

CAC Jan 23rd

Excused: Anita

Attendees: Andrew, Russ, Taylor, Kimberly, Beth, Carol, Bill Campbell, Kendall, Rashonda, Cassidy, Sarah, Jennifer, Thee, Lisa, Christopher, Carol Meredith, Monie, Tom, Bill Betts, Christy B, Ayelet, Jeannette. Shannon

Children's Disability Update: Leg update - Carol Updated SB 15-015 - health insurance mandates for autism treatments. Making progress on waiting lists on all waivers. CWA being addressed in JBC bill and Gov request for extra resources. Change age restrictions up to age 8 - be allowed to get three years of services no matter what.

Committee keeps refining PCAT tool. Home care discussions. IHSS discussions too. Unintended consequences being discussed too - home care allowance benefits are lost and families lose stability. Looking at TANF and other options to help families. CLLI waiver being renewed. Join the Med and Kids meeting next month if you want to provide input or hear what is happening.

Update: Due to new Department standards items were not able to be posted in a timely manner, we have a new policy related to ADA accessible items on the website and most items like the agenda for this group as well as the benefit collaborative document were not able to meet the new guidelines so they were not able to be posted in a timely manner. We are working on this and should have kinks worked out soon.

Russ - he has been completing audits and reviews of health plans, including CHP+ and managed care. KPI measure successes. Child welfare visit, 30 day readmits, reduction on ER and increase in well child. RCCO numbers bring thoughts about accuracy of numbers. Is everything being counted? Documented by the doc? If not in claims then the doc is not getting credit for it. We need to dig deeper into it because RCCO payments are based on this work. Trying to identify who all the people are working on this issue. Going to pull top 20 providers who are denied the most. They may be the ones who need the most help with coding and billing.

Working closely with Colorado Access on this and they have the most ACC population, Jeannette has a program in region 4 looking at these issues as well. FQHCs bill by encounter so they don't have a need to show what happened at the visit. April 1st will start zero line billing. Hopefully this will help. Training program to get those folks to add in all of the data. Multi angle approach. Question - all children? We are looking at all kids at this point - we may go to subpopulations once we get data. Will have some sort of summit meeting. Timeline on this project: year long project Dept of Peds - new administrator

Wheelchair Coverage standard

Brief - come from time to time is a step in the collaborative process. Defines amount scope and duration of a benefit. This one has been going for more than a year. Final product seems to have lots of support. Manual, power, seating and options and accessories. This is bringing 5 policies into one. Ask that you read through this and look at it from the children's lens. There is not a standard for EPSDT - we want to include it in this standard. Exceptions need to be added. What else needs to be tweaked as it applies to children. Standard is about 1/2 way through the process. Plenty of time for input. Feel free to email either Kimberly or Gina with questions or concerns.

Crisis/Warmline services Media blitz since last week. Not wrong door policy. They will not ask for insurance but they will try and get reimbursed. Will they work with adult protective services? Will they contact other resources as necessary? They will transition out of crisis beds. They will have to refer to mandatory reporting. They will coordinate as needed. If you want any information please contact Mary Hoefler at 303. 866. 7066 or Mary.Hoefler@state.co.us

Taylor - update - PCAT pilot. Holding webinars to train providers on how to conduct pilot. Will be testing the pilot on those who are already receiving services. Jan 28th and Jan 30th are the training dates. Agencies have already been contacted. One of them will be recorded. Overview - - not much has changed. 60 waiver clients that are receiving personal care will be the test subjects.

Jeannette - pilot does not have anything to do with skilled care - skilled care will not be done at this time. Only filling out the portion of the tool related to personal care. Operationalize it in CareWbQI means that there are check boxes. What is the version on the website? The one there is not up to date. The one passed out today is also not the most up to date. The one handed out today does not have the buttons between skilled and unskilled care. If the agency does not fulfill that service, they will need to notify the provider. Will be posting the most up to date version and we will get it out to everyone on the website. PDF fillable - which adds automatically. Word version where you can print it and add it up yourself. This Allows factors to be given to parent.

Tentative go live date is April or May. Will there be time for skilled agencies to learn to fill this out too? We do not have a scheduled pilot for skilled agencies. Once folks take the agency training - there may be a decision at that time and run a side by side pilot and operationalize the Class B agency being notified that a client from an A agency that does not provide services get notified. Running into problems with this now - Class A agencies are calling Class B and they are surprised that they are calling. This seems to be a part of care coordination at the highest level but may not be happening. What is the reasonable time for Class B to go out and do the assessment and not just cut off families when this turns over? There seems to be a need for a pilot between A and B agencies. What would this look like, who does the work, who does the training, and how long will it take?

Can we have a town hall with all of the agencies who will be doing the work and come together to talk about areas covered, hours, staff, coordination of care - transition meetings, etc? How do you communicate, learn the environments, specialized trainings for the parents? Pair the families together? What each agency has for capacity? If anyone has suggestions, please let us know. Contact Taylor with your ideas. We are building in ideas in to the training but we will still need to complete the policies on how to make this happen.

Will there be a step down for those families who don't want to use personal care?
There is no step down process for this benefit.

How do you use staffing agencies? Do you hire on your own? We hire on our own. In the Denver metro area, it is difficult because you have to do your own training and staff and the costs are prohibitive once you have to pay the agency as well. So you see transfer of care between agencies or between the provider as the middle man. It will be agency to agency. Providers are fantastic but they don't know the nuances. All agreed. Most likely will assign one coordinator for this benefit so there is consistency. Even those agencies who will be providing both levels of services, they need time to coordinate and train with the new form. Coordination is even hard in the agencies who do provide both.

Those agencies who take waiver clients currently? Waiver case managers have some responsibility but if they are not waiver clients, what happens? Referral process is very different from a waiver child vs those who are not on the waiver. Assessment has to be completed within 5 days for those on Waiver. There are lots of steps in this process. The SEP doesn't have a timeline to complete the dummy PAR. We need to enforce coordination of care. There is very limited ability to flex hours suddenly.

Referrals from docs may take longer and you have to hunt for who else is involved. It can take weeks for some areas like hospice. Dept of Health may need to be brought in on timelines, etc. as regulations.

Class A agencies are already knee deep into coordination. When there are other personal care services that can affect skilled care - that would need to be a different process than it is now. Evergreen would prefer phone conversations but it is not mandated by anyone. They request a schedule for the month and past month and use it not to schedule staff in at the same time.

Education - if you walk in and someone is already there, everyone needs to stop until it is worked out as to who should be there and who should not. Parents know that they should not be working if the PDN is in the house. But this is education on the side of the parent. This will need to be the same for the personal care provider, since this is more hours than just a therapist one day a week for an hour.

Does a state have to have a standard form for this? No - but if you can put together an electronic format that would be wonderful, but would need to work with current electronic systems. Coordination needs to be in rule so it can be enforced as needed. Communication is preferred method by the agencies.

Reach out to public health and their inspection team and see how they would look at this and see how they will enforce this. It will help get information out to other agencies. There are several mandated state forms but need to know how they will be surveying for this coordination. You ran the benefit through them, but you don't know how it is going to be enforced.

Taren is working on the training for the pilot and for the agencies. She will pass them back by this group. Pilot will not be passed by work group with the training for the agencies will be. Any questions or concerns from the pilot will also be brought to this group.

Group agreed that it makes sense.

Do you know there is a shortage area somewhere? Quantity does not always equal quality.

Some of the agencies on the list did not even answer with their business name - not sure how they will work out for the families and staffing. There will be at least one agency covering all 64 counties but they may not have capacity for a while if needed.

The state side is done - rule side, application, provider numbers, etc. are done,, but you need to give them time for their own policies, staffing, training, etc., They will not take a client until this is all done.

Staffing time from recruit to hire can be up the weeks.

Next Meeting February 27 - Note meeting location change.