

## **Children's Disability Advisory Meeting (Medicaid and Kids)**

**March 12, 2014 10:00 AM- 12:00 PM**

### **In Attendance:**

Dennis Roy (*The Department of Health Care Policy and Financing*)  
Emelie Esquivel (*The Department of Health Care Policy and Financing*)  
Tiffany Rathbun (*The Department of Health Care Policy and Financing*)  
Kelly Jepsen (*The Department of Health Care Policy and Financing*)  
Candace Bailey (*The Department of Health Care Policy and Financing*)  
Candace Holte (*The Department of Health Care Policy and Financing*)  
Jennifer Brodis (*CO Access*)  
Genevieve Duran (*Maximus*)  
Corrine Lipski (*DDRCCO*)  
Anne McNally (*Rocky Mountain Human Services*)  
Emily Roche (*Firefly Autism*)  
Sam Murillo (*Family Voices*)  
Jose Torres-Vega (*Colorado Cross-Disability Coalition*)  
Kelsey Minor (*The Department of Public Health and Environment*)  
Angie Goodger (*The Department of Public Health and Environment*)

### **Participated by Phone:**

Meredith Henry (*The Department of Health Care Policy and Financing*)  
Jeremy Oat (*The Department of Health Care Policy and Financing*)  
Matt Colussi (*The Department of Health Care Policy and Financing*)  
Gina Robinson (*The Department of Health Care Policy and Financing*)  
Carol Meredith (*The Arc of Arapahoe and Douglas County*)

### **Update on New Personal Care Tool (Meredith Henry, *The Department of Health Care Policy and Financing*)**

- The tool applies to children 20 and under receiving and needing personal care. PCAT (personal care tool) will be used to determine eligibility and how many hours of care a child needs.
- There will be a THIRD (3) Benefit Standard Care meeting at the Department (225 E. 16<sup>th</sup> Ave) from 2-4 on Friday March 14. There will be

discussion on how the test should be structured, designed and scored.  
Attendance encouraged.

- There will be a pilot program for the test. The benefit care standard is currently being revised.

Questions/ comments:

Jose Torres- "Will the pilot program testing be significant because the first time standards were too open and now the public has been told they are too closed"

Answer- please attend the meeting to voice concerns and help plan

Sam Murillo- "PAT was too lenient which initiated a plan B scoring of testing, will that happen again?"

Answer- still in the revision process and unsure at this time

*Note: Anne McNally, Corinne Lipski, Jennifer Brodis, Kelly Jepsen, and Candace Holte asked to be added to the email list*

### **HCBS Children's Waivers Update (Candace Bailey, *The Department of Health Care Policy and Financing*)**

- CLLI Waiver- rule changes are moving forward and should be in effect July 1, 2014. There will be several opportunities for public input.
- There is currently no wait list for CLLI Waiver; this could change any day.
- CWA Waiver- currently around 320 on the waitlist.
- CHCBS- the waitlist is decreasing and down to around 75 (hope to be eliminated by summer)
- Reduction in wait list is due to CES funding and the buy-in option
- The 100.2 addendum is moving forward. Next steps include entering it into the BUS system and training case managers.

Questions/ Comments:

Sam Murillo- "Will the threshold for buy-in change with simplification of waivers?"

Answer- Not sure, good thing to bring up in waiver simplification meeting and should be brought up for discussion in all relevant areas.

The CHCBS workgroups have been on hold since the position is vacant. These will hopefully be picked up quickly.

Sam Murillo- "Will the "medically fragile" piece / wording be examined as there are many phrases / definitions that are interchanged?"

Answer- Yes, this will be part of the CHCBS workgroup discussions.

Corrine Lipski- Regarding the CWA waiver, how many assessment units are allowed? It seems every provider is doing things differently.

Answer- Six (6) units per assessment which would equate to (one and a half) 1.5 hours. Two (2) assessments per year are allowed.

### **Medicaid Buy-In Problems?**

- Emily Roche from Firefly asked what type of clients should be directed to buy-in?
  - Candace Bailey responded- behavioral treatment is not in the Medicaid State Plan. Clients who are in the following criteria may be appropriate:
    - 133-450% of FPL (federal poverty level)
    - Child with a disability but may not meet level of care requirements
    - Can be on the waiting list for a waiver (excluding CHCBS)
  - Sam Murillo:
    - Refer families to Family Voices
    - Families need to consider if they can afford a 2<sup>nd</sup> premium.
    - A good question to ask is "what is the primary insurance for the family?"
    - The family will need to apply for Medicaid and submit a disability application (Emelie Esquivel reported when submitting the disability application that it includes the necessary release form)
    - Anne McNally reported if the medical paperwork is included with the application it will cut down on processing time
    - Families may get a denial letter that states they are denied CHP +. Once the application is received the information goes through all systems to screen for what the family/ client qualifies for, CHP + is the last program the system checks and this denial could mean a denial from all

programs. Many families ignore this since it is not the program for which they applied.

- Discussion around Peak's Portal not allowing for the disability application. Tiffany Rathbun reported this will be changed in the near future.
- Sam Murillo- Since the new law allows for 1 year consistent eligibility, are families locked in for a year?
  - Genene Duran- she believes so, regardless of income change. Families do need to report income change and reapply if they want to switch programs.
  - Candace Holte- what if income change is drastic to where they no longer qualify, would the family need to pay this money back? (Genene believes no, will check with Ana Bordeil).
- Family on Affordable Care Act
  - Emily Roche asked if a family who recently had a child diagnosed with autism, and as a result the mother quit her job to care for the child, would qualify under a "life altering" situation
    - Group discussion revealed more information was needed including the type of insurance the family has, if they would qualify Medicaid, what the needs are of the child specifically and with the loss of income the family qualify for SSI.
    - This led to a discussion on HIMAT
    - HIMAT
      - Corinne asked for clarification on this reporting many people don't know what it is, it affects utilization and agencies are billing differently
      - Candace Bailey- all providers are required to bill the private insurance first if there is one, as Medicaid and the payer of last resort, it is Medicaid Fraud to not do so
      - Group members clarified that any "Colorado based insurance" is required to have HIMAT. It can be confusing to figure out if a private insurance is based out of Colorado.
      - Things to consider when attempting to figure out if insurance is required to provide coverage due to HIMAT or something like it.
        - Find out what state the private insurance is based out of- see if they have any Autism coverage requirements (32 states do)

- Have the family call the insurance agency and speak to the Behavioral Health Department (not medical) as services provided are going to be behavior oriented.
- ABA should be covered and per ACA (Emily Roche is attempting to get this in writing) there are no caps on payment coverages, and co-pays should go towards deductibles.
- Carol Meredith reported Co-pays cannot be billed for if the services are covered under the State Plan (I.E. Speech Therapy). This should not be confused with Waiver services.

### **Pediatric Assessment Tool (PAT) (Matt Colussi)**

- Guin has left the Department and the Department is working on filling her position
- Not much of an update- Waiting for February and March data to determine patterns. The data from January that reflects a 7.5% reduction in hours. This is suspected to be due to the removal of personal care.
- PAT stakeholders meeting March 26, 2014 10:00-11:30 (225 E 16<sup>th</sup> Ave 1<sup>st</sup> floor conference room). Please direct questions to [Matthew.Colussi@state.co.us](mailto:Matthew.Colussi@state.co.us)

### **Bright Futures (Gina Robinson)**

- Bright Futures has been adopted as the Colorado periodicity schedule for EPSDT, which is a requirement of CMS
  - 6 visits in the first (1) year
  - Well child visits at 15, 18, 24 and 30 months – required developmental screening at most of these visits
  - Physical required every year between ages 3 and 20
  - Lead screening is required

### **April Agenda Items**

- Group requests an ACA person to come and speak/ field questions as the deadline to enroll is March 31, 2014.
- The group suggested someone from eligibility to come to speak/ field questions as there seem to always be a lot of eligibility questions.

## **Additional Comments**

- Jose Torres asked if the group was compliant with the Sunshine laws as he could not locate the minutes. Tiffany Rathbun, Candace Bailey and Emelie Esquivel confirmed the notes were up to date, that a new email list was going around to ensure everyone was included, and gave specific directions to locating the minutes. (HCPF website, Boards and Committees, Children's Disability Advisory Group).

Website Link: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251568913739>

- Corinne Lipski requested a meeting with all CWA providers and case managers to get on the same page, discuss challenges and practices.

### *Future Meeting Dates for 2014*

*2<sup>nd</sup> Wednesday of each month from 10:00 AM- 12:00 PM*

*The Snow Room at CDPHE will likely continue to be the venue*

*Dates: April 9, May 14, June 11, July 9, August 13, September 10, October 8, November 12, and December 10.*