



CPAA Consumer Advisory Committee Meeting

Meeting Summary, 06/12/2018

Support and Backbone Staff: Shannon Linkous – *CHOICE*, Carol Palay – *CHOICE*, Matthew Sanders – *CHOICE*, Rene’ Hilderbrand – *CHOICE*, Jennifer Brackeen – *CHOICE*

In Attendance: Doug Levitt – *Pacific County & Great Rivers*, Heather Ristow – *Thurston County*, Paul Sweet – *Thurston County*, Erin Oly – *Thurston County*, Sam Silvestro – *Thurston County*, Michelle Richburg – *Thurston County*, Kurt Hoines-Brumback – *Thurston County*, Kevin Haughton – *Providence*, Carlos Mejia-Rodriguez – *Molina Healthcare*

I. Welcome, Introductions, Review of Meeting Minutes

Rene’ Hilderbrand welcomed the group and facilitated introductions. Rene’ reviewed agenda items, which included: CPAA Updates, Chair/Co-Chair Selection, CPAA Communications Overview, CPAA Navigator Program Overview, and Open Discussion.

II. CPAA Updates

Rene’ Hilderbrand reviewed CPAA updates. She shared that the CPAA Board approved the Request for Proposals (RFP), which was sent out on May 30. CPAA hosted a Virtual Town Hall meeting to answer any questions that partners might have regarding the RFP. About 80 people called in, so there is a high interest in partnering with CPAA. The selection process will require a letter of intent (LOI) that is due Thursday, June 14, and submission of a RFP, due July 16. CPAA hopes to select partners by mid-August. To ensure fairness, an independent assessor will score the responses to the RFP. The RFP is centered around the projects you were introduced to earlier this year: Bi-Directional Care Integration, Care Coordination, Transitional Care, Opioid Response and Prevention, Maternal Child Health, and Chronic Disease and Control.

Starting in 2020, the three MCOs selected to represent the seven counties in the CPAA region are Molina, Amerigroup, and United Healthcare. Rene’ will follow up with the group to answer the question of whether people will be required to use one of these managed care organizations under Medicaid.

The Tribal Health Directors meeting was held on June 7. Five of the seven tribes attended, and Rene’ followed up with other two afterward. Rene’ believes these relationships are strengthening, and the tribes seem to want more involvement. At the meeting, the tribes reviewed the Memorandum of Understanding (MOU), which is the agreement that allows tribes to have access to the tribal funding from the CPAA (ACH). Furthermore, a tribal health director agreed to participate on the CPAA Board. Denise Walker from the Chehalis Tribal Health Center, will act as first chair. Karla Miller, from the Skokomish Tribe, will attend in Denise’s absence. The HCA, AIHC, and CPAA Community and Tribal liaison will go to each tribe July 9-12 to discuss the details of their tribal project plans with HCA, which will be shared with the Consumer Advisory Committee once they’re finalized.

III. Chair/Co-Chair Selection

There were no official nominations for chair. Committee members said CPAA needs to recognize that whoever steps up is making a real commitment (i.e. childcare, travel, meetings, logistics, time, etc.) Most members feel we should wait to select chairs because no one is really ready to make the required commitment. They like the idea of two co-chairs to tag team. Michelle Richburg is interested in being a co-chair with another person. This is a subject everyone can think about and optionally communicate through email. Next month, we will address the nominations and feedback given through email. Rene' will send the charter out again and the committee will look at a six-month re-evaluation timeframe.

IV. Communications: Communication Specialist at CHOICE

Carol reviewed the consumer page on the website, which can be accessed [here](#). CPAA will keep this website up-to-date and understands the commitment. Committee members were asked to look at the page in their free time and email Rene' (hilderbrandr@crhn.org) or Carol (palayc@crhn.org) to add anything that's notably missing.

Listed below is consumer feedback on the website:

- Needs pictures so it's more aesthetically pleasing. Some patients can't read, so it would be nice to have a picture for them to refer to.
- Add link to Youth Behavioral Health Coordination Project
- Add Rene's contact information to this page
- Tribal section is not updated at the moment, but is a work in progress. This will possibly be presented to the tribes at the next meeting in August. The tribes will need to approve information that gets posted. If there is information on the website regarding tribes, add a link to the consumer page. They would like knowledge of tribal projects for everything for transparency.
- Members appreciate the resources available on the website
- "...it's an information sandwich; I really like it."
- Please feel free to send resources or anything you'd like to see on the website to Carol or Rene'.
- Transportation that is available in the region should be added
- Oral Health should be added
- Add Youth Marijuana Prevention Education Project link
- Nutrition is important – add GRUB, farm fresh stands
- Add WIC – get \$10 for free at the farmer's market at the moment
- Add addiction/mental health clinic links without labeling it as a crisis clinic
- The group loved the web page and thanked Carol for creating it,

Rene' reminded committee members that we are still recruiting CAC members for other counties and asked them to refer people to the [application link](#) on the consumers page.

V. Navigator Program: Navigator Program Manager at CHOICE

Matt Sanders talked to consumers about the Navigator program. Matt reviewed information about and objectives of the program, listed below.



- Help consumers with any of their healthcare needs and answer any questions they may have about their health insurance
- Hire the right people to help Medicaid beneficiaries navigate WA Healthplan Finder.
- Help connect beneficiaries to navigators within health clinics who act as counselors for beneficiaries to help them find solutions to their problems immediately, or as soon as possible. If it can't be figured out with a navigator, it gets escalated to Matt, then escalated to HBE or HCA if necessary. A solution is figured out however possible.
- Meant to provide education to clients, but there is also always follow up that's required of them.
- The ultimate goal is that clients aren't worried about what they walked in for.
- Also meant to loosen the barrier of illiteracy or any other barriers.
- Offers health literacy so clients and patients understand what doctors are talking about during appointments.
- Open enrollment is from November 1, 2018 to December 15, 2018.
- There are SEP (special enrollment programs), for people to take advantage of, specifically apple health with income limitations, or people getting out of prison, etc.
 - Having a baby
 - Loss of job
 - Moving to state of WA or moving in general to different locations
 - Transitional scenarios – retirement, death of family member, job circumstances.
 - A lot of times, people age out, or their income becomes too high
- There are 32 active navigators across the region.
- According to Molina Healthcare, Department of Corrections plans on participating in the navigator program to enhance continuum of care. Matt will look into this partnership.
- Navigators are a free, confidential service and are compassionate.
- Characteristics of navigators
 - Some bilingual
 - Volunteers
 - Some are retired
 - Looking to be involved in community events
 - Health counselors within facilities
- Don't have to use a navigator, either; you can do this on your own. Navigators are there as a resource to answer your questions or walk you through any questions you have for applications.
- You can switch providers online within your health plan, but it's best practice to call PCPs since the list isn't up to date at who is accepting patients.
- You don't have to choose a health plan. Just do Provider 1 and you can see specialty providers with no issues. This option takes away limitations presented from a managed care organization.
- Number 1 question from clients/consumers: What is available? Most conversations start out open-ended and the navigator funnels down to assessing the needs.

VI. Open Discussion



No questions were presented by the group. They showed appreciation to CPAA for being receptive to information that is shared and caring about it. Rene' let them know that from the CPAA side, we really appreciate having feedback from the consumers.

Rene' asked members to go back to the health equity piece on our website and assess what health equity means for them and bring it back to the group next month. Thus far, members see health equity as access.

When asked what items members would like to see on future agendas, the following feedback was shared. This feedback also consists of open discussion amongst committee members.

- Want to have a community that has more access to healthcare, as opposed to how we get there and talk more about addressing these needs
- CPAA is looking for a training to raise education around access points and advocacy. This will be a future agenda item. Following this proposed training, there will possibly be a follow up webinar.
- Treatment – where are we on mental health treatment? Where does it fit into the programs? This should be on the list for future agenda items.
- Diabetic Care – chronic disease as an agenda item.
- Downtown Olympia has opened a day shelter for people to hang out; could CPAA put together a resource flyer to hand out to people there?
- There are people there all day to connect people to services; although, there are still services that are needed.
- It's hard for people with addictions and on Medicaid to get access to treatment because of access limitations. Only given solutions to deal with people in crises rather than providing solutions or prevention. The real people with problems are the ones in those community centers because their needs are being unmet and they can't access services at all. Those are the real "untouchables." Even if these people are on drugs or the capacity to take care of themselves are low functioning, do they deserve to have their limbs rot off or have no real access to care or treatment? Barriers are always involving insurance or health care.
- Access to substance use and mental health counseling is critical and is nearly impossible to get in this region for people on Medicaid. Reimbursement rates for Medicaid vs. private insurance itself is not equitable. This can cause Medicaid beneficiaries to suffer – they can't help that Medicaid reimbursement rates are so much lower than private insurances. To enhance equity, why aren't we increasing reimbursement rates for Medicaid?

VII. Next Agenda Items/Review Lunch Orders

- ❖ Next month, we will have a presenter from Amerigroup who will present like Molina did.
- ❖ Matt Shellhart will present about YMPEP and what he and his team are working on.
- ❖ Lunch: Food trucks (helps local small business and puts money back into the community.)
- ❖ Bring in one of the suggested agenda items, possibly advocacy training.
- ❖ This month there will be no problems with payments. If there are any issues, please contact Rene' immediately.