This was the first meeting of the council.

- The group did introductions.
- There were presentations from Rocky Mountain Health Plans about their ideas for a member council. Julie Reiskin the facilitator did a presentation about Medicaid and client engagement.
- The group reviewed, modified and agreed upon a charter.
- The group heard the results of the listening tour conducted by the Colorado Cross-Disability Coalition.
- The group set ground rules and operating conditions and set a beginning agenda for the year.
- The group all committed to a 2 year term.

**January 2015**

- Group had presentation from Rocky staff about the PRIME program
- Group identified priority issues and had discussion.
- Issues with access to primary care were discussed. Concerns included:
  - Physician groups making patients fill out applications
  - Pain management company requiring people to attend a class and pay for class
  - Communication should be facilitated not just with physicians but with office staff
  - Do any of the requirements of a “Medical Home” happen in real life?
- Suggestions:
  - Increase communication with physicians, begin by having dialogue at April meeting
  - Create a document about who does what re Rocky—what is Prime, what is RCCO, etc.
- Other items discussed:
  - Upcoming events (community meetings, health fair)
  - Create FAQ document about this committee
  - Suggestions to Rocky given about outreach
  - Decided against Western CO Medicaid Facebook page

**April 2015**

- Meeting was discussions with physicians.
- Group briefed by physician with disability Kimberley Jackson on provider perspective.
- Group met with physicians from
  - Local private clinics,
  - Medical director of Rocky,
  - Marillac
  - Glenwood Springs Federally Qualified Health Center.
Summary:
Access to care for people with disabilities on Medicaid is a problem. Increased communication and understanding on the part of both doctors and patients can improve the situation. Development of some physician champions on the Western Slope will be a key to solving the problem. Inaccurate perceptions by both doctors and patients about each other coupled with lack of understanding of each other’s situation cause these problems to continue. Pain management and the need for prescriptions that involve controlled substances to manage disability related symptoms, increase functionality and maximize quality of life is a major barrier for people with disabilities. Physicians are reluctant to engage with patients with these needs. This was a first step--additional training for physicians, problem solving, dialogue and perhaps some small projects on which we can collaborate will help further break down barriers.

The group had frank conversations with each of the above to open dialogue between people with disabilities and the Western Slope medical community. Items discussed included primary care versus complex care, pain management, poverty issues and care coordination. The group felt this was effective and asked to have the same process for the July meeting but focus on mental health, instead of physical health.

JULY 2015

This meeting was focused on mental health and meeting with various professionals in mental health field:

- The group heard from a panel representing most of the mental health centers serving the region (Montrose area and Grand Junction participated. We heard about their services including the peer run services. The Durango provider Axis did not return calls so they were not part of this meeting.
- The group heard from the new state crisis provider, Rocky Mountain Crisis Services. They also have a peer component of their services along with 24 hour crisis help. They provide some mobile crisis help and assistance over the phone.
- The group heard from Dr. Ed Knight about peer services and how they were developed along with how they work elsewhere in the country and even in the world.

OCTOBER 2015

The group reviewed the year since they had formed and discussed impact. Local physicians were motivated by our meeting and are considering a complexity clinic. The group heard about plans for the next phase of the RCCO process called ACC 2.0. The first round of RCCO has been declared a success as it saved money and improved care but the state wants to merge the mental health services into the RCCO and rename the RCCO to RAE (regional accountable entity). Initial plans were to make mental health fee for service the same way physical health is provided with care coordination.

- The group discussed other new innovations and plans including how to use financial incentives in the best way. We discussed shared savings models, how they measure patient satisfaction and the need to report both good and bad customer service.
- The group discussed problems such as inconsistent information between state and Rocky. Group discussed a way to better reach out to other people on Medicaid. The group thought having smaller regional groups to do outreach events could work. Suggestion of Rocky putting inserts in local papers letting people know how to get help if they could not access benefits. The group agreed outreach is needed especially to clients new to Medicaid.
• Group met with Rocky customer service to hear about how they work and to share experience members had personally when dealing with customer service as a patient. Suggestion that customer service staff meet with group on regular basis

• The group had a presentation from Julie Reiskin on Medicaid Transportation.
  o Non-Emergency Medical Transportation
  o Non-Medical transportation (only available for clients in HCBS waivers)
  o Emergency medical transportation

• The group met with Tom Massey Deputy Director for Colorado Medicaid. Discussion points included:
  o Stigma to Medicaid and important for people to talk to neighbors, friends, providers and others to let people know that things have changed.
  o Eligibility is done through county government. This can make it challenging to have everything be the same all over the state with regards to Medicaid.
  o Transportation:
    ▪ Suggest to Medicaid that medical and non-medical be blended
    ▪ Suggest to provide funds up front when people on West Slope have to travel to Denver
    ▪ Suggest to increase amount clients have for food and lodging when they have to travel for medical treatment
    ▪ In some counties nonmedical transportation is not available and in some areas providers will not serve all clients
    ▪ Case managers are not supposed to argue or micromanage where clients go for their non-medical trips since they only have 2 round trip or 4 one way a week.

• Group also discussed provider shortage issues as well and ended by sharing how while we always want to improve the Colorado Medicaid program is better than most places. People shared stories of how Medicaid had helped them.

**JANUARY 2016**

This meeting was dedicated to training. The group received training on community organizing, developing groups, communicating in groups, making decisions in groups, putting on town hall meetings and educational sessions. This training was in response to the group decision that they want to try to create regional groups that will help gather more member input and be a vehicle to share information about Medicaid and Rocky. All members were given thumb drives of training materials. The group agreed to meet in March (instead of April) to accommodate Jenny’s pregnancy (she will be too pregnant by April to travel)

**MARCH 2016**

• The group discussed current legislation, and progress on the ACC 2.0.
• There was a lot of discussion about the hospital provider fee. The group requested that talking points be provided about the hospital provider fee. The group also requested that written information about Medicaid and FAQ about doing booths as outreach activities be prepared.
The group had a presentation from the “Accountable communities” project grant writer. The group gave feedback including the strong suggestion that this group have a seat on the council that will govern that project.

**July 2016**

- Group had presentation on my digital MD and provided feedback especially on accessibility.
- Group gave input on the emergency room guide and then discussed ER use in general.
- The group also reviewed the Rocky pamphlet that described the different types of Medicaid (ACC, Prime, etc.)
- The group discussed what they have and have not done regarding booth outreach and what is and is not working well.
- The group discussed upcoming events where they were going to try to do outreach such as the local resource fair in the mountains and the Veterans Stand Down in Grand Junction.
- The group received a final update of all health related legislation from the Colorado General Assembly 2016 session.
- Members were selected to serve on the accountable communities council as representatives from the client council.
- The group had lunch with a representative from Marillac and discussed the available services.
- The group discussed recommendations that should be given during ACC 2.0. The suggestions were given to the Medicaid director informally and will be submitted formally.
- Group requested place on website.

**October 2016**

- Group reviewed the recommendations on client engagement for ACC 2.0 and discussed measurement of client engagement.
- Group discussed how to have more success with development of small local groups. This was goal for 2016 and has not happened the way intended. Funds were available to hire very part time organizers but that did not happen. Group debated if stipends were right way to go in terms of recruitment. Group said that something should be provided, but may be other options such as leadership training.
- Group was shown place on Rocky website.
- Heard from Rocky staff about other projects to help enhance the consumer experience and voice.
- Discussed four topics regarding mental health
  - New text service for mental health counseling via text
  - Overview of new pilot project to serve people with both intellectual disabilities and mental illness
  - Review of changes to mental health services in ACC 2.0 (BHO will be integrated with RCCO)
  - Telehealth and why this is a problem for many in rural areas.
- Members gave reports
- All agreed to stay on council for another term