



NightMAC Meeting Minutes

Google Hangouts
Virtual

December 6, 2023

1. Welcome and Introductions

2. Department Updates

Presentation for opportunities to expand Medicaid coverage using a current 1115 Waiver on Substance Use Disorders (SUD):

A Waiver is:

- Federal rules set minimum standards related to Medicaid and CHP+ eligibility and required benefits.
- States can request to WAIVE some Federal rules to have more flexibility and offer coverage to more people and cover more services
- Five-year agreement
- Option for renewal
- States can amend existing 1115 waivers to ask for additional services
- Waivers require additional reporting to CMS and an evaluation component to demonstrate the waivers effectiveness.
 - Leah: Question, what is additional reporting to CMS, where does the admin burden fall, provider level, CDPHE?
 - Answer: HCPF has the additional reporting requirement, there may be additional asks for a provider engaged in any new service or initiative that HCPF is running. Generally, it is HCPF's reporting requirement.

We have decided to expand the SUD 1115 Waiver because it is already existing and because our federal partners are backed up in reviewing all waivers and it is easier to get an amendment to a waiver through quickly and is easier for the department to amend a waiver than to build a completely new one.

The waiver amendment will go to CMS in April 2024



Three things to amend into the current waiver:

- Mandated to put in a waiver for continuous coverage for children up to age three
- Additional adds would be prerelease services for adults and youth transitioning from correction facilities and,
- Reimbursement for acute inpatient and residential stays in institutions for mental disease for individuals diagnosed with serious mental illness or serious emotional disorders.

Continuous coverage:

- Children under 3-years-old do not have to go through the continuous renewal process.
- Adults leaving incarceration will have prerelease care for 90 days and continuous coverage for twelve-months.
- Goals:
 - Promote longer term access and continuity of care, combat racial inequality, and improve physical and behavioral health outcomes.

Criminal Justice reentry services:

- Goals for this amendment section:
 - Improve health outcomes for greater Health Equity for justice involved individuals, for both adults and children, by providing services prior to release and following them after discharge.
- Coverage up to 90 days pre-release
- Eligible facilities: jails, state prisons, and youth detention facilities.
- They receive all medication for 30 days after release.
- Question: Does the state have the adequate networks to support the specialized services required?
 - Answer: Yes, report SB 22-196, which is on the website, required the department to research this waiver and if Medicaid should pursue it. Many of the services are already provided. This allows Medicaid to put requirements around what is compensable. It allows us to pull down a Federal match for things Medicaid is already funding. This creates a cost savings for the state. 50% of this will be paid by the federal government while currently it is being paid by Colorado at 100%. This will help us to fund other programs for the same population.
- Individuals leaving facilities are receiving support for the first 30-days currently.
- HCPF is working on training providers and ensuring they have what they need to work with individuals who have been incarcerated.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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Mental Illness and Serious Emotional Disturbance in an Institution for Mental Disease:

- Goals:
 - To stabilize access and availability of treatment and specialty care for Coloradans experiencing chronic and complex mental health needs.
 - Currently Medicaid is not able to cover individuals when they are residing in an IMD settings. Medicaid would like to expand reimbursement for acute inpatient and residential stays up to 15 days.
- Asking that if an individual is in a facility for any period over 15 days, the state be allowed to cover the first 15 days of that stay.
- We are considering some of the provider challenges and would like to stabilize payment for facilities serving our members.
- Reduce utilization and links to stays in the ER.

Important dates for this waiver amendment:

- January/February 2024 - Public Comment on Waiver Amendment
- April 2024 - Submit Waiver Amendment
- April/May 2024 - Federal Public Comment
- July-December 2024 - CMS Negotiations
- Various dates - Services Go Live

Feasibility Study, due January 2026:

- HB 23-1300 - Federal government asked HCPF to look into other populations that could be included in a continuous coverage provision.
- Question: What can affiliate associations do to support this work if it makes sense for that group?
 - Answer: Attending public hearings
- Question: Is there a one-pager?
 - Answer: Creating one
- Question: Is there enough compelling evidence to pursue continuous coverage for more groups?
 - Answer: There is compelling reasons to keep individuals on Medicaid for a continuous 12-months. However, we must do a financial analysis.



Additional discussion:

- Question: How is the department looking at leveraging HRSN dollars as a way to provide better coverage or more continuous coverage or non-medical social determinate items that HCPF is looking into covering?
 - Answer: The department is in a data gathering phase and analyze what states have had some success. Currently focused on housing and nutrition. We have existing nutritioun programs in home and community based services where they can get home delivered meals after they have been for released from an institution and transition back into the community. Evaluation coming up in spring to see what type of impact that has had on populations. Also looking at a pantry stocking benefit for home and community based services. What populations would that benefit most, maternal health, chronic illness patients.
- We could share about the Supportive Housing benefit, using ARPA funds, for individuals and over 600 people have benefited from that program.
- Dental Update: Exploring a pilot program for school screening. Reach out to Leah Schulz or The Colorado Dental Association. Gone through a small rate review, and dentists are dropping Medicaid because they can't afford it. Struggling to retain providers and look forward to continued work with HCPF to iron out some concerns.

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