



**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.*

October 10, 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/Webinar</b>	
<b>Person</b>	<b>Agency</b>	<b>Person</b>	<b>Agency</b>
Christy Blakely	Parent Advocate	Cat Dickerson	NMCS
Chris Russell	Aviana Healthcare	Jeanette Scotland	
Lindsay Westlund	HCPF	Javi Dolif	Family Voices
Nina Snyder	HCPF	Erica Swanson	PASCO
Ryan Zeiger	PASCO	Heidi Raley	Arc of Aurora
Andrew Gabor	OBH	Erica Walczak	Jefferson County
Stacey Davis	OBH	Shilo Carson	NMCS
Bethany Pray	CCLP	Danielle Schroeder	Colorado Access
Heather Peters	Advocacy Denver	Jyoti Sapkota	DHHA
Stephanie Kimmen	Consultants for Children	Karli Cheatham	HCPF
Aron Snyder	HCPF	Crystal Evans	Family Voices
		Tom Rose	Family Voices
		Cynthia Chapman	
		Patricia Fulton	The Arc – Jefferson, Clear Creek and Gilpin Counties



## Agenda Items

### 1. Meeting Purpose: Christy Blakely

Christy Blakely shared that the purpose of this meeting is to share current issues in children's services. This meeting is a safe haven for case managers, professionals and parents. The meeting wants to find the barriers that children face in the system and resolve the problems. The meeting attendees are trying to educate themselves and move ahead with good ideas.

### 2. New Business

#### a. Children and Youth Mental Health Treatment Act (CYMHTA): Andrew Gabor, Stacy Davis

Andrew Gabor introduced himself to the meeting. Andrew Gabor is with the Colorado Office of Behavioral Health (OBH,) which oversees behavioral health system for Colorado. The behavioral health system includes community health, state hospitals and substance-abuse facilities as well as other programs. Andrew is the director of child and adolescent services. He used to be the manager of the CYMHTA until this last June. Stacey Davis is the new manager for the CYMHTA, and so she's still in training.

Andrew Gabor asked how many people have heard of the act. A few people raised their hands. People can look up the statute, the statute is 27-67. Most recently, there's House Bill (HB) 18-1094. The OBH has gone through a new legislative process to reauthorize the program. Some things have changed. Andrew said he understands that most people work with Medicaid kids, but he is not going to talk about Medicaid a whole lot.

Andrew Gabor continued that this is a pretty broad program. He is going to talk about how the program can help at-risk children. He won't talk about the child welfare portion as much for this meeting. The program is a treatment resource for families of eligible children. The program provides treatment, or therapy for kids. The goal is to avoid child welfare involvement.

Andrew Gabor clarified that the office is trying to avoid child welfare involvement when it's not necessary. If someone is just looking for mental health treatment, the county should not be the primary provider. Another goal is to keep the family together. When the family is in crisis, the office wants to keep the family intact.

Andrew Gabor shared that the OBH provides access to services. The first thing kids can access is an assessment, which is free of charge. But the family cannot have Medicaid to qualify for the program. Either they have private insurance or no insurance. Child



Health Plan Plus (CHP+) counts as third-party insurance, even though it's managed by the state. CHP+ does not count as Medicaid.

Andrew Gabor reviewed how the OBH receives money. Current monies for this program is \$1 million but the House Bill just increased it to \$3 million. Currently, the office serves 100 kids but now can go up to 300 kids with the new funding.

Andrew Gabor shared that the parents pay a fee, which is calculated on a sliding scale. The fee is about 7% of the total cost of treatment. But if families are unable to pay, this fee can be reduced.

Andrew Gabor clarified that the House Bill added money, and it also added a 0.5 full-time employee (FTE) to manage the funding piece. The House Bill also changed the name and updated the definition of mental health agency. Stacey and Andrew manage the program at the state level. The list of liaisons passed out to the meeting do the assessments. Currently assessments are limited to mental health centers, but the House Bill will allow more contracts with other providers. The providers still have to go through a contract.

Andrew Gabor said that when someone is approved for treatment, the family has to be given a list of options. The office is also attaching a family advocate to every family who wants one. The advocate is free of charge to the family. That's new, the office hasn't contracted that out yet, it's not in place yet, but hopefully will be soon. The office has also strengthened accountability. Every year, the mental health centers have report data in September, which is posted on the OBH website in January.

Chris Russell asked what services family advocates provide. Andrew Gabor answered the advocates will be helping with system navigation. The system is fairly complicated. They will also be working with the liaison with the family if there are communication issues or problems accessing services. The advocate can also help the family navigate the insurance plan, or if child welfare is involved.

Bethany Pray asked if the liaison would also be doing the applications for other programs. Andrew Gabor answered yes, if someone is going into residential, the liaison will refer the family to providers. The family doesn't have to find providers on their own. The program can pay for: case management, day treatment, residential, family therapy, medication monitoring, and outpatient services. The office's goal is to keep families together so the office is going to do as much as possible. For example, equine therapy, in-home therapy, applied behavioral analysis are all available. There's a bed crisis in Colorado because there's not enough beds for residential. In a smaller milieu, a foster home with therapeutic services in there might be more beneficial. It's not common, but people are talking about it more.



Christy Blakely asked who is doing the evaluation for the level of care once the child has been accepted into CYMHTA. Andrew Gabor answered that the liaisons are doing the assessments. The assessments now use a standardized risk stratification tool. Now clients can be in Kiowa, Denver, Durango - they will all get the same assessment and same decision. The timeline for that is not implemented yet, because we are working with our partners at HCPF and Child Welfare. For assessments, the office is looking at the Test of Problem Solving (TOPS) or the Child and Adolescent Needs and Strengths (CANS) right now, which HCPF is using. Things might change. Child Welfare has to implement an assessment as well. The tools are expensive.

Ryan Zeiger asked if providers have to be contracted with OBH to participate. Andrew Gabor said providers can contact the liaisons or contact him or Stacey directly. The office will vet you and then we have a list of providers available on our website. It's pretty easy. Please contact Stacey at [Stacey.Davis@state.co.us](mailto:Stacey.Davis@state.co.us) or 303-866-7468 for more information.

Christy Blakely clarified that if the kids are in foster care, they have Medicaid. So, they don't qualify for CYMHTA if they have Medicaid.

Chris Russell asked about therapeutic foster homes, and whether the homes are a temporary treatment option as opposed to a county foster home.

Andrew Gabor answered that when the office works with a child placement agency, the agency usually contracts with counties. But there's nothing that says they can only work with the counties. If clinically, it's more appropriate for a child to go into a therapeutic foster care, then the office can do that. The family still has custody, and the family can visit their child at any time. However, the OBH does not use this option, often.

Bethany Pray commented that she thinks the terminology is confusing. Once people say "foster," families think of traditional foster homes. Andrew Gabor said the foster home terminology is a licensing issue. Host homes are only for adults. For the child, the office has to figure out what is the best clinical setting.

Chris Russell asked if a child in a therapeutic foster home still receives Medicaid. Andrew Gabor answered no, they don't get Medicaid because they are still in family custody.

Bethany Pray shared that there's a shortage of foster homes. Children who are in traditional foster care will have one less bed for kids who are potentially most in need. Andrew Gabor agreed that it's an issue of competing resources. When the office does use it, it's for kids with dual diagnoses.

Andrew Gabor suggested that the meeting move onto the slide about CYMHTA effectiveness. Under the program, 87.7% of children avoid child welfare involvement.



The remaining 12.3% still have child welfare involvement. Each mental health center has a liaison. Only the responsible person or parent can request an assessment. Case managers can't call without the parent, but case managers can be there on the call. Andrew suggested that parents call the intake person directly. Don't call the intake line. The list handed out should have that.

Andrew Gabor shared that the timeline for assessment is three business days for a routine case. The timeline is within 24 hours for urgent case and six hours for emergency. If case managers are working with the family, give liaisons all the documentation. This is a quick turnaround. The more the case managers know, the better. The liaisons can extend to 14 days if a parent agrees to the extended timeline.

Andrew Gabor clarified that the timeline does not mean services are going to start within three days. That does not mean there's a bed is available. Or if they're looking for therapy, it won't start within three days. But the family will have a decision in hand within three days.

Bethany Pray asked if there are interim services while waiting. Andrew Gabor answered yes, if there's a wait for residential, the office will provide in-home therapy or respite care in the short term. Andrew stressed that eligibility is either private insurance or no insurance. The children have to be under the age of 18 when they apply. With the new House Bill, funding can continue until they are 21. Andrew reiterated that children on CYMHTA are not eligible for Medicaid.

Chris Russell asked about instances where children have Medicaid, but Regional Accountable Entities (RAEs) won't refer for children under six years old. The other problem simply was that even older children who had Medicaid, if they had diagnosis for autism and mental health, the RAE would attribute care needs to the Autism dx.

Andrew Gabor directed Chris Russell to ask HCPF because he can't answer for them because he's with OBH. Back to the slide, the family has to have custody and the children are at risk of out of home placement. The office can work with a five-year-old or 16-year-old, the age doesn't matter.

Andrew Gabor suggested that parents can call Stacey Davis up, and she will walk you through that. This is a face-to-face clinical therapeutic assessment, so it takes some time. However, it takes less time the more records the mental health centers have. Records can be from schools, hospitals or other providers.

Andrew Gabor shared that OBH has an appeals process. If a family is denied funding through OBH, the family can appeal to the agency. OBH will conduct an internal review. Most of the time, the appeals are upheld. But the family can do a second appeal to the state. Non-Medicaid will go through OBH for a new assessment, which can overrule mental health center. If the RAE has denied a child residential treatment, the family can



appeal and get a second opinion for Medicaid. The Administrative Law Judge has authority to change assessments. OBH will do that appeal for Medicaid families free of charge.

Bethany Pray asked if that appeals process is laid out on a web page. Andrew Gabor answered that it is his understanding is that the member handbook for Medicaid has it in there. It is also on our website, but Medicaid families wouldn't necessarily look there. The letters also have the information. The RAEs have the responsibility to notify the families of the appeal. The OBH has historically disagreed with the BHOs about 80% of the time. The OBH usually have about a dozen Medicaid appeals a year. That's why we are out here letting people know about the process.

Andrew Gabor continued that there is also an interagency dispute resolution that is a state-level mediation. The interagency dispute resolution is for those "hot potato" cases that keep getting passed back and forth between agencies.

Bethany Pray asked why can't people have this for Medicaid. This seems like a more hands-on process than Medicaid. Andrew Gabor said he can't answer that. His only answer is that it's his mission in life is to keep kids out of child welfare. Medicaid's mission is to provide therapeutic services for all children who qualify. Medicaid has a much larger scope. With the Accountable Care Collaborative (ACC) 2.0, the RAEs had to renegotiate their contracts.

Bethany Pray said that it used to be that for Medicaid members, the parent could ask the Counseling and Mental Health Center (CMHC) to do that evaluation. That doesn't happen anymore. Bethany has heard from providers is that no one has heard what the new route is now. Andrew Gabor shared that some mental health centers are still doing that, but he'll refer it back to Medicaid. He would urge family members to call the RAE and ask who does the assessment.

Christy Blakely thanked Andrew and Stacey for presenting. Next up on the agenda is Aron Snyder from the No Wrong Door initiative.

#### **b. No Wrong Door: Aron Snyder**

Aron Snyder introduced himself as the project manager for No Wrong Door. He also works with the Colorado Department of Labor and Employment (CDLE.) What the Department is trying to do with No Wrong Door is to solve the puzzle of long-term services and supports.

Aron Snyder said it is a very difficult path to navigate. It is anything but seamless. There's been a lot of problems with members being siloed. The Department is trying to solve that right now, and there's a lot of different players involved. No Wrong Door works with Single-Entry Points (SEPs) and Community-Centered Boards (CCBs). No



Wrong Door also works with Independent Living Centers (ILCs) for people with physical disabilities. No Wrong Door work with Area Agencies on Aging (AAAs) for seniors who need non-Medicaid services.

Aron Snyder continued that No Wrong Door is a seamless entry point for people seeking long-term supports and services. A lot of it will be Medicaid, but the project will be looking at other funding sources as we get further into implementation. Across the country, efforts are underway to design long-term supports.

Aron Snyder laid out a timeline that led to No Wrong Door. In 2012, the Community Living Advisory Group (CLAG) recommended creating comprehensive access for Long-term Services and Supports (LTSS,) creating and funding a system that supports all ages and all types of insurance. In 2014, Colorado created the Colorado Community Living Plan (CCLP.) The Olmstead decision was a Supreme Court decision that allows people to live in their communities. The CCLP has a goal to improve communication.

Aron Snyder shared that in late 2014, the Department received a No Wrong Door planning grant from the federal government. With the grant, the Department held a series of stakeholder meetings. From there, the Department drafted a No Wrong Door implementation plan. In July 2015, the Department applied for the current grant, which is an implementation grant.

Aron Snyder continued that the No Wrong Door mission is to ensure all Coloradans with disabilities and older adults can live in their communities. It's about person-centeredness and providing more options. Our vision is for Coloradans with disabilities and older adults to live in their communities.

Aron Snyder emphasized that the Department wants to set up a system so people don't have tell their stories as often. To make the necessary changes, No Wrong Door plans to adopt the following six criteria:

1. Information, referral and community awareness
2. Streamlined eligibility determinations
3. Person-centered counseling
4. Person-centered transition support
5. Quality assurance and continuous improvement
6. Consumer populations, partnership and stakeholder involvement

Aron Snyder clarified that No Wrong Door is not entirely about creating something new. For example, the Colorado Choice Transitions (CCT) program is going to take care of transitions. What arose from our stakeholder meetings is creating a series of No Wrong Door entities across the state. Regional No Wrong Door entities would have a centralized office, including a call center for information and referral. Another piece of No Wrong Door is to set up a network of person-centered counselors.



Ryan Zeiger asked in the planning process, was there a conversation about why there are so many different entities in the state that are providing some pieces of this. He also asked if the regional No Wrong Door entity is a wholly new entity. Aron Snyder answered that a lot of agencies are already carrying out this work. It's about creating those standards statewide, but it's not about reinventing the wheel. So, there's options counseling with people with disabilities and for seniors. The Department is not sure what the regional agencies will be because the Department hasn't made that decision yet.

Aron Snyder shared that what makes it a No Wrong Door entity is the network of person-centered counselors. Ultimately, no final decisions have been made. What the Department is looking at doing is coming up with a more standardized process across the state.

Aron Snyder continued that No Wrong Door is going to have a governing body. The Department is looking at reducing the number of contracts. The Department is also looking at having a public-private partnership board and a community ombudsman in the future. The Department has piloted four No Wrong Door agencies. The pilot sites launched in late summer 2017. The four pilot sites include:

1. Denver Metro
2. Larimer County
3. Pueblo County
4. Southwest Colorado

Within each pilot site, the Department also has a lead agency.

Aron Snyder continued that the lead agency is Colorado Access for the Denver Metro pilot. They are looking at outreach to new populations. They are using the Alturista database, and they have a specific phone number for No Wrong Door. Aron then went through each of the other three pilot sites, which are piloting No Wrong Door in different ways.

Aron Snyder shared that hindsight is always 20/20. One thing the Department has learned is that there's still work to be done on getting people to understand how to standardize things. The final deliverable is to have a toolkit of things such as job descriptions, decision support tools, and other tools. The Department is also going to come up with an action plan, a financial model and other deliverables. Aron said the Department will also perform a survey of front-line staff, referring agencies, and caregivers. The Department will also do a more thorough time study. The Department is looking at funding options to go beyond 2019.



Ryan Zeiger said he understands the concept that No Wrong Door is building expertise and a toolkit. With the RAEs, the focus is different, but it sounds like No Wrong Door is similar. Ryan asked if No Wrong Door is the future of RAEs, or if there's a plan for merging the RAEs with No Wrong Door. Aron Snyder answered that's a good question. Aron said there has been some discussion if the RAEs would take over that role, but it doesn't look like it's going in that direction. The RAEs would broker ongoing case management. No Wrong Door ends when the ongoing case management begins. With the pilot sites, the Department has learned a lot about how the agencies work together. The Department can look at different variations of the regional entity.

Bethany Pray said it still sounds like people have to find their way there, which has been a big problem. Bethany asked if every agency is going to refer every client who might need LTSS to No Wrong Door. Aron Snyder acknowledged that's a good point. No Wrong Door is trying to address that with the pilot sites. The pilot sites are promoting themselves through marketing, but that is one of the ongoing challenges that we're facing.

Bethany Pray continued that it's still a bunch of doors that will lead people to a central agency. She knows that it's hard to get rid of some of those other doors. She just doesn't see how it's going to be coordinate-able and how anyone can be held accountable.

Aron Snyder agreed that's some of the challenges the Department is trying to address. A lot of pilots are working toward reducing the number of proverbial doors. This is the challenge. No Wrong Door expects more of a road map sometime in 2019. Of course, the Department is aware of that problem. Bethany Pray said she appreciates Aron's honesty.

Chris Russell shared that there was a grant here in Colorado that recently terminated. There were people here turning 18 that got assistance from the state to access LTSS. To the best of my knowledge, there's nobody who helps with that. Recently, she had two families who called the Social Security Administration (SSA) and are still waiting to hear back 2 weeks later. There's people who always ask if they qualify for Supplemental Security Income (SSI) or not. Chris asked if No Wrong Door could provide assistance with that process.

Aron Snyder answered that either No Wrong Door can take that on, or they could refer people to SSA. Aron offered to give Chris a business card so she can reach out to him after the meeting. His email is [aron.snyder@state.co.us](mailto:aron.snyder@state.co.us). By the way, Peter Pike, who used to work on the grant Chris referred to, is on the No Wrong Door project team.

Chris Russell said there are 30 minutes left in the meeting. She is thinking of moving the Children's Extensive Support (CES) waiver application and the non-English speaker experience to next month due to time constraints.



### 3. Old Business

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

Gina Robinson shared an update for Pediatric Behavioral Therapies. For the report for August, the program had 481 unique members, down from July. The program did have an uptick in the number of providers. The program did have technical denials, but no medical denials. The Department will start getting ready for the legislative report, which will be out in May. Gina is hiring a contractor to help with the report. The Department is also going to do another survey. Gina asked if anyone had questions.

Ryan Zeiger asked why there were 75 less unique members in August. He wondered if Gina had any sense of what's driving that. Gina Robinson said that's a good question. She received the report about eight minutes ago, so she will look into it.

Christy Blakey clarified that Behavioral therapy does not mean only Applied Behavior Analysis (ABA.) Gina Robinson said that's correct, other types of therapy such as play therapy are also a benefit.

Bethany Pray asked if there is a list of providers who provide play therapy. Gina Robinson answered no. She has asked those providers, but they do not want it listed separately. However, the providers offering play therapy would be most of the psychologists on the list. Gina also clarified that there is not a separate billing code for play therapy.

A participant asked if there were any updates to including Board Certified Assistant Behavior Analyst (BCaBA) as an approved credential. Gina Robinson answered that the Department has to see how our new codes for behavioral therapy will be used. The BCaBA should be approved by January.

#### b. Children's Extensive Supports (CES) application review: Lindsay Westlund

Lindsay Westlund said the Department cannot change, at this time, some of the bigger things such as targeting criteria. She would like to hear back from case managers in to trying to figure out a way we can better consolidate the CES application into the Benefits Utilization System (BUS) system that case managers are already spending a lot of time filling out in the BUS.

Lindsay Westlund shared that Brittani Trujillo from the Department holds meeting for case managers every month. The next meeting is Thursday, November 1, 2018 from 9:00 a.m. - 12:30 p.m. Lindsay asked case managers on the phone to please let her know any feedback.



Shilo Carson asked how incorporating the CES application information into the current 100.2 is being envisioned. Lindsay Westlund answered the CES application information would be entered into multiple sections of the 100.2. Hopefully it will allow case managers and families to spend less time on the paper application.

Lindsay Westlund shared that the meeting is going to move the non-English speakers' experience to next month. There was some communication that went out from John Barry from the Department about creating an advisory council for that topic. Christy Blakely suggested that maybe a focus group would be helpful for John Barry. Lindsay Westlund said she will forward the communication onto the group.

Christy Blakely announced that Dennis Roy, Jr. from the Department is handling the stakeholder meeting on stakeholder fees for the Children's Home and Community-Based Services Waiver (CHCBS.) The CHCBS waiver discussed a parental fee, got it passed, and then had to rescind it. A lot has changed since then. That rule passed this last legislative session. Often people still look at Minnesota, and then recommend Colorado should charge what Minnesota charges. However, Christy doesn't agree with that approach because the Colorado benefits are different than the Minnesota benefits.

Christy Blakely said people should contact Dennis Roy Jr. at [dennis.royjr@state.co.us](mailto:dennis.royjr@state.co.us) for more information about the parental fees. Medicaid makes co-pays go away, so if parental fee were \$150 a month, there wouldn't be any co-pays. It's supposed to offset the fact that people are buying into the waiver. Medicaid is trying to make things equitable.

#### 4. Future Meeting Topics: Christy Blakely

Chris Russell shared that there are no future topics except for the CES application. Carol Meredith suggested 10 minutes at the next meeting to discuss when to use the buy-in and when not to use the buy-in. It's so complicated that it's an eligibility nightmare.

Ryan Zeiger said slide number nine in Dennis Roy Jr.'s presentation last week had a great slide about Medicaid buy-in. Maybe Dennis could walk through that one slide with where Medicaid buy-in fits in. Christy Blakey agreed that was a good plan, and suggested Dennis could call into the meeting.

Stephanie Kimmen brought up an issue affecting about 150 children in Trinidad, Colorado, who are at risk of being kicked out of school due to behavioral issues. A parent reached out about it. Christy Blakey said they have disabilities, so they might have Medicaid. She can't understand why the Department of Education (DOE) isn't getting involved. Bethany Pray said she will follow up with Stephanie after the meeting.



Lindsay Westlund apologized for the technical difficulties. The phone line at the Colorado Department of Public Health and Environment (CDPHE) was not making outbound calls so they had to use a cell phone.

## 5. Adjourn

Christy Blakely moved to adjourn the meeting.

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](mailto:lindsay.westlund@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

