

CHP Program Improvement Advisory Committee Quarterly Meeting Agenda

October 8, 2015 11:00AM-1:00PM

Call in # 1-877-919-8755 PC 8342477

Agenda Items

Topic	Presenter	Time allotted
Welcome, Roll Call and Introductions	Arnold	5 Minutes
Approval of Agenda	Arnold/Group	5 Minutes
Approval of Minutes-July 9, 2015	Arnold/Group	5 Minutes
Integrated Care Program	Lisa	30 Minutes
Service Delivery Transitions Discussion	Erica/Group	10 Minutes
Provider Network Expansion and Discussion	Arnold/Group	10 Minutes
Updates from the State	Arnold/Tina	10 Minutes
Survey of Committee Members	Erica	10 Minutes
New LTSS Director	Paul	5 Minutes
Meeting/MHC Tour (Health Solutions?)	Erica	10 Minutes
Membership Suggestions Discussion	Arnold/Group	10 Minutes
Next Meeting Planning/Adjournment	Arnold	10 Minutes



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

**Colorado Health Partnerships, LLC
PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC) MINUTES
July 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., Pam McManus/Peak Vista, Rebecca Encizo/ICHP/VO, Scott Smith/NAMI/La Plata Youth Services and, **Non-Members:** Erica Arnold-Miller/Quality Management/VO, Paul Baranek/Education Coordinator/VO, Kathy Van Gieson/Exec. Asst./CHP

II. Approval of Agenda

The agenda was approved without objection.

III. Approval of Minutes – April 9, 2015

The April 9, 2015 CHP PIAC Minutes were approved without objections.

IV. BHO Functions

Erica reviewed the Behavioral Health Organization Functions PowerPoint highlighting the following:

Performance Measures – When the BHO is responsible for a behavioral health service or claim; Medically Necessary (Six Components); Colorado Definition of Medical Necessity; What mental health and substance use services are available plus additional mental health and substance use services; BHO Functions & Departments (Arnold provided a big picture perspective of where we are going-HCPF is going away from managed care to population health management with the focus on trying to keep the whole population healthy. This is still being defined and refined by HCPF-July 2017 forward).

Clinical Management – CHP’s Clinical Department oversees all clinical functions.

Quality Management - BHO Performance Monitoring; 16 Core Indicators of Performance are contractually required; BHO Trend: Hospital Readmissions within 7 Days of Discharge (Arnold commented on the importance of making sure members are not discharged too early) (Paul commented when people come out of the hospital the (ICM) Intensive Case Management makes sure they have what they need); BHO Trend: Completed Follow Up Visits within 30 Days of Hospital Discharge; BHO Trend: Emergency Department Utilization.

V. Protecting Member Rights

Paul Baranek reviewed the Complaints as Gifts PowerPoint. The Value of Complaints; Self Advocacy as a Wellness/Recovery Skill; Help us Identify system problems and issues (Paul commented on referring to people (i.e. clients, patients) as customers; Improves Quality of Care; What is a Complaint; Official Definition of Grievance/Colorado HCPF Definition; Complaint Process; Who can file a Grievance (Set up for Members, Member’s Guardian, (DCR) Designated Client Representative); Who Cannot File a Grievance; Who handles CHP Grievances; Ombudsman for Medicaid Managed Care.

Grievance & Appeals Process - What the grievance process IS; Grievance Categories (Clinical Care, Customer Service, Rights and Legal, Access and Availability, Financial/Legal, Other); What happens when we get a complaint; Time Frames; Complaints are Gifts; What makes it a gift (Client is taking active role in their care); Contacts (Kim Griffith/CHP Grievance Coordinator: 719-538-1483), (Ombudsman/Maximus: 877-435-7123), (Haline Grublak/OMFA-Office of Member & Family Affairs: 719-538-1443).

If there is a requirement that a Mental Health Center have a client advocate on staff it might come from (OBH) the Office of Behavioral Health but it is not a BHO requirement.

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

There were no objections on the following suggestions for the next meeting: 1. Efforts at Integrated Care, 2. Initiatives: Performance Improvement Projects (PIPs) – A. Diabetes Testing for Medicaid Members taking antipsychotics, B. Improve Follow up after Hospitalization within 7 Days, C. Transitions From Jails/Prisons for Members coming out of those facilities who have existing Behavioral Health issues.

Dr. Lisa Clements/VP of Transformation (and/or some of her staff) will be asked to present. Paul thanked everyone for their time and feedback.

VII. Planning for Next Meeting – Thursday, October 8, 2015 11:00 a.m. – 1:00 p.m.

The next meeting will be a GoToMeeting on Thursday October 8, 2015 from 11:00 a.m. – 1:00 p.m.

VIII. Adjournment

The July 9, 2015 PIAC meeting was adjourned.

Submitted by: 7.13.15

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Kathy Van Gieson, Executive Assistant Date