Behavioral Therapies and Changes to the Children’s Waivers in Colorado
Short History

- 1994 - Advocates began urging the HCPF to include Behavioral Services for children with autism
- 2002 - Children with autism (CWA) waiver passes leg - vetoed by Gov
- 2004 - Children with autism waiver passes leg - Gov signed
- 2009 - HIMAT passed leg - signed by Gov
- 2010-14 - Tweaks to CWA Waiver through legislature
- 2015 - attempt to expand CWA waiver through Legislature
- 2015 - CMS puts out directive to cover behavioral under state plan
Now Covered through EPSDT

- EPSDT - Early Periodic, Screening, Diagnostic, Treatment
- Not exactly an exception - medical necessity
- [https://www.colorado.gov/pacific/hcpf/pediatric-behavioral-therapies](https://www.colorado.gov/pacific/hcpf/pediatric-behavioral-therapies)
- Providers are listed
- Definition listed
- Note - NOT just for autism - any child who is in need
- Go to this website!
What does this mean for the waivers?

• Waiver services cannot duplicate services available through the state plan/EPSDT
• Behavioral Services for children currently in
  • Children with Autism (CWA)
  • Children’s Extensive Support (CES)
  • Children’s Residential Habilitative Program (CHRP)
  • Supported Living Services (SLS)
  • HCBS-DD (AKA Comp/Residential) – 18-21 years old
Behavioral Services will be Removed from Children’s waivers

- CWA – will go away
  - Stop wait list – fairly soon
  - Stop enrollments
  - Stop services
- CES and CHRP will follow
- Rules will have to change
- Public Input
- Medical Services Board Meeting
Unintended Consequences

- Families that are over income for Medicaid or the Buy-In cannot access Medicaid unless eligible for CES, Children’s HCBS (CHCBS), Children with Life Limiting Illness (CLLI)
- HIMAT will be less affordable as families have to pay co-pays and deductibles
- Greater coordination of benefits b/w HIMAT and EPSDT
- Plan to change level of care on CHCBS to include ICF-IDD = $$$
Action Items

• Advocate for ICF-IDD level of care in CHCBS
• Encourage providers to become EPSDT because others are going away
• Encourage families that are Medicaid eligible to get Personal Care and Behavioral in place early and often to increase skill building for the child and decrease caregiver burnout.
• Fight like hell to keep adequate federal participation in Medicaid