

Waiver Simplification Children's Review Committee
 Friday, January 17th, 2014 10:00 am
 MS Society

Attendance:

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| David Bolin, Accent on Independence | Sam Murillo, Family Voices CO |
| Sheila Peil, DDD CES Waiver Administrator | Susan Johnson, DDRRC |
| Shannon Zimmerman, Parent | Marijo Rymer, The Arc of Colorado |
| Renee Walbert, Parent to Parent of CO | Carol Meredith, The Arc of Arapahoe and Douglas County |
| Jan Rasmussen (phone), The Arc of Boulder | Candace Bailey, Health Care Policy and Financing Children's Waiver Specialist |
| Bonnie Silva, Health Care Policy and Financing Waiver Operations Section Manager | Dennis Roy, Health Care Policy and Financing Program Specialist |
| Cindy Lichti, Developmental Pathways | |
| Kristen Waldrop, NTSOC | |

Goal for Committee:

Review the work of the Waiver Simplification Subcommittee to ensure all recommendations will provide effective and efficient services for children.

Children's Waiver Overview

Criteria for enrollment onto an HCBS waiver:

Level of Care:	Targeting:	Financial:
<ul style="list-style-type: none"> - Varies between waivers, but could be Hospital, Nursing Facility, or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) - Functional Eligibility is determined by the ULTC 100.2 assessment which looks at a client's ability to complete Activities of Daily Living 	<ul style="list-style-type: none"> - Each waiver is targeted to a specific population. In many waivers, this is determined by a specific diagnoses from a medical professional 	<ul style="list-style-type: none"> - Financial eligibility is 300 % of federal poverty level - Parental income is disregarded for all children's waivers - Child support payments do count toward a child's income.

Current Colorado Children's Waivers:

Children with Life Limiting Illness (CLLI)	Children with Autism (CWA)	Children's Home and Community Based Services (CHCBS)
<ul style="list-style-type: none"> - Level of Care: Hospital - Targeting Criteria: The child must have a diagnosis of a life limiting illness - Birth through 18 years of age - Cap of 200 clients - Currently no waitlist - 	<ul style="list-style-type: none"> - Level of Care: ICF/IID - Targeting Criteria: Diagnosis of Autism - Birth through 5 years of age - Cap of 75 clients - 324 clients on waitlist 	<ul style="list-style-type: none"> - Level of Care: Nursing Facility and Hospital - Targeting Criteria: Medically Fragile - Birth through 17 years of age - Cap of 1308 clients - 42 clients on waitlist

<p>Children’s Habilitation Residential Program (CHRP)</p> <ul style="list-style-type: none"> - Level of care: ICF/IID - Targeting Criteria: Children in foster care with a developmental disability - Provides residential and behavioral services - Approximately 70 children currently enrolled - Birth through 20 years of age 	<p>Children’s Extensive Support (CES)</p> <ul style="list-style-type: none"> - Level of Care: ICF/IID - Targeting Criteria: Requires the need for a medical or behavioral support 20 out of 24 hours of the day. Child must also have a developmental disability. - Approximately 925 children are currently enrolled, and the waitlist is being eliminated - Birth through 17 years of age
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Review of the Concept Paper

Concern: For CHRP, under the current waiver system, parents must give up rights to their child(ren) in order for the child to receive services.

Concern: Level of Care and targeting criteria issues of current children’s waivers need to be modified under the new waiver simplification process.

- Example: CES night time supervision requirement

Concern: The difference in income eligibility requirements for families and clients in waivers vs. state plan (Family Medicaid).

- Many CWA and CLLI families could potentially lose services under the State Plan financial eligibility requirements

Concern: Ensuring appropriate provider networks. The group agreed that the waiver simplification process needs to ensure congruency between waiver providers and state plan providers.

- For example: Dental Providers

Concern: Under the new CES (amended) waiver, the “falling off the cliff” phenomenon that occurs when scope, frequency and type of services differs from those available in adult services should be considered when developing service recommendations.

Concern: Services under the State Plan post-waiver simplification need to be protected from the political climate, in similar fashion to the current waivers.

Concern: Be aware that the Centers for Medicare and Medicaid can and will make changes that affect waivers.

Concern: Consumer Directed services should be added to the children’s waivers, with accountability built into systems.

Concern: Expediting criteria for enrolling children in volatile situations.

Additional Discussion Topics:

- Discussion of Level of Care and Functional Ability in relation to IQ and other individual factors
- Critique of ULTC 100.2 for differentiating between three Levels of Care. Bonnie reported the Department has received a grant to address the ULTC’s effectiveness and possibly find a new tool.

- Families currently enrolled in CES leave for CHCBS because they don't need the waiver services, they just need Medicaid.
- The Department should issue a Maintenance of Effort statement to families regarding the waiver simplification. The statement should explain the waiver simplification motivation and process.
 - Statement needs to eliminate the perception that the state is cutting costs, rather the statement should focus on responsible spending.
 - The statement should also be an explanation that the change is positive.

Next Steps:

- Communicate all children related concerns to the Waiver Simplification Subcommittee.
- Continue to meet according to progression of Waiver Simplification Subcommittee to review future waiver simplification efforts.