Accessing Children’s Benefits
Behavioral Therapies
Children’s Waivers
Personal Care

November 14, 2016
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
What we want you to walk away knowing today...

- Difference Between Health First Colorado and CHP+
- Pediatric Behavioral Therapies
- Waiver Basics
- Pediatric Personal Care
CHP+ and Medicaid

• **CHP+** - Low-cost health insurance for Colorado children and pregnant women who exceed the income guidelines for Medicaid eligibility - Run as an insurance product

• Medicaid in Colorado is now known as Health First Colorado (Colorado’s Medicaid Program). While the name and look of Colorado Medicaid are changing, member eligibility, benefits, and choice of providers remain the same. The new name and logo better represent Colorado’s member-focused approach to public health care coverage.
Health First
COLORADO
Colorado’s Medicaid Program
Health First Colorado (Colorado’s Medicaid Program) is public health insurance for low-income Coloradans and others who qualify.

Health First is funded jointly by the federal government and Colorado state government, and is administered by the Department of Health Care Policy & Financing. Each state manages its own Medicaid program differently.

This is why benefits and payments vary state to state.
EPSDT = Medicaid (Health First Colorado)

• EPSDT does not apply to CHP+.

• EPSDT is not a different program - you are NOT EPSDT providers or EPSDT members.

• EPSDT cannot override licensing and other federal provider requirements.

• EPSDT doesn’t have its own “checkbook”, funding or PAR process. All of the systems for this benefit belong to HCPF and Health First Colorado.
EPSDT = Medicaid (Health First Colorado)

• EPSDT can provide benefits not in the state plan.

• EPSDT can provide benefits that show as closed or not a covered benefit in the fee schedule.

EPSDT – Just ASK!!!
Questions or Concerns?
Pediatric Behavioral Therapies

- For members 20 years old and younger
  - Following EPSDT ages since this is not a state plan benefit.

- Not limited to ABA type therapy
  - Other types of therapy can be requested.

- Not limited to only those children with Autism
  - Many of the children who are approved for the benefit do not have a diagnosis of autism.
Private Primary Insurance

Same process as for all other Health First benefits:

- Health First Colorado members who have commercial insurance coverage that requires them to obtain services through a provider network must obtain all available services through the network.

- Members who insist upon obtaining non-managed-care covered services outside the network may be charged for such services.
Private Primary Insurance

• Before Behavioral Therapies was a benefit within First Health Colorado - providers were able to collect co-pays and deductibles for those patients who were under private insurance plans.

• Medicaid does not pay deductibles or co-pays.

• Providers cannot collect those co-pays or deductibles any longer.
Behavioral Therapies Funding Hierarchy

Does the client have:

- **Use**
  - Yes
  - **Private Health Insurance**
    - **Does the client have:**
      - **Use**
        - Yes
        - **BHO Covered Diagnosis**
          - **Does the client have:**
            - **Use**
              - Yes
              - **Current Waiver Coverage**
                - **Does the client have:**
                  - **Use**
                    - Yes
                    - **FFS Medicaid Coverage**

**FFS Mental Health Options and Early and Periodic Screening Diagnostic and Treatment Options** - must have a denial of services from the private insurance and the BHO to receive covered services if the child has a BHO contracted covered diagnosis.
Reminders - Health First Managed Care

• There are some counties across the state who have physical health managed care
  ➢ Denver Health Medicaid Choice

• If a child has another dx outside of Autism, you may need to get a PAR from the behavioral health entity in the area for services.

• It is the providers responsibility to check eligibility and understand program coverage.
Questions or Concerns?
Treatment Plan

Documentation of:

- Behavioral therapy treatment plan that clearly outlines specific and measurable goals of the treatment plan.

- Description of how the direct treatment hours and supervision hours will be delivered at a sufficient intensity to achieve treatment plan goals.

- Plan of evaluation for measurable impact on the client's behavior or skills.
Treatment Plan

In addition, the Department requests documentation about other therapy services that have been provided or considered for the client as appropriate.

- If no other services have been provided or considered this will not result in a denial of authorization for behavioral health services.

We want to be sure that the child and their family has been notified about all benefits that could benefit them - including OT, PT, S/LP, Personal Care and Home Health.
Prior Authorization

• Behavioral Therapy services are prior authorized

• Contracted agency submits prior authorization requests (PARs)

• Third-party vendor determines medical necessity

ColoradoPAR.com for more info
Provider Rates

Procedure Code: H2015
- HCPCS Procedure Code Description: Comprehensive Community Support Services
- Department Description: Adaptive behavior treatment, administered by technician
- Rate: $13.06 and Unit: 15 minutes

Procedure Code: H0036
- HCPCS Procedure Code Description: Community Psychiatric Supportive Treatment, face to face
- Department Description: Adaptive behavior treatment, administered by BCBA
- Rate: $20.35 and Unit: 15 minutes

Procedure Code: H0031
- HCPCS Procedure Code Description: Mental Health Assessment by non MD
- Department Description: Behavior identification assessment, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.
- Rate: $300.10 and Unit: Per Assessment
Provider Rates

NEW CODE:

Procedure Code: H0031/TS

- HCPCS Procedure Code Description: Mental Health Assessment by non MD
- Department Description: Behavior identification re-assessment, limited to 2 units per 6 months
- Rate: $35.21  Unit 30 minutes

This code is to help cover costs for the new PAR request, which must be renewed every 6 months as well as help with the need to provide an evaluation of the overall program as required by the state legislature
Questions or Concerns?
Department Website

www.colorado.gov/hcpf

For Our Providers
Provider Home Page

Contains important information regarding Colorado Medicaid & other topics of interest to providers & billing professionals

Find what you need here
Behavioral Therapies Website

- [www.colorado.gov/hcpf/pediatric-behavioral-therapies-information-providers](http://www.colorado.gov/hcpf/pediatric-behavioral-therapies-information-providers)

- Behavioral Therapies Billing Codes and Rates
  - [www.colorado.gov/hcpf/pediatric-behavioral-therapies](http://www.colorado.gov/hcpf/pediatric-behavioral-therapies)

- Behavioral Therapy Criteria Recorded webinar - April 2016
  - [www.colorado.gov/hcpf/pediatric-behavioral-therapies](http://www.colorado.gov/hcpf/pediatric-behavioral-therapies)
Contact Information

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CHPplus.org
Colorado.gov/hcpf
Home and Community Based Services
Children’s Waivers
What we want you to walk away knowing today...

• Waiver Basics
• Children’s Waivers in Colorado
• Enrollment Process
  ➢ Eligibility
• Case Management Agencies
  ➢ Responsibilities
  ➢ Resources
Waivers

• States can request permission to waive parts of the Social Security Act

• Home and Community Based Services (HCBS) Waivers allow states to:
  
  ➢ Waive certain income/eligibility criteria
  
  ➢ Provide specific services to target groups
  
  ➢ Provide nursing facility level of care to individuals that live in their own home or community
Eligibility

Financial
- County Human/Social Services Office
  - Income and Resources

Level of Care
- Case Management Agency
  - Level of Care Assessment

Targeting Criteria
- Case Management Agency
  - Waiver Criteria
Financial Eligibility

• The applicant’s or child’s income must be less than 300% of the Supplemental Security Income (SSI) limit

  ➢ SSI 300% limit for 2016 is $2,199 per month

  ➢ May be a combination of different types of income such as SSI, SSDI, Social Security Survival benefits, child support, or income from a trust

• The individual resource limit is $2,000

• The couple resource limit is $3,000
Federal Requirements

- Cost Neutrality
- Protection of Health and Welfare
- Services Provided to Avoid Institutionalization
- Individualized, Person-Centered Plan of Care
Home and Community Based Services (HCBS) Waivers

- Provides all Health First Colorado (Colorado’s Medicaid Program) State Plan benefits plus additional waiver services
- Members receive services in their homes and community
- Allows members and their families to remain integrated in the community and have decision making power over their life and health
Colorado HCBS Waivers

**Adult Waivers**
- Persons with Brain Injury (BI)
- Community Mental Health Supports (CMHS)
- Persons who are Developmentally Disabled (DD)
- Persons who are Elderly, Blind and Disabled (EBD)
- Persons with Spinal Cord Injury (SCI)
- Supported Living Services (SLS)

**Children’s Waivers**
- Children’s Extensive Support (CES)
- Children’s Home and Community Based Services (CHCBS)
- Children’s Habilitative Residential Program (CHRIP)
- Children with Life Limiting Illness (CLLI)
- Children with Autism (CWA)
Case Management Agencies

- 24 Single Entry Point Agencies (SEPs)
- 20 Community Centered Boards (CCBs)
- 3 Private Case Management Agencies

Applicants must apply for Medicaid at their local county department of human/social services
Case Management Agency Responsibility

• Long Term Care Certification
  ➢ Level of Care
    ▪ ULTC 100.2 Assessment
      ▪ Activities of Daily Living (ADL’s)
      ▪ Collateral Information
      ▪ Professional Medical Information Page (PMIP)
  ➢ Individualized Service Plan

• Works with county human/social services to determine financial eligibility
How to Enroll in an HCBS Waiver

1. Contact the local Case Management Agency
   www.colorado.gov/hcpf/single-entry-point-agencies
   www.colorado.gov/hcpf/community-centered-boards

2. Anyone can refer an individual for waiver

3. Case manager will complete referral, obtain appropriate paperwork, and set up home visit to complete the ULTC-100.2 Assessment if appropriate
Children’s Extensive Support

- For children with a developmental disability and intensive behavioral or medical needs

- Must be ages birth-17 years old and meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care

- Contact local Community Centered Board (CCB)

www.colorado.gov/hcpf/childrens-extensive-support-waiver-ces

- Adaptive Therapeutic Recreational Equipment and Fees
- Assistive Technology
- Behavioral Services
- Community Connector
- Home Accessibility Adaptations
- Homemaker Services
- Parent Education
- Personal Care Services
- Professional Services (Hippotherapy, Massage and Movement Therapy)
- Respite Services
- Specialized Medical Equipment & Supplies
- Vehicle Adaptations
- Vision Therapy
Children’s HCBS

• For medically fragile children who would otherwise be ineligible for Health First Colorado (Colorado’s Medicaid Program) due to excess parental income and/or resources

• Must be ages birth-17 years old and meet hospital or nursing facility level of care

• Contact local Case Management Agency

Children’s Habilitative Residential Program

• For children and youth in foster care who have a developmental disability and very high needs

• Must be ages birth-20 years old and meet ICF-IID level of care

• Contact local County Department of Social/Human Services

https://sites.google.com/a/state.co.us/humanservices/home/services-by-county

- Cognitive Services
- Communication Services
- Community Connection Services
- Counseling and Therapeutic Services
- Emergency Assistance Training
- Independent Living Training
- Personal Care Services
- Respite Services
- Self-Advocacy Training
- Supervision Services
- Travel Services
Children with Life-Limiting Illness

• For children with a life-limiting diagnosis

• Must be ages birth-18 years old and meet hospital level of care

• Contact local Single Entry Point (SEP) Agency

www.colorado.gov/hcpf/children-life-limiting-illness-waiver-clli

• Expressive Therapy:
  o Art and Play Therapy
  o Music Therapy

• Massage Therapy

• Palliative/Supportive Care:
  o Care Coordination
  o Pain and Symptom Management

• Respite Care

• Therapeutic Services:
  o Bereavement Counseling
  o Therapeutic Life Limiting Illness Support - Individual/Family/Group
Children with Autism

• For children with a medical diagnosis of Autism

• Must be ages birth-5 years old and meet ICF-IID level of care

• Contact local Community Centered Board (CCB)

www.colorado.gov/hcpf/children-autism-waiver-cwa

• Behavioral Therapies
Waiver Charts

• Side-by-side comparison of key components and eligibility requirements of each waiver

• Includes program contact information

• [Website Link](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)
Program Rules

• Waiver regulations:
  www.colorado.gov/hcpf/department-program-rules-and-regulations

• Department Program Rules, Colorado Code of Regulations:
  
  CES  10 CCR 2505-10, Section 8.503
  CHCBS  10 CCR 2505-10, Section 8.506
  CHRP  10 CCR 2505-10, Section 8.508
  CLLI  10 CCR 2505-10, Section 8.504
  CWA  10 CCR 2505-10, Section 8.519
Questions?
Contact Information

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Pediatric Personal Care
Pediatric Personal Care

• For members 20 years old and younger

• In-home, non-medical support

• Provider doesn’t need medical certification or professional license
  - Class A or Class B agencies licensed by CDPHE

• 17 covered tasks
  - Cueing, supervising, or performing tasks for client

• EPSDT coverage may include additional tasks
17 Personal Care Tasks

- Bathing/Showering
- Dressing
- Feeding
- Medication Reminders
- Ambulation/Locomotion
- Meal Preparation
- Hygiene - Hair Care/Grooming
- Hygiene - Mouth Care
- Hygiene - Nail Care
- Hygiene - Shaving
- Hygiene - Skin Care
- Toileting - Bowel Care
- Toileting - Bowel Program
- Toileting - Catheter Care
- Toileting - Bladder Care
- Mobility - Positioning
- Mobility - Transfer
Prior Authorization

• Personal Care services are prior authorized

• Personal Care agency submits prior authorization requests (PARs)

• Third-party vendor determines medical necessity
  ➢ CCBs and SEPs not involved

• ColoradoPAR.com for more info
HCBS Waivers and Personal Care
Clients 20 and Younger

• Clients receiving personal care through these waivers must transition to the PC benefit:
  ➢ BI, EBD, CMHS, SCI, SLS, CES
  ➢ Transition at service plan renewal

• Some waiver clients newly eligible for PC:
  ➢ CWA, CLLI, CHCBS

• Members in these programs do not qualify:
  ➢ CDASS, IHSS (unless through CHCBS), HCA, DD, CHRP
  ➢ Bundled PC is a primary component of these programs
Waiver Provider Role

• Enroll as a PC agency to provide PC benefit services
  ➢ Or refer to PC agency

• For case managers:
  ➢ Review PC agency documentation
  ➢ Communicate with PC agency and other care providers throughout process
  ➢ Plan for transition to state plan services
  ➢ Update service plan after PAR is approved
Resources

• Main Benefit Page
  www.colorado.gov/hcpf/pediatric-personal-care-benefit

• Includes:
  - FAQ for providers
  - Links to recorded webinar trainings
    - PCAT, waiver program Case Manager, Billing webinars
  - Billing manual
  - Special provider bulletin
Questions
Contacts

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Thank You!