



COLORADO

Department of Health Care
Policy & Financing

Meeting Notes Children's Disability Advisory Committee

Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, CIA Room Located in Building C
Denver, CO 80249

January 13, 2016, 10:00 A.M. to 12:00 P.M.

1. Meeting Purpose

Share current issues in children's services.

2. Introductions

In the Room:

Anne McNally
Bethany Pray
Beverley Hirsekorn
Candace Bailey
Cheryl Jameson
Chris Russell
Dennis Roy
Erika Walczak
Jennifer Brodis
Jennifer Martinez
Mallory Cyr
Marijo Rymer
Mona Sanchez
Ryan Zeiger
Shilo Carson
Tsilat Petros

On the Phone:

Carol Meredith
Cassidy Dellemonache
Dana Meeker
Elizabeth Freudenthal
Gina Robinson
Nancy Harris
Patricia Fulton
Shannon Secrest
Suzette Elledge



3. Meeting Purpose

Share current issues in children's services.

4. Agenda Items:

A. Legislative Update

- a. The governor's budget proposes (as part of the governor's bill) to rollback provider rates for primary care providers. Provider rates were increased as part of the Affordable Care Act as an incentive to expand Medicaid. If the rates are rolled back, it will be a reduction of 25%.
- b. The budget also proposes to rollback all provider rates by one percent.
- c. Providers have been more accepting of children with Medicaid because of the increase in rates. If this goes through, it will be huge set back.

B. EPSDT Behavioral Services

- a. There were major concerns with the medical criteria definition to access the EPSDT behavioral services. The group felt:
 - i. The requirements should not be so crisis oriented. Children should not be in danger to self or others to be able to access the program.
 - ii. Other behavioral interventions such as OT or PT should not be required before trying behavioral interventions. Other modalities such as OT and ST might be effective for fine motor and speech issues but might not address behavioral issues.
 - iii. The requirements are similar to institutionalization level of care.
 - iv. Starting treatment early will prevent self-injurious behaviors, aggression, and might prevent behavioral intervention. Services



should be habilitative instead of preventative. This will save the state money in the long run.

- v. The group was interested in a similar process to the benefits collaborative to get all different groups together and get all the voices heard to discuss medical criteria definition.
- vi. The group wants this to be a recurring agenda item.

b. The Department:

- i. The Department was charged to provide all medically necessary services to all Medicaid eligible children through the EPSDT Program when the Children with Autism (CWA) waiver expansion was disapproved by Centers for Medicare and Medicaid Services (CMS) on September 14, 2015.
- ii. As a result of this feedback from CMS, the Department did not have the option to slowly plan and implement this benefit over time.
- iii. The Department gathered information from other states including medical criteria definition and started the offering this benefit through EPSDT.

c. Conclusion from discussion:

- i. The Department will escalate concerns regarding the medical criteria to the clinical team to schedule a meeting soon to continue discussions.
- ii. The Department will make EPSDT behavioral services a reoccurring agenda item at the Children's Disability Advisory Committee and report up to Children's Services Steering Committee.

C. Children Receiving Medicaid Services in School System

- a. Families that are/were on the waiver have been using multiply private insurances in addition to Medicaid for behavioral services. Some of these families have been receiving waiver service in schools. Families will lose the ability to get service in schools under EPSDT. The group discussed ways children could continue receiving service in schools.
- b. EPSDT benefits cannot be offered in schools. There are no regulation strictly prohibiting waiver services being offered in schools. However, EPSDT program is not prohibiting services from being offered in schools.



School districts or BOCES have to enroll in the School Health Services Program to be able to offer Medicaid services in schools.

- c. The School Health Services Program has many requirements to enroll including an annual time study to find out how many Medicaid enrolled students are receiving Individualized Education Program (IEP) Services.
- d. Shannon Huska, from the Department, will be invited to discuss the School Health Services Program for School Districts and BOCES.

D. EPSDT Factsheet

- a. A factsheet comparing EPSDT in Colorado and EPSDT in other states will be published on the EPSDT website soon and links will be sent to this group.

E. CMHTA Information Received & Further Questions

- a. Andrew Gabor was not able to meet with this group today but he provided factsheets and liaison contact list for Children Mental Health Treatment Act (CMHTA).
- b. Andrew will talk about accessing residential services through CMHTA in February's meeting and would like the group to identify questions for him:
 - i. How does a child get residential treatment?
 - ii. What is the process of appeal if a child is denied?
 - iii. Where does a child go if they are determined eligible?
 - iv. What is the diagnostic criteria? Do clients have to have a mental illness diagnosis?
 - v. What is the Act's definition of uninsured and underinsured?
 - vi. Does CMHTA use general fund dollars or Medicaid matched benefits?
 - vii. Could children on Medicaid use CMHTA?
 - viii. What is the disbursement of children accessing CMHTA across the state? Are the services used statewide? Do families know about this benefit?

F. Update on Flowcharts



- a. Dennis updated the flowchart based on feedback from this group and the flowchart workgroup. He added the preamble page and is currently working on the transitions page.
- b. The transitions page:
 - i. Will start by prompting clients to set goals on how they would like their life to look like. These goals need to be considered in the context of both the individual's and the individual's family's interests.
 - ii. Next section will encourage the individual and the individual's family to consider housing, employment and social factors. For example does the client want to live with a guardian, live in assisted living homes, or live alone?
 - iii. If you have any concerns or comment on the direction of the transition page, please email Dennis.
- c. He will send out a draft copy to this group for feedback by next month's meeting and hopes to start the clearance process by March.

G. Waiver Updates (Amendments, renewals, public comment, numbers)

- a. Waiver Numbers

Waiver	Enrolled	Waitlist
CWA	75	391
CLLI	147	-
CHCBS	1195	-

- b. Updates

- i. CHCBS

- 1. The CHCBS enrolled numbers are slightly lower than previously reported. The Department reconciled the enrolled



clients with clients with active PARs and the numbers went down slightly.

2. Based on current enrollment trend, there will not be a waitlist until June of 2018. (It is no longer January 2017 as previously reported).
3. Katie Beckett Option
 - a. The next Katie Beckett workgroup meeting will be on January 27, 2016 from 10:00-12:00 PM at the Department.
 - b. The meeting will go over a draft issue brief to leadership. The issue brief is to get buy in to put the Katie Beckett Option on the Department's legislative agenda for 2017 session. The issue brief will cover current issues with CHCBS waiver and proposed structure, parental fees, and cost modeling for Katie Beckett Option. The concept paper is the group recommendation to the Department's leadership. It is not formalized proposal to legislator.
 - c. If anyone is interested in joining the workgroup, please email Dennis.

ii. CWA

1. CWA is operating the same way as it used to before CMS disapproved the waiver expansion.
2. Behavioral therapies are setup on EPSDT, providers are in the enrollment process but PARs have not been approved yet. The Department is working on getting the PARs approved.

iii. CLLI

1. No new updates. The Department is still working with CMS on the renewal.

H. Outstanding Issues

- a. Handling the paperwork/mailings generated by Medicaid.



- i. When clients apply through the Peak site, the system applies for all state benefits such as food stamps and sends denial letters for each state benefit. This is confusing to families. If you have suggestion on how to handle mail generated by site, please email Dennis.
- b. Children becoming eligible for Medicaid due to sibling/family.
 - i. There have been several cases with clients that should not be eligible for Medicaid becoming eligible for Medicaid. Also cases entire families becoming eligible through a wavier client. These clients are mostly enrolling through assisted sites as part of the waiver enrollment process. If you have such cases, please email Beverley Hirsekorn at Beverley.Hirsekorn@state.co.us.

5. Agenda items for next meeting

- a. Invite Shannon Haska from School Health Services Program
- b. Andrew Gabor from CMHTA
- c. EPSDT Behavioral Services

6. Adjourn

