



**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.*

March 14, 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>
Carol Meredith	ARC	Christy Blakely	Parent Advocate
Sheila Peil	HCPF	Gina Robinson	HCPF
Nina Snyder	HCPF	Tiffani Rathbun	Developmental Pathways
Bethany Pray	CCLP	Catherine Strode	Advocacy Denver
Beth Cole	Early Intervention Colorado	Tom Rose	Family Voices
Chris Russell	PPHC	Beverly Hirsekorn	HCPF
Jodi Litfin	RMHS	Alex Koloskus	HCPF
Jyoti Sapkota	DHHA	Nancy Harris	CDHS
Kim Watts	PPHC	Chrissy Carrera	Parent to Parent
Allison Harris	Tennyson Center	Suzette Elledge	Children’s Hospital
		Ryan Zeiger	PASCO



## Agenda Items

### 1. New Business

#### a. Waiver Updates: Sheila Peil

Bethany Pray raised a concern about case managers – whether at Community-Centered Boards (CCBs), Single Entry Points (SEPs) or counties -- incorrectly telling clients that children need to be US citizens to receive waiver services. The rules say that Medicaid eligibility covers children who are legal residents, without a five-year bar for legal issues. Bethany clarified that citizenship and residency requirements are the same for Medicaid and for waivers.

Christy Blakely offered that sometimes parents hesitate to apply for Medicaid or waiver services because it may flag the parents' legal status or eligibility. Bethany said that parents do not have to answer the question of legal status if they are applying for their children.

Sheila said that the only difference for Medicaid or waiver eligibility is that the disability determination process is a little different. For waiver clients, the Department contracts out for that determination. For Medicaid, the determination is through Social Security. In all cases, financial eligibility for a child enrolling in a waiver is based on a child's income.

Sheila offered to invite Eric Stricca from the Department to discuss the matter further. Christy Blakely agreed with the suggestion.

Sheila also asked if meeting attendees found waiver updates helpful. Sheila said there are no waiting lists for any waivers any longer. She suggested that the meeting could rely on existing reports for the number of clients on each waiver.

#### b. Respite: Carol Meredith

Carol Meredith brought up the difficulty of finding respite providers and community connectors. Sheila said many family members become respite providers to help their own families, but do not want to offer respite for other clients. Sheila recommended checking [www.colorado.gov/hcpf/find-doctor](http://www.colorado.gov/hcpf/find-doctor) for a listing of providers that offer respite.

Carol said families have lost waiver services because they couldn't find a provider within 30 days. Carol reiterated that families do need respite, and suggested a more intensive case management model would be helpful. Carol related that sometimes case managers just hand families a list, and families are saying it's too much work to call all the providers on the list.

Tom Rose offered that the Medicaid Rate Review Advisory Committee found that rates are too low for respite, and the committee recommended higher rates. Sheila said respite rates are \$4.95 for each 15 minutes.

Carol asked if the Department had a method to determine how many clients have respite on their Prior Authorization Requests. Sheila said there is a quality measure that tracks if hours are within 10% of requests, but it doesn't give metrics beyond that.

Kim Watts from Professional Pediatric Home Care explained that rates are too low for agencies to enter the respite market. Kim said respite is a good entry-level position. However, after the



agency trains employees for respite, the agency going to be in the hole for it. Respite is just not sustainable as a business.

Carol also suggested letting agencies know that there is a business opportunity for respite. Sheila suggested getting respite on the Program Approved Service Agencies (PASA) agenda. Chris Russell also said she attends the Colorado Respite Coalition meetings, and there's a lot of feedback at those meetings. The meetings are not all about Medicaid, but there's a lot of discussion about fees. Chris also mentioned that another issue includes the fact that out-of-home respite doesn't take children under three years of age.

Some discussion followed on the reasons for the age restrictions on out-of-home respite, which stem from regulations governing child-care licensing and facility licensing. Beth Cole informed the group that Early Childhood Councils (ECCs) have the authority to waive some of the rules. The rules require items such as lower toilets and lower sinks for children under the age of three years old.

Sheila cautioned that the word "waiver" takes on different meanings for different agencies. The Department uses it for specific programs, while the Colorado Department of Human Services uses it with the meaning of waiving special rules.

Sheila also clarified that Candace Bailey is in charge of the Children with Life-Limiting Illness (CLLI) waiver. As mentioned at the meeting last month, the Department reorganized how the waivers are managed.

## 2. Old Business

### a. Pediatric Behavioral Therapies Update: Gina Robinson

Gina Robinson shared that the number of unique clients dipped in January, which may indicate a saturation point or may indicate a wait list for providers. The Department is including new questions in the Prior Authorization Request (PAR) to determine whether or not clients have had to wait for services. Gina said the Department will also examine effective treatments, as well as quality of treatments. The questions, which start April 1, will hopefully provide more information. In January, there were 401 unique members receiving services from 60 providers.

Sheila chimed in that she is tracking all the children in the Children's Extensive Support (CES) waiver, which is around 508 children, receiving behavioral services. She said December 15, 2017 was the deadline for switching children from the waiver to the state plan for behavioral services for providers that were qualified for both. Around 68% of children were receiving services from providers with both state plan and waiver providers.

Sheila also provided updates on the Children with Autism (CWA) waiver, which is scheduled to end on June 30, 2018. Around 50 children are now enrolled in the Children with Autism waiver, and transition plans for children on the waiver are due in April 2018. Sheila said the transition so far has been going smoothly, with no gaps in service.

Carol Meredith raised a concern about children on the CWA waiver who won't qualify for the State Plan or the Children's Buy-In program, and will therefore not receive services. Sheila said continued eligibility is available due to this reason.



Gina also brought up that some families on the waiver have private insurance, but do not mention the private insurance. Medicaid will still pay for services if private insurance does not pay, but the private insurance needs to be disclosed. Some providers are not getting paid because claims are denying due to undisclosed private insurance. Sheila reiterated that the bottom line is that families need to provide information on private insurance.

Carol inquired about measures to prevent families cycling off and on Medicaid and Colorado Child Health Plan Plus (CHP+) due to fluctuations in income. Beverly Hirsekorn said there are federal requirements to prevent churn, and the Department has implemented continuous eligibility for this reason.

However, Carol said that some case managers are not complying with these guidelines. Beverly asked Carol to provide specific agencies and managers in order for the Department to provide additional training or other corrective action. Beth Cole also said that foster care families have also encountered churn, even though family income is not supposed to be considered for children in foster care.

Beverly also offered guidance on the CWA waiver, and the details of the continuous eligibility. The CWA waiver will end on June 30, 2018. On June 10, the Department will run a report to see how many children are left on the waiver. The Department will also determine whether or not the children will qualify for other services. Beverly also clarified that the one-year CWA extension will not be an exact year. Instead, the one-year extension will be based on the date of the redetermination.

Beverly also offered that Jennifer VanCleave is the Subject Matter Expert (SME) for citizenship at the Department. Beverly suggested that Jennifer could speak on the questions raised about eligibility earlier in the meeting.

#### **b. Legislative Updates: Carol Meredith**

Carol Meredith from ARC offered a brief rundown on legislation related to children in Colorado. She noted that ARC is opposed to a bill asking for autism to be declared an epidemic in Colorado. The sole sponsor of the bill, state Rep. Steve Lebsack, has been expelled from the legislature. Therefore, the bill might not advance.

ARC supports two bills related to children and medical marijuana. One bill would add autism to the list of diagnoses that qualify for medical marijuana. Carol said some research has shown marijuana can benefit for people with autism. For example, for people with severe self-injuring behavior, the alternatives are slim to none besides medical marijuana. Another related bill would allow nurses in public schools to administer medical marijuana to students.

Other bills include:

- Juvenile Justice
- Training Programs to Prevent Child Sexual Abuse
- Child Mental Health Treatment Act (in appropriations)
- Family Preservation for Parents with Disabilities
- School Funding Distribution Formula



Bills no longer under consideration include full funding for kindergarten. The bill would have allowed funding for full-day kindergarten across the state, but it was killed. The bill to include Prader–Willi syndrome also will not proceed, but Prader-Willi syndrome will be added to a list of diagnoses in statute.

Beth Cole also contributed that a bill being written by the Joint Budget Committee would move authority from early-intervention services from under the auspices of the Colorado Department of Education (CDE) to the Colorado Department of Human Services (CDHS). The early intervention program has been out of compliance with federal regulations because the program lost a single line of authority.

**c. Future Topics: Sheila Peil**

Sheila asked meeting attendees what topics they would like to cover in future meetings. Sheila also offered to invite a member of the case management team at the Department to come to the next meeting. Chris Russell mentioned that she would like to go over the protocols for mandatory reporting of abuse and neglect. DXC sent out a letter asking providers to notify waiver managers. Sheila agreed to put that on the agenda for next month.

Allison Russell also asked about information about Regional Accountability Entities (RAEs) to be put on the next meeting agenda, specifically how RAEs will affect funding. Sheila also suggested members visit the Department's website for more information at [www.colorado.gov/hcpf/accphase2](http://www.colorado.gov/hcpf/accphase2)

**d. Electronic Visit Verification (EVV): Alex Koluskus**

Alex Koluskus from the Department discussed the upcoming regulations for Electronic Visit Verification (EVV). She encouraged members to visit the Department's website at [www.colorado.gov/hcpf/electronic-visit-verification-stakeholder-workgroup](http://www.colorado.gov/hcpf/electronic-visit-verification-stakeholder-workgroup)

Alex also invited meeting attendees to a stakeholder meeting about EVV on March 20, 2018. Alex shared that it is required for all states to implement a system that personal care has occurred by January 1, 2019. By January 1, 2023, there will also be a requires system for home health care. Alex shared that the Department is seeking to implement the minimum standards required under the mandate.

Ryan Zeiger from PASCO asked if the Department would use GPS devices to track care. Alex said there are several different options, ranging from address to simply saying grocery store. There's even location ranges that are available. That's yet to be seen. There's quite a few different ways that GPS can be implemented.

Alex said that the Department is working with the Joint Budget Committee (JBC) and the Centers for Medicare and Medicaid Services (CMS). The Department is continuing to have stakeholder meetings. Photographing or videoing clients is not a component of the EVV plan. Alex clarified that it will be an app that allows you to clock in or out as a service provider. Members do not have to keep a monitoring device.



Ryan also asked what is the process for aggregating the data. Alex said that the Department decided to go with the hybrid model. That model offers either a state system or a system that meets minimum components. The information will be uploaded into data aggregator. Alex shared that the systems folks will have more information at the meeting on March 20, 2018.

Christy Blakely asked Alex to give the group an update on Private Duty Nursing (PDN). Alex said she discussed the current status of the PDN statute with Christy in a telephone call. The phone call went over the rule as it exists now with respect to 16-hour limit, and also to discuss PDN in schools. Alex said she will gather information from some other divisions at the department. For example, there's some overlap there with PDN and Consumer Directed Attendant Support Services (CDASS). Alex shared the next step is to have an internal meeting about that, and to see what the Department can come up with for next steps for stakeholder conversations.

### **3. 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](mailto:sheila.peil@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.

