



**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
 to receive a badge for access to Building C.*

May 9, 2018
 10:00 a.m. to 12:00 p.m.
PHONE: 720-279-0026
PIN: 308112

Introductions

In the Room		On the Phone	
Person	Agency	Person	Agency
Christy Blakely	Advocate	Heidi Haines	The Arc of Colorado
Bethany Pray	CCLP	Deserie Newton	Envision
Andrea Behnke	HCPF	Ryan Zeiger	PASCO
Nina Snyder	HCPF	Tom Rose	Family Voices
Sheila Peil	HCPF	Michael Pasillas	HCPF
Beth Cole	Early Intervention Colorado	Beverly Hirsekorn	HCPF
Chris Russell	PPHC	Gina Robinson	HCPF
Jyoti Sapkota	Denver County	Bonnie Railey	Arc of Aurora
Brigitta Hebden	Parent	Allison Harris	Tennyson Center
Karli Cheatham	HCPF	Nancy Harris	CDHS
Carol Meredith	The Arc	Tiffany Rathbun	Developmental Pathways
		Jocelyn Gilbert	Children’s Hospital



Agenda Items

1. New Business

a. Respite – Christy Blakely

Christy Blakely shared that there is a new respite opportunity from Easter Seals Colorado. On the weekends, Easter Seals will offer respite billed through the Children's Extensive Support (CES) waiver. The address is 5755 West Alameda Avenue, Denver, CO, 80266. Respite services will start on weekends in June. The most medically-complex will start in July at Hayley House, which is at the same location at 5755 West Alameda Avenue. There is an open house scheduled for May 18, 2018. The open house is to share with everyone – families, caregivers, case managers – what is available.

Christy said Hayley House's goal is children who are most medically fragile. For those children outside of Denver area, Hayley House is planning to offer scholarships until Children with a Life-Limiting Illness (CLLI) waiver is available. Children are welcome to come from other locations. Christy said she would email the flyer out to people.

Sheila Peil asked if there was any more news about the difficulty in finding respite providers, an issue that was raised at a meeting several months ago.

Chris Russell said she wanted to follow up on the Colorado Department of Human Services (DHS) notice that there is respite. She never heard about respite through DHS. Nancy Harris from DHS said she didn't know of such a program, but she will ask around at the department. Sheila Peil suggested it might be through a different program such as child welfare.

Brigitta Hebden said she recently moved to Colorado, and her son is on the CES waiver. She hasn't used respite yet. Her son previously stayed with a friend who was a paraprofessional, and she wondered if that was difficult to do in Colorado.

Sheila Peil said the options for respite in Colorado included individuals, respite facilities or camps. Individuals can contract with Community-Centered Boards (CCBs) or they can be employed by Program-Approved Service Agencies (PASA). Case manager should be able to help you find PASAs.

Christy Blakely offered to spend time with Brigitta on that because she just became a PASA. There's a significant amount of training, but if she's already a paraprofessional, she should be familiar with HIPAA.

Brigitta also asked if an individual can do overnight respite. Sheila said they can, but the Department only pays up to 10 hours for overnights. Christy said the calculation comes to around \$400 for a weekend for Easter Seals.



Bethany Pray asked about changes due to conflict-free management to CCBS and Single-Entry Points (SEPS.) Karli Cheatham answered that there is still a request for provider process that case managers do. That might be change going forward with the conflict-free case management. There's always an obligation for the case manager to allow the client to receive choice, whether that's through sharing a list or another method.

Karli also shared that the SEPs do it differently than the CCBs. The SEPs provide a list, but the CCBs do a request for provider process. They send out a referral to all the providers, and see who is available.

Christy shared that she is getting about five referrals a day through e-mail as a PASA. Christy is working with two separate case management agencies in the Denver metro area. Christy offers day habilitation services only for her daughter, but it took her a good while to become a PASA. She is set up under the name Que Pasa as a limited liability company (LLC) due to the amount of liability.

Sheila Peil shared that under waivers, there's two different provider types. One is required to be a PASA, and the other is a vendor. Clients can also utilize vendors for those services. There's a little a bit of overlap, but it gets pretty complex when talking about how it's set up. Sheila continued that there are two pieces in the PASA process. The application process comes through HCPF. The other piece goes through the Colorado Department of Public Health and Environment (CDPHE). The PASA list is maintained by CDPHE on a daily basis.

Karli also emphasized that the case manager should help the family navigate through the resources. Conflict-free case management is intended to open the door, but is still in process right now. Karli offered to have the conflict-free case management specialist come speak to the meeting next month.

Tiffany Rathbun reassured the group that her agency tried to make sure that clients didn't go without services. Her agency set deadlines internally so clients still had services.

Tom Rose also mentioned that the statewide taskforce on respite led by Easter Seals should send out recommendations soon.

Brigitta shared her difficulties in finding services after moving to Colorado from another state. She lives in Elizabeth, and she can't get services in rural Colorado. An established agency in another state said it was too complicated. The complicated nature of this system would be a good place to start. Brigitta said she is participating in the family care program, but she can't be there 365 days, 24/7. When she lived elsewhere, she could easily find respite for 10 hours for her daughter.

Sheila asked what would be the ideal situation for respite. Brigitta said the agency did the whole thing, which was easier for parents. Jocelyn said she work with children at



the hospital who don't qualify for respite through CES or CLLI. The parents don't have money for respite, and she gets stuck at the funding source. Christy also offered that the ideal would be a skilled caregiver at an adequate wage. Chris Russell also agreed that wages need to be raised.

Brigitta shared that she would like to see more providers in outlying areas. Paraprofessionals or former paraprofessionals would be ideal respite providers. Maybe a little more outreach for recruitment, for the summer months. Parents don't know about Medicaid. Maybe have brochures in pediatrician's office. Sheila said Walmart or wherever families go could also work. Brigitta said she had a misconception that she was turning my child over to the state. She didn't know it was an individual coming to your home, and she thinks public outreach would be really good.

Sheila said that one of the issues was a more streamlined approval process. Christy said streamlined access and more providers available would be ideal, as well as more public outreach.

Karli shared that HB 18-1407 Access to Disability Services and a Stable Workforce mandates a 6.25% increase to pay rates for providers through the Home and Community-Based Services (HCBS) waivers. The wage increase includes respite.

b. Critical Incident Reports (CIRs) – Andrea Behnke, Michael Pasillas

Andrea Behnke shared updates on critical incident reports (CIRs). She specializes in monitoring, for mostly the CCBS and their case management agencies. She has been in the field quite a long time. She went to the University of Wisconsin, and she worked in the waiver there.

The Department has rules and requirements for the CIRs and oversight stipulated for Federal Medicaid policies, and then we have state statutes. For HCPF and our CIRs, the Department works closely with the Department of Health Services. The Department also performs outreach with municipalities and critical incidents.

Service providers have about 24 hours after discovery to report the incident to case management agencies. If the report meets requirements for critical incidents, the case manager has one business day to enter it into the system, depending on the waiver. It is on the onus of the case management to report it to the HCPF system. HCPF then is obligated to review those incidents.

The CIRs website at www.colorado.gov/hcpf/hcbs-waiver-critical-incident-reporting has more in-depth information.

Chris asked about mandatory reporting. Andrea said mandatory reporting is where some of the critical incidents are reported. Bethany asked if the Department revisits judgment calls made by case managers.



Andrea answered that some of it does take critical thinking skills. There are very unique situations, and she has to think about it each incident. The review piece is just the oversight piece. For this purpose, the purpose is that we review them, make sure they've been documented, makes sure they've been followed up on.

Andrea said the Department provides case managers with resources, such as e-modules from DHS, part of that meets criminal code. Those too will have to be followed up by different authorities. Mark clarified that the scope of work for himself and Andrea is solely on waiver incidents.

Sheila shared that part of confusion is who's required to report, and who's required to do a CIR. These rules and regulations don't cover regular providers. The case manager is required to file a CIR.

Andrea continued with her description of the CIRs process. She and Michael review these reports, and some of them require more follow-up than other reports. Some of those reports go back and forth, and remediation can take a little bit of time.

Andrea reiterated three important points:

1. Provider reports within 24 hours to the case manager.
2. The case manager has 24 hours to input it into the state system.
3. Mandatory reporting is separate from CIRs.

Michael said the Department follows rules and regulations from Federal government. The Department makes sure that all the incidents are reported. We're making sure that everyone is toeing the line. Everything happens quickly, and the client's health and welfare is safe and well-regarded. When mandatory reporting doesn't happen quickly, client suffers more abuse and abuse continues for longer.

Sheila emphasized that when Andrea gets those reports, she reviews those reports. There are several times when Andrea will talk to other staff to make sure that the case management agency has done due diligence. That piece is the real meat of the subject.

Andrea said she tries to make sure that there's some sort of prevention strategy in place to prevent this from happening again if possible. She does triage, and then makes sure that each report is thoroughly looked at to provide the best quality of care. Each person is an individual.

Chris Russell asked which agencies investigate CIRs. Andrea said with anything that is a crime, it's law enforcement because it meets criminal code. Law enforcement always trumps any other investigation. Sometimes law enforcement doesn't investigate, then the CCB is required to do an investigation that client is okay. For example, if the client need a new housemate.



Bethany asked if there's data available on CIRs, and also if a parent could report a critical incident. Andrea said that would be reported the same way. Anything that happened at school would go through case manager, for example. The case manager would submit to the state. A parent could report a critical incident.

Andrea also shared that the Department collects data and assess trends, and also works with case management agencies and do the same. Michael said that the Department reports the case management agency, but doesn't publish anything because of HIPAA. Andrea shared that last year, there were around 15,000 CIRs.

2. Old Business

a. Pediatric Behavioral Therapies – Sheila Peil

Sheila shared that the Department is transitioning children off waiver and will have providers bill to State Medicaid. Around 2% of children in CES have transitioned to receiving behavioral services from the State Plan. Sheila said the data is somewhat squishy because reported by case management agencies, not pulled from database.

The CWA waiver is still on target for official closure on July 1, 2018. The CES waiver is on target to have vision care, behavioral services, and other services be removed because it will be available on the State Plan. A handful of children are receiving vision service and behavioral services.

The Department is back up to 443 members getting services in March. The Department is at 478 PARs. The Department has also completed the yearlong assessment that will go to the legislature. As soon as it's finalized, I will send it out.

b. Waiver Updates – Sheila Peil

Sheila said she doesn't have waiver updates because the Department historically provided numbers when there were waitlists.

Christy reminded meeting attendees that waiver amendments are out for public comment. She encourages people to comment on it. Right now, CLLI children can only get respite at home, but they could receive respite at centers if the waiver is changed. There's no transition process from CLLI if children live to 19 years old. CLLI ends at 18 because it's life-limiting.

The link for public comments is located at:

www.colorado.gov/hcpf/form/waiver-redesign-public-comment

c. Legislative Updates – Carol Meredith

Carol provided a legislative wrap-up. The Children's Habilitation Residential Program (CHRP) bill passed, and was signed by governor. The waiver was underutilized, and formerly resided at CDHS. Children can only access residential waiver if their parents lost parental rights under child welfare setup. There are parents who have done nothing



wrong, but the child is out of control or too intense to be taken care of at home all the time.

The Child Mental Health Treatment Act passed, which is good. It hasn't been signed by the governor yet, but we think he will sign it. The bill almost doubled amount of money available for children with mental health issues, including children with developmental disabilities. It is for people who don't have access to Medicaid, but need intensive mental health treatment. It's run through the Department of Human Services.

Carol continued that Senate Bill 234 designated more than \$2 million for around 8-11 children who have had parental rights terminated who have been placed out of state. DHS wants to bring them back in state with one provider. Sheila pointed out that there are a limited number of providers who will serve that population.

Gina Robinson said the bill will also help with the children living at the neuropsych unit at Children's Hospital. There is a provider willing to do this, but they wanted a guarantee of six beds. My understanding is they do have to do a request for proposal (RFP) due to the amount of money involved.

Bethany shared that Senate Bill 266 is a HCPF bill for controlling Medicaid costs. It involves hospital review regarding costs and quality, but it sounds like it could involve more prior authorization process. She said the bill should have stakeholder input.

d. Future Topics – Christy Blakely

Christy said she would put access to services for conflict-free case management and more respite on the agenda for next month. Sheila offered to include information on waiver consolidation and provider approval process. Christy said she would like to keep private-duty nursing (PDN) on the agenda.

Christy asked if the meeting should take time off in the summer, but Bethany and Chris said no. Brigitta asked if she could invite another mom with a special-needs child, and Christy said absolutely because the meeting is open to everyone.

Christy asked people to email her what they want to see at this meeting. Her email is Christy957@comcast.net.

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 or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

