



Colorado Health Partnerships, LLC
AspenPointe ♦ SyCare ♦ West Slope Casa ♦ ValueOptions

**Colorado Health Partnerships, LLC
PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC) MINUTES
April 9, 2015**

Call to Order: 11:00 am – GoToMeeting 1-877-919-8755 PC 8342477

I. Welcome and Roll Call

Members Present: Arnold Salazar/CHP, Jim Horvat/AspenPointe, Marianne Hall/Spanish Peaks, Mike Van de Castele/Beth Haven Inc. and, Pam McManus/Peak Vista **Non-Members:** Erica Arnold-Miller/Quality Management/VO, Haline Grublak/Office of Member and Family Affairs/VO, Paul Baranek/Education Coordinator/VO, Chelle Denman/Provider Relations/VO, Kathy Van Gieson/Exec. Asst./CHP, Tina McCrory/COO/CHP

II. Approval of Agenda

The agenda was approved without objection.

III. Approval of Minutes – January 8, 2015

The January 8, 2015 CHP PIAC Minutes were approved without objections.

IV. Network Adequacy

Chelle Denman reviewed the CHP Geo Map which is created to find out where there are Medicaid members in our catchment area that do not have access to services within a 30 mile radius (a contract standard) from their home. It was noted that there was a concentration of members in Lincoln, Elbert and Delores, La Plata counties that do not have access to services within a 30 mile radius which will be discussed at the CHP Class B Board meeting. Pam McManus/Peak Vista suggested enhancing the Geo Map by enlarging the areas and including borders. Chelle indicated with the Geo Access software different maps can be pulled up, one of which is just facility based providers.

The ValueOptions Medicaid BHO Network Development Plan FY2015 was reviewed highlighting: Background, Overarching Network Development Goal, Key Strategies, BHO Network Plan 2015, BHO Network Recruitment Criteria, Provider Network Monitoring Methods, Culturally Competent Provider Recruitment and Retention Strategy, Training and Education and, Summary.

It was noted that psychiatry is a nationally recognized crisis with the mental health centers recruiting psychiatrists and bringing in additional services like Tele Health to help fill the gaps as well as implementing Child Psychiatric Access and Consultation for Kids (CPACK), a system free to pediatricians who can call to consult with a child psychiatrist to provide easier access to behavioral healthcare. Pam applauded all the efforts toward the shortage of psychiatrists. Jim reported at Aspen Pointe the wait time for a client to see a psychiatrist went from three months to two to four weeks. In regard to ratio of provider staffing is that the number of providers to the number of members is based on the number of members that are seeking services and the type of services that we provide.

Arnold Salazar talked about the Contract Amendment specific to Institute of Mental Disorder (IMD) Hospitals (strictly psychiatry and substance use). In Colorado inpatient care for substance use is not a covered benefit but with the contract amendment, the BHO will pay “for a Member’s admission to any free standing inpatient psychiatric facility, when the Client is presenting with psychiatric symptoms, for the purpose of acute stabilization, safety and assessment to determine whether or not the principal diagnosis occasioning the Member’s admission to the hospital is a mental health disorder or substance use disorder. The Contractor shall be financially responsible until a substance use disorder diagnosis is determined to be the principal diagnosis, at which point the Contractor shall no longer be responsible for continued acute stabilization, safety and assessment services associated with that admission. If a mental health disorder is determined to be the principal diagnosis, the Contractor shall be financially responsible for the remainder of the inpatient hospital services, as medically necessary. The assessment period shall generally not exceed seventy-two (72) hours.”

This is a solution that was approved by CMS (at the federal level), HCPF, the BHOs and the IMD hospitals to alleviate the burden of the hospitals to pay for assessments and end up not getting paid for it and to improve access to inpatient care.

V. Expansion of Substance Use Benefit

Paul Baranek reviewed the Authorized Services Update (New Substance Use Disorder Covered Service) PowerPoint highlighting: New Pass Through Services, Substance Use Disorder (SUD) Services, Social Detox Services, Medication Assisted Treatment, Outpatient Therapy for SUD and, New SUD Service Added.

Providers are encouraged to do screenings for depression using standardized instruments and with the integration program there may be increased emphasis on substance use screenings. CHP would like to move toward evidence-based practice screenings such as SBIRT (Screening, Brief Intervention, and Referral to Treatment) used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and drugs. Tina reported HCPF has approved utilization of the health and behavioral codes, wellness assessment and Nutrition Class which are initial steps toward demonstrating the frequency of use and value in the integrated care services we can provide.

Arnold indicated the State has been holding back on adding medication (Buprenorphine, Suboxone) to medication assisted therapy.

VI. Long-Term Supports and Services Update

Paul Baranek reviewed the Long Term Services and Supports (LTSS) PowerPoint highlighting: What Are They, Why Are They Important to Colorado Health Partnerships, How Much Nationally, More National Statistics, Contract Requirements, Some Key Concepts, Key Concept Waivers, Key Concepts: PASRR (**P**readmission **S**creening and **R**esident **R**eview), Contract Requirement, Key Concepts: The Olmstead Decision, Long-Term Supports and Services System Diagram and, CHP Involvement.

Paul will forward a list to Kathy of the Colorado HCBS (Home and Community-Based Services) Waivers (Adults and Children) to be distributed to the PIAC members. Paul noted the Waiver Simplification Sub-Committee suggested to the Governor that the 12 waivers could be downsized to 4 waivers.

VII. No Wrong Door Initiative

Paul Baranek noted this is a philosophy and a process that supports efforts to streamline access to long term services and supports for older adults and people with disabilities. CHP has representation on the No Wrong Door Planning Advisory Group representing the behavioral health aspect.

VIII. Next Steps: Ideas for Further Education or Discussion, Agenda Items

Suggestions for the next meeting were: 1. General Information on the BHO Functions (Performance Measures, Clinical Management) and if time permits, 2. Protecting Member Rights, Grievance & Appeals Process (either at the next meeting or another meeting). For the October meeting, Efforts at Integrated Care.

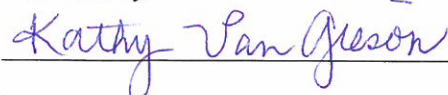
IX. Planning for Next Meeting – Thursday, July 9, 2015 GoToMeeting 11:00 a.m. – 1:00 p.m.

The next meeting will be a GoToMeeting on Thursday July 9, 2015 from 11:00 a.m. – 1:00 p.m.

X. Adjournment

The April 9, 2015 PIAC meeting was adjourned.

Submitted by: 4.14.15



Kathy Van Gieson, Executive Assistant

Date