

Rocky Mountain Health Plans (RMHP) Case Management Agency (CMA) Community Advisory Committee (CAC)

Zoom Weblink: <https://us02web.zoom.us/j/83730974915>
ID: 837 3097 4915

COMMITTEE MEMBERS & ATTENDEES

Name	Lived Experience	Agency & Affiliation	Attendance (in person/virtual/absent)
Julie Reiskin-facilitator	<input checked="" type="checkbox"/>	CCDC	Virtual
Alison Sbrana-Facilitator	<input checked="" type="checkbox"/>	CCDC	Virtual
Jerrica Thurston	<input checked="" type="checkbox"/>	Slope Cares	Virtual
Kelly George	<input checked="" type="checkbox"/>	San Luis Valley area	Virtual
Patricia Moncada	<input type="checkbox"/>	Mosaic (Western CO)	Virtual
Elaine Wood	<input type="checkbox"/>	Arc West Central Colorado	Virtual
Lindsey Garey	<input type="checkbox"/>	Horizons Specialized Services	Virtual
Jennifer Pieroni	<input checked="" type="checkbox"/>	Harmonie House	Virtual
Molly Bischoff	<input type="checkbox"/>	Chaffee County Public Health Department	Virtual
Danielle Angotti	<input checked="" type="checkbox"/>	Arc West Central Colorado	Virtual
Tiffany Waugh	<input type="checkbox"/>	St. Mary's Hospital	Virtual
Rob Harris	<input checked="" type="checkbox"/>	Business Systems Consultant (self)	Virtual
Lea Anne Paskvalich	<input type="checkbox"/>	Next Steps Neurodiversity	Virtual
Heather Murphy	<input type="checkbox"/>	RMHP CMA Director	Virtual

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Name	Lived Experience	Agency & Affiliation	Attendance (in person/virtual/absent)
Erica Anderson	<input type="checkbox"/>	RMHP CMA Quality	Virtual
Billie Bemis	<input type="checkbox"/>	RMHP CMA Governing Body	Virtual
Rose Stauffer	<input type="checkbox"/>	RMHP CMA Governing Body	Virtual
Patrick Gordon	<input type="checkbox"/>	RMHP CMA Governing Body	Virtual

1. Welcome and Overview of Agenda 9:00 a.m.

- Opening (9:00 am)
 - Reminders from Alison about purpose & goals today
 - Julie mentions new note-taking template
- Input about CMA operations with Billie Bemis: RMHP Member Satisfaction Survey Review (9:15-9:35)
- Review of Complaints logged with Erica Anderson (9:35-10:05)
- Discussion of Policies & Procedures with Patrick Gordon: Governing Body Update (10:05-10:20)
- Open forum discussion about Medicaid changes (10:20-10:30)
- Conclusion (10:30)

2. Input about how the CMA operates 9:15 a.m.

RMHP Member Satisfaction Survey (Billie Bemis) 9:15-9:35

- Response overview of survey: open for 30 days, got 60 responses
- Suggestion: put the survey on the website for easier access
- Survey questions/feedback about case managers
 - A few respondents did not know who their case manager was
 - Most said CMs responded to questions w/in 1-2 business days, all agreed CMs helped refer to resources
 - Most felt that they were involved in creating care plans & treated with respect
 - Section of survey allowed those who were not satisfied to share their experience – feedback was related to the length of time it took to get services or dissatisfaction with service provided. Vast majority of people indicated they had not formally filed a complaint
 - What gets in the way of getting services? – lack of availability for services, providers, or long wait time
 - What can CMs do to better support? – consistency among CMs, more

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- timely response, and more frequent visits
- Questions from group
 - Question about turnover of CMs (Jerrica) – requirement that CMs have 65 cases means that cases may have to be moved/reassigned so caseloads are doable for staff and ratio is retained.
 - Can there be more collaboration between RAE care coordinators and CMs since CMs only do waiver services? (Jerrica) – Yes, we are encouraging cross-collaboration and are helping them to “connect the dots”
 - Julie: turnover may also be due to all the changes occurring on the state and federal level right now
- Billie: Our CMA is a bit different than others because multiple CMAs joined to form one, and each one was doing things completely differently before; still working on establishing consistency
- **Action items**
 - CMA: put survey on website for easier member access
 - CMA: continue working to establish consistency across how CMs manage cases

Review of December meeting discussion

- Key discussion points:
 - Consistency across families & case managers – Action: Families can request to be reassigned to one CM
 - Delays in ARG application processing time – Action: members ensure they are submitting complete applications. This is not an area that CMA can control as ARG happens before they are eligible for CMA services.
 - Reduction of burn-out among CMs – Actions taken by Rocky: staff solutioning meetings to identify pain points and solutions, Case Management Appreciation Week, validating the challenge for case managers; action item for councilmembers: provide suggestions for recruitment strategies
 - Managing upcoming federal/state changes: RAE & CMAs meeting regularly to work through changes

3. Review of Complaints

9:37 a.m.

Erica Anderson: Review of RMHP Complaint Trend Analysis FY24-25 3rd Quarter

- 42 total complaints; 40 CM and 2 CMA
- Most related to lack of follow-up and delays
- The others are about lack of professionalism and knowledge

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- Trends
 - 26: communication issues (delays, miscommunication)
 - 6: unprofessionalism
 - 6: “Other”
 - Most of the complaints were in DSA 17, which is the largest service area
- Resolution & next steps
 - All specific complaints resolved
 - CM training seems to be effective in resolving/preventing complaints
 - Will continue doing more training and CMA case reviews
- Questions for CAC consideration & feedback
 - What communication do people need to see during periods where the CM is waiting for processes to happen?
 - Jerrica: Suggestion to have group emails rather than multiple individual email chains involving all people who are part of the process (of course approved by client).
 - Lindsey: Important that CMs are also telling people they will communicate via email or be open to other forms of communication that work best for recipients.
 - How can we improve communication to members/families and providers (community partners)?
 - Lindsey: Provide a visual of the process to show who does what and when etc. (like a timeline). Also suggests face-to-face meetings with CMs/members to establish relationships.
 - Kelly: There isn't a relationship between CMs and members; more transparent communication & ensuring CMs are asking what kind of communication is best for members is needed to establish real relationships. Rural providers are also still lacking information.
 - Alison: Can texting be utilized by CMs? – Erica: Every CM has a work phone and can use them to text members, but they do have limitations on what can be texted (Example, can text to confirm meeting but not PHI).
 - Danielle (seconded by Jerrica and Kelly): If CMs spent more time up-front establishing relationships, we wouldn't need as frequent of communication. Suggestion to support CMs in developing interpersonal skills. Also, important that families understand their role in acquiring care and the steps they personally need to take. And it needs to be very clear to people who are managing what so there isn't confusion.
 - How do we reach common ground & understanding after complaint is filed? This will be picked up at the next meeting.

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Discussion of Trends in Complaints:

Summary of discussion of complaint trends

Description of Trend	Action CMA Considering Based on Trend	Input from CAC Members	CMA Follow-up Actions
Lack of follow-up/delays in communication (26)	Provide further training on processes	<p>Consider communicating via group emails rather than individual (Jerrica)</p> <p>Be open to various forms of communication that work best for members (Lindsey, Alison)</p> <p>Provide a visual timeline so people know what communication will occur (Lindsey)</p> <p>Provide more info to families about their role in acquiring care (Danielle)</p>	<p>Continue training & case reviews</p> <p>Encourage CMs to inquire about the best form of communication for each member</p> <p>Develop a visual timeline of sorts so members know what to expect</p>
Unprofessionalism among case managers (6)	Provide further training	Support building interpersonal skills with CMs to develop a trusting CM/client relationship (Kelly, Danielle, Jerrica)	<p>Continue training & case reviews</p> <p>Look into trainings to support interpersonal skill development</p>
Other items (6)			

Complaints discussed December 2024

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Complaint ID:	Previous CAC Input	Proposed Action/Change	Discussion Notes	Proposed Changes or Follow-up
ID Number: Delayed IHSS Row 21	/	Better staff monitoring reporting /follow-up to prevent delays	CMA can implement systems to better monitor staff actions; this issue is primarily HCPF’s domain	Staff monitoring reports Escalate to HCPF

Discussion of New Complaints:

Did not evaluate new complaints during this session.

4. Discussion of New Policies and Procedures:

Governing body update (Patrick Gordon – CEO of RMHP) 10:05 a.m.

- Overview of challenges/changes currently working through in the program
 - Community First Choice program is going live which will increase access to services across waivers & have positive fiscal impact for state; however, still are challenges with implementation.
 - “Looking thoughtfully” at staffing and resources to maintain case load ratios and may need to increase resources to maintain responsiveness.
 - Updated assessment process will be more time consuming.
 - There are opportunities to work with HCPF to obtain access to back-end data to more thoroughly understand variation in workflow/load across teams and reduce paperwork.
 - Financially, we are where we expect to be.

- Rose Stauffer – financial overview of CMA contract
 - Ended last year with a loss.
 - So far in FY25, have a profit (\$432k profit considering the loss last year).
 - Working with accounting team to refund state (cannot be a profit) and looking at the entire contract period.
 - Operating profit during state audit → refund
 - Suggestion from Julie (seconded by Jerrica and Kelly): give bonuses to CMs who go above and beyond.

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- Patrick response: as part of annual review and bonus process, we can take some of the money and push to top performing people. Made a “significant investment” to make sure people have been adequately paid during the last FY. Can’t give out bonuses freely but have a good system of recognizing the work.
- Billie: When team members receive positive feedback from members, we make sure to recognize that.
- Jerrica: have a budget set aside for leadership appreciation, like Starbucks gift cards.
- Suggestion from Rob: Reinvest into “good custom grassroots local solutions”.
- Occupancy is a larger cost for CMA because of amount of offices & staff.

5. Open Forum - Questions or Concerns 10:22-10:30 am.

Upcoming Medicaid changes open forum

- Danielle: Lots of stress/fear for the impact of what is coming on the community but also grateful for the work being done.
- Patricia: same as Danielle, fear for rural agencies.
- Molly: still waiting for the outcome because there has been so much back and forth on what is/is not being cut/changed.
 - Trying to ensure that there are home caregivers in healthcare deserts & that they are adequately paid continue to be challenges.
- Jennifer: concerned about CFC cuts.
- Lindsey: seconding everyone’s comments.
- Elaine: no comment.
- Rob: the changes coming are very complex & hard to understand, creating a huge admin burden/lots of work involved. Grace on both sides appreciated. Optimistic about these changes because they will address some unique problems.
- LeaAnne: present as guest & wants to connect with others.
- Alison: gratitude to CMA staff that is navigating these challenges and changes.
- Jerrica: appreciative of experienced case managers.
- Billie: hopeful that the state will continue to do what it can to support members & the community.

6. Wrap Up/Next Steps 10:30 a.m.

Next Meeting Date and Time: July 8th, 2025

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