



State Medical Assistance and Services Advisory Council

225 E. 16th Street
Denver, Colorado 80203

May 22, 2013
6:00pm – 7:45pm
MINUTES

ATTENDING:

Council Present: Robert Bremer, Andrew Davis, J. Scott Ellis, Mark Thrun, Nancy Stokes, Rebecca Lefebvre, Dennis Lewis, Blaine Olsen, Peter McNally, Louise Vail

Council Absent: Theresa McCoy, Victoria Vowel

HCPF Representatives: Judy Zerzan

CDPHE Representative: Steve Holloway (absent)

HCPF Presenters: Tim Cortez, Zach Lynkiewicz, Lorez Meinhold

Guests: Gerrie Frohne, Jo O'Connell, Rosana Patrona-Aurand

Meeting called to order at 6:00 p.m.

April minutes were approved

Legislative Update Zach Lynkiewicz provided the legislative update. The following bills were signed into law by the Governor: SB13-200 (Medicaid Expansion), HB13-1314 (transfer of the Division of Developmental Disabilities to HCPF), SB13-242 (Adult Dental), HB13-1261 (Ft. Lyon Correctional Facility), SB13-222 (access to Childhood Immunizations), and the Marijuana legislation.

It was suggested that with the passing of the Marijuana law it would be a good time to monitor and study health outcomes from its use.

Colorado Choice Transitions

Tim Cortez presented to the council. Legislation passed that moved the Division of Developmental Disabilities (DDD) to HCPF. DDD currently has five waivers and HCPF has seven waivers and the merging of the agencies will provide an environment of coordination and communication both internally to employees and externally to clients and the outcome will be a more streamlined cohesive waiver process.

The Colorado Choice Transitions (CCT) program provides assistance to help individuals relocate from a nursing home back into their community. Referrals have been received and providers have been enrolled. Life skills teaching are being provided and transition coordinators will take the clients through the transition process. The Division of Housing is assisting in locating affordable housing. There is communication with communities regarding integrated care and partnering with community group systems of care. The main goal of CCT is to identify individuals who want community living and help them get affordable community living and providing life skills to make community living viable.

The Community Living Advisory Committee has established four subcommittees who are now in full swing and regularly meeting. The four sub-committees (waiver simplification, care

coordination, entry point and Consumer Directed Assistance Services and Support) are tasked with transforming Long Term Services and Supports (LTSS). They are addressing the current barriers to community living and are seeking to fully engage the community. This will include expanding services, integrating LTSS with Mental Health and Behavioral Health via RCCO, streamlining the process and giving more choice and control of care to the client.

Round Robin

Olson: Involved in roundtable discussion on exemptions to immunizations. Revisions to the law may come from this. Where does free choice come into scenario and can state agency override free choice.

LeFebvre: Involved in care coordination conference on efforts to reduce readmissions. Care improvement, delivery of care close to home, getting Medicaid patients to visits and telemedicine.

Zerzan follow-ups:

- (1) Pediatric Assessment Tool (PAT) team is reviewing 300 cases on an expedited timeline within the next two weeks looking for gaps in personal care.
- (2) CPCI grant: Seventy-four practices have been selected and the budget has been submitted. The decision-making on this project is being shared. Quality measures due by the end of summer. Lessons learned should be done by the end of summer also and are currently working on how to link data together with Medicare.
- (3) SIM grant: \$50 million. Meetings are going forward and if you want to be on committee let us know.
- (4) HCPF is hiring.
- (5) BHO and RCCO – data sharing component.

Medicaid Expansion HCPF is working with Connect for Health Colorado on Medicaid Expansion. When carriers compete it is good for the people and we expect to see 160,000 new people on the roles and 19,000 AwdC by January 2014. In the meantime HCPF is working to provide a seamless systems transition which will direct people to the right place and provide navigators to help people enroll. There will be subsidies in the exchange to help people afford insurance and provide health insurance to the poor. The expansion will not curtail the services of other programs like Colorado Indigent Care Program (CICP). There will be between 300,000-400,000 still uninsured. Work groups are looking at various scenarios and how to address them.

State of Health Lorez Meinhold provided an overview of The State of Health which relays the commitment to make Colorado the healthiest state in the nation. The commitment is to (1) promote prevention and wellness; (2) expand coverage, access and capacity; (3) improve Health system integration and quality and (4) enhance value and strengthening sustainability. Each commitment focuses on several initiatives with goals such as improving mental health, better oral health, reducing substance abuse, reducing Colorado's uninsured population, improving access to primary care, eliminating barriers to better care, integrating physical and behavioral health and payment reform. The State of Health project is a work in progress.

The meeting adjourned.