



**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

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

Introductions

In the Room		On the Phone/Webinar	
Person	Agency	Person	Agency
Christy Blakely	Parent Advocate	Julia Menchin	Parent
Dennis Roy Jr.	HCPF	Andie Roman	Parent
Lindsay Westlund	HCPF	Jessica Thayer	CO Access
Nina Snyder	HCPF	Matt Stone	PASCO
Candace Bailey	HCPF	Stephanie Kimmen	Consultants for Children
Kendall Smith	HCPF	Allison Harris	Tennyson Center
Beth Cole	Early Intervention	Alex Weichselbaum	HCPF
Chris Russell	Professional Pediatric	Beverly Hirsekorn	HCPF
Brigitta Hebdon	Parent	Leslie Velasquez	Parent
Ryan Zeiger	PASCO	Nancy Harris	HCPF
Radhika Nath	Parent	Jocelyn Gilbert	Children’s Hospital
Carmen Morales	Parent	Erica Walczak	Jefferson County
Julie Herndon	Parent	Cynthia Chapman	Parent
Jenny Vohsman	Parent	Danielle Schroeder	CO Access
Linda Nargi	Parent		
Tammi Moore	Parent		



Agenda Items

1. Meeting Purpose: Christy Blakely

Christy Blakely introduced herself as the facilitator of the meeting. Christy shared that she is an advocate and a parent. The purpose of this meeting is to share current issues in children's services, and to figure out solutions. Children with special needs hit more systems faster, and hit the barriers faster, than any other children. The meeting is trying to identify solutions to the barriers. In the past this group has identified solutions that have become laws. The group works with the Department to help find solutions.

2. New Business

a. CHCBS Waiver and Parental Fees: Dennis Roy, Jr.

Dennis Roy, Jr. introduced himself. Dennis explained the background to the parental fees. The Department hosted a previous meeting in October 2018 to discuss fees with stakeholders.

Background: Inequity in children's waivers has developed. There are children who are in a household range that's below 300% of federal poverty level, and they can pay a monthly premium to have services. However, children above 300% federal poverty level can also receive services, but they will not pay a fee.

Dennis Roy, Jr. explained that the Budget Request R-8 was proposed during the 2018 legislative session. The budget request was part of the Medicaid Savings Initiative, and it was one of five different initiatives. The budget request was approved by the Joint Budget Committee (JBC) and moved into the Long Bill.

Dennis Roy, Jr. said the example parental fee scale that had been developed in 2015 was based on programs in three other states: Nevada, Idaho and Minnesota. However, the Department drew most heavily from the Minnesota scale. The Department did consider factors from Nevada and Idaho.

A parent asked if Minnesota had the same benefits and if Minnesota had In-Home Support Services (IHSS) as a service. Dennis Roy, Jr. answered that the Department was trying to model the scale itself. Christy Blakely shared that Minnesota is more robust. Dennis Roy, Jr. also shared that California has a program called IHSS, but it's not an apples-to-apples comparison. The California program has the same name, but not the exact same services.

Dennis Roy, Jr. said that the Department began stakeholder engagement in July with an informational memo. The Department has held four meetings since then. The first meetings were in October. The Department also has been answering more one-on-one questions about it. Dennis displayed a slide listing six tiers of proposed parental fees:



Proposed Fees

- Tier 1 - \$125
- Tier 2 - \$170
- Tier 3 - \$200
- Tier 4 – 2.5% of income
- Tier 5 – 3% of income
- Tier 6 – 3.5% of income

Dennis Roy, Jr. explained the Department wanted this fee scale to start slightly above the Children's Buy-In program. The highest tier pays \$120 for Children's Buy-In. The Department tried to set a progression of the fees. The Department also lowered the fees from the first draft based on feedback received from stakeholders. The Department proposed flat fees for Tier 1 – 3 so they could have disposable income. The Department didn't want to disincentivize families from making more money.

Dennis Roy, Jr. also displayed a slide displaying the fee progression with a chart. The chart was presented two weeks ago. Candace Bailey clarified that she wants to make sure that everyone is on the same page. This is a proposal. This isn't final. She's had multiple conversations, but this is still not final. When Dennis is through, she'll share what the Department has already heard in terms of feedback.

Dennis Roy, Jr. continued that the Department is proposing a fee scale to start at 275% Federal Poverty Level (FPL) instead of 300%. There is an overlap to prevent children from moving back and forth between CHCBS and the Children's Disability Buy-In programs. The Department has been conducting stakeholder engagement for several months. Dennis displayed a slide listing the timeline:

Timeline

- October – November 2018: Stakeholder engagement
- 2019 Legislative Session: General Assembly approval of fee scales
- December 2018 – 2019: System changes developed
- May – October 2019: Waiver amendment and rulemaking
- October 2019: Parental fees implemented

Carol Meredith asked for details on how the Health Committee would approve the fee scale. She asked if both the state House and Senate have to approve the fee scale, and then the governor signs it. Dennis Roy Jr. answered that the footnote requires that the Department present the fee scale to the Health Committee. That was the only guidance.

Candace Bailey said the Department doesn't have to follow the same procedures as a bill, but the Department will have to get a blessing. She imagines it will be an open hearing. She doesn't know if it will be a joint hearing. Candace is hoping they'll give the



Department a heads up on when the hearing will be scheduled, and the Department will then provide the information to stakeholders.

Brigitta Hebdon asked if stakeholders were notified about the process. Carmen Morales said parents were informed. Case managers told Carmen about the process.

Candace Bailey said it went through an official information memo process. At the two meetings held by the Department, it was mostly parents in attendance.

Carmen Morales said it is the case management agency's responsibility to send that out. Candace Bailey agreed it would be the Community-Centered Boards (CCBs) and Single-Entry Points (SEPs,) as well as three private case management agencies (CMAs) that share this information with families.

Chris Russell asked if people knew that this was going to be in the Long Bill. Brigitta Hebdon said that's what she meant by her question. Brigitta wonders how many families really know about this. If families are doing relative care, this is going to impact family income. This is going to have a huge impact on the cost to the families. Brigitta said that in Minnesota and Idaho, they don't have the cost of living that we do have here. Maybe Nevada does.

Carol Meredith pointed out that in 2015, the economy was completely different in Colorado. Things can change on a dime. Brigitta Hebdon continued that her parents live in Idaho, and the cost of living there is exponentially lower than it is there. That is going to have a huge impact on Brigitta's family.

Candace Bailey clarified that looking at the three states chosen was because there are not a lot of states with the same programs out there. Also, the scales have come down since starting this process. Candace also said the Department is doing stakeholder engagement now as well. The Department wants to continue to hear feedback.

Dennis Roy, Jr. shared that the Department has at least two -- if not three -- policy-related areas in which to continue to engage stakeholders. Ryan Zeiger said once the Department goes to the Legislature, there's a lot of concern that this rate got snuck in on some people. All of a sudden, there's going to be hearing in front of the Legislature, which will just give it a rubber stamp. His experience is once the legislation is passed, it's done.

Candace Bailey said the Department is not going in front of the Legislature in January. She agrees that the timing is a short turnaround. Once the legislature says, "Do this," the Department's hands are tied. What the Department is doing is conducting stakeholder engagement for the process.



Christy Blakely said she is going to ask the elephant in the room. Christy asked if there is a way to undo this. Perhaps the Department could just get rid of the buy-in so there's not inequity. Kendall Smith pointed out that the Buy-in also covers children that CHCBS does not.

Carmen Morales asked why there needs to be an income level at all. Candace Bailey said she doesn't have an answer to that question. Christy Blakely said if she was one of the parents, she would be dropping her private insurance.

Candace Bailey suggested that the meeting skip ahead to the concerns the Department has heard. Candace wants to make sure to reiterate the things that the Department has heard.

Candace Bailey reiterated that the Department is hearing concerns from parents, and none of this is final. The top things the Department has heard was around IHSS, families are going to lose IHSS. Another concern is those families that are in the waiver could be bumped into Buy-in. Yet another concern is what does the Department do with those families that are in the Health Insurance Buy-in (HIBI.) A number of families are in the HIBI program. The family maintains that coverage for that child, and Medicaid pays the premium for private health insurance.

Candace Bailey continued that many families still have third-party insurance. For families with multiple children on the waiver, the Department hasn't determined whether the fee is for each child or each family. Candace also said that IHSS income is not taxable income, but certified nursing assistant (CNA) income is taxable income.

Dennis Roy, Jr. said one of the biggest questions he's received is parents asking which service they are delivering to their child. But they don't know if they're delivering it through IHSS or CNA. The Department is working on getting consistent language out there.

Candace Bailey said skilled services are a covered benefit, that's where our federal partners and others in the budgeting office make that equation. Carmen Morales pointed out that not all children who qualify for skilled services get CNA hours.

Ryan Zeiger clarified that there are differences, they are not huge, but PASCO is having that conversation right now. Health maintenance services in IHSS are not directly equivalent to private-duty nursing (PDN) plus CNA. If health maintenance requires nurse assessments, then a health maintenance attendant can't do it.

Candace Bailey said the Department has to figure out elements of this situation that we don't have an answer for yet. Chris Russell said the meeting has discussed this before, but one issue she is concerned about are the people who do not qualify for CNA



services. The only way they're able to make an income for their families is through IHSS.

Dennis Roy, Jr. shared as complicated as the in-home nursing situation is, there is another component that is very complicated as well. The Department wants to help families keep their third-party insurance. There is a significant portion of CHCBS that is enrolled in HIBI, but not all. If there are any families that aren't aware of HIBI program, the Department would appreciate them reaching out to apply for that program. The Department doesn't know how many people are ineligible for HIBI because they have 100% coverage.

Andie Roman said she just wants to point out one of the issues. Her husband's company changes insurance almost every year. One year, HIBI denied reimbursement because the company fees were too high. Andie suggested HIBI could reimburse for part of the fees instead of denying reimbursement altogether.

Carmen Morales also shared that the call center for HIBI is hard to understand. Carmen's family went years without getting HIBI because it got denied. Then she got reimbursed later. Someone at the call center did it wrong, and then her family got reimbursed when they did it right. Her suggestion is for families getting HIBI to have someone to know what they're doing. Carmen said maybe the Department could have a HIBI email for questions.

Jenny Vohsman said the children who have to qualify based on income, the population she is talking about is children with high medical needs. She felt confident that her child on the waiver would be taken care of because it wasn't based on income. One time they came back and said her family wasn't eligible. She doesn't think it should be based on income. It's completely unfair to do this to a small percentage of people with high medical needs. The inequity still exists because there are all these waivers over here accessing services without income. The Department has decreased services and given extra benefits to the upper class. The Buy-in is for people who don't qualify for waivers.

Chris Russell said there are a portion of people on the Buy-in who are in institutional care. The Department doesn't have a clue about who has private insurance. The data is not current. The Department really doesn't know who has private insurance. Chris said the data is not good at all. Dennis Roy, Jr. said that is definitely something the Department is looking into further.

Carol Meredith said there are some questions on the webinar. Cynthia Chapman said she is a parent CNA, and her sole income is for these services she provides to her children. They are her grandchildren, and she adopted one of them several years. The two others are in her permanent custody.



Candace Bailey clarified that if the children are not on the waiver, this change won't affect them. Cynthia Chapman asked if the other companies can give data on CNA salaries. Many parents are in her situation, as single parents or single grandparents.

Candace Bailey said as far as the data, the Department is currently exploring all options. Cynthia Chapman said she appreciates that. Cynthia is also on the board for the new governor to provide services. She campaigned for Jared Polis.

Jocelyn Gilbert said she feels like there's a situation where people talk about transitioning kids from waiver to Buy-in. She has not heard of any agencies requesting income information before placing kids on the waiver.

Dennis Roy, Jr. said Beverly Hirsekorn was on the phone, so he'll let her chime in if she's still there. There's a hierarchy of programs, the long-term care programs are higher than the Children's Buy-in programs, when applications submitted through the Colorado Benefits Management System (CBMS) there's a ping that sends a referral to the case management agencies.

Candace is aware of that lack of the information. The Children's Buy-in came in after CHCBS. There are families that were already in the waiver, and they would have had Children's Buy-in. Jocelyn Gilbert said she's heard so many different interpretations.

Candace Bailey said the Department got rid of the Supplemental Security Income (SSI) denial requirement. There have been a lot of options tossed out. The Department can't grandfather the children in, Centers for Medicare and Medicaid Services (CMS) won't let us do that. There are a number of different avenues. Dennis Roy, Jr., said the SSI denial uses federal income levels.

Carmen Morales asked if she were a new parent, how would she get on the HCBS waiver. Dennis Roy, Jr. answered that there is targeting criteria for the level of care, for example, at risk of placement in skilled nursing agency. There is also a financial component for all waivers, but the CHCBS only looks at the child's income.

Carol Meredith reminisced that she has been on the CHCBS workgroup for probably 15 years. This stakeholder process has given her lots of time to think about equity in the system. It's something she's struggled with as a parent from the very beginning. If a child had autism, the child couldn't get squat from anybody at any time. How should the system have equality? Medicaid serves all these kids, more now than ever before. But this equity/equality thing is bothering her. She was one of the ones who said it's not fair who said that people had to buy in, but rich people didn't.

Christy Blakely remembered that the CHCBS waivers were going to be cut in 2003 or 2004. All waivers are optional, so the state can cut them if the budget is bad.



Carol Meredith said the more she thinks about the other three children's waivers, how is CHCBS in equity with the other waivers? Instead of how is CHCBS in equity with Medicaid. She wants to rethink all of this from where it is now. For example, is it fair that kids on HCBS can get parents paid?

Carmen Morales interjected that kids can get respite on the Children's Extensive Supports (CES) waiver. Carol Meredith agreed it isn't equitable. The Community Living Advisory Group, that's where the CLAG was going with this. It's not fair. One population shouldn't be pitted against another population.

Brigitta Hebdon asked if the Department was trying to merge these waivers. Strategically, she has to think about if that's the end goal. Carmen Morales said everybody has the equality piece.

Carol Meredith continued if that's the goal, what is the strategy to get there? She's not sure if she wants to do this fee scale right now. Chris Russell said nobody wants to do the fee scale. Carol Meredith said at the same time, recognizing that those people in the Buy-in are getting hosed. Carmen Morales said there are kids that are on the wrong program. They are medically fragile.

Ryan Zeiger said he thinks the Department should move down that path to how it can be consolidated. The need should be the qualifying element. If there's a healthy child, if there's a kid with autism, there needs to be a policy move. Candace Bailey said yes, that's what the Department is working toward. The Department is looking at the need as the qualifying element for waivers.

Carol Meredith said if the Department is going to do a Buy-in for a waiver, it seems like the Department should do a Buy-in for a waiver across the board. Candace Bailey said Carol can talk to her about her ideas. Just to move it along, people can also submit additional comments and feedback.

Gina Robinson said the meeting should bring the HIBI manager to the next meeting. Dennis Roy, Jr., said if anyone can help him out, he's heard a lot of misinformation going out into the community. The Department has not mailed out any letters to family. For the most current information, please visit www.colorado.gov/hcpf/CHCBS-parental-fees

b. Speech Therapy and Prior Authorization: Alex Wechselbaum, HCPF.

Christy Blakely moved to introduce Alex Wechselbaum. Alex introduced himself, he is the program administrator for outpatient speech therapy. He's been in this role for six years. He's talking about our process change for Prior Authorization Requests (PARs) for speech therapy. The new process will be outlined in the January 2019 provider bulletin. There was a bit of provider anxiety on how to prepare.



Julie Herndon asked if this change could be phased in over a period of time. Julie's concern is that all of these PARs have to be turned in on May 1, 2019, then the system will crash. Alex Weichselbaum said there will be a two-month period of time for a phase in to the change.

Ryan Zeiger said that he went through a transition like this with the pediatric acuity tool. Two months may not be long enough. He would encourage Alex to spread it over three to five months. Maybe Alex could go back to look at that. Julie Herndon shared that her small company will have 100 speech therapy PARs coming.

Alex Weichselbaum said the Department is aware of how many PARs there will be. Christy Blakely said what people are suggesting, is that kids who are outpatient, there will be PARs for services.

Chris Russell advised Alex to anticipate a huge backlog from eQHealth solutions. Her company has a problem with eQHealth. Two separate programs, speech therapy at home or at school, but eQHealth will say its duplicative. Depending who you talk to at eQHealth, both PARs may or may not be approved. Alex Koluskus has spoken with people higher up at eQHealth, but implementation managers are not aware of this. Chris said she thinks the Department is going to have a huge issue here. eQHealth needs a primer on if outpatient speech therapy and other venues can have a PAR. Alex Weichselbaum said he is on the same page with Chris Russell. He has the same concerns. Alex Koluskus is his colleague, and they often work together to get this fixed. The Department has learned from past experiences with eQHealth. An example of that is to make sure that multiple PARs will be allowed if there are different procedure codes being used and if different goals are being addressed.

Alex Weichselbaum said if an incoming request is received, and there's already an open PAR, eQHealth will look at both and will look at separate services. What the Department is trying to avoid is duplicative services. If there's a therapist who's working on swallowing versus another issue, that will be allowed.

Andie Roman said speech therapists are very limited on the codes they can use. They are very broad. As a parent, she knows several people in the community, where one therapy is at home and one therapy is at a clinic.

Alex Weichselbaum asked for those situations, are different treatment goals being addressed by the provider? Andie Roman answered possibly the same, possibly different. One day, her daughter goes to a clinic. Another day, a speech therapist comes to the house. Alex thanked Andie for the feedback. He'll be sure that's part of the process. Alex clarified that the documentation requirements are going to be the same. The documentation is spelled out in the policy manual.



Beth Cole shared that she has a concern with Early Intervention and using the Family Service Plan. The speech therapist could be doing oral motor. An occupational therapist could be doing motor. How is eQHealth going to allow for a speech therapist to bill for both speech and feeding?

Alex Weichselbaum answered that the nurse reviewer looks at the codes and the services, and then determines if they are aligned. In a service plan, occupational therapy could have codes lined out. Alex asked if Beth has currently encountered an issue with the billing codes. Beth answered that she has not, but another provider has. Alex asked if he could talk about that offline with Beth as he has not observed this in the past. Alex shared that his email address is alex.weichselbaum@state.co.us. He usually responds pretty quickly.

Christy Blakely thanked Alex for his time. Change is hard, especially for families with a lot going on. There is one other item on the agenda, which is future meetings.

3. Future Meetings: Lindsay Westlund

Lindsay Westlund shared that in January, the meeting will be in a different room at the Colorado Department of Public Health and Environment (CDPHE.) For the rest of the months after that, it will be in this room at CDPHE.

4. Old Business

a. Pediatric Behavioral Therapies Updates: Gina Robinson

Christy Blakely asked if Gina Robinson had an update for Pediatric Behavioral Therapies. Gina Robinson answered that there are new codes that came out that are payable for Applied Behavioral Analysis (ABA) services only. The Department has been asked by all providers when they can start. They will not start until January 1, 2019. The Department had things that came out of the benefits collaborative. The Department is working on new codes. The Department is going to adopt as much as it can. The Department added more than 100 children between September through October.

Christy Blakely also chimed in that there are more providers available. Ryan Zeiger said he believes Gina that there are providers that don't have wait lists. PASCO has people who don't have services yet. Some of this could be that after-school hours are in high demand. He believes Gina, but PASCO can't always get people into services. Gina Robinson said she can work on that. Maybe between the two of them, they can do some calls to parents and find out.

b. Parental Fees Continued:

Christy Blakely reminded the group that there were 15 minutes left. The meeting will go back to Parental Fees now. What can the Department do to move toward the equity piece? Her suggestion would be to look at Buy-in.



Carmen Morales asked how hard it would be to take the proposed fees and open it up to all the waivers. Christy Blakely said Carmen is suggesting merging all the waivers. Carmen shared that her son has medical needs, but he also has respite needs. Autism, he's across the board.

Candace Bailey said that's the goal [towards waiver merges]. The Department is taking small steps toward that goal. The Department realigned its staff. Candace's staff are now benefit managers instead of waiver managers, for example. Candace continued that there used to be 12 waivers. The Department is now down to 10 waivers.

Candace explained in her experience, the best way she has found [to make these changes] is small steps.

Ryan Zeiger agrees with Candace that the baby-step approach works best. There's also a real opportunity to re-educate the new governor on how we get him up to speed on the CLAG. Candace Bailey reiterated that the state will have a lot of new legislators, as well as a new governor, in 2019.

Chris Russell said that she thinks the Department should remove the language in rule. If all of the waivers were accessible to everyone, the Buy-in might be able to have a lower scale. If people are on the Buy-in, then a division of the buy-in is the waiver. The Department doesn't have to deal with CMS immediately.

Candace Bailey said the Department would still have to change the waiver and deal with CMS. The Department wouldn't exclude individuals that qualify for SSI. They would be excluded from any fee.

Carol Meredith asked that of the four children's waivers that we have, CHCBS is the only one that says children must not qualify for long-term care. Candace Bailey answered yes, that's true. Carol Meredith asked if they got rid of not otherwise eligible for long-term care, but left nursing care home, does that work? Candace Bailey said yes, that would work, as long as there is a level of care specified.

Carol Meredith concluded that the eligibility criteria becomes more equitable in a way.

5. Adjourn

Christy Blakely moved to adjourn the meeting at two minutes before noon. She wished everyone "Happy Holidays!"

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

