

Minutes: Medicaid and Kids 1/9/13

Present: Suzetta Elledge, Beverly Hirsekorn, Jennifer Brodis, Patricia Fulton, Bob McGill, Pam Bisceglia, Ervin Guzman, Steven Bambarger, Sophia Hinojosa, Lois Jacobs, Corinne Lipski, Guinevere Blodgett, Ryan Zeiger, Jessica Rosenthal, Carol Meredith

1. Introductions
2. CHCBS update: CHCBS task committee met 1/7/12. Several options on table:
 - a. Let waiver expire
 - b. Submit waiver renewal without changes
 - c. Submit waiver renewal with changes – ideas include accepting no new children for wait list, current active children would continue until age 18 or no longer eligible, waitlist children would enroll and remain active until 18 or no longer eligible, eventual phase out of program
 - d. Funding to be potentially moved to other waiver programs
 - e. Phase out CHCBS waiver and phase in services to Tefra State plan

Research required so that children aren't hurt by change. Concern is inequity over who is paying for Medicaid and who receives free Medicaid. Ideas discussed included:

- a. Income related parental fee
- b. Tiers
- c. Number of kids w/ high initial cost, then improve and can exit waiver
- d. BHO capitated cost – how many children actually use?
- e. IHSS costs? Currently 67 kids using. Potentially moving IHSS to another waiver(s), how IHSS affects Home Health costs.
- f. Survey of CHCBS families through CM agencies to get range of income in order to see who is actually using CHCBS (under law, HCPF can't ask parental income)
- g. Identifying who/how many children enrolled in CHCBS and WL would not be eligible for Buy in program
- h. Possible requirement to apply for Buy-in prior to accessing CHCBS
- i. Profile of CHCBS children – would they meet criteria for other waivers?
- j. Potential income cap
- k. Way to cover services such as DME, PDN which are either not covered or underfunded by insurance

Buy – in issue: families who earn less than typical income cap for Buy-in still may not be eligible if they are paid every 2 weeks verses monthly. Parents can re-apply for months of only 2 paychecks. Financial eligibility is determined when application is processed. Maximus is processing in 5 days once all documentation is received. Not having disability determination slows time frame for program determination.

3. EPSDT – presentation by Sophia Hinojosa (Federal/CMS perspective). Handout distributed.

- a. Discussion regarding personal care: Ultimately, State (HCPF) determines what is medically necessary for individuals. Physician cannot just write a letter stating a service/treatment is medically necessary. Physician must also support his opinion. State may relook at need or may be reviewed through appeal process.
- b. Medical services are defined in Social Security Act 1905A. Currently, behavioral or cognitive therapy is not considered a medical service. CMS does allow states to provide services if state law allows treatment.
- c. Colorado has chosen to provide Autism (i.e. behavioral) services through an HCBS waiver program. (Note: services only available through CWA through age 5).
- d. CMS encourages states to look at services for children with autism but there is no mandate to expand services for children with autism. Lois indicated that HCPF is considering options but that there is currently no money available.
- e. Himat can provide funding for ABA therapy. Legislature is supportive of need for services for children with autism, however, little money has been allocated.
- f. BHOs will often refuse to serve children with a diagnosis of autism.
- g. Legal action of courts affects services and how laws are interpreted.
- h. CMS does not get involved in determining what constitutes medical necessity. States oversee this (HCPF).
- i. 1905A currently notes 38 services that are considered medically necessary. Sophia will send slides to Lois and Pam. Pam will send slides to Medicaid and Kids participants. Sophia and/or Diane will attend February's Medicaid and Kids meeting as hopefully will Gina Robinson.

This is the link in our website with the list of mandatory and optional Medicaid benefits we discuss this morning.

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html>

4. Pediatric Home Health Acuity Tool – Guinevere Blodgett
 - a. Final draft is on line at HCPF website.
 - b. HCPF provided 3 trainings in 12/12, 2 trainings scheduled for 1/13. One session will be recorded.
 - c. HCPF sent list of children who need assessment to providers. If tool does not give accurate assessment of child's needs, providers should send additional information with assessment to HCPF for review. If assessment appears accurate, but family disagrees, providers should send any additional information to HCPF for review. Do not wait for appeal to present additional information. Families have right to appeal decisions.
 - d. Providers are currently submitting HH certifications that are due in 2/13.
 - e. Letter sent to all families with children who have HH PAR in MMIS. Letter encourages parents who have questions to contact their case manager or HHA. Hotline # for questions also provided on letter. HCPF so far has received 10 calls. (2 requesting letter in Spanish, some asking for appeal rights or 1/21 meeting noted on letter.)

- f. Monthly meetings will be held for at least 6 months to assess how acuity tool is working. Meetings will be 4th Wednesday of each month from 10am-12pm at 225 E. 16th St., First floor conference room. Anyone welcome to attend.
 - g. Children's PAR cert periods decreased from 1 year to 6 months. 2nd and subsequent PARs cert periods will be 1 year. Medically necessary reviews on HH PARs were not occurring.
 - h. Step down process will occur if HH hours are decreased. If decrease is 30% or greater, services will be reduced by 1/3 each month. If decrease is less than 30%, there may be a modified step down plan
 - i. PASCO is finding some families are receiving an increase in services and some a decrease. If family doesn't agree with acuity tool results, a different nurse is re-evaluating and gathering supporting documentation and will include this with PAR. PASCO will have conversation re: appeal process. Steps of appeal process noted on P2P websight.
 - j. Group would like to see future topic of HH appeal process on Medicaid and Kids agenda.
 - k. If child's needs increase, HHA can submit PAR revision. Revision can be submitted only for change of condition, not in order to submit addition documentation or new assessment.
 - l. DHS services may be available, depending on family income after loss of income from CNA hour reduction. There may be funds available to cover cost of daycare.
 - m. Discussions to begin for adult PARs.
5. Pediatric ULTC 100.2 – closed to public comment. Lois will update at 2/13 meeting.
6. General discussion of issues:
- a. Only 4 beds in TCH Psych units for children. This is not adequate for the need.
 - b. Social Workers at TCH are not notifying HCPF of children who are hospitalized 30+ days. Result can be missed expedited CHCBS slot. Lois will contact Sam (Family Voices?) to address issue.
7. February 2013 meeting proposed agenda items:
- a. Lois – updates regarding CHCBS and Pediatric ULTC 100.2
 - b. Sophia and Gina – EPSDT
 - c. Guin – Home health/acuity tool update
 - d. Carole – Medical Necessity definitions – general and EPSDT