



**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.*

September 14th, 2016  
 10:00 A.M. to 12:00 P.M.  
**PHONE: 720-279-0026**  
**PIN: 308112**

**Introductions**

<b>In the Room:</b>		<b>On the Phone:</b>	
Candace Bailey	HCPF	Jennifer Blankenship	PASCO
Chris Russel	Professional Pediatric Home Care	Suzette Elledge	The Children’s Hospital
Shannon Seacrest		Erika Hostetler	Autism Society of Colorado
Sheila Peil	HCPF	Gina Robinson	HCPF
Beth Cole	Early Intervention	Cassidy Dellemonache	PASCO
Marijo Rymer	The Arc of Colorado	Deb Hutson	DHS
Carol Meredith	The Arc of Arapahoe/Douglas	Patricia Fulton	The Arc of Jefferson County
Laura Russell	HCPF	Erika Walczak	Jefferson County DHHS
Dennis Roy	HCPF		
Bonnie Holladay	HCPF		
Christy Blakely			
Ryan Zeiger	PASCO		
Jennifer Herare			
Andrea Peralta			
Maureen Welch			
Jennifer Brodis	CO Access		
Shiloh Carson	Developmental Pathways		

**Agenda items:**

- 1. Overview of the Community Living Advisory Group’s (CLAG) Report presentation by Carol Meredith, Marijo Rymer, and HCPF OCL staff.**

The CLAG was created by an Executive Order in 2012 and aimed to make improvements across the Long Term Care system and not just in one particular group. The group consisted of approximately 30 individuals. Over a period of 18 months, the group made recommendations that are currently being worked on. Marijo and Carol provided an overview of the CLAG's principles and some of additional background on the work that was done. Much of the work of the CLAG was done in sub-committees related to topics such as Waiver Simplification, Entry Point & Eligibility, and Employment (The presentation slides were distributed to the group after the meeting).

#### **a. Program adjustments**

One of the major program adjustments proposed was ensuring that the waivers contain similar definitions for medical necessity and other terms, and that these definitions be broader and more flexible.

The CLAG also proposed that all waivers have the same set of benefits, and that options for self-direction and individual budget control should be in all HCBS waivers.

- Beth Cole asked: Do we have the data on how many kids on a waiver might no longer qualify due to the services changes?
- Candace Bailey responded that for the CWA waiver, it is estimated at about half of the current CWA waitlist. The Department is currently doing a similar analysis for other waiver benefits to determine the impact after waiver simplification efforts.

#### **b. After the CLAG**

- The Department led a stakeholder group throughout 2015 to examine a Katie Beckett State Plan Option.
- A Legislative Request for Information (LRFI) was submitted to the General Assembly on November 1, 2015.
- A Community First Choice (CFC) Implementation Council has worked to examine costs associated with various benefit packages. CFC is an authority under the Social Security Act that incentivizes states to shift resources from institutional to community services. States receive up to an additional six percent in their match of funds. What the CFC option would do is encourage states to put benefits in their plan that would be available to anyone who meets a specific level of care.

#### **c. Available Resources**

The presentation finished with a slide showing all of the available documents related to this effort. The Department has posted the finalized CLAG report, as well as the supporting documents. The Department has also established pages on its website to



provide updates on work of groups such as the CFC Implementation Council and the Waiver Redesign Implementation Council.

## 2. Behavioral Therapies and BHOs

Ryan Zeiger discussed that he has run into an issue regarding receiving a denial of services from a BHO before a child can receive Behavioral Therapies. He said he learned of the circumstance after a training about a month ago. He began calling BHOs and found that many were unaware of this requirement.

He started researching the issue and found a provision saying that BHOs need to cover anything that is offered under EPSDT services. Cassidy Delemonache then added in that another complication is BHOs do not consider BCBAs as licensed.

While Gina Robinson said in the meeting that providers needed to continue receiving a denial through a BHO, that information has since changed. The Department is working internally to pull all the claims that were denied with a "bill the BHO" denial and override the denials. This means providers should not need to pursue any new denials from the BHO for current denials. The Department does have some system issues that will not be solved until the new system is up and running for claims processing on October 31<sup>st</sup>. The Department will try to override the current denials which will leave providers free to provide services.

- Candace B reiterated that behavioral therapies are still available services in the waivers. Clients can continue to access them for now, as it will take time to transition these services out of the waivers.
- Carol Meredith pointed out that there are three BHOS in five areas, and asked about having a contact for providers at each BHO. When the requirement for a BHO denial was later removed, these contacts were no longer needed.

### a. EPSDT Behavioral Therapies Update

- 274 kids approved with 8 pending at this time.
- There is a new assessment code for re-assessing at 6 months
- Trumpet and Playdate are the two largest providers of services.

### b. Waitlists at Providers

Parents appear to be predominantly calling the top four agencies on the provider list. Some parents are being told that there is a waitlist to receive behavioral therapies, when other providers still have capacity. Case Managers and advocates should encourage parents to call other providers on the list to determine if they can begin services sooner.



**c. Pediatric Personal Care benefit**

Ryan Zeiger said that the Pediatric Personal Care benefit was doing really well. He then went on to describe the relief that some of the families are experiencing as a result of this program. Ryan states he has had several instances where they have identified a client that could benefit from behavioral therapies through providing personal care.

**d. Private Duty Nursing (PDN)**

Christy explained that she continues to assist on cases where a child is losing 8 hours of PDN when a child turns 21. Community Centered Boards sometimes struggle to establish care for children with high medical needs.

**e. Certified Nursing Assistant (CNA)**

Christy explained that in a case she is working on, the mother’s income as the child’s CNA has been counted toward the household income, which moved the child to CHP+. It was found that CNA income can count as income for the Health First Colorado (Colorado’s Medicaid Program) Buy-In program. Christy expressed that she felt that the child would qualify for the Children with Life Limiting Illnesses waiver. Jennifer Brodis asked that Christy forward her the child’s information so that the case could be looked into.

**3. Waiver Updates**

Waiver	Enrolled	Waitlist
CWA	75	282
CLLI	170	-
CHCBS	1349	-

- Dennis reminded the group that the Department has submitted an amendment to the CHCBS waiver to CMS. This waiver amendment removes the enrollment cap from the waiver and allows for continued program growth.

**Agenda Items for next meeting**

- A. Waiver Simplification/CFC conversation
- B. Rule Efficiency Review for Five Programs

**Adjourn**



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