



**AGENDA**  
**Children’s Disability Advisory Committee**  
**Department of Health Care Policy and Financing**

Colorado Department of Public Health and Environment  
 4300 Cherry Creek Drive South, CIA 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.*

April 13<sup>th</sup>, 2016  
 10:00 A.M. to 12:00 P.M.  
**PHONE: 720-279-0026**  
**PIN: 308112#**

**1. Introductions**

<b>In the Room</b>	<b>On the Phone</b>
Shannon Secrest	Dana Meeker
Bethany Pray	Colette Christen
Chris Russell	Nancy Harris
Anne McNally	Cassidy Dellemonache
Jennifer Brodis	Susanna Herrera
Mallory Cyr	Carol Meredith
Gina Robinson	Patricia Fulton
Sheila Peil	Beverly Hirsekorn
Beth Cole	
Elizabeth Freudenthal	
Christy Blakely	
Deb Hudson	
Lorreta Bozeman	
Shilo Carson	
Erika Walczak	
Jody Litfin	

**2. Agenda items:**

**A. Health First Colorado**

- a. Dennis gave a brief overview of the Department of Health Care Policy & Financing’s (HCPF) plan to rebrand from CO Medicaid to Health First Colorado
- b. The name change is a large effort to change the stigma associated with receiving Medicaid

- c. Dennis will work to arrange a speaker to come to the next CDAG meeting to speak to the rebranding and how it impacts participants.

**B. Creative Solutions**

- a. Gina clarified that its not a workgroup, but rather a function of EPSDT.
- b. As a part of EPSDT's outreach component, tough cases to case manage were identified. The Creative Solutions process was developed to aid in managing these cases and to bring all relevant parties to the same conversation.
- c. Prior to referral to Creative Solutions , a child's case has to have included the ACC, the BHO, and school resources.
- d. Meetings only occur over the phone.
- e. Families must be participants.
- f. Group consists of only Jeff Helm and Gina, who act as facilitators toward getting the various parties involved to collaborate on a solution.
- g. The idea is to turn this function over to the Regional Accountable Entities that will be a part of the Accountable Care Collaborative – Phase II eventually.
- h. Comment from Shannon:
  - i. She has chosen to opt her child out of the identified areas of case management. Would this scenario disqualify the child from the group?
  - ii. From Gina: Creative Solutions would first ask why a parent would opt out of those case management/coordination services. It could be that by opting out, a child's situation was not identified by the appropriate professionals. Thus the Creative Solutions group would refer the child and family to one of these entities prior to organizing a formal meeting.
- i. From Carol:
  - i. If doctor determines that an Intermediate Care Facility (ICF) placement is medically necessary, is the Creative Solutions Group needed?
  - ii. Gina: No, the provider should make the request to the Behavioral Health Organization (BHO).
    - 1. The BHO, as the payment source, should make the referral.
- j. Follow up from Shannon:





- c. **4/21 webinar from 2-3 p.m. – Will share the feedback and update on the medical criteria**
  - i. **Every single case that is submitted will be evaluated**
- d. **There will be a separate followup meeting on 5/4:**
  - i. **This meeting will be to discuss:**
    - 1. **Provider Enrollment**
    - 2. **Other topics associated with the Behavioral Therapies**
- e. **From Shilo:**
  - i. **Criteria Meeting/Webinar: will that be an opportunity to provide additional feedback?**
  - ii. **From Candace: There will not be anything set in stone as far as the criteria, feedback will be accepted during this time and moving forward.**
- f. **From Shannon:**
  - i. **Encouraged everyone to provide feedback as soon as you have it.**
  - ii. **Providing the feedback as soon as possible will aid in getting the services to children as quickly as possible.**
  - iii. **Group echoed sentiment that providing feedback will ensure that the process of receiving eQHealth approval goes smoothly. Cases will be evaluated on a case by case basis, so providing feedback will aid in processing these cases.**
  - iv. **From Gina: A previous employee with eQHealth is no longer there. Reports regarding that individual's replacement is that the new person is very helpful.**
- g. **From Shilo:**
  - i. **Is there a website to review the edited/revised version of the medical criteria in advance?**
  - ii. **From Gina: The information has been posted to the website.**
  - iii. **Follow Up question: Is there an updated list of the available providers for Behavioral Therapies?**
  - iv. **From Gina: The list of providers posted to the website is updated as providers are approved.**
  - v. **Dennis added that for individuals looking for information, the easiest way to find the pages that Gina is referencing is to search Behavioral Therapies from the HCPF home page. The key is searching Behavioral Therapies, not Behavioral Services.**



**D. Legislative Update**

- a. **Christy – the Cannabis in schools bill was moving forward. The bill will allow for the medication derived from Cannabis to be administered within the school for children with epilepsy and associated conditions.**
- b. **From Bethany: Senate Bills 162 & 170**
  - i. **Both bills are in regards to accessing providers outside of Medicaid. One amends statute to prohibit charging Medicaid participants for medical services unless the provider is enrolled in the Medicaid program. The other bill authorizes HCPF to purchase individual health insurance through the exchange for individuals who prefer private insurance.**
  - ii. **The intent of these bills was the address a provider shortage issue.**
  - iii. **Both bills have logistical problems as they would require CMS approval and the overcoming of other issues.**
- c. **Bills regarding transparencies in CCBs**
  - i. **The bill is being resurrected, but is definitely set to be amended.**
  - ii. **From Carol: senators deserve a lot of credit for pushing this effort moving forward.**
- d. **Carol added a couple of other updates:**
  - i. **Animal Services – bills are in process.**
  - ii. **Christy noted that both bills were “PI-ed”**

**E. Waiver Updates**

- a. **Dennis provided updates for the numbers of the LTSS managed**
  - i. **CHCBS – 1239 against a point in time cap of 1308**
    1. **There is a big back log of children's cases awaiting utilization review. Referrals to the CHCBS waiver have sharply increased since January.**
  - ii. **CWA waitlist is at 366**
  - iii. **CLLI is at 162 against a cap of 200**
  - iv. **Other Updates:**
    1. **The CHCBS waiver amendment to implement the IHSS changes and QIS performance measures was approved by CMS and went into effect on April 1<sup>st</sup>, 2016**
    2. **The CLLI renewal was approved by CMS. The CLLI wa**



- b. **CES has 1440 enrolled. The point in time cap for CES is currently being amended and in review by CMS.**

**F. Follow Up regarding CHRP:**

- a. **Nancy – the waiver has cap of 200, but only 40 children are currently utilizing the waiver.**
- b. **Christy: If a family is having problems with a child who has behavior issues, is this the right place for them?**
  - i. **From Nancy: Not necessarily. For a child with developmental disabilities within the Child Welfare system, the decision to place the child into residential services needs to be a decision of the team involved with the child's case.**
    - 1. **Additionally, just because a child has behavior issues does not mean that the child should be referred to the CHRP waiver.**
- c. **From Bethany: How many CHRP home placements are there? Are there 200 placements available for children (to meet the capacity of the waiver)?**
  - i. **Nancy: No there are not 200 different providers. This is another barrier that she is looking at. There are three facilities (RCCFs). There are currently about 40 different providers of residential and behavioral providers.**
  - ii. **Christy: Help me know what you're doing to address the under-utilization? What can we do to help?**
    - 1. **Nancy: work is being done to re-vamp the presentation to the counties for when children should be referred to CHRP.**
    - 2. **14 different counties have been presented to demonstrate the transition between the counties.**
  - iii. **Christy: Its been my understanding that the intent of CHRP was to rehab a child to get them out of the foster care system and then get them back into the home.**
    - 1. **Nancy: A child may not necessarily be placed into the CHRP for this scenario. The decision to be placed into CHRP has to be made at the county level. This is why is outreaching**



to county case workers to explain the CHRP waiver and its benefits.

iv. **Christy: Is the barrier at the county level then?**

1. **Nancy: Yes among other factors. The transition that occurred cut enrollment in the CHRP waiver by half. This enrollment drop was anticipated, but the counties have not kept up with enrolling more children since then.**

v. **Christy: Could you explain what the transition was?**

1. **Nancy: When HB-1413-68 was passed, it allowed children in the foster care system with IDD to transition into the adult IDD system at age 18. That addressed the interests and needs of the child. The county then could make the decision to transition the child out of the foster care system and into the adult IDD HCBS waiver system.**

vi. **Bethany question: Are courts and judges aware of the CHRP waiver?**

1. **Nancy: Guardian Ad Litem (GALs) receive notices about the availability of the CHRP waiver. Most recently it was sent out 2 months ago and two GALs responded.**

2. **Bethany: Noted that judges still need made aware of the program because they are the ones who mandate that a child receive services.**

vii. **Gina: Reminder that counties are trying really hard not to take custody of children and that contributes to why the number is dropping. Boulder County specifically has been a part of Creative Solutions efforts and has been willing to refer children to the CHRP Program.**

1. **Nancy: That is true, but it is still important to remember that there are 64 counties. Each county has the right and ability to handle things as they see appropriate.**

viii. **Beverly: do counties have any financial responsibility for providing CHRP services?**

1. **Nancy: Yes, counties do have to pay 20% of the costs.**



2. **Beverly:** There seems to then be a conflict of interest when a county is determining whether to provide a child with these services.
  3. **Bethany:** Especially if the option is to not be in foster care through age 21, that means that there are three years of costs incentivizing a county to place the child into the adult system and thus avoid the foster care costs.
- ix. **Sheila:** If a child goes into the foster care system and their residential services are provided through the county, the services are provided out of core dollars. The CHRP residential providers get a different rate than the providers who provide through the core dollars. This creates an incentive for providers to become enrolled under the CHRP waiver.
1. A child can be enrolled in CHRP without using residential services. There are behavioral services available through the waiver as well. The CHRP waiver is a great mechanism to ensure that children in the foster care system with intellectual and developmental disabilities receive the services they need. The waiver is often just thought of for the residential services, but there are other services available as well.
- x. **Christy:** how else can the group assist?
1. **Nancy:** if people have access to school IEPs, individuals at those tables need to be informed of the CHRP waiver's availability.
- xi. **Beth:** it would be interesting to see a 3-6 month follow up to see how numbers have changed

#### **G. PDN - Transition**

- a. **Christy** made a formal request from the Medical Services Board. This request was that the Department open the rule to examine.
- b. 2002 was the last time this rule was opened and evaluated.
- c. As the regulation stands, when a child turns 21 their hours of PDN drop from 24 hours/day down to 16. This occurs because the participant loses the ability to utilize the EPSDT medically necessary provision.



- d. **Multiple cases in appeals, at least 5**
- e. **Christy mentioned that there is a request for a transition period for when a child reaches 20. That way options are discussed for addressing the participant's needs when they turn 21.**
- f. **Chris Russell: Does MSB have to accept the request?**
  - i. **Christy: Yes, they did.**

#### **H. Coding around Speech Language Pathology (SLP)**

- a. **There are concerns surrounding the use of the 59 modifier.**
- b. **Causes a timing issue that limits speech pathologists**
- c. **May 4<sup>th</sup> – meeting to discuss the Speech Language Pathology benefit.**
- d. **Christy's request – If people are in contact with Speech Language Pathologists, please make them aware of the situation.**
- e. **Chris – clarified the billing practices that were revoked via the Affordable Care Act.**

#### **I. Homebuilders foundation**

- a. **Offering Ramps to people via a "Blitz" in August**
- b. **Now is the time to apply for those ramps**

### **3. Agenda Items for next meeting**

- a. **Presentation on Health First CO materials**
- b. **BHO presentation/information**

### **4. Adjourn**

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Candace Bailey at 303- 866-3877 or [Candace.Bailey@state.co.us](mailto:Candace.Bailey@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.

