Instructions to join the meeting remotely:

1. Open a web browser and enter URL:
   www.readytalk.com
   Enter participant access code: 2093166

2. Phone in for the audio portion of the conference:
   1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
www.cchap.org/pmmeeting
Health First Colorado
Colorado’s Medicaid Program: EPSDT and Other Letters I Need to Know

Gina Robinson
Program Administrator, Quality Health Initiatives
Overview

• Introduction to Medicaid and Colorado Department of Health Care Policy and Financing
  ➢ Health First Quick Overview
  ➢ EPSDT Quick Overview
  ➢ Benefits - JUST ASK
  ➢ Behavioral Therapy
  ➢ Healthy Communities
  ➢ Fee For Service Mental Health Program
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
HCPF: Department Administered Programs

Health First Colorado, Colorado’s Medicaid Program

- Child Health Plan Plus (CHP+)
- Colorado Indigent Care Program
- Old Age Pension and Medical Programs
Medicaid covers over 1.3 million Coloradans

FY 2015-16 Medicaid Case Load

- 42% Children & Adolescents under age 20
- 48% Adults ages 21-64
- 7% People with Disabilities in all age groups
- 3% 65 and older

75% of Medicaid adults work

- Drivers
- Child care workers
- Waiters & waitresses
- Cashiers

2016 Federal Poverty Levels by Family Size

<table>
<thead>
<tr>
<th>Family of 1</th>
<th>Family of 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>133%</td>
<td>133%</td>
</tr>
<tr>
<td>$15,804</td>
<td>$32,328</td>
</tr>
</tbody>
</table>

*Some earning more may still qualify.
Child Health Plan Plus (CHP+)

60,322 enrolled

Annual Enrollment Fees: $25-105
Co-Payments: $0-50

2016 Federal Poverty Levels by Family Size

<table>
<thead>
<tr>
<th>Family of 1</th>
<th>Family of 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,888</td>
<td>$63,180</td>
</tr>
</tbody>
</table>

*Some earning more may still qualify.

Current CHP+ Funding Split: 88% Federal / 12% State
Medicaid’s Funding Sources

- Federal Funds: 60%
- General Fund: 29%
- Hospital Provider Fee: 7%
- Cash Funds: 4%

FY15-16 Data
Department Performance Plan
Long Range Goals

- Improve health for low-income and vulnerable Coloradans
- Enhance the quality of life and community experience of individuals and families
- Reduce the cost of health care in Colorado
Questions
Quality & Health Improvement
QHI Focus

• Improving health outcomes and quality of care
• Develop and implement quality strategies
• Improve health care delivery and efficiency through quality initiatives
• Incorporate recommendations of the Centers for Medicare and Medicaid Services
• Collaborative partnerships and consultative relationships
• Advance health care for Colorado’s vulnerable populations
• QHI Responsibilities Cover
  ➢ Quality Health Initiatives
  ➢ Quality Performance Measures & Validation
  ➢ Data Analysis & Reporting
  ➢ HEDIS (Healthcare Effectiveness data Information Set)
  ➢ HQIP (Healthcare Quality Improvement Partnership)
  ➢ EQRO (External Quality Review Organization)
  ➢ Compliance Monitoring & Managed Care Regulations
  ➢ Health Living Initiatives
  ➢ Long Term Support Services
  ➢ Physical & Behavioral Health
  ➢ EPSDT (Early and Periodic Screening, Diagnostic and Treatment)
  ➢ Alternative Payment Methodology
  ➢ PIPs - Performance Improvement Projects
  ➢ Client Satisfaction Surveys
  ➢ Hospital Transformation Program
  ➢ PACE (Program of All-Inclusive Care for the Elderly)
  ➢ Grants & Special Projects
Quality Measure Alignment across the following programs

- **Internal Department programs, such as:**
  - ACC Phase II
  - Primary Care Alternative Payment Model
  - Behavioral Health Incentive Program
  - EPSDT

- **National Quality Programs, such as:**
  - SIM
  - CPC+
  - Quality Payment Program
  - NCQA Patient Centered Medical Home
  - NCQA HEDIS
EPSDT - Why Do I Need To Know These Letters?
**EPSDT Program**

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program**

- Federally mandated health care benefits package for essentially all Colorado Medical Assistance Program children and youth ages birth through 20 years
- Emphasizes preventive care
  - Focuses on early identification and treatment of medical, dental, vision, hearing, and developmental concerns
- Behavioral health
- Oral Health
EPSDT Program (cont.)

EPSDT establishes a regular pattern of healthcare through routine health screenings, diagnostic, treatment services

- See the AAP Bright Futures periodicity for recommended well child visits https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
- EPSDT well child screenings must include testing for lead poisoning
  - at 12 and 24 months or between 36 and 72 months if not previously tested
  - This continues to be a CMS requirement for all Medicaid eligibles
EPSDT - \( D = \text{Diagnostic} \)

- When a screening indicates the need for further evaluation, diagnostic services must be provided
  - The referral should be made without delay
  - Provide follow-up to make sure that the child receives a complete diagnostic evaluation
**EPSDT** \(-\ T = \text{Treatment}\)

- Health care must be made available:
  - Treatment or other measures to correct/improve illnesses or conditions discovered
- All services must be provided:
  - If Medicaid coverable
  - If medically necessary
    - Even if the service is not available under the State plan to other Medicaid eligibles

*Just ASK - Medicaid is not a primary insurance product with an exclusions list*
Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client’s medical need;
- The expected use is in accordance with current medical standards or practices (clinical guidelines exist);
- It is cost effective; and
- It provides for a safe environment or situation for the client
EPSDT - Medical Necessity

• No arbitrary limitations on services are allowed
  ➢ e.g., one pair of eyeglasses or 10 PT visits per year
• Additional services above what is covered in State plan must be allowed for any child or youth 20 and under:
  ➢ when medically necessary
    • Must be Medicaid coverable as listed in 1905(a)(c) of the Social Security Act
• State may determine which treatment it will cover:
  ➢ among equally effective & actually available alternative treatments
  ➢ as long as the determination is specific to the individual child
EPSDT - Medical Necessity (cont.)

• EPSDT does NOT include:
  - Experimental/Investigational Treatments
  - Services or items not generally accepted as effective
  - Services primarily for caregiver or provider convenience
  - Services or items in which an equally effective but less expensive option is available
Questions
BENEFITS
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.
Prior Authorization

• ALL Behavioral Therapy services are prior authorized

• Contracted agency submits prior authorization requests (PARs)

• Third-party vendor determines medical necessity
  
  ColoradoPAR.com for more info
PCP Responsibility

• PBT providers are required to turn in testing and/or screening with their PAR requests

  ➢ Providers should provide this data to the PBT providers as promptly as possible

  ➢ Vineland, etc if completed in the office

  • We ask for this because we have self declared diagnosis - we need YOUR medical opinion and validating testing for the utilization management process
Resources
Department Website

1. www.colorado.gov/hcpf

2. For Our Providers
Provider Home Page

Find what you need here

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

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

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

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

Provider List:
- [Website](https://www.colorado.gov/pacific/hcpf/pediatric-behavioral-therapies-provider-list)
Questions
Fee For Service Benefits

Fee For Service (FFS) benefits are a group of services designed to provide medically necessary behavioral health services to certain Health First Colorado members in order to restore these individuals to their highest possible functioning level.

Services may be provided by any willing, qualified CONTRACTED provider.
NOTE:

• Providers who are denied BHO enrollment may not bill fee-for-service (FFS) as an alternative reimbursement route.
• If the provider is denied BHO enrollment this means that may not treat Health First Colorado members for services covered by the BHO.
• Providers who are denied BHO enrollment may still render and be reimbursed for services not covered by the BHO under Fee for Service
Fee For Service or BHO?

The Medicaid member is not covered by the BHO

The SERVICE is not covered by the BHO

The DIAGNOSIS is not covered by the BHO?
Some FFS Benefits

Family Psychotherapy
Group Psychotherapy
Behavioral Health Assessment
In-patient SUD therapy for youth

For more information, please visit:
https://www.colorado.gov/pacific/sites/default/files/CMS1500_Outpatient_Behavioral_Health%20v1_1.pdf
Other things:

A number of services, such as office administered drugs (e.g. Suboxone) are covered Medicaid benefits and are NOT covered by the BHO. These services must always be billed FFS even if the member is getting other services from the BHO (These are also referred to as “J” codes).

**Methadone is covered by the BHO and not FFS.**
Special Provisions - EPSDT

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal program that requires the state agency to cover services, products, or procedures for members ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem)
EPSDT does not require the agency to provide any service, product, or procedure that is:

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in the benefit policies may be exceeded.
EPSDT Benefits

For children with Autism:
- Behavioral Therapies
- Personal Care
- Occupational Therapy
- Speech Language Pathology
- Physical Therapy
- Home Health

None of these are BHO covered Services - all are approved and billed under the Fee for Service programs.
Questions
The EPSDT Benefit Also Consists of:

Helping Medicaid clients and their parents or guardians effectively use these resources
EPSDT Healthy Communities:

Free Resources for Families

• Required to notify every enrolled family of the scope of EPSDT benefits, outreach, and coordination support services

• Guide families to appropriately use their Medicaid benefits with emphasis on education, prevention, diagnosis and timely treatment
Family Health Coordinator

Maintain a Medicaid provider database for referrals, including:

– Dental care

– Vision care

– Hearing services

– Mental/behavioral health

– Other medically necessary services
Where do I find the FHC?

https://www.colorado.gov/pacific/hcpf/family-health-coordinator-list

Jefferson County Public Health | Jefferson | 303-239-7027 | Sandra Jimenez | 645 Parfet St. Lakewood, CO 80215 | WIC, Healthy Communities, Connect for Health Colorado
Questions
Counting Services

States are required to provide CMS with a count of services rendered each federal fiscal year

Well care
Oral health
Lead testing

The Department follows developmental screening rates and depression screening rates separately
Data

• Well care and oral health care under 60%
  - Well Care
    ▪ SFY 05/06 74%
    ▪ SFY 09/10 68%
    ▪ SFY 15/16 60%
  - Oral Health
    ▪ SFY 05/06 35%
    ▪ SFY 09/10 52%
    ▪ SFY 15/16 54%

• Lead testing under 1%
  - 20% of those tested have elevated blood lead levels (CDPHE report)

• Developmental screening
  - Less than 35% of eligible kids getting screenings during well-child visits
QUESTIONS?
Contact Information

FFS Benefits:
Alex Weichselbaum
Rehabilitative and Behavioral Health Policy Specialist
Alex.Weichselbaum@state.co.us

EPSDT and Behavioral Therapy benefits:
Gina Robinson
Program Administrator
epsdt@state.co.us
Personal Care Benefit

General Information for Providers

Presented by Elizabeth Freudenthal
Child Health Policy Specialist
August 2017
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Presentation Objectives

• Understand the new Personal Care Benefit
• Understand provider roles
  ➢ Personal Care agencies
  ➢ Physicians
  ➢ Waiver providers
  ➢ RCCOs
• Understand how to become a PC provider
• Understand how to start providing PC to clients
Personal Care Benefit History

• 2012: CMS directed HCPF to
  - Pull personal care services out of Home Health Benefit
  - Provide as a separate benefit

• 2013-2015: HCPF/stakeholders developed benefit
• Went live October 2015
  - Along with
    - Provider revalidation September 2015
    - New UM vendor contract September 2015
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
Personal Care Providers

• Providers must be enrolled as personal care agencies
  - Even if they are waiver personal care providers
  - Even if they are CNA/Home Health providers
  - Enrollment and Revalidation process
    - [https://www.colorado.gov/hcpf/provider-resources](https://www.colorado.gov/hcpf/provider-resources)
  - PC agency is a specific provider type: Type 60
Home Health and Personal Care

• Benefits are aligned
• Only one benefit reimbursable per task
  ➢ If part of a task requires CNA or RN care, whole task will be covered by the Home Health Benefit
• PAR review will include Home Health services
  ➢ PAR process will determine which tasks require which level of care for each client
• Providers should coordinate prior to PAR submission
  ➢ Prevent unnecessary denials
**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
Personal Care Agency Role

- Enroll as PC agencies
- Coordinate with all other care providers
- Assess clients
- Submit PARs
- Provide services
- Collect payment through MMIS claims system
Physician Role

• Refer clients to PC agency for services
• Review and sign 485 Home Health Certification and Plan of Care form
• If PAR may be denied, communicate with PAR vendor physician in peer-to-peer consultation
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
RCCO Role

• Care coordination
  - Connect clients to Personal Care agencies
  - Ensure case managers and other health team providers are involved and communicating

• Provider support
  - TA for personal care agencies, waiver providers, other providers involved in personal care benefit services
Becoming a PC Provider

- Enroll as PC provider type in the Medicaid provider enrollment system
- Have a valid Class A or Class B license
- Take the PCAT training webinar
  - Recording available online
- Register as a user with ColoradoPAR.com
- Send contact info to personalcare@state.co.us
  - To get on online provider list
Start Providing PC to Clients

• Assessment:
  - Personal Care Assessment Tool (PCAT)
  - Physician-signed 485 Home Health Certification and Plan of Care
  - Other documents as necessary
    - If requesting different amount of time than PCAT assigns
• Submit PAR through www.ColoradoPAR.com
• Coordinate with all other care providers
  - Ongoing coordination
Resources

• Main Benefit Page
  https://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 or Concerns?
Contact Information

Elizabeth Freudenthal
Child Health Policy Specialist
Elizabeth.Freudenthal@state.co.us
303-866-6814

Personal Care Info Line
PersonalCare@state.co.us
303-866-3447
Thank You!