCBS waiver, and it kept our family together."

**Chris Russell:** "I second that. The CHCBS waiver saved the day for our family."

**Carol Meredith:** "IHSS is also a lifesaver. I've heard that from lots of families."

Candace said she did not have exact CES waiver enrollment numbers because Sheila has been out of the office. Christy Blakely said it was around 1,600 children enrolled during last month's meeting, with no waiting list for the CES waiver.

#### f. Legislative Updates: Carol Meredith

Carol Meredith apologized for not attending the meeting in person. She is home sick with the flu. She offered a brief rundown on legislation that ARC is supporting:

- Family Medical Leave
- Instant Newborn Screening

- Anti-Opioid and Substance Use
- Psychology Interjurisdictional Compact Bill
- Corrections
- Family Preservation for Disabilities
- Employment First
- Suicide Prevention
- Anti-Human Trafficking

ARC is not supporting a bill that requests the Colorado Department of Public Health and Environment (CDPHE) to declare autism an epidemic in Colorado. Carol said autism does not meet the definition of an epidemic because it is not contagious.

Carol said she was going to testify at a hearing this week for the renewal of the Children's Mental Health Treatment Act, but she was not able to testify due to the flu.

Another bill that ARC supports is a bill to adequately fund public education in Colorado. The bill would require a referendum for citizenry for a tax increase. Special Education has been fully involved in the bill, and specifically assisted in selecting the language used in the bill. ARC supports more funding to adequately support kids with special needs in public schools.

Ryan Zeiger asked if there was going to be a parental fee for the CHCBS waiver. Carol said that there had been talks about adding a sliding-scale fee, but it's not in legislation yet. Carol said the fee is in the HCPF budget, but HCPF needs legislative authority to put it in a bill.

Allison Harris asked how to combat the misperception that marijuana is funding education in Colorado. Carol said it's an urban myth, and encouraged people to go to the Great Education Colorado website at <https://www.greateducation.org/> for facts on school financing. Christy Blakely clarified that marijuana money is used for education on marijuana, but not for education in general.

Carol also shared information about another bill that would designate Prader-Willi syndrome as a disability. Carol is working on a bill that would provide consumers with a better understanding of free-standing emergency rooms. Patients end up with huge copays for what they think is a clinic, but is really an emergency room.

Beth Cole contributed that supplemental funding was approved for Early Intervention Colorado this fiscal year. They received around \$5 million for this year so the organization will not be operating in the negative.

## **g. Future Topics: Christy Blakely**

Christy asked the group what future topics should be placed on the agenda. Chris Russell said she would like to know more about Electronic Visit Verification (EVV), as there is a lot of confusion on what that implementation is going to look like.

Alex Koloskus at HCPF offered to share a couple of points on EVV. The Department has ruled out the use of ankle bracelets, audio or images because those methods are not HIPAA compliant. The six questions that are federally required to be answered through EVV are listed below:

1. Who is receiving service?
2. Who is providing service?
3. Location?
4. Type of service provided?
5. Time in?
6. Time out?

Alex said HCPF is trying to meet the federal minimum and not go above or beyond that standard. Alex offered to come and present at the next CDAC meeting. Christy Blakely accepted her offer.

Allison Harris also asked for Regional Accountable Entity (RAE) updates. Carol said she would also add RAE updates to the agenda for next month.

### **3. Adjourn**

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Candace Bailey at 303-866-3877 or [Candace.Bailey@state.co.us](mailto:Candace.Bailey@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.