



**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

April 11, 2018
10:00 a.m. to 12:00 p.m.
PHONE: 720-279-0026
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Introductions

In the Room		On the Phone	
Person	Agency	Person	Agency
Carol Meredith	ARC	Jennifer VanCleave	HCPF
Sheila Peil	HCPF	Gina Robinson	HCPF
Kyra Acuna	HCPF	Tiffani Rathbun	Developmental Pathways
Bethany Pray	CCLP	Catherine Strode	Advocacy Denver
Christy Blakely	Parent Advocate	Tom Rose	Family Voices
Chris Russell	PPHC	Beverly Hirsekorn	HCPF
Karli Cheatham	HCPF	Patricia Fulton	ARC Jeffco
Jyoti Sapkota	DHHA	Nancy Harris	CDHS
Maureen Welch	Parent	Elizabeth Freudenthal	HCPF
Brigida	Parent	Suzette Elledge	Children’s Hospital
Melissa Eddleman	HCPF	Stephanie Kimmel	Consultants for Children
Ryan	Pasco	Erika Walczak	Jefferson County
Susan Mathieu	HCPF	Jessica Thayer	CO Access
		Allison Harris	Tennyson Center
		Dennis Roy	HCPF
		Shilo Carson	NMCS
		Hanni Raley	Arc of Aurora
		Anne McNally	RMHS



Agenda Items

1. New Business

Christie Blakely reiterated that the purpose of this meeting is for individuals from different departments and backgrounds to come together to identify barriers and create solutions around those barriers through problem solving as a group.

Christie added that moving forward, Sheila Peil will be co-facilitating this group, taking over for Dennis Roy after the Department of Health Care Policy and Financing's (HCPF) reorganization of the Office of Community Living (OCL).

a. ACC Phase 2: Susan Mathieu and Melissa Eddleman

Susan presented a PowerPoint slideshow to the group about the Accountable Care Collaborative (ACC) Phase II. Please reference slideshow handout. Susan has been the ACC Manager at HCPF for the past four years. ACC Phase II will be implemented on July 1, 2018. Melissa is the Behavioral Health Unit Supervisor at HCPF working specifically on Behavioral Health services for eligible members. Susan referenced slide 5 discussing the three core principles that ACC was built on. She mentioned that BIDM was implemented one year ago. In 2011, the vision for ACC was developed and for the next phase of ACC, that vision remains the same, however Susan's team has been working on it and that vision will be evolving. Goals and objectives from slide 7 were touched on.

Susan emphasized that a key change that is occurring because of ACC Phase II is better alignment of services for members. There will be 1 regional care entity (RAE) covering both physical and behavioral services. There will be 2 separate payment structures (see slide 8), one for physical health care and another for behavioral health care. The behavioral health capitation structure is to promote health and wellness. RAE's will directly reimburse for services provided.

As seen on slide 7, there are currently 7 regional collaborative care organizations (RCCO) regions. Susan mentioned that there will be 5 behavioral health regions with the regional map being different than that of the new RAE regional map. Susan also noted that Douglas County is currently in region 7, however it will now be a part of region 3 with Arapahoe County.

While on slide 13, Susan mentioned that beginning July 1, payment will come from RAE's. This change is based on feedback from providers. It was noted that the \$3 per member per month fee is not enough. HCPF plans to provide data supports through BIDM. HCPF is currently building a focus on population health management and plans to continue building during in Phase II. Susan then discussed strengthening coordination of services referenced on slide 11.

Slide 12 touched on strengthening coordination of services through health neighborhood and community. While going over slide 9, Susan added that member enrollment will be a passive process, however one can opt-out, similar to the current behavioral health process. She also mentioned that a member can change one's primary medical provider from the



one that is assigned. Enrollment is effective the same day eligibility is received. Susan noted that member RAE assignment will be based on the member's primary care medical provider's (PCMP) practice site location. She added that this is a shift being made in the next phase as a result of a study that the University of Colorado conducted where providers felt that it would be valuable to have a stronger relationship with a single entity.

Susan stated that everyone attributed to a PCMP, can contact their enrollment broker and make a change. Members can continue to see someone who isn't their PCMP. If it becomes a frequent provider, changes will be made based on utilization. Susan added that a member can still see a provider even if it is not a PCMP, but regional entity will not provide additional support, and quarterly, the RAE will look into making that provider a member.

Maureen Welch asked about financial incentives for providers. Susan replied that the State has required that every provider is given the option of receiving the \$2 per member per month fee. Each RAE must distribute 30% to providers. Susan acknowledged that some might not think it is worth the reporting requirements and HCPF will look into that if that becomes the case.

A follow up question was asked regarding members seeing a nurse practitioner vs a doctor, and if the provider will still get credit for this. Susan responded that if a member sees anyone at a clinic, then that provider will receive payment. A discussion commenced regarding the challenges of billing when a provider, such as hospitals, who have larger systems and coding IDs being hard to determine at a system level. A discussion then followed regarding 3rd party insurance and how no one in the community understands it.

Susan stated that it is ok if a member does not know who their RAE is because a RAE is behind the scenes, however 3rd party insurance does play a role also. If a member sees a PCMP who is not a Medicaid provider, they are not eligible to be one's PCMP. If the PCMP does not collect Medicaid, they cannot be reimbursed.

Ryan then stated, that from a home health perspective, members and providers need to coordinate with RCCOs to work on initiatives to improve health, BIDM, and information that RAEs have access to and how much they can share with their health neighborhood. For example, for those with disabilities, it would be beneficial to study different protocols and long-term projectory. This raised the question about the arrangement of data sharing. Susan replied that a RAE is a covered entity moving forward. RAEs currently have less flexibility but will have more. The BIDM will have a limited data set, but will build in other data systems to improve in the future.

Chris Russell asked if a PCMP in an area has to refer to a specialist in that same area or RAE. Susan replied that on the physical health side, no. On the behavioral health side, each RAE is responsible for meeting the needs of its members. There is a statewide behavioral health network to meet the needs of clients. 70-80% are served through community centers. There will be a single case agreement for outside the network.

A discussion about EPSDT then commenced. Susan mentioned that RAEs can coordinate EPSDT and payment will remain in fee for service. In EPSDT, autism is not a covered service. EPSDT in behavioral health contract, RAE must cover even if not in the network.



Based on what service is utilized for dual diagnosis, if a service is not covered by behavioral health capitation, then it will be covered in fee for service. Christie said that this is a murky area for members to navigate. Melissa added that RAEs will help navigate the EPSDT process.

Susan stated that she acknowledges that there are still many questions to be answered and that she would be happy to come back to a future meeting to provide more clarity.

Susan, when going over slide 15, added that the purpose of increasing access is to open up services for members who were not previously able to access them. She added that there more information posted from a webinar on March 20, 2018 on the website listed at the end of the slideshow.

When addressing slide 18, Susan added that HCPF is committed to doing more public reporting on the quality side, enhance financial reporting from RAEs, provide more insight into utilization, provide more monitoring of conflict of interest and find out why providers are not entering the network. Bethany Pray asked if there has been any reporting on rates of denials. Melissa state that that piece has not been built in yet. HCPF is looking at consistency of RAE utilization. A further discussion commenced.

Regarding the program improvement advisory committee note on slide 19, Susan added that advisory meetings are held on every 3rd Wednesday moving forward. HCPF is still figuring out who should be represented at ACC meetings in the future. HCPF is soliciting applications. She added that the subcommittees are where work gets done. Susan noted that she will work with Sheila to make sure that information gets distributed.

Slides 20-27 were briefly touched on. Susan added that at the bottom of slide 27 is the website with an overview of communications and resources on ACC. She also added that through the website you can sign up to be on the listserv, and reference a FAQ document and fact sheet, along with other resources.

A discussion commenced about communications and resources, specifically about how communications are directed towards providers and not families. Susan added that her team is working to ensure that letters will be sent out to families with additional information. She added that enrollment brokers will also send out a letter with what they have to offer and additional resources. Christie added that this topic will be on the agenda in the future to make sure that families are clear on the upcoming transition.

Lori asked if PCMP assignments are happening already. Susan stated that these assignments will not happen until the transition. A member is assigned to a region based on location and HCPF will do some selecting based on data of who a member is seeing. She added that special care clinics need to be assigned to a medical home/neighborhood.

A discussion began surrounding the meaning of children being fully Medicaid eligible. Susan commented that this means they are eligible for all medical services. Partially eligible means they are Medicare eligible but not for Medicaid. They are provided financial support for co-pay or Medicare premiums, which makes it affordable for Medicare but not Medicaid. An example of this would be Renal disease for a child.



Brigida asked about improving the referral process, referencing slide 12. Specially she was wondering if a PCMP, who is not accepting Medicaid patients like other providers, will HCPF encourage these pediatricians to be more engaged with specialists. Susan replied that yes RAEs will be encouraging medical providers to participate more through incentives.

Chris stated that they are so many new terms and concepts and there is not a breakdown of the specifics. She added that it would be helpful to have a scenario to explain how it was versus how the process will be in the future. Waiver case managers providing the informational scenarios might help the public to understand these general statements on ACC.

Susan added that each RAE has a statewide network so providers can contract with multiple RAEs on the BHO side, and that these contracts will be public.

Christie asked about child welfare and if a child is placed outside of their RAE, who is in charge. For example, if someone is under the jurisdiction in Denver and placed in Pueblo, would they be assigned to the Pueblo RAE? Susan noted that HCPF is still figuring out how to best handle those type of circumstances. Christie noted that there is not an email address provided to send questions. Susan replied that she will get an email address out to the group.

Carol Meredith asked if a child lives in Jefferson County, but his/her primary care is in Englewood, how would that work. Susan replied that that child would be in Arapahoe RAE region due to their PCMP, however HCPF is developing a process to review cases if someone is receiving a lot of BHO services. That member would keep the PCMP but enroll in RAE where receiving the most services. All families present stated that they need to know how to do this.

Christie had to end the ACC conversation due to time, but stated that Susan and Melissa will be back. She asked attendees to send questions that they have.

b. General Eligibility: Jennifer VanCleave

Jennifer discussed the requirements for medical assistance and the process of applying for medical assistance. She went into detail about citizenship requirement questions. She emphasized that most importantly and based on federal regulations, that an agency must afford an individual the ability to apply without delay. An individual must be allowed to apply if they want to, regardless of their status, as it is a full eligibility determination process.

She continued by stating that case managers and advocates should resist the urge to predetermine eligibility due to complicated criteria. Instead they should make sure that a person goes through the complete process. She added that if someone is waiting to see if they are eligible, they are delaying their application date and therefore the state of the process, as no determination can be made without a signed application.



She acknowledged that while a person might be trying to save someone the trouble of applying just to be denied, or not wanting to get someone's hopes up, this is a habit that professionals and advocates need to break. The worst thing would be for someone to go without benefits simply because they did not apply. She added that legally, when someone had their eligibility determined, they must then receive the appropriate notification, including reason for denial, information on the appeal process, and other programs that they may be eligible for. Additionally, to determine eligibility, a signed application must be submitted along with the submission of additional documents, proof of Colorado residency, citizenship or qualified non-citizen, income limits, resource limits, and disability limits, if applicable.

A question was raised about waiver programs having specific citizenship requirements. Jennifer replied that a person can be a citizen, a national, or an approved non-citizen. Based on federal regulations, a qualified non-citizen could be a legal permanent resident, a non-immigrant, a refugee, or so on. She added that professionals and advocates should never predetermine because they are not sure about a citizenship status and that most qualified non-citizens have a five-year waiting period. Jennifer then provided a few examples of eligibility determinations as several follow up questions were asked.

Jennifer emphasized that everyone is reviewed, but regardless of status, information must be verified electronically through Homeland Security. If not electronically, then an applicant must submit physical proof. If a person does not want to submit proof with an application, they can submit copies, not originals and fax in the copies to meet the citizenship requirements. This is based on a new law that was to pass the following week.

Bethany asked specifically about the kinds of questions being asked of non-citizens and whether there is any guidance or regulation on this. She gave the example that Weld County asks sponsor-deeming information, such as asset questions, that are not relevant to the application. Many non-citizens do not want to ask their sponsors about their assets. Bethany is wondering if the application is asking questions that are beyond what is necessary. Jennifer stated that she will look into a more specific federal regulation regarding this. She stated that she will work with eligibility and county folks to improve training as she doesn't want to discourage anyone from applying.

Maureen stated that she had a family that was turned away from applying. She wanted to know how she can show the county that they can apply. What kind of written documentation is there to show that a person has the right to apply if they want to? Jennifer replied that she is working to improve training and that she will get with HCPF's communication team to draft a communication brief in several languages. She added that people do not have to go to counties to apply, they can apply through PEAK.

Chris asked if all parts of the form need to be filled out. Is it a rule that they have to fill out the whole application even if a section doesn't apply to what they are applying for? Jennifer was unsure of this and did not want to provide wrong information at this time. She added that a person can apply via paper, online or over the phone. A discussion then commenced about waiver eligibility, waitlists, and CMA training.

c. Parental Fee: Dennis Roy



Dennis state that the HCBS sliding fee is not off the table. The current status is that the Joint Budget Committee (JBC) has included those parental fees in the long bill. He stated that he hasn't heard the status of where the bill currently is but it is waiting on approval and signing to be implemented. Chris asked if this is for CHCBS only or all HCBS waivers. Dennis replied that is it only the CHCBS waiver.

Dennis provided a background on the topic. He stated that there is inequity in children's buy-in program and that the Minnesota fee scale model was used to resolve that inequity. Christie stated that she was hoping the Minnesota model was not used due to their benefit package being much better than Colorado's, making it still unequitable. Dennis replied that he gave the JBC a model to see if numbers were representative. Fees were calibrated to consider additional expenses and resolve buy-in. A further discussion ensued.

Dennis stated that the JBC has moved forward with the budget request, and actuary studies are being completed, however HCPF has to wait until the long bill is signed by the governor before any concrete steps towards implementation can be taken. There is be a request for stakeholder engagement. He continued that it will be October 2019 before this would actually impact families and that there are many steps still to go in the process. Dennis added that he will keep the group informed. Brigida stated that most families have to live off one income due to taking care of the child. She asked if that is included in the actuary studies. Dennis stated that he believes taxes, income, disposable income, and everything else will be considered, but he cannot specifically answer the consideration of a 1 vs 2 income household. Chris stated that there are many things to take into account for those that live with a disability. Dennis ended that it will take time for HCPF to implement and that he will continue to update the group as needed.

d. Future Topics

Christie stated that Susan and Melissa from HCPF will be asked back at a future meeting to further discuss and answer questions about the ACC Phase II implementation.

2. Adjourn

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Sheila Peil at 303-866-5156 or Sheila.Peil@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

