



## MINUTES

### Children's Disability Advisory Committee

Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, C-1-A Room Located in Building C  
Denver, CO 80246

February 12, 2020

10:00 a.m. to 12:00 p.m.

Phone: 720-279-0026 or 1-877-820-7831

Pin: 308112#

Webinar: <https://cohcpf.adobeconnect.com/childcommittee/>

### Meeting Purpose

Christy Blakely - To share current issues in children's services. We define children as kids up to their 21st year. We have a lot of guests here today. The reason this meeting is so valuable is that we have front line workers, nurses, parents and folks all the way up to policy. We all get together in a positive way to find solutions. We don't beat people over the shoulders.

Christy Blakely introduced ground rules for the meeting:

- One speaker at a time. Identify yourself.
- Listen to others - no side conversations
- Let everyone participate
- Stay on point
- Be mindful of time
- Treat everyone with respect

If necessary, we are going to go to notecards for questions. If we keep with the respect piece we don't have to go to notecards.

Christy Blakely - Trust me as I say I am a parent. I know what it feels like. It is one of the reasons I continue to run this meeting. Let's go on to introductions.

### 1. Introductions

#### Roster Discussion - Christy Blakely

We have not been keeping a regular roster for this meeting. Lindsay has been making sure we have a listserv for everyone. Would we like a formal roster with folks from their agencies with names and phone numbers? Let's take a vote on if we want a formal

roster with a sign in. Folks in the room and on the phone are strongly in agreement. We will go ahead and make it formal.

### **The CLLI Report – Christy Blakley**

This report was sent out with the agenda for this meeting. It was created by this group a few months ago. We talked about it. The time is now to put our comments [to the Department]. Kelly can you talk a little about the report? I want to take a vote.

Kelly Bianucci - We captured comments from our December 11, 2019 meeting and organized it by the outline of the CLLI waiver and are submitting it together as a group.

Christy Blakely - Everyone was sent out the report. I want to put it to the group to vote to put it out from this committee. Show of hands to vote to submit as a group. In the room and in the chat box is yes. We are good to put that out. Thank you Kelly for putting that together. Moving on to pediatric therapies.

## **2. New Business**

### **Pediatric Behavioral Therapies eQ Staffing update – Gina Robinson (HCPF)**

Usually we do updates at the end. I asked to be on the agenda because we are finally able to move forward with a suggestion we received two years ago. We will be hiring someone at the vendor [eQ Health Solutions] to review pediatric behavioral therapy requests. We will be doing training with the UM vendor.

We will also have a meeting with providers to make sure that everything wanted is in the report and that the modifications are there. I will make sure this group gets an invite. A lot runs through the Children's Services Steering Committee. I am happy to come back and talk to you all about the larger group meeting if you have any questions or concerns.

I anticipate that we are going to see more denials for medical necessity. I am also assuming we are going to see denials for lack of information. We will make sure providers are trained to submit these. A small group is working on this. Change is hard. We are going to go back and make sure we are looking at everything from the beginning. We want the person at EQ working with providers to make sure there are no breaks in coverage.

Stakeholder question: Will training materials provided be shared so everyone knows what they are?

Answer: Yes, they will go through the Children's Services Steering Committee.

Stakeholder Question: Will there be breaks in services for children? How will you ensure families will not be left without providers or therapies?

Answer: We do not want a break in services. We will be working with providers

directly. We want the person at EQ working directly with the providers to get the information.

Stakeholder Question: Talk to me more about more denials for medical necessity. Which definition will you use? Where is it in rule?

Answer: It is already up in rule. The benefit is under EPSDT. The denials are really going to come from those that have not been making gains over three years. If a service hasn't been effective, is there another option, modality or goal that might work better? I still expect that we will get some denials for medical necessity or reductions.

Stakeholder follow up: Not making progress does not really have to do with medical necessity.

Answer: Maintenance is built in. Not making progress is different. That is where we go back to that provider doing the reviews to know what is/isn't working and what can be tried.

Stakeholder follow up: There is a difference between medical necessity. If the kid needs behavior because the doctor says they need it.

Response: All of those questions will be asked when we build the benefit with providers.

Christy Blakely - This feels like a bigger conversation. Let's put it on the agenda for next month.

Stakeholder Question: Can you illustrate the difference between maintenance and improvement. In certain cases, holding the line can be incredibly difficult. Puberty as an example. Not losing any ground is an accomplishment.

Answer: Yes, that is a perfect example of what we will be looking at with the provider doing the review. We can and want to look at the cases where the person isn't meeting their goals and we aren't just in there to be in there.

Stakeholder Question: In regard to other therapies, what other therapies?

Answer: Could be play therapies, we also cover others like ABA. When we put this together we heard that parents want services outside of ABA.

Stakeholder: Will we get a Fast Facts?

Answer: Yes.

Stakeholder Question: What definition will be used for medical necessity?

Answer: 10 CCR 2505 - 10 8.280 and 8.076.

**Stakeholder Engagement Opportunity - Karli Altman (HCPF)**

Due to time limitations we will send out update to group for this announcement

**Public Comment Update - Lindsay Westlund (HCPF)**

Due to time limitations we will send out update to group for this announcement

**CHRP Rules and Statutory Updates - Candace Bailey (Michele Craig on phone with technical difficulties)**

Two updates, we are working on updating the CHRP waiver rules and statutory updates. The rules will be previewed on Friday at MSB. These changes are really just to make small changes to expand provider qualifications for residential services and respite services. We are allowing family members to provide those services. This would not be the parent or legally responsible party but could be an aunt or uncle. Because we made a lot of other changes we are doing some grammatical and technical changes to update.

We are also updating the statute to provide rule making authority to align with any waiver amendments. We are asking for the statutory authority to do the same rule making process we do for all other waivers instead of having to run emergency rules.

Stakeholder Question: You want to make it consistent with CES?

Answer: Yes

**3. Old Business**

Private Duty Nursing (PDN), eQ Health PAR Process, HCPF Department Staff and Speech Therapy discussion

Christy Blakely - Introduces Tracy Johnson, Medicaid Director

Tracy Johnson- Thanks for having me. I used to come to this meeting 20 years ago. Great to be back. I'm here to talk about PDN, denials and denial letters. I'm here to put context from the Department standpoint but I mostly want to hear from you and how our policies are experienced on the front lines. Colorado is one of the best states to live with disabilities. We want to keep that up. People are living longer, babies born early are living longer. Policies need to be refined and improved to meet the demand. In the ideal state, members get the care they need and programs are sustainable. There is a clear and transparent interpretation of policies and people that need help navigating the system are getting that help and getting to the appropriate level of care.

The issues we see around PDN are in this larger context. I can see places where we know we are not hitting a home run. How can we prioritize? Is it a policy? Can we make our policies more clear? I want to hear from you and what you are experiencing on your end. We have policy experts in the room to try to answer your questions and we will be taking your feedback back as well.

Christy Blakley - I am collecting stories from you about your experiences. I am going to give my email in the chat. I will be collecting and compiling those. We want to make sure everyone gets heard so this is one way everyone can be heard.

**A large portion of our meeting minutes have not been included as the discussion focused on Private Duty Nursing (PDN) policy, regulation and implementation by eQ Health. As this topic is complex and verbatim comments/responses were difficult to capture – the Department would request to produce the agreed upon FAQ for PDN and eQ Health processes in lieu of providing the verbatim notes from this meeting. The Department is committed to working with CDAC to ensure the questions and guidance requested are included in the FAQ. The Department wants to ensure that the community and stakeholders have access to consistent, clear information on its programs, and distribution of an FAQ would meet this goal more effectively and efficiently than meeting minutes.**

#### **4. Adjourn**

Meeting is adjourned at 12:02 pm.