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.

May 11th, 2016
10:00 A.M. to 12:00 P.M.
PHONE: 720-279-0026
PIN: 308112

1. Introductions

In the Room:	On the Phone:
Jennifer Brodis	Patricia Fulton
Erika Walczak	Nancy Harris
Anne McNally	Sheila Peil
Deb Hudson	Beverly Hirsekorn
Chris Russell	Cassie Morris
Molly Yost	Loretta Bozeman
Mallory Cyr	Shannon Seacrest
Bethany Pray	Allicia Maestas
Suzette Elledge	Corrinne Lipski
Carol Meredith	Colette Christen
Elizabeth Freudenthal	Cassidy Delemonache
Ryan Zeiger	
Shilo Carson	
Laura Russell	
Candace Bailey	
Dennis Roy	
Christy Blakely	
Maureen Welch	

2. Agenda items:

A. PDN Provider Capacity

a. **Ryan Zeiger explained that PASCO is receiving more and more referrals for children to receive 24 hours of PDN coverage. However, both PASCO and the other Home Care Agencies are struggling to staff these cases.**

b. **Chris Russell stated that People Care is also struggling with staffing PDN cases and that the issue is complicated. People Care has 104 active cases; 13 are waitlisted. Two different factors:**
    i. **What the tool allocates for hours versus what the parents' desire for hours. PeopleCare is currently staffing 93.9% of the allocated hours.**
    ii. **PeopleCare currently has a section of staff devoted to recruiting nurses for these cases**
c. **Christy identified the issue is with the capacity of agencies to be able to staff these cases, and rates would be a factor in capacity.**
    i. **Chris stated that yes, you have to be able to pay someone to do a job.**
d. **Ryan explained that another issue that that PDN nurses often need to be seasoned. These cases cannot always be assigned to an RN that is directly out of school for various reasons.**
    i. **Creates scenario where not every nurse can provide to every child.**
e. **Christy B. expressed a concern about whether the tool is allocating the necessary hours for members.**
    i. **Chris R. stated that in her experience the PDN tool is not restricting the number of hours that a member is eligible for. Rather it is more an issue of finding nurses that cover all of the identified hours needed.**
    ii. **Chris R. provided the example that People Care sees 544 hours per week being requested that cannot be covered. Chris explained some details about this number:**
        1. **93% of the hours requested are staffed**
        2. **When children are in school, the hours are not utilized via PeopleCare because the school may be providing the services**
f. **Chris R. stated an additional barrier is the workspace that these PDN nurses are requested to work. The environment is often less welcoming compared to the environment a nurse would work in if employed by a hospital.**
g. **Christy B. pointed out a barrier that for some nurses, when providing PDN in a home they are missing out of further professional development because they are not exposed to the variety of experiences that might be available in a hospital.**

i. **Chris R. pointed out that for experienced nurses the appeal for providing PDN is that they get to establish a bond with the child. The crux is that in order to build this relationship, the nurses have to be willing to work in the variable environment of homes receiving PDN.**

h. **Ryan Z. further explained that PASCO frequently refers PDN cases to other home care agencies, but these agencies have waitlists. So then the family calls PASCO back.**

   i. **Christy explained that accounting this circumstance was part of her request at the last Medical Services Board meeting. She requested to know the number of children that are not currently receiving the PDN hours allocated.**

i. **Maureen cited there may be families who have been "kicked around" to where they are not on a waitlist and thus are not included into the dataset yet. Clarified that it is an unmeasured need because the child is not on an agency's waitlist yet.**

j. **Christy identified the complaint she had heard that some families don't understand that when they're provided CNA care, that the Home Care Agency could be providing additional support via other CNAs or nurses.**

   i. **Ryan identified that in his experience, the issue becomes related to the comfort level of client/families often affects the ability to staff cases because the family will not like the way that a specific staff member provides the services.**

k. **Carol is unsure how regulations and law could impact the factors and issues that have been identified. In her experience, either the hospital or another agency has trained the family members in providing the care.**

l. **Erika W. identified that, as a case manager, she sees the circumstance where a family moving into Colorado experiences delays because the transitions are often not timely.**

   i. **Chris R. acknowledged that SEPs bend over backward to aid in the transitions. However, its still nailbiting because when there isn't a comfirmed transitioned date, it becomes difficult to staff the case because the agency may be left in a hiatus, while still paying staff.**

m. **Cassidy identified that parents don't know how to access the services, especially if physician doesn't send the referral. The key will be how PDN services are communicated to the CCBs so that those agencies know how to refer a child to PDN in lieu of a physician's referrals.**

n. **Carol M. expressed that she was involved in the PCAT & PAT development processes. It was eye opening for her because there were not any pre-existing regulations and standards for how children received nursing services.**

o. **Erika W. pointed out that a child cannot receive 24 hours of PDN services and maintain their CES eligibility.**

   i. **Chris R. expressed that utilization should be the better measure for this eligiblity determination, because when the physician states the child needs 24 hours, this does not mean that it is utilized. This can actually be related to a parent choosing to have their child on a Saturday, rather than having the nurse in the home for those days.**

   ii. **Cassidy – Lack of clarity when differing between home and community, often the families don't know the difference.**

B. IHSS for Children

a. **Dennis provided everyone with a background of a House Bill that passed in 2014 which expanded how IHSS can be provided in the community; additionally, the bill allows for parents/caregivers to designated how much oversight is provided by an IHSS Agency. Waiver Amendments that implemented this bill were approved by CMS earlier in 2016.**

   i. **Forms were subsequently developed by an IHSS workgroup that designated the areas where a family/caregiver can designate the amount of oversight they receive from IHSS agency. The forms appear to be working well for adult cases.**

   ii. **The issue at hand comes up in circumstances where a child's parent/guardian is acting as the IHSS attendant, and there is not a natural support that can function as an authorized representative. In this circumstance, the Department is seeking feedback for what type of supports need to be provided in lieu of an IHSS agency.**

b. **Maureen asked Dennis to explain the areas that an attendant could receive supports from the agency. Dennis provided an overview that these supports are areas such as introducing the attendant, scheduling the attendant, etc.**

c. **Ryan provided the background on the intent of the bill. Ryan additionally provided an overview of the regulations an IHSS agency must follow regarding providing supports in order to maintain the Home Care licensure.**

d. **Dennis additionally clarified that the situation the Department is seeking guidance in only occurs when there is not an available natural support to function as the authorized representative for the child.**

e. **Christy proposed that certain areas of support could be mandated.**

f. **Ryan clarified that there is still licensure and regulation responsibilities that the IHSS agency must adhere to.**

g. **Maureen expressed the concern that if areas of support are mandated, then choice is being removed and that should not be supported.**

h. **Elizabeth clarified the conversation by stating that the question on the table is whether or not the regulations surrounding the licensure of IHSS agencies (nurses validating the skills of attendants, etc.) is enough oversight for these circumstances.**

i. **Shannon expressed a concern that if a parent is going to commit bad decisions, that individual is going to make bad decisions regardless of whether there is a authorized representative. By mandating this type of guidance for families who have no natural supports, you are discriminating against these families.**

    i. **Dennis agreed that this is a great thought and that he will take it back to the Department for more discussion.**

j. **The group had further conversation that the best way to address this issue is to address the issue of whether a Class B Home Care licensure applies to IHSS agencies.**

k. **Dennis thanked everyone for the conversation and requested that if anyone has any additional thoughts, they send those thoughts to Dennis or Rhyann Lubitz by May 18th.**

C. **Project LAUNCH - Molly Yost**

a. **Early Milestones Colorado is a new nonprofit that is associated with the privately funded LAUNCH Together program. In Colorado, it is being called Project LAUNCH.**

    i. **Weld County – 2010 – received federal grant**

    ii. **2014 – The State of Colorado received a grant that is being administered by CDPHE & CDHS. Adams County is functioning as the local pilot site.**

    iii. **The intent of the grant is to improve social-emotional and behavioral health outcomes for children.**

    iv. **8 Foundations are funding the program over a 5 year period.**

v. **The program is a "NO wrong door" approach to child mental health.**

vi. **7 communities are being funded currently.**

vii. **Maureen asked what type of partnerships and collaborators are involved.**

1. **Molly said that the communities are encouraged to establish partnerships across all types of agencies.**

b. **Project LAUNCH applies to 0-8 year old children and their families. So the supports can also be provided to maternal care for depression as an example.**

D. **Statewide Personal Care Provider Network (Elizabeth F)**

a. **Elizabeth F. notified the group that Pediatric Personal Care agencies are now available statewide.**

b. **Providers should not be telling eQHealth that there are not any personal care providers**

i. **Shannon S. asked how many children are utilizing the Pediatric Personal Care benefit?**

ii. **Elizabeth stated that the number is HIPPAA protected information**

1. **Shannon asked if it is under 30? Because to be HIPPA protected it has to be less than 30.**

2. **Elizabeth: That is correct.**

iii. **Ryan Z stated that he is seeing PARs moving forward and being approved.**

E. **EPSDT Behavioral Services**

a. **Christy expressed a concern is that an IEP is required to authorize Behavioral Therapies.**

b. **Candace explained that this is not accurate. The Department is not requiring an IEP. Candace and Elizabeth will follow up with eQHealth to ensure they are not requiring the document.**

c. **Chris Russell explained that the issue is that eQHealth is requesting to see the IEP in order to check for compliance that a state plan benefit is not being delivered in the school. In her experience, it has come up in regards to Home Health PARs**

d. **Maureen stated that she called in on the meeting. Her concern right now is that there is not a billing code for developing a treatment plan.**

Her son was receiving BCBA services without a treatment plan, which is against best practices.

i. **Candace explained that there are currently 3 billing codes. As a result of feedback from stakeholders, the Department is looking at expanding the available codes in order address the development of a treatment plan. The Department is looking into whether it is possible to open up other billing codes.**

ii. **Maureen reiterated her son's situation that the issue is around the development of a treatment plan and that the BCBA and line staff could not bill simultaneously, so the BCBA could not develop a treatment plan.**

iii. **Candace asked why the BCBA was not providing the actual therapy?**

iv. **Maureen explained that the BCBA was there, but she did not have the ability to set up a treatment plan because of the way the billing codes are set up.**

v. **Maureen explained that she sees another issue. When the benefit from a waiver was moved to the state plan it reduced the ability for therapists to overlap their time. The CES waiver allows the overlap.**

vi. **Elizabeth explained that in regards to overlapping time, the Department considers it an administrative cost for a medical care provider to be supervised. That supervision is built into the code and the rate. So it is not possible to allow a provider to bill twice for a supervisor to come into a home to supervise another person that is providing services.**

vii. **Chris R. explained that what Elizabeth is saying is accurate and the concept applies to other services. For instance, when one nurse is training another nurse, home care agencies cannot bill for both nurses.**

viii. **Maureen reinterated that she still thinks there is an issue with moving a benefit from a waiver to the state plan without considering the outcome(s).**

ix. **Carol explained that benefit hasn't been moved yet. If and when CES behavioral services are no longer available, then it becomes an issue. But that's not going to happen until the CES waiver is renewed. She followed up by stating that under most of the waivers, you cannot overlap billing.**

x. **Maureen expressed that perhaps there is a precedent in other services, but that ABA should be viewed as different. And the best practice is to have monthly reviews to ensure progress.**

e. **Bethany asked that the Department request that eQHealth not require the IEP documents until the issue is fleshed out.**

i. **Candace offered to bring that up to the Department.**

F. **Legislative Update**

a. **Tabled for this month**

G. **Waiver Updates**

a. **Tabled for this month**

H. **Behavior Health Organization referrals for Intermediate Care Facilities (11:30-12)**

a. **Melissa Eddleman oversees the BHO contracts.**

b. **Primary purpose of the BHOs is to provide services for Substance Use Disorders and Mental Health conditions.**

i. **Prevention and intervention services; as well as some in-patient and out-patient treatment services.**

c. **Contracts have been amended to explain the BHO responsibilities for providing services to individuals who have dual diagnoses. There has been a history of confusion over when the BHO should be providing services to individuals who are dually diagnosed.**

d. **Melissa recommends that when services are being denied, the family should be pursuing the BHO's grievance processes.**

i. **The Department is hearing anctedotally that services are being denied; however, when the grievance reports are pulled the reports of these denials is not founded.**

ii. **Carol explained that her lingering question is about if ICF is a state plan benefit, who is responsible for administering participants into those services.**

1. **Melissa does not deal directly with ICF policy. However, this question touches dual diagnosis issues. When a member presents with behaviors, it is often difficult to determine what is the cause of those behaviors.**

iii. **Christy stated that this was good news in that dual diagnosis situations are being addressed, but that w missed the mark addressing the issue about ICFs.**

iv. **Beverly asked if it possible to get a list of the grievance numbers for the BHOs.**

1. **Melissa said she would provide Dennis with a list of these numbers and the appendix that outlines how BHOs should be handling dual diagnosis.**
2. **Beverly asked how BHO coordination will work in the future?**
   a. **Melissa explained the current plan is to integrate the BHOs within the Regional Accountable Entities of the Accountable Care Collaborative Phase II.**

e. **Melissa exited the conversation.**

f. **Carol explained that she has read of several situations on the Parent to Parent list serve where a family needed to access an ICF for a child at an IDD level of care. If the Intermediate Care Facilities are listed in the State Plan as a benefit, why isn't it being utilized? Carol acknowledged that no one wants to place a child into a facility, but there are a limited number of situations where that is no longer possible. So how do these cases access the ICF service?**

g. **Carol clarified that the issue should not be around diagnosis. Rather if the service is in the State Plan, it should be available. And no one seems to know how to access the benefit.**

I. **Speech Language Pathology (Maureen)**

a. **Issue with the billing issues. It used to be that two codes could be used simultaneously (cognitive and speech). However, the Department is now auditing these providers and in some cases these providers are being required to payback the money that they billed for.**

b. **Christy expressed that the Department stated that providers were required to know how to bill appropriately. Christy asked the Department about the rates for Speech Therapists. Christy has also heard that this issue only impacts a small percentage of Speech Therapists.**

c. **Christy said that she would bring up the issue with Gretchen on Friday at the Medical Services Board meeting.**

d. **Maureen asked that Speech Language Pathology remain on the agenda for the June meeting.**

3. Agenda Items for next meeting

A. A representative from the Medicaid Re-Branding Efforts will give an overview of the changes that are coming.

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.