COLORADO
Department of Health Care Policy & Financing

Meeting Notes
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.

July 13th, 2016
10:00 A.M. to 12:00 P.M.
PHONE: 720-279-0026
PIN: 308112

1. Introductions

In the Room:	On the Phone:
Abraham de Herrera	Erica Hostetler
Angela Goodger	Nancy Harris
Elizabeth Freudenthal	Carrie Brown
Chris Russell	Loretta Bozeman
Bethany Pray	Colette Christen
Deb Hudson	Beverly Hirsekorn
Beth Cole	Patricia Fulton
Sheila Peil	Gina Robinson
Marijo Rymer	Cassidy Dellemonache
Jon Eisen	Anne McNally
Erika Walczak	
Ann Ingram	
Carol Meredith	
Candace Bailey	
Dennis Roy	
Christy Blakely	
Shilo Carson	

2. Agenda items:

A. CHCBS Waiver Amendment

Dennis Roy notified the group that the Department intends to submit an amendment to the Children's Home and Community Based Services (CHCBS) waiver to the Centers for Medicare and Medicaid Services (CMS) on August 15th, 2016. Public Noticing for the amendment will begin on July 15th, 2016 and continue through August 14th, 2016. Dennis explained that the waiver amendment is not considered a substantial change via

guidance from CMS. As a result, the Department will be requesting a retroactive effective date of July 1, 2016. The Department will post the full draft of the waiver amendment onto its website before July 15th. Dennis will send out the link to this page after the meeting today.

The amendment will consist of removing the waiver's point in time enrollment cap, updating the waiver's annual number of unduplicated children that can be served, and updating cost forecasts for the waiver.

The group had asked questions of how this change affects other waivers. Candace Bailey explained that as a result of new budgetary forecasting that projects how programs will grow, only the CWA waiver will have a waitlist in the future. This is because the CWA waiver has a legislative appropriation limit in statute.

The group expressed support of this amendment because of the history of the waiver having a long waitlist. Christy Blakely and Carol Meredith explained how exciting this information is because at one time the families of children on the waitlist had at least one event at the Capitol Building to demonstrate to legislators that there were real people waiting to receive services.

B. EPSDT Behavioral Therapies

Christy updated the group that the Department is doing a good job of updating its website to provide information about Behavioral Therapies. However, there are still miscommunications about the availability of the service. Families are sometimes confused when they receive information about the CWA waiver services and also information about the EPSDT Behavioral Therapies.

Candace explained that as the EPDST Behavioral Therapy services have been implemented, the communications have been a multi-step process. Initially, letters were sent to the families of children on the waitlist to explain the availability of the EPSDT service. As the service has been implemented, it may be time to start more communications to families.

Christy Blakely suggested that a webinar for case managers and/or families could be used to explain the strategy of choosing whether to pursue the CWA waiver. That way families could understand that there are providers available to provide the service through EPSDT.

Beverly Hirsekorn asked what outreach has been conducted to Medical Assistance Sites and Single Entry Points. Candace explained that targeted outreach had not occurred to these entities yet because the system changes had to occur to ensure that claims would be paid. Now that claims are being processed and providers are enrolled, that type of outreach can begin. Beverly offered her assistance in facilitating this type of outreach about the service.

Beth Cole recommended conducting outreach to providers who are not enrolled to bill through Medicaid. There are providers that think they need to be associated with a Behavioral Health Organization (BHO). Candace summarized the comments of Beverly and Beth to describe a two pronged approach to the communications to further explain the service and to expand the network of available providers.

Carol Meredith suggested ensuring that the Department, advocates, etc. all use consistent messaging across the various media of the digital age. This would hopefully prevent families from receiving inaccurate information from one web site compared to another.

Chris Russell pointed out that although her agency has hired 13 Board Certified Behavioral Analysts (BCBAs) and additional line staff, the agency still has a waiting list of over 100 children. This is because when their hire a new BCBA, the new staff member brings their previous caseload with them. As a result, the new BCBA does not necessarily provide services to children that have been waiting at the agency. As a result of this, when a child approaches the top of the CWA waitlist, they may be able to receive services faster through a waiver provider as compared to an EPSDT Behavioral Therapies provider.

Candace pointed out that families should look at the entire list of EPSDT Behavioral Therapies providers to find out if any of the agencies have the capacity to serve them. This would facilitate a better continuum of care for the child so that they do not have to transition from a CWA provider to an EPSDT Behavioral Therapies provider when the child ages out of the waiver.

Christy Blakely asked Beth Cole about going to the training sites/schools for BCBAs to recruit providers. Beth responded that Early Intervention has reached out to these individuals, but often times these individuals are moving into the Mental Health field upon graduation. Christy mentioned that there needs to be more outreach to this population of professionals to explain that there is a huge need for behavioral therapies.

Marijo Rymer asked how much the lack of providers is related to the reimbursement rate for EPSDT Behavioral Therapies. Candace explained that the rate for the EPSDT Behavioral Therapies matches those of the CWA waiver. The CES waiver does reimburse for behavioral therapies at a higher rate.

Carol Meredith pointed out that children on the CES waiver are some of the most disorganized in the state. They do not sleep through the night and have higher needs. As a result, it makes sense that a provider to these children would be reimbursed at a higher rate because of the higher acuity of the children. Candace Bailey mentioned that it may be worth thinking through taking the CES benefit and redefining it as an extended state plan benefit.

Laura Russell requested that if case managers are struggling to have the conversation with families regarding choosing between the CWA waiver and EPSDT Behavioral Therapies, they should reach out to her. She has been assisting case managers in this process throughout the past few months. Laura can be reached at laura.russell@state.co.us

Christy Blakely mentioned that now that the EPSDT Behavioral Therapies are implemented, as a state the conversation needs to switch toward finding a way for children that are not on Medicaid to receive services. The group discussed how the CHCBS waiver comes close to doing this. However, since that waiver has a Skilled Nursing Facility level of care, not all children needing behavioral therapies are eligible.

Carol Meredith asked when the conversation is going to occur to address these silos that exist, and how children fit into them. Candace explained to the group that Carol is referring to the waiver simplification efforts. However, under the current budgetary restraints, this effort is still up in the air. Dennis Roy placed this topic on the agenda for the August meeting.

Dennis Roy further explained that he led a stakeholder workgroup through 2015 and the beginning of 2016 that examined and wrote a concept paper toward implementing a Katie Beckett Eligibility group. Marijo mentioned that it would be helpful for this workgroup to see excerpts from the CLAG report. At next month's meeting the Community Living Advisory Group's (CLAG) report can placed on the agenda to provide an overview.

To close the topic, Candace Bailey identified that she would speak with Laura Russell and Gina Robinson outside of the meeting. After they have developed a plan for communications, they will then reach out to volunteer resources to spread the message.

C. Access Plan

Bethany Pray reported to the group that the Access Plan was posted in June and comments are due at the end of July. This plan includes home health and other relevant services. Candace pointed out that it does not include waiver services. Dennis will send out a link to the plan so that people can review the plan and comment if they would like.

D. Waiver Updates

Laura Russell reporting that there are 318 children on the CWA waiver's waitlist. The CLLI waiver is currently serving 164 children. Dennis Roy reminded the group that the CWA waitlist had been around 390 children back in January. This drop in the number is largely due to Laura's work with case managers to refer children to the EPSDT Behavioral Therapies.

Dennis Roy reported that 1266 children are receiving services through the CHCBS waiver.

Sheila Peil reported that the CES waiver is currently serving about 1400 children. Christly Blakely asked if there was a document that explains the steps of enrolling onto CES. Sheila said she had created a document in the past and could send it out to the group.

Nancy Harris was not available to report CHRP numbers.

E. Private Duty Nursing (PDN) Updates

Christy Blakely reminded the group of the circumstances where when a child turns 21 years of age, the ability to receive 24 hours of PDN services is removed because they can no longer access EPSDT. She is still seeing cases where the family has to scramble to determine how they will provide services when this decrease occurs. Unfortunately, these cases have to be handled on a case by case bases due to the resources and connections related to the family. Her plan is to begin transitioning these children and their families around the age of 19 or 20.

Marijo Rymer asked if a solution would be to define a new state plan benefit for this group of children. Candace explained that a state plan benefit cannot be targeted to a specific population. Marijo mentioned that under the Community First Choice (CFC) option, services can be targeted to a population. Candace agreed that this could be an option, but pointed out that there is some variance in other states around CFC. The issue comes down to skilled tasks, in some states skilled tasks have been included and in others they have not.

Angela Goodger asked if there was a way to identify children who are receiving 24 hours of PDN to aid in transitions before they reach 21 years of age. Christy said that HCPF has this data, but it has not been provided to her yet.

The group brainstormed utilizing the Community Centered Boards (CCBs) to determine that a child has a Support Intensity Scale score of level 7. This allows the child to continue to receive the needed PDN services. Erika Walczak pointed out that if a child needs 24 hours of PDN services, they do not qualify for the CES waiver.

Carol Meredith requested that this committee request from the CFC Advisory Council that it examine integrating a service into the CFC state plan amendment to address this issue. The group identified that Sarah Hoerle at the Department would be the contact to request this of the CFC Advisory Council. Marijo clarified that the request is for the CFC Advisory Council examine the costs of expanding the PDN benefit to this population.

3. HCBS Final Rule

Bethany Pray made the group aware of the Home and Community Based Services Final Rule. The rule applies to the residential settings. The Department has posted a transition plan related to this Final Rule and the comment period has ended. However, there is a survey available for people to take related to their impressions of these settings. Dennis added that he would send out the link to the statewide transition plan materials.

4. Agenda Items for next meeting

Chris Russell requested a discussion regarding EPSDT and eQHealth. She is receiving denials from eQHealth related to long term home health. When a child is receiving a service such as speech therapy more than one time per week, it is being cut back to one time week. Beverly asked Chris Russell if she had spoken with Alex Weichselbaum at the Department. He is the benefit manager for the speech therapy, physical therapy, etc. Christy stated that she will take the issue back to Medical Services Board.

Christy explained to the group that Shield Health Care will no longer provide supplies if an individual has dual health care coverage. Beverly Hirsekorn asked if Christy had been in contact with Carrie Smith, who manages the DME benefit. Christy had not discussed this issue with Carrie. Beverly offered to put Christy in contact with Carrie.

Carol asked if there could be a discussion of out of home placement for children. She explained that there are a few children who are in need of Intermediate Care Facility (ICF) services, but the Regional Centers will not service children under the age of 18. Marijo pointed out that the key to the issue is the counties. Christy requested that Carol email Dennis and Candace to identify the exact issues that should be discussed at the next meeting.

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