



MEETING MINUTES
Hospital Back Up Redesign Steering Committee
Department of Health Care Policy and Financing

1575 Sherman St.
Denver CO 80203
6th Floor Conference Room--CDHS
May 18, 2016
10:00 a.m. – 12:00 p.m.

On the Phone

Heather Terhark-- HT
Cathy Fielder—CF
Tonya Gallery
Cindy Lubiard

Vivage
HCPF/LTSS
County
Care Meridian

ATTENDEES

Anne Meier
Daniella Johnson—DJ
Larry Fortier--LF
Kathy Capell--KC
Louis Jaime--LJ
Sarah Whitehurst
Amber Burkhart--AB
Ed Arnold--EA
Dr. Deb Parsons--DP
Heather Fladmark--HF
Randie Deherrera--RD
Erik Holt--EH
Tammy Jo Musgraves--TJM
Megan Roberto--MR
Tonya Chasity

Disability Law Colorado
Avamere Malley Health Care
Rock Canyon
Colorado Access
Colorado Access
Parkview Care Center
Colorado Hospital Association
eQhealth
eQhealth
HCPF/LTSS
HCPF/Rates
HCPF/LTSS
Contractor/HCPF/LTSS
HCPF/Data
HCPF/Budget

Erik reports general updates:

- *Instead of attaching the minutes to the next meetings invite, it will now be available on the website. The link to this page is in the last email sent about this meeting.*
- *Receiving good feedback regarding the new application layout*
- *Working with the HCPF Communications Department on a blast email to all the hospitals in order to get this new application out, however for now it is currently just word of mouth.*

Randie Deherrera reports on rates sheet

- *Rates sheets are still going through clearance, don't anticipate any issues. However, we are waiting on all facilities to submit their cost information and the construction index information for the next fiscal year. Once this is complete the sheets should go out for revisions and become available to everyone.*

Reasonable accommodations will be provided upon request for individuals with disabilities. Please notify the 504/ADA Coordinator John Barry at 303-866-3173 or john.r.barry@state.co.us at least one week prior to the HBU Steering Committee Meeting. www.colorado.gov/hcpf



- Any changes you make to your facility should be reflected on the following years rate sheet

Heather updates on revalidation:

Everyone should watch for emails on the status of their account and the status of the revalidation. Once you receive an email you have 60 days to correct whatever issue it may be, and if no activity is completed on the application after 60 days it will be considered incomplete and the process will have to be started all over again.

Should you be interested in a specific revalidation, speak with Heather Fladmark to receive this information.

Tammy Jo passed out population expansion form:

Requests that stakeholders fill out these informational surveys in order to get a better understanding of what other populations stakeholders may be interested in helping/getting involved in the HBU program. Please email the completed form or bring it before we begin the regulatory review process, in case we need to work something into rule or regulation changes.

Activity: Clump and Dump

Goal: Collaboratively work together in order to define Care Coordination and Person-Centeredness in terms of HBU in order to help drive the conversation of Care Coordination in the same direction for future meetings and initiatives.

(Individuals on the phone were invited to contribute to the ideas being listed out)

- Group created five categories (single words) defining what Care Coordination entails:
 1. Person Centered
 2. Multi-Disciplinary
 3. Networking
 4. Outcomes
 5. Dynamic/ Real Time
- From these categories, the group split into three groups to create definitions of Care Coordination and Person-Centeredness that incorporated these five key categories that were identified:
- Care Coordination:
 - Team 1: Establishing a goal and working towards a common outcome.
 - Team 2: Seamless, integrated system to orchestrate person-centered services in a cost effective manner
 - Team 3: Available information, daily to all team members. Includes LTAC/Hospitals, SURC, HCPF, and HBU facilities to achieve individual goals.
- Person-Centeredness
 - Team 1: Patient involvement, shared decision making, patient has the final say, include patients designated caretakers/ family members in decisions
 - Team 2: Creative care processes that uphold the needs/values of individuals
 - Team 3: Care Delivered per patients values, goals, and preferences. Aligning patient expectation with POC – self management

While the group couldn't agree on one of the definitions for Care Coordination and Person-Centeredness put forth at the meeting, it was determined that individuals would take these ideas and



team definitions with them to work on creating a more fluid definition. Group members are to email their final thoughts to Erik Holt and Tammy Jo who will compile the final ideas and bring a completed definition for both terms to the next meeting in June.

Common Goals for Care Coordination Meetings

HF: What do you all want these care coordination meetings to look like? So far, we have person-centered care planning, is there anything more we want to add to the care coordination umbrella right now?

- *Currently we have five meetings planned out for this umbrella, we can add or remove them as needed or as subjects come up*

DP: Do we have everyone at the table that needs to be here for those future meetings? Do we have enough people who do care coordination at the table?

HF: Since this is a voluntary meeting, we may be able to ask others to join?

DP: RCCOs?

HF: Potentially an area to talk about, there are a lot of players, so may be difficult to consider but would be happy to ask others in the department or who the department has worked with in the past to bring to the next meeting to speak about this.

- *Invite HCPF staffers, case managers, social workers, RCCOs, SEPs, and potentially hospitals to future meetings for care coordination discussion*
- *Create next meeting's agenda around available speakers*

Final thoughts, if there are any thoughts that stakeholders believe should be a part of the care coordination meetings please reach out to Heather so that it can be incorporated in the agendas.

