COLORADO
Department of Health Care Policy & Financing

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.

June 8th, 2016
10:00 A.M. to 12:00 P.M.
PHONE: 720-279-0026
PIN: 308112

1. Introductions

In the Room:	On the Phone:
Angela Goodger	Patricia Fulton
Erika Walczak	Nancy Harris
Anne McNally	Dawn Caldwell
Loretta Bozeman	Suzette Elledge
Chris Russell	Colette Christen
Angela Rachubinski	Allicia Maestas
Erica Hostetler	Susana Herrera
Bethany Pray	Beverly Hirsekorn
Debbi Fimple	
Carol Meredith	
Elizabeth Freudenthal	
Ryan Zeiger	
Mona Sanchez	
Ileana Perez	
Laura Russell	
Candace Bailey	
Christy Blakely	

2. Agenda items:

A. Health First Colorado Presentation by Debbi Fimple

a. **Debbi Fimple explained that the Department is renaming the Colorado Medicaid program to Health First Colorado. The rollout and advertising are grant funded. The new name will be accompanied by the tagline "Colorado's Medicaid Program" for at least the first year.**

i. **The Department is changing the name to reflect the changes made to modernize the program, to reduce the stagma associated with the name Medicaid, and to reduce confusion with Medicare.**

ii. **17 other states have gone through this process and the Department has reviewed their procedures.**

iii. **The timeline is not complete, but on June 27th, all member facing information will have the new name. This applies to CBMS documents, enrollment documents, the Member handbook, Member ID card, or anything members receive in the mail from CBMS.**

iv. **Public release of the new name is currently on hold.**

v. **The member handbook is now consolidated into one. New members will receive this in the mail, and it is also available on the HCPF website and the PEAK mobile health app.**

vi. **Only the newly enrolled clients and those who request a new card will receive a card with the new name.**

vii. **Member messaging**

1. **Message for members will communicate the program has a new name, but the same great coverage.**
2. **Message for those who are eligible but not enrolled will communicate the program puts your health first.**
3. **Messages will be on radio ads, online ads, and transit ads. The ads will be in Spanish and English.**
4. **Member website will be www.healthfirstcolorado.com and will not replace the HCPF website.**

viii. **The name change only applies to the Medicad program. There are some programs that are not affected by this change. Only the Medicaid program and the waivers will be affected.**

1. **Christie Blakely asked if a child was on an HCBS waiver, would they be affected by this name change?**
2. **Debbi F explained that waivers are included in the name change. Anywhere that it says Medicaid will be replaced by Health First Colorado. Waivers are undergoing some renaming but that process is still in the works.**

ix. **Debbi F stated there are talking points and FAQs in the documents provided for this meeting. We would love stakeholder help with spreading the word. There is also a brand**

reference guide with a link to the dropbox that contains documents, logos, brochsures, and other resources.

x. Since it is a ".com" web address will there be confusion on if this is a government program?

1. Debbi F explained the ".com" is to help consumers perceive it as more of private program. The extentsions .Org, .Net, and .Com will all take you to the site.

xi. Debbi F explained the Department will be having a webinar for providers and another webinar for community organizations. Please let Candace or Christy know if you would like an invitation.

B. SPARK Study by Angela Rachubinski from JFK Partners

a. Angela Rachubinkski explained JFK Partners is one of 21 sites across the country participating in the study. The goal is to enroll 50,000 individuals and their parents in the study in order to speed up autism research and advance knowledge.

i. This is open to any individual with a diagnosis of Autism of any age.

ii. It requires a saliva sample that can be done in home. The research results can be returned to the family if they request.

iii. The individual with Autism will receive a $50 gift care as a thank you for their time.

b. Carol Meredith asked if both biological parents have to participate.

i. Angela R explained both parents are asked to participate, but families with a single parent are still encouraged to be a part of the study.

ii. Angela R stated when registering online, please select JFK as the clinical site from the drop down menu so we can assist with the process. The website (www.Sparkforautism.org\JFKpartners) is only available in English, but will hopefully be available in Spanish by the end of the year.

c. What if the child is adopted? Can the child still participate?

i. Angela R explained that the child can participate. The study will also ask if there is a biological sibling available for a control sample. The study will focus first on children with both parents.

d. Christie Blakely asked if JFK Partners was coordinating with those that work with the families?

i. **Angela R answered we have been coordinating with care clinicians, Autism Society of Colorado, and others. We have brochures if anyone would like to display them at events as well as electronic resources available. JFK will also work with each CCB individually on this study.**

ii. **Christy B. suggested sending the information to EPSDT outreach workers.**

iii. **Angela R. asked if there is there a preferred way to reach out to CCBs?**

1. **Christy B. stated there is a CCB Directors meeting.**
2. **Anne McNally pointed out the information at the directors meeting doesn't always reach case managers.**
3. **Candace Bailey suggested that the Department send out the information to those CCBs they work with.**

iv. **Carol M. stated she would post the information on Parent to Parent.**

v. **Chris Russell suggested it would be a good idea to send this information out to those waiting on behavioral therapy services.**

vi. **Candace B. suggested to send the information to behavioral therapy providers as well.**

e. **Chris R. asked if individuals with multiple diagnoses could particpate.**

i. **Angela R. answered that these individuals are welcome to participate.**

f. **Angela R. pointed out that JFK Partners is the sole site in the West, so even out of state individuals are encouraged to go through JFK Partners.**

C. **Person Centered Planning (Candace Bailey)**

a. **The federal government has put forth a new rule about person centered planning in the waivers. The Department is looking to put a definition for Person Centered Planning into the Single Entry Point rules to help our Case Management Agencies with the concept of person centeredness.**

b. **The Department is looking for feedback on the three definitions.**

c. **This is part of a large statewide initiative.**

i. **Christy B. asked if anyone was concerned about the amount of actors putting on trainings and being involved in this initiative.**

ii. **Carol M. explained this is not a new concept for families, but there is something for everyone to learn at these trainings.**

iii. **Candace B. explained that it teaches those who don't experience as extensively about the tools and how to apply what is important to that person in policy.**

iv. **Chris R. agreed and discussed how there isn't enough training on self determination so parents could benefit from person centered training.**

v. **Candace B. stated that we need consistency and definitions because the system hasn't been using this principle.**

1. **Carol M. gave an example of how the system did not use this principle for an individual she worked with.**
2. **Anne M. brought up that case managers are using this tool to go beyond needs and into what is important to the client.**

D. Speech Language Pathology

a. **Candace B. explained this was on the agenda because it is currently a hot topic.**

b. **Bethany Pray stated that there is a piece of the criteria in the rule that seems to allow exclusions based on diagnosis and is wondering if this is being brought back to MSB to be adjusted.**

c. **Candace B. gave some talking points received from Alex Weichselbaum at the Department.**

i. **The link to the webinar was distributed to the group.**

ii. **The Department is preparing to host a SLP Benefits Collaborative to update the benefit standard.**

iii. **The Department isworking with stakeholders on an individual basis.**

iv. **The Department is exploring options to change the payment mechanism to better accommodate the hour-long EI visits and is also examining the payment rates for SLP services that will be part of the 2016 Rate Review Committee cycle.**

d. **Chris R. asked if calling eQHealth could solve the denials based on diagnosis instead of having to bring it back to the Medical Services Board.**

i. **Candace B. asked that all denials be sent to Alex Weichselbaum at the Department so they can be worked on individually. This will also give us a better idea of the scope of the issue.**

E. EPSDT Behavioral Services

a. **Christy B. asked if eQHealth was still asking for IEPs?**

i. **Candace B. stated they are not. They may get IEPs from a provider, but are not asking for them.**

ii. **Chris R. agreed that providers are not being asked for IEPs anymore, but there is some residual effects stating that services are educational in nature and therefore should be covered in the IEP and not by Medicaid.**

iii. **Elizabeth Freudenthal explained that if that is the case, it is a discussion that needs to happen with the school.**

iv. **Chris R. stated that the services in the school should not affect what is being done outside of the school. Denials are happening because services are being labeled as educational in nature.**

v. **Christy B. explained there is a distinction between services in schools versus outside of school. For example, OT in the school is learning how to hold a pencil. In the home setting, it is how to fold a fork.**

vi. **Elizabeth F. stated that social-emotional learning is part of the educational process. Part of the IEP process should include social-emotional work that kids need to eat lunch or do recess. Schools should be accountable to provide this. The Department is working on this with the Colorado Department of Education to be more clear on the gaps and the regulations.**

1. **Christy B. asked who are the experts in the areas we are talking about?**
2. **Elizabeth F. states that CDE is involved in the efforts.**

vii. **Anne M. asked who at eQHealth is reviewing these because if they don't have a professional background in this subject, how can they accuartely review these.**

1. **Chris R. answered that first a nurse reviews the documents, then a doctor.**
2. **Anne M. reiterated that those reviewing the PAR and IEP need to have the knowledge to properly make this judgement.**

viii. **Chris R. stated that in rule, home health providers are prohibited from providing services under the IEP in the school, so it is possible eQHealth has interpreted this incorrectly.**

ix. **Christy B. stated that this should be a standing agenda item.**

x. **Carol M. stated we need to discuss billing issues with CDE.**

xi. **Elizabeth F. explained that IEP services are reimbursed for the cost of providing service, not as a 1 for 1 service. The schools have to report this accurately, but this would make no difference in their payment. The cost based system is bringing more money to the districts.**

xii. **Carol M. stated that schools in Colorado provide much less compared to other states and there needs to be a clear distinction between clinical and educational.**

xiii. **Christy B. explained that federal law makes these very separate.**

xiv. **Elizabeth F. asked if there were specific examples of denials based on IEPs or educational services, please send those to the Department. A thing to remember is that HCPF and CDE are separate entities and they have different systems and regulations. In order to integrate care, we need to look at the whole picture. But HCPF won't be able to make up for gaps in the school district.**

xv. **Christy B. explained that in the long term, if the kids end up needing more services because they weren't served by schools, it will become a larger issue.**

b. **Candace B. gave an update to the group on EPSDT Behavioral Therapies. There have been zero denials for behavioral therapies. The Department is still working on enrolling providers and the new criteria is up on the website. If you see anything that isn't working, please bring it to the Department.**

i. **Anne M. expressed that some providers have stated it takes 6 months to become enrolled as a provider.**

ii. **Candace B. stated that it varies. Gina Robinson with the Department has been working hard with providers to get all the necessary documents submitted.**

iii. **Anne M. asked if we were seeing a delay because some providers didn't want to work with Medicaid.**

iv. **Candace B. explained that there is a backlog in the revalidation for providers that the Department is required to do from the**

federal government, but we have noticed that decrease. The Department is looking to increase providers.

v. **Elizabeth F. stated there is a Top 10 reasons an application has been returned document on the revalidation page of the website.**

vi. **Anne M. asked about the rates for CES waiver providers versus CWA waiver and EPSDT providers.**

vii. **Candace B. explained that while rates may be different for CES waiver providers currently, behavioral services will come out of the waivers, so providers need to remember this in the future.**

F. Legislative Update

a. **Tabled for this month**

G. Waiver Updates

Waiver	Enrolled	Waitlist
CWA	75	351
CLLI	162	-
CHCBS	1258	-

a. **Candace B. reminded the group that if a child is Medicaid eligible, they do not need to be placed on the CWA waitlist. They can access services now through EPSDT.**

   a. **Chris R. explained that some EPSDT providers have waitlists.**

   b. **Candace B. explained that not all EPSDT providers have waitlists. This information is possibly something we can add to the website.**

b. **Ryan Zieger stated that there is a shortage of BCBAs in the state.**

   a. **Candace B. stated that that increasing providers is an idea the Department will need to look at in the future.**

   b. **Chris R. explained that the shortage of providers might have to do with the rates.**

   c. **Elizabeth F. explained that this is a national problem, not just a Colorado problem.**

   d. **Candace B. stated there is a shortage of healtcare workers across the county so rates might not be a source of the problem.**

e. **Anne M. stated that the National Board of BCBAs won't allow those with Bachelor's to become board certifed anymore.**

f. **Carol M. stated there are a variety of therapies under ABA therapy and we should look at incorporating more mental health principles.**

c. **Candace B. stated the enrollment cap for CHCBS is 1308. The Department is approaching having a waitlist for this program. The enrollments have been significantly increasing.**

a. **If a family is on Buy In Medicaid, can they be on the CHCBS waiver or be a CNA?**

b. **Candace B. explained the Buy In option gives the family full access to Medicaid so they can be a CNA. However, the family cannot be on the CHCBS waiver because the child cannot be otherwise eligible. By going through the Buy In option, they are eligible for Medicaid.**

c. **Christy B. stated that the language is specific and states if there is any way the family could access Medicaid, they cannot access the CHCBS waiver.**

d. **Chris R. explained that this is not the case for other waivers. This only applies to the CHCBS waiver.**

e. **Beverly Hirsekorn stated that if the family has been on the Buy In and they qualify at a later point for the waiver, we can redetermine the family for the waiver.**

i. **Candace B. explained this is true except for the CHCBS waiver.**

ii. **Beverly H. explained if something changes in the family's eligibility circumstances then the family can be redetermined.**

3. Agenda Items for next meeting

A. IEP Denials

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