

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

Zoom Link: Join Zoom Meeting  
<https://us02web.zoom.us/j/82268113151>  
 Meeting ID: 822 6811 3151

**Executive Summary:**

- The council heard and discussed a report on the data as a region and for each DSA.
- The council voted to reallocate \$10-12K from the emergency fund to help families on the FSSP waiting list. Currently there are 228 FSSP members with 23 on the waiting list. There was substantial discussion on this item.
- The council approved the FSSP survey letter and finalized survey questions.
- Julie provided updates on state budget impacts and Medicaid cuts.

**COUNCIL MEMBERS**

Name	Lived Experience	Agency & Affiliation	Attendance (In-person/Virtual/Absent)
<b>Family Support Council Members</b>			
*Alexia Kraft	<input type="checkbox"/>	*Visitor – Community Advocate from DSA 16	Virtual
Alicia Pedroza Mannes	<input checked="" type="checkbox"/>	Community Member, DSA 17	Virtual
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 for 2 <sup>nd</sup> half
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
<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

After an introduction of all present we had four major agenda items:

- Data discussion
- Reallocation of funds from emergency to waiting list
- State budget update
- FSSP survey finalization

## 2. FSSP Data Update (RMHP)

Billie presented the current FSSP program data and spending patterns:

- Reported 228 current FSSP members, 23 members on waiting list, and 6 funded emergencies totaling about \$4,000
- Explained DSA distribution showing DSA 17 has the most members (115) representing 44.75% of total membership
- Reviewed budget allocation of \$483,000 with \$175,000 paid out to date
- Noted respite services represent the largest spending category at over 30%, followed by assistive technology and medical/dental services

Jerrica: Asked if members are aware of other resources like waivers or Medicaid buy-in, and whether data shows lack of providers in rural areas. She asked "Can we track enrolled members, who are also enrolled in HCBS Program or Medicaid Buy-IN/DD Determination?"

Rob: Asked how the CMA's waiting list percentage compares to others across the state? Billie stated we do not know what other CMAs get. Rob asked questions about the waiting list – how

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many families would we be able to enroll if we reallocate emergency funds? It was noted we will get to this in next agenda item.

### 3. Reallocation of Emergency Funds

The council discussed moving funds from the emergency allocation to help families on the waiting list. The council asked for some clarification on state general fund programs and how that interacts with moving emergency funds.

The council had extensive discussion, considering pros and cons of moving different amounts of funds from the emergency fund to get families off of the waiting list, including discussing specific numbers and prior averages of emergencies.

#### Details:

- Billie: Explained the emergency fund was about \$23,000 with approximately \$5,000 used so far and noted emergency funds can be used for anyone with IDD determination, not just FSSP members.
- Rob: Expressed concern about ensuring emergency funds remain available for critical situations.
- Jamie: Calculated that moving \$15,000 would leave about \$3,700 for emergencies for the remainder of the fiscal year.
- Elaine: Suggested possibly giving smaller amounts to more families to get everyone off the waiting list--people really liked this idea and Billie will see if that is allowable per HCPF.
- Billie: Explained that waiting list prioritization is based on need, not time on the list.
- Kelly: Suggested starting to prepare waiting listed families now for potential funding by having them get necessary documentation ready.
- Jamie asked about how waiting list processes will work: Billie noted they have to make that decision based on who is most in need, so folks will be prioritized based on folks who are most in need. Billie explained: if a person came in yesterday and got placed on FSSP waiting list, they may have higher needs based on MIN assessment. Jerrica also asked about timeline for waiting list: If an intake is missed or significantly delayed by the intake team, does that referral move to the end of the waiting list? How is a family's placement protected when delays occur internally? Because this is based on level of need the date of enrollment is not relevant.

#### Conclusion

After discussion about the amount, and agreement that we wanted to move the majority of funds from emergency to wait list, the council voted to recommend move approximately \$10-12K from emergency funds to help families on the waiting list. RMHP will look at rules and numbers and report to us on what actual number they moved--but it will be in this area. The council came to this after agreeing it should be a majority but not comfortable with \$15K because they feared turning down a true emergency given that emergencies can only be considered as a last resort.

The council recommended that if feasible, RMHP serve more families with fewer funds each, instead of serving a few families with higher amounts of funds each (comparable to existing allocations.). RMHP will check rules to determine if they can provide smaller allocations to more families.

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The council will revisit this topic in April to potentially move more funds if needed.

#### 4. State Budget Impacts

Julie provided updates on state budget cuts affecting Medicaid and related services.

First, it is important to understand that two distinct processes are currently underway:

1. Supplemental Requests. These are proposed changes for the current fiscal year, ending June 30, 2026. Any requests denied by the Joint Budget Committee (JBC) now will be very difficult to implement before the year ends. While the JBC can reconsider previous denials, doing so would leave the Department of Health Care Policy & Financing (HCPF) with even less time for implementation. We remain concerned about the risks of a rushed rollout and hope the JBC can balance the budget without these cuts. Supplementals are what they did this past week.
2. Figure Setting. Starting immediately, the JBC will begin "figure setting," a process where they review every line of the state budget to make final funding decisions. Because they are constitutionally required to balance the budget, several items previously rejected may be reconsidered during this phase. Figure setting begins this week, with the goal of finalizing the budget by the end of March. Once the "long bill" (the state budget) is introduced, it must pass through both legislative chambers before the session ends in the first week of May. Given this tight timeline, we remain focused on the mechanics and implementation details of these policies.
3. Julie reviewed the changes as of now, noting this can change during figure setting:
  - a. Already approved:
    - i. Community Connector (CC) changes:
      1. No CC for those under 6 but CMS had some implementation requirements that the state is working through.
      2. 5-hour cap for CC.
      3. Rate reduction for CC.
    - ii. Homemaker changes:
      1. Limit on hours for children, especially young children.
      2. 5-hour cap on payment to legally responsible persons.
      3. Soft caps.
    - iii. Soft caps for all services (homemaker, personal care, and health maintenance). This will be discussed at the Medical Services Board on Friday.
  - b. Denied for supplementals but may be discussed during figure setting:
    - i. 56-hour per week cap on a single caregiver being paid to work with single client.
    - ii. Changes in residential care payment rate that will result in cuts to many family caregivers.
  - c. Not planned for supplementals but proposed for figure setting:
    - i. Post Eligibility Treatment of Income (cost sharing applicable to adults in the DD waiver).
      - Jerrica: Expressed concern that rural communities without providers aren't being considered in these decisions. Julie said that the JBC seems to want an exception process and this has been discussed at length.
      - Billie: Mentioned that state general fund programs like FSSP have not seen

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- significant cuts.
- Budget cuts will primarily affect Medicaid services with downstream impacts on FSSP.
- The budget situation is due to a combination of factors including HR1, TABOR limitations, and increased spending.
- Exception processes are being developed but details are not yet available.

## 5. Family Support Approval

The council reviewed and approved the FSSP survey letter and finalized FSSP survey questions. Kelly suggested including a notice about the upcoming survey in the monthly balance letters to increase participation. Rocky will work toward implementing Kelly's suggestion to include survey notices in monthly balance letters.

## 6. Wrap Up/Next Steps

Rob and Kelly both expressed gratitude for the whole group, including Rocky staff, about the thoughtfulness that occurred during the discussion of this meeting.

Julie shared the compensation link in the chat and asked that people fill it out within a week. There was a clarification about where the funds were coming from, and while CCDC is paying people, the money comes from Rocky. It is not coming out of the FSSP budget.

### Action items

- **Rocky Mountain Health Plans**
  - Move \$10-12K from emergency funds to help families on the waitlist.
  - Check rules regarding providing smaller allocations to more families.
  - If time, include notice about the upcoming survey in monthly balance letters.
  - Send out family surveys with the approved letter.
- **Julie**
  - Forward the CCDC newsletter about Medicaid impacts to council members
  - Send compensation form link via email after the meeting.
- **Council**
  - Review emergency fund reallocation at the April meeting.
  - Complete compensation forms within one week of the meeting.

Next Meeting Date and Time: April 8, 2026, 1:00 – 3:00 PM

## 7. Adjourned 2:54 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.
Reallocation of Emergency Funds	RMHP moved \$10,050 resulting in removing 4 people from the waiting list.
Add note to the monthly balance letters that a survey will be coming.	RMHP will implement if time permits prior to survey going out.

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