

## Rocky Mountain Health Plans (RMHP) Case Management Agency (CMA) Family Support Council (FSC)

Zoom Link: Join Zoom Meeting, 10am – 12pm  
<https://us02web.zoom.us/j/82268113151>  
 Meeting ID: 822 6811 3151

**Executive Summary:**

- Rocky Mountain Health Plans presented data on Family Support Services Program (FSSP) usage across different DSAs, showing 228 open members and 15 on waitlists.
- The council reviewed and provided feedback on the FSSP survey form, suggesting improvements to make it more accessible and user-friendly.
- The council reviewed policy changes and letter templates, recommending plain language instead of acronyms in family communications.
- Discussion about the specialized services category for FSSP focused on potential additions like non-traditional hippotherapy and music lessons for therapeutic purposes.
- Official and regular attending FSC members who aren't being paid by other organizations may be eligible for compensation for meeting attendance starting in 2026.

**COUNCIL MEMBERS**

Name	Lived Experience	Agency & Affiliation	Attendance (In-person/Virtual/Absent)
<b>Family Support Council Members</b>			
Alicia Pedroza Mannes	<input checked="" type="checkbox"/>	Community Member, DSA 17	Absent
Amy White	<input checked="" type="checkbox"/>	Community Member, DSA 13	Absent
Aubree McKinney	<input type="checkbox"/>	Provider, Family Voices CO, Family Navigator, DSA 18	Absent
Christina Welden	<input checked="" type="checkbox"/>	Community Member, San Luis Valley Care & Connection, DSA 14	Absent
Danielle Angotti	<input checked="" type="checkbox"/>	Provider, ARC of West/Central CO, DSA 18	Virtual
Danielle Miller	<input checked="" type="checkbox"/>	Community Member, DSA 17	Absent
Elaine Wood	<input checked="" type="checkbox"/>	Provider, ARC of West/Central CO, DSA 18	Virtual
Jamie Nelson	<input checked="" type="checkbox"/>	Community Member, DSA 13	Virtual
Jennifer Pieroni	<input checked="" type="checkbox"/>	Provider, Harmony House, DSA 16	Virtual

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Jerrica Thurston	<input checked="" type="checkbox"/>	Community Member, SlopeCares, DSA 17	Virtual
Kelly George	<input checked="" type="checkbox"/>	Co-Chair Community Member, Parents & Caregivers Connection Group, DSA 14	Virtual
Lindsey Garey	<input type="checkbox"/>	Provider, Horizon's Specialized Services, DSA 16	Virtual
Rob Harris	<input checked="" type="checkbox"/>	Co-Chair Community Member, DSA 17	Virtual
*Autumn Wynn	<input checked="" type="checkbox"/>	*Visiting from DSA14	Virtual
<b>Facilitators and CMA</b>			
Alison Sbrana	<input checked="" type="checkbox"/>	Facilitator - CCDC	Virtual
Julie Reiskin	<input checked="" type="checkbox"/>	Facilitator - CCDC	Virtual
Billie Bemis	<input type="checkbox"/>	RMHP CMA VP LTSS	Virtual
Heather Murphy	<input type="checkbox"/>	RMHP CMA Co-Director & FSSP Program Coordinator	Virtual
Erica Anderson	<input type="checkbox"/>	RMHP CMA Co-Director	Virtual
Dyann Walt	<input type="checkbox"/>	RMHP CMA FSSP Lead	Virtual
Sheila Worth	<input type="checkbox"/>	RMHP CMA Contract Lead	Virtual

## 1. Welcome and Overview of Agenda

- Welcome
- The council discussed our connecting question: How do you lean into the shorter days in winter? How do your daily routines change?

## 2. FSSP Data Update (RMHP)

RMHP (Billie) presented an FSSP data update:

- Showing 228 open FSSP members, 15 people on waitlists, and 6 funded emergencies across all DSAs.
- Explained that DSA 17 has the most members (113), while DSAs 13 and 18 have the fewest (22 and 21 respectively).
- Noted that spending tends to increase toward the end of the fiscal year, but extra funds will go to waitlisted families rather than increasing existing allocations.
- Showed that respite is the highest used service category (30% of members), followed by assistive technology and medical/dental.

Jaime mentioned that DSA 13 will soon have a waitlist based on new referrals.

Jerrica asked if case managers ensure families are screened for waiver services they might be eligible for. Billie confirmed FSSP is the payer of last resort and case managers check for waiver eligibility and Medicaid buy-in options. Billie noted it's the same for emergencies.

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The data provides valuable insights into how FSSP funds are being used across different regions. Different DSAs show varying patterns of service usage (e.g., DSA 16 uses more medical/dental than respite). Case managers actively work to ensure families access all other available funding sources before using FSSP.

### 3. FSSP Member Satisfaction Survey Form

Julie led the group in a review of the required annual survey form.

- Jerrica suggested an online form and QR code on the paper form. Billie noted the goal is to get these things in place. Last year RMHP sent surveys via email and US mail. The email version included a link to the survey online and the paper copy included the URL.
- Jerrica suggested adjusting question 17 to include good and bad, adding some positive for the case managers to see. The group discussed options and agreed with Alison's suggestion to change the question to "What was helpful about Family Support? What was challenging?"
- Danielle Angotti suggested that case managers offer to go through the survey with clients during their meeting with members, Kelly George agreed. Families are overwhelmed with asks from the system, Danielle noted that families are not participating in the survey because of lack of understanding, it is because they are inundated.
- Co-chairs Kelly George and Rob Harris noted that doing the survey is required because of the regs.
- Kelly George recommended that before the open-ended question about the challenges of the program, they offer a reminder that there won't be retaliation. Kelly also recommended that RMHP rely on trusted advocates and community members to encourage survey participation because of the barrier with fear of retaliation. Kelly noted that folks in her area throw out the survey unless she reminds them, and that reminders from case managers would really help.
- Adjust question 20 to be a yes or no question with the option to explain more.
- Jamie Nelson brought up that her DSA is not seeing the survey. Billie explained that surveys go to every family actively enrolled in FSSP, that it is sent out centrally. Danielle Angotti noted it looks like another standard Medicaid letter. Elaine explained families get so much, they get busy and it doesn't happen. They need something to do quick and click something and move on. (Don't expect a family to write a novel about their experiences.) Danielle noted when she did the survey, she did the yes/no questions and put N/A on the writing response questions because she didn't have the time.
- Council members noted that some families may not be comfortable doing the survey with their case manager, but asking the case managers to offer the reminder about the survey for them to do independently. Kelly George also recommended if maybe the case manager could transfer to another staff member to ask them the questions.
- Rob suggested adding an explanation of why the survey is important. The group discussed adding this to the cover letter. Julie's idea for the council, what if we had Kelly George and Rob Harris as co-chairs write the explanation, so it comes from peers?
- Billie requested from the council that they encourage their peers to do the survey. Elaine said once we get the data from the survey, to cross reference from grassroots conversation. Billie reframed: what about just having one write in question and the rest yes/no, and then do more listening sessions to get the lengthier feedback.

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**Follow up Items:**

- The survey will be distributed through multiple channels (mail, email, website). RMHP will explore the feasibility of a QR code option.
- The council will consider adding a brief explanation from co-chairs about the survey's importance.
- Open-ended questions will be marked as optional to encourage completion.
- Case managers will be encouraged to mention the survey during check-ins.
- Billie will add a future agenda item to discuss the fear of retaliation some families experience.
- When the survey is distributed, facilitators will send out a reminder to council members encouraging them to check in with community members to encourage filling out the survey.

**4. FSSP Policy Review**

Alison led the discussion first reviewing the policy with the template letters, followed by a discussion about the "other" category and specialized services.

Alison reminded the group that this is an internal document. It's the policy that guides the CMA as they do their work and helps with their workflows internally. There is a lot of system language here because it's about guiding their work internally - families, people with disabilities don't see these policies but we do as a council because we're reviewing it to make recommendations to RMHP.

<b>P&amp;P CMA 4</b>	<b>Discussion Notes</b>	<b>Proposed Changes or Follow-up</b>
Page 7-8	Alison reviewed changes, letters sent to family about scheduling MIN, and what they will include and notes for each family. Case management must be "person centered" in their documentation and assure that all plans are funding of last resort.	6.3.1.7 Should something be in there to identify support to family? Follow up on the answer to this question.
Page 12-13	Make sure service is actually reimbursable and no other funding can be used and that rates are accurate. Reimbursement only, never pay ahead of time.	Jerrica asked a question about the timing of invoices. Billie said there are due dates and as long as it is in by due date it is OK. They cannot provide money in advance, it has to be reimbursed.
Letter MIN	Time for MIN, what it does, what will happen, what is attached, what is going to happen next, how to ask questions or get accommodations.	Bold important info like date and time. Take out "thank you for being an important part of RMHP" Sounds patronizing. Do people know acronyms? No this has to be shared a lot. We can leave the acronyms out – spelling out the words. People are starting to know MIN.

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		Maybe say that the MIN assessment is required to have FSSP in the next year, not just you are due for it?
Letter Allocation	Letter about allocation; explains that we did the MIN assessment and what the allocation is based on the score. The letter also says what will happen next.	Remove the first sentence. Some suggestions for alternatives like thank you for partnering with us or thank you for letting us serve you.

## 5. "Other" Service Category Discussion

Alison put the regulations and category information in a slide slow for discussion. We are focusing on specialized services, noting that there are other services in the area. RMHP wanted to begin discussions about the definition. Perhaps start by looking at what items were declined. This would be for next year (July 1,2026). What are the gaps that might exist? The group came up with four areas:

- Evaluations and assessments: people often do not have documentation of the needs. For example, low vision evaluation that is not covered by Medicaid but is administered by professionals with specialist degrees (Masters or higher), not just a certification. This request resonated with multiple council members who agreed with the importance of evaluations and assessments being covered under FSSP because those assessments guide the family on what therapies or tools could be helpful that they wouldn't otherwise know about. Council members noted often the assessments that would benefit their family member aren't covered by Medicaid. This is an example, the request is to have a category for assessments and evaluation under the Specialized service category.
- Horse Therapy such as sensory riding therapy, not specifically considered hippotherapy, could be a good add and fit in specialized services. Not available in all areas. There are programs that are more related to sensory aversions and calming.
- Vehicle issues need to be addressed: Could we use vehicles as specialized services? There were concerns that HCPF would be very restrictive, they cannot do regular maintenance, or something that broke because there was not regular maintenance. Transportation can be covered but not all areas have transportation. A council member raised that in rural areas people have to travel for medical care (often to Denver or Colorado Springs). Because of frequent travel due to the disability, people are traveling many miles and then have unsafe tires. RMHP can approach HCPF again using this example.
- Look at typical things like guitar for kids who will not deal with OT. A member presented a situation where a child refused OT but then suddenly picked up a guitar and is willing to do that and getting the same benefit. Another council member noted their family member similarly benefited after their pediatrician recommending drumming for their family member. This presentation is helpful for demonstrating to HCPF the connection to medical need. People in CES could get music therapy if available in the area but this can be used for people that either do not have the service in their area, are not on the CES waiver, or do better in a more informal setting. The key is that it is not necessarily done by a certified professional but still beneficial to the disability.
- Noted: Specialized and professional categories can be confusing.
  - **Specialized services** as identified by the FSC and Case Management Agency included in the written policy and are available to any Family receiving ongoing FSSP assistance in the service area.

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- **Professional services** are services which require licensure or certification to treat a human condition other than medical, dental or vision, and is provided to the individual with an Intellectual and Developmental Disability or Developmental Delay. Professional services must be provided by qualified, certified and/or licensed personnel in accordance with the standards and practices of the industry. Professional services may include related support items, equipment, or activities which are recommended as part of the therapy with supporting documentation from the treating professional. Insurance expenses directly incurred by the individual with an Intellectual and Developmental Disability or Developmental Delay are included.

We will revisit the “other” service category since it is not effective until July 1, 2026. Council members can continue to think about this topic.

## 6. Wrap Up/Next Steps

- Next Meeting Date and Time: February 11th, 1-3pm
- Always the same day and time of the month alternate Community Advisory Committee and Family Support Council – Second Wednesday in the afternoon.
- Follow Up Actions
  - Billie requested in the future that we have an agenda item to dig into this fear of retaliation because from her perspective, the case manager or case management agency can't just stop people's benefits.
  - Julie explained how official and regular attending FSC members who aren't being paid by other organizations may be eligible for compensation for meeting attendance starting in 2026. A policy and W9 forms will be sent in January.
  - Revisit the “other” service category at a future meeting.

## 7. Adjourned 12:00 pm

### FY25-26 Summary of Council Suggestions and Results

Council Idea or Suggestion	CMA Follow-up Actions
Payments – Direct Deposit	RMHP implemented.
Policy and Marketing Material Suggestions	RMHP implemented feasible changes to policy and marketing materials. Ongoing.
Request for Data by DSA	RMHP provides a CMA Data Update at each meeting. Expanded to include data by DSA.
FSC Membership Term Limits	RMHP implemented.
Request to change CMA case manager caseloads.	RMHP evaluated the request. RMHP must remain compliant with HCPF contract and guidelines. No change made.
Peer Support Expectations	RMHP had already evaluated similar options prior to setting its current structure.
Plain Language and Limited Use of Acronyms	RMHP will continue to implement where possible and feasible.
Medical Necessity Requirement – Request to change process.	RMHP evaluated the request. RMHP must follow regulatory and corporate guidelines. No change made.
FSC Meeting Structure	Meetings were restructured in both 2025 and 2026 addressing the concern for more time and an easier review structure.
Person-Centered Thinking Training Supplemental Training Leadership/Coaching Books to Read	Already in place – both external and internal. HCPF is releasing additional trainings. RMHP remains open to reviewing additional training that may be feasible to implement.
Member notifications for extended leave of absence.	RMHP implemented.
Member Surveys: <ul style="list-style-type: none"> <li>• Online, email, paper, QR code, add to website, with consideration for rural areas.</li> <li>• Suggestions to content/questions.</li> </ul>	RMHP already had online, email, and paper version available. RMHP will explore the feasibility of using QR codes within the United framework. RMHP will add the survey link to the website at the time of distribution. RMHP will consider suggestions for content, balancing additional content/questions with overall length.

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