



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

February 10th, 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:

Andrew Gabor
Anne McNally
Beth Cole
Bethany Pray
Candace Bailey
Carol Meredith
Chris Russell
Christy Blakely
Dennis Roy
Erika Walczak
Jennifer Brodis
Laura Russell
Mallory Cyr
Mona Sanchez
Ryan Zeiger
Shilo Carson
Tsilat Petros

On the Phone:

Beverley Hirsekorn
Cassidy Dellemonache
Dennis Roy
Melanie Heronbrook
Nancy Harris
Patricia Fulton
Shannon Secret
Valarie Baker-Easley



3. Agenda Items:

A. CMHTA Presentation

- a. Andrew Gabor – The manager of the Child Mental Health Treatment Act (CMHTA) provided a overview of the program with the group. A copy of his presentation is attached.
- b. He is from the Office of Behavioral Health (OBH) which is part of the Colorado Department of Human Services (CDHS).
- c. **Highlights from the presentation:**
 - i. CMHTA works with:
 1. a small portion of children receiving Medicaid benefits,
 2. Provides funding for children without Medicaid (children with private insurance or no insurance), and
 3. Facilitates communication between Community Mental Health Centers (CMHCs), Behavioral Health Organizations (BHO), and County Departments.
 - ii. CMHTA is a treatment option for eligible children that works to keep children out of the child welfare system by providing treatment and gives families an option to stay together.
 - iii. The program was started to help families that needed out of home placement for treatment without requiring a dependency and neglect action by the child welfare system.
 - iv. CMHTA was enacted into law in 1999 and it is funded in part by General Fund and Tobacco dollars.
 - v. CMHTA has about a million dollar budget for children with private insurance or no insurance.
 - vi. The program could help children that are undocumented with non-state funds.
 - vii. The program serves about 60-90 kids per year.
 - viii. Currently about 25% of children on the act are receiving residential treatment and about 75% of the children are receiving home/community based treatments.



- ix. There is no time limit to stay on the program.
- x. Children on Medicaid and assigned to a BHO are entitled, through the CMHTA, to an assessment to determine if they are eligible to receive funding for residential services. This is the only CMHTA funding provided to children that are accessing Medicaid benefits.
- xi. Medicaid clients should call CMHC or BHOs to access program.
- xii. Each CMHC has a trained CMHTA liaison. There are 17 CMHCs for Colorado. It is usually better to call the liaison directly instead of the centers.
- xiii. The responsible person that has medical decision making authority has to make the call to the liaison. Case Managers/advocates cannot make the call for the family. They can only support the family.
- xiv. Applicants are guaranteed a timely mental health assessment decision and an appeal process.
- xv. Liaisons have three business days to meet with a family for an assessment, review records and come up with a decision. If liaisons need more time, they could ask for an extension with the parent's agreement.
- xvi. CMHTA is a funder of last resort. Families with private insurance need a denial letter from their insurance company.
- xvii. Children with co-occurring disorders are not excluded from the act. But clients need a mental illness diagnoses to get services on the program. Once on the program, clients will get treatment for all disorders including non-mental illness ones.
- xviii. Liaison will determine level of care and best funding option based on the assessment for the client.
- xix. There is a fee for the program but it is based on sliding scale and there is a possibility to negotiate.
- xx. If Medicaid families get denied, they have the option to appeal with CDHS. If they get denied for a second time, they have the option to appeal with the state's Administrative Law Judge (ALJ). It is recommended to take CDHS's decision to the ALJ. This process could take months and it could be costly.



- xxi. If non-Medicaid families get denied, they can appeal to CDHS. The decision is final if client's get denied for second time. The process take about a week.
- xxii. If there is a dispute between counties, CMHC or BHOs, CMHTA could mediate the dispute and CMHTA's decision is final.
- xxiii. Only one of the three agencies could request for mediation. Mediation is not every common.

d. Q&A from presentation

- i. Is the CMHTA assessment standardized?
 - 1. Assessment is not standardized but has several (17-19) required categories, such as family history and mental illness diagnosis. The assessment slightly differs from one center to another.
- ii. Does the act cover children with insurance that have high copays or high deductibles?
 - 1. The act can support families with high copays and deductibles.
- iii. Do the liaisons have training to assess children in the birth to five age range?
 - 1. No but the act recommends getting second opinion/supporting documents from early childhood specialist.
- iv. Could families dis-enroll from Medicaid Buy-In program or waivers to access treatment on the act?
 - 1. Yes but it is not recommend because families could lose a lot of benefit from Medicaid such as medication or dental coverage.
- v. What happens to clients that are transitioning to adulthood?
 - 1. The liaison will work with client to find additional funding sources and work on a transitional plan with client.
- vi. Is there an upper income limit?



1. There is no income limit. However, if families do not make enough money, they could qualify for Medicaid. The median income level on the program is \$55,000 a year.

B. PAT tool for Early Intervention

- a. How is the PAT tool being used for children in Early Intervention? Is the tool used on children under five years of age by Home Health Agencies? If so, what are the guidelines? Are there any recommendations for CCBs? There have been cases where kids under two years of age have been approved for skilled CNA care and other cases where kids under two have been denied.
 - i. The PAT tool can be used for children under five years of age in combination with the Iowa State Ages and Stages guidelines. Also the CNA benefit standard clearly delineates what is skilled care and what is not skilled care in Rule. However there is a lot of gray area when assessing children under two years of age unless they have major medical needs such as a G-Tube.
 - ii. CCBs should contact Home Health Agencies and work with them if there are any discrepancies.

C. Legislative Update

- a. There were no legislative updates regarding kids.

D. EPSDT Behavioral Services

- a. The Attorney General office received a letter of concern around the medical criteria definition.
- b. Candace attended an internal meeting to discuss stakeholders concerns around medical criteria definition. The group is putting together a chart to compare Colorado's definition with other state's definition.
- c. Gretchen Hammer hopes to hold a stakeholder meeting within the next month to address concerns and any potential changes.
- d. The EPSDT Behavioral Services website is updated regularly with a list of approved providers and pending providers. Also PARs are starting to be approved.

E. Update on Flowcharts

- a. Updated flowchart have been passed around to the group. Please review



the flowcharts and send feedback to Dennis on:

- i. Overall impression, language and accuracy of document
- ii. Preamble Page
- iii. Readability of black and white version of flowchart
- iv. Suggestion for open space on the preamble page of adult's flowcharts. (Possibly Home Health Care Options?)
- v. Dennis asked that feedback be sent to him by 2/17/2016.

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

a. Waiver Numbers

Waiver	Enrolled	Waitlist
CWA	75	380
CLLI	151	-
CHCBS	1218	-

b. Updates

i. CHCBS

- 1. CHCBS amendment is very close to being approved by CMS.
- 2. Katie Beckett Option
 - a. The group will continue working on the draft issue brief to leadership.
 - b. If anyone is interested in joining the workgroup, please email Dennis.

ii. CWA

- 1. Based on CWA Waiver Stakeholder's meeting, Candace submitted a letter to CMS to see if the phase out option is a possibility. She hopes to get a response by March 1, 2016.

iii. CLLI



1. The Department is still working with CMS on the renewal.
- iv. Other Waiver Updates
 1. EBD, CMHS, and BI waivers amendments were approved by CMS.
 2. SCI waiver renewal is very close to being approved.

4. Outstanding Issues

- a. Issues with waiver clients being denied state plan speech therapy benefit because it's habilitative therapy instead of rehabilitative therapy.
- b. Clients not receiving documentation for reduction of state plan benefits and appeal options.

5. Agenda items for next meeting

1. Invite Lenya Robinson and Gina Robinson to talk about Behavioral Health Organization.
2. Invite Alex Koloskus
 - a. PDN capacity and rates (agencies cannot keep stable nursing staff for PDN).
 - b. PDN Data (number of kids transitioning off PDN).
 - c. Other PDN related topics

6. Adjourn

