

FY 2023-24 CUSOM Interagency Agreement LRFI

Colorado School of Medicine Interagency Agreement

October 1, 2024



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I. **Legislative Request for Information 3**

Department of Health Care Policy and Financing, Executive Director's Office and Department of Higher Education, Governing Boards, Regents of the University of Colorado -- Based on agreements between the University of Colorado and the Department of Health Care Policy and Financing ("HCPF") regarding the use of Anschutz Medical Campus Funds as the State contribution to the Upper Payment Limit, the General Assembly anticipates various public benefits. The General Assembly further anticipates that any increases to funding available for this program will lead to commensurate increases in public benefits. The University of Colorado and the Department of Health Care Policy and Financing are requested to submit a report to the Joint Budget Committee about the program and these benefits by October 1, 2024.

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 3.

Legislative Request for Information 3 requests the following: Information About This Program's Various Public Benefits.

As part of the Supplemental Funding Program to the University of Colorado School of Medicine (CUSOM), CUSOM will maintain and increase access to specialty care for Health First Colorado members around the state, as well as deliver comprehensive primary care in the Denver metropolitan area. Public benefits in State Fiscal Year (FY) 2023-24 include: telehealth expansion in rural and frontier areas, continued improvement in access to specialty care and behavioral health services, evaluation efforts, unhoused and jail transitions of care programs, supplemental payments to providers for direct clinical care, and increased collaboration with community partners.

II. **Executive Summary**

During FY 2023-24, CUSOM and HCPF entered their seventh year of partnership to increase the support of Health First Colorado members across the state via supplemental payment funding.

The Supplemental Funding Program focuses on improving access to care for Health First Colorado members, not only through enhancing provider payments, but through creative initiatives focused on population health. The program

supports 106 unique investments ranging from scholarship support, increased behavioral health programming, enhanced wraparound services, and promoted transitions of care improvements.

The Supplemental Funding Program supports the health care workforce through full-time equivalent (FTE) support for high-need and specialized clinical providers caring for Health First Colorado Members.

Key Supplemental Funding Program Successes in FY 2023-24:

1. 85 Actively Funded Projects

The Supplemental Funding Program actively funded 85 projects across multiple specialties and medical disciplines at CUSOM. Funds were utilized to support workforce development, behavioral health expansion, team-based health care, and expansion of unique program coverage, such as assisting justice involved individuals transition back into the community upon release, expanding fetal care to southern Colorado via telemedicine and providing transitions of care for pediatric neurology members who will soon age into adult systems of care and their families.

2. Telehealth Growth

Telehealth has shown consistent utilization, signaling these modalities will remain an option for patient care. In FY 2023-24, telemedicine grew by 12% from FY 2022-23 with 51,942 visits and 23,340 unique members seen, and eConsults grew by 16.5% from FY 2022-23 with 1,639 eConsults sent in FY 2023-24.

3. Behavioral Health

A total of 21,297 unique Health First Colorado members received behavioral health services in FY 2023-24, an increase of 3% from the previous year. In FY 2023-24, behavioral telehealth services were 29% of the total telemedicine visits showing the continued need for telemedicine modalities to address the behavioral health crisis in Colorado.

4. Specialty Care Access

There were 330,336 specialty care visits for Health First Colorado members at CUSOM in FY 2023-24, representing a 20% growth over the previous year. CUSOM increased statewide access to specialty care through innovation with the modalities used to connect patients to their specialty provider. These modalities include video and audio telehealth, asynchronous e-consults, and co-management with local providers through peer learning and ECHO training. These options complement the brick-and-mortar expansion of specialty care sites to provide Health Care Colorado members with multiple opportunities to receive care through a modality that best meets their individual needs.

5. Community Engagement

In FY 2023-24, the Supplemental Funding team made 93 connections with community partners through meetings, presentations, and collaboration—representing an 127% increase from the previous year. The Winter 2023 and Summer 2024 community engagement forums brought together the project teams funded through the Supplemental Funding Program. The teams heard presentations and shared learnings about ongoing community engagement strategies and how to utilize resources to mitigate food insecurity.

III. Background Information

The Colorado Department of Health Care Policy and Financing (HCPF) submitted an initial State Plan Amendment (SPA) 16-0006 on September 30, 2016, to the Centers for Medicare & Medicaid Services (CMS) for a supplemental payment for physician and professional services delivered by providers employed by a public medical school. CMS approved the SPA on July 13, 2017, allowing CUSOM and HCPF to enter a partnership to improve access to primary and specialty care for Health First Colorado members. To memorialize the partnership and to establish expectations, CUSOM and HCPF jointly developed an Interagency Agreement (IA) to guide efforts to improve quality and health outcomes for Health First Colorado members. Priority areas of focus were determined by engaging with the CUSOM community including patients, providers, and community organizations. Starting in FY 2024-25 and moving forward, the IA will be updated every three years as a collaboration between HCPF and CUSOM. A State Plan Amendment had to be submitted on an annual basis to update the payment amount available, until HCPF submitted SPA 23-

0029 on August 15, 2023, which moved the annual payment amount update from the State Plan to HCPF’s provider bulletin.

IV. Supplemental Payment Methodology and Structure

Per federal regulations, aggregate Medicaid payments to groups of providers are allowed up to the amount of an Upper Payment Limit (UPL). The UPL is the difference between a reasonable estimate of what commercial payors utilizing Medicare payment principles would have paid for professional services delivered to Health First Colorado members and what was actually paid by Health First Colorado. As such, supplemental payments to CUSOM for Physician and Professional Services to Health First Colorado members are made quarterly based on periods of service from a year prior. For example, a supplemental payment made at the end of the State Fiscal Year (FY) 2023-24 first quarter (July 01, 2023 - September 30, 2023) is based on services provided to Health First Colorado members during the FY 2022-23 first quarter (July 01, 2022 - September 30, 2022).

Since HCPF is the only authorized agency to draw down federal Medicaid funds, General Fund originally designated to the Department of Higher Education is transferred to HCPF on a quarterly basis. Once federal funds are drawn, then payments are made directly to CUSOM [via University Physicians, Inc, dba University of Colorado Medicine (CU Medicine)] which includes the matching federal Medicaid funds. Table 1 below shows the General Fund originally designated to Higher Education and drawn federal funds for each supplemental payment paid to CUSOM during FY 2023-24.

Table 1 - Schedule of Supplemental Payments to CUSOM FY 2023-24

Period of Payment	Total Fund	Reappropriated Fund	Federal Fund	Date of Service FMAP	FMAP
QE-09/30/23	\$50,249,865.50	\$22,009,441.09	\$28,240,424.41	QE-09/30/22	56.20%
QE-12/31/23	\$50,249,865.50	\$22,009,441.09	\$28,240,424.41	QE-12/31/22	56.20%
QE-03/30/24	\$50,249,865.50	\$22,009,441.09	\$28,240,424.41	QE-03/30/23	56.20%
QE-06/30/24	\$50,249,865.50	\$22,612,439.48	\$27,637,426.03	QE-06/30/23	55.00%
Total	\$200,999,462.00	\$88,640,763.00	\$112,358,699.00	N/A	N/A

At any time, this program is subject to review by the U.S. Department of Health and Human Services (DHHS), CMS for timely filing of claims and conformance to the reimbursement methodology and other stipulations outlined in the Medicaid State Plan, Supplement to Attachment 4.19B - CUSOM Supplemental Payments for Physician and Professional Services. Documentation from either CUSOM or HCPF, including, but not limited to, demonstrations that this program is qualified to receive reimbursement, may be requested by CMS, the Office of Inspector General (OIG), or the Office of the State Auditor (OSA), and both CUSOM and HCPF are responsible for providing that documentation promptly. If HCPF determines that this program’s reimbursement payments were made in error, or in the event of a disallowance of federal funds by CMS, CUSOM must return the appropriate amount of funds.

V. Interagency Agreement

The FY 2023-24 IA outlines categories and amounts for funding which align with the priorities and deliverables of the agreement. Table 2 below shows the allocation of funds as stipulated in the IA. This table does not include carryforward funds from the previous fiscal year.

Table 2 - Allocation of Program Funds - FY 2023-24

IA Section	Fiscal Year 2023-24 IA Initiatives	Fiscal Year 2023-24 Allocation
5.1	Expand Medicaid Member Volume	\$49,244,868
5.2	Expand Access & Enhance Care Using Evidence-Based Health Care Delivery Models	\$32,662,413
5.3	Expand Targeted Rural Patient Access	\$7,336,480
5.4	Expand Telemedicine and eConsults	\$1,808,995
5.5	Improving Transition of Care and Patient Follow-up	\$1,607,996
5.6	Support for Federally Qualified Health Centers (FQHCs)	\$2,110,494
5.7	Health Care Policy and Equity	\$502,499

5.8	Support for Rural and Diversity Programs	\$1,004,997
5.9	Collaborative Initiatives and Specialty Care Investment	\$2,512,493
5.10	CUSOM Administration and QUEST	\$1,708,495
FY 2023-24 Total Funds Available for Agreement Programs		\$100,499,730
FY 2023-24 Enhanced FMAP to University of Colorado		\$11,858,969
Total		\$112,358,699

A portion of the federally matched funds were tied to deliverables under five areas of priority focus selected in collaboration between HCPF and CUSOM. This performance-based portion equates to 10% of the federally matched funding, with each of the priority areas equally accounting for 2%.

The total performance-based portion for FY 2023-24 was \$11,235,869. The total performance-based portion for FY 2024-25, based on FY 2023-24 performance, is \$11,206,647.

VI. FY 2023-24 Priority Areas

The priority areas for FY 2023-24 were: Evaluation, Specialty Care Access, Community Engagement, Telehealth, and Collaborative Initiatives. Table 3 below shows specific deliverables under each priority area jointly agreed upon by CUSOM and HCPF to be achieved by the end of FY 2023-24 and the status of the deliverables.

Table 3 - IA Priority Areas - FY 2023-24

<u>#</u>	<u>Priority Area</u>	<u>Goal</u>	<u>Deliverable</u>	<u>Status</u>
1	Evaluation	A data driven framework to evaluate Supplemental Funding investments to ensure they achieve the objectives of the Agreement and to promote sound stewardship of supplemental funds.	<ol style="list-style-type: none"> 1. (4) QUEST Highlight Reports 2. Access to Care Framework 3. Updated Reporting Template 4. Draft narrative in Stakeholder Year End Report 	COMPLETE
2	Specialty Care Access	Health First Colorado Member specialty needs and development of interventions	<ol style="list-style-type: none"> 1. Specialty Care Quick Guide 2. Specialty Care Report 	COMPLETE

		to support the Specialty Care Action Plan to meet those needs.	3. Draft narrative in Stakeholder Year End Report	
3	Community Engagement	Report community engagement activities incorporated in Supplemental funded programs and projects and identify opportunities for enhanced engagement with community partners within those programs and projects.	1. Community Engagement Tracker 2. Draft narrative in Stakeholder Year End Report	COMPLETE
4	Telehealth	Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for telehealth.	1. ECHO Report 2. Patient Telemedicine Satisfaction Survey Outcome 1-pager 3. Draft narrative in Stakeholder Year End Report	COMPLETE
5	Collaborative Initiatives	Define, implement, and evaluate collaborative projects that work to increase access to care and improve outcomes for populations with high health care needs across the state.	1. Quarter Reporting 2. HCPF's Special Areas of Interest Overview 1-pager 3. Draft narrative in Stakeholder Year End Report	COMPLETE

Completion status of these priority area deliverables determines the amount of discount applied to the following state fiscal year funding distribution to CUSOM. Based on Table 3 above, CUSOM successfully completed all priority deliverables and there will be no withhold applied to FY 2024-25 funding distribution.

VII. Expenditure and Carryforward Report

Aligned by IA categories, Table 4 below shows the FY 2023-24 IA budget allocations, expenditures, and resulting carryforward balance.

Table 4 - FY 2023-24 Allocations and Expenses¹

IA Section	FY 2023-24 IA Allocations	Total FY 2023-24 Expenditures
Section 5.1 Expand Medicaid Member Volumes	\$49,244,868.00	\$49,244,870.78
Section 5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models	\$32,662,413.00	\$25,130,984.49
Section 5.3 Expand Targeted Rural Patient Access	\$7,336,480.00	\$6,886,213.26
Section 5.4 Expand Telemedicine & eConsults	\$1,808,995.00	\$1,284,911.33
Section 5.5 Improving Transition of Care and Patient Follow-up	\$1,607,996.00	\$1,648,133.89
Section 5.6 Support for Federally Qualified Health Centers (FQHCs)	\$2,110,494.00	\$2,136,639.26
Section 5.7 Health Care Policy and Equity	\$502,499.00	\$505,203.49
Section 5.8 Support for Rural and Diversity Programs	\$1,004,997.00	\$1,200,000.00
Section 5.9 Collaborative Initiatives and Specialty Care Investment	\$2,512,493.00	\$1,909,332.75
Section 5.10 Administration and QUEST	\$1,708,495.00	1,984,304.89
Total	\$100,499,730.00	\$91,930,594.14

¹ A detailed project-level FY 2023-24 Expenditure Report is included in Appendix A.

VIII. FY 2023-24 Carryforward and Obligated Investments

Carryforward funds were accumulated predominantly during the initial years of programming. Numerous program investments required substantial building periods resulting in lower expenditures during the build period. Program maturation is now promoting descending carryforward funds.

Table 5 below shows FY 2023-24 carryforward funds which have been obligated to future programming and necessary reserves outlined in section 9.3 of the Interagency Agreement as cited below:

9.3 Parties agree that in the event that Supplemental Program funding is not continued, it is in their best interest to employ the amount of remaining carryforward balance necessary to continue the objectives of the Agreement for at least one additional fiscal year following when the decision to discontinue funding was made.

Table 5 - Carryforward and Obligated Investments - FY 2023-24

Description	Amount
FY24 Total Carryforward Balance	\$65,430,568
<i>(Includes \$1,085,389.44 = Investment Incomes Less HCPF Admin Fee)</i>	
Targeted Investment Obligation	
Center for Health Equity	\$ -
Collaborative Initiatives & Specialty Care Investment	\$7,993,455
Section 9.3* Reserve Obligation	
Project Specific Decommissioning Reserve	\$18,867,976
Enhanced Clinical Payments Reserve	\$38,569,136
Total Obligated	\$65,430,568

Additional detail as follows:

\$7,993,455 - Collaborative Initiatives & Specialty Care Investment

This investment includes numerous ongoing projects and programs designed collaboratively between CUSOM and HCPF. Active and pending programming includes, but not limited to:

- ✓ Unhoused transitions of care and mobile care unit
- ✓ County jail transitions of care
- ✓ Refugee and traumatized immigrant care navigation
- ✓ Palliative care
- ✓ Transplant services
- ✓ State-wide provider specialty care education

\$18,867,976 - Program Specific Decommissioning Reserve (\$42M target)

Should this program’s funding be discontinued or significantly cut via actions taken at either the State or Federal level, a reserve is currently obligated to thoughtfully wind-down currently funded programs. Special consideration will be given to programs that are identified to be essential to protecting Health First Colorado member care and to ensure there is no “cliff effect” that occurs.

\$38,569,136 - Medicaid Enhanced Clinical Provider Payments Reserve (\$54.7M target)

Recruitment and retention of high-quality providers is a key pillar of the CUSOM strategy to ensure access to care for traditionally under-resourced

populations. Supplemental funding payments to providers at CUSOM are directly tied to Health First Colorado clinical activity. These funds enable CUSOM providers to serve more Health First Colorado members and to increase access to primary care and specialty services for the Health First Colorado population. These payments are necessary to maintain and increase access to services for Health First Colorado populations throughout the state. As the Supplemental Funding Program pays providers one year in arrears, this funding commitment will provide an obligated one-year payment committed to providers if this program's funding is substantially decreased or discontinued.

IX. FY 2023-24 Work Completed

A summary of the work completed and/or specific deliverables completed in each of the five priority areas for FY 2023-24 (Evaluation, Specialty Care Access, Community Engagement, Telehealth, and Collaborative Initiatives) is outlined below.

Evaluation:

- The Quality Evaluation Support Team (QUEST) team produced six individual QUEST Highlight Reports reflecting the entirety of their analysis and findings from the evaluations they completed for the following Supplemental Funding Program projects: Ambulatory Nicotine Cessation Program; Housing Transitions Team (HTT) program; Rheumatology eConsult program; STRIDE Mobile Health; the Wellness, Opportunity, Resilience Through Health (WORTH) program; and the Women's Behavioral Health and Wellness program.
- CUSOM and HCPF worked together to revise an "Access to Care" framework to ensure clear definitions and goals to effectively increase access to care. CUSOM distributed the framework and definitions to project teams for project self-placement. CUSOM and HCPF then collaborated on revising and enhancing this framework and HCPF updated their Access to Care infographic for general use to guide others undertaking access to care work.

- CUSOM and HCPF created new standardized definitions for project phases. Self-assessment of project phases was added to the year-end reporting template for project teams so that future year over year comparisons can be done.

Specialty Care Access:

- Several data analyses were completed to better understand specialty care access for Health First Colorado members.
 - Transitions of Care (TOC) Data Analysis - this data analysis provided insight into how transitions of care activities in neurology could potentially be tracked through claims data to understand referral patterns and inform future TOC work.
 - Referral Pathways Data Analysis - this data analysis provided some insight into how referral pathways can be tracked in HCPF claims data to better understand those pathways and inform potential future work to improve processes where seen fit.
 - Defining Specialty Care Providers Through Data Analysis - this data analysis provided a methodology for determining and verifying specialty providers within HCPF's data system. This verification will provide a definition for specialists and help in other HCPF work that requires this type of validation.
- As part of its selection as a specialty area of focus, there were additional Neurology-focused efforts undertaken in FY 2023-24. These included the promotion and support for the Peer Mentored Care Collaborative (PMCC) as they began development of new Neurology ECHO series for go-live in FY 2024-25, as well as completion of their deep-dive analysis into current Neurology referral patterns, trends, and impactful training needs.
- CUSOM and HCPF updated the FY 2020-21 Specialty Care Action Plan into a framework that can inform future Specialty Care Work. Furthermore, both entities shared the updated Specialty Care Action Plan with

stakeholders internal to HCPF and external partners to ensure that all specialty care needs were captured.

Community Engagement:

- State Network of Health Alliances - In FY 2023-24, CUSOM and HCPF were guest speakers for the State Network of Health Alliances fourth quarter meeting on June 11, 2024. The presentation included information on the partnership between both organizations, project descriptions and outcomes, information about the upcoming 1115 Waiver, and opportunities for future partnerships with alliance members.
- Regional Accountable Entities (RAEs) - CUSOM continued to partner and collaborate with those Regional Accountable Entities (RAE) that serve Health First Colorado Members where CUSOM has brick and mortar locations, to the best extent possible. CUSOM and Colorado Access, the RAE serving Health First Colorado members in the Denver Metro area, continued active engagement through consistent meetings and other work as deemed appropriate based on the needs of the partnership. Throughout FY 2023-24, this included CUSOM having several paths of concurrent connectivity with Colorado Access. These touchpoints include but are not limited to CUSOM executive leadership presence on both Colorado Access' Joint Governance Council and their Executive Steering Committee; and CU Medicine's Executive Director serves on Colorado Access' Board of Directors.
- CUSOM hosted two separate Community Engagement Forums for all active project teams, HCPF leadership and staff, and other featured community partners who were invited to connect with one another for shared learning and presentations from CUSOM, HCPF and other guests. The first Community Engagement Forum was held on December 14, 2023, and the second was on June 12, 2024. Forum participants are polled at the end of each Forum on what useful topics they would like to learn more about, and the feedback is used to plan content for future Forums.

Telehealth:

- CUSOM, through support for the Peer Mentored Care Collaborative (PMCC), assisted the Office of eHealth Innovation (OeHI) with the development of the Medicaid Member Telehealth Satisfaction Assessment. This assessment was piloted, and it was determined that several questions needed to be updated to improve clarity. This work is currently on hold until the questions have been finalized.
- In collaboration with CUSOM, PMCC explored which additional ECHO series topics should be added and which previous ECHO series should be continuously available. More information is available in the FY 2023-24 ECHO Colorado report that is sent to HCPF directly.
- Additionally, CUSOM and PMCC collaborated with HCPF on its Refugee Series 2.0 evaluation and assisted in enhancing the ECHO registrant profile data collected at sign-up to further assist HCPF with ongoing analysis of ECHO's statewide reach and Health First Colorado impact.

Collaborative Initiatives:

- Quarterly reporting and meetings with the selected collaborative projects took place through FY 2023-24 to ensure that work to increase access to care and improve outcomes for Medicaid members with complex health care needs was progressing.
- CUSOM undertook a range of actions to explore HCPF's five Special Areas of Interest, as included in the Collaborative Initiatives scope of work. These HCPF-identified special areas of interest included the following:
 - Palliative Care - CUSOM explored the current enterprise landscape to identify activity and shared clinical experience to support HCPF's development of a Palliative Care benefit for Health First Colorado Medicaid members.
 - Pediatric to Adult Transitions of Care in Neurology - CUSOM connected with the IMPACT team and Children's Hospital to better understand current enterprise activities underway and how experience can be applied to TOC enhancement.

- Refugee Population - In addition to CUSOM's work to support this population group through its ECHO series, CUSOM explored the feasibility of supporting care navigator resources focused on reduction of ER encounters and appropriate care paths.
- LGBTQ-related Initiatives - Current work that has begun in past fiscal years will continue (electrolysis, support of project teams focusing on this community, etc.). CUSOM shared its experiences with staffing challenges and continued efforts to seek creative alternatives to sustain these services.
- Solid-Organ Transplants - HCPF shared additional information with CUSOM about the goals, project plan and outcome measures as it relates to increased coordination and determining staffing needs and other necessary support for solid organ transplants (with a focus on live kidney transplants).

X. Program and Project Highlights

Below are highlights from the unique investments made in FY 2023-24:

Adult Health Neurology Advanced Practice Provider (APP) Residency Fellowship Program

Demand that exceeds supply for neurology care is a nationwide problem. Lack of neurology trained physicians and APPs is a barrier to meeting this demand across the country. The CUSOM Department of Neurology is no exception, with expansion goals being hampered by lack of qualified candidates for recruitment. The first named strategy for increasing capacity was to expand the APP workforce who had competency in neurology. APPs, with the appropriate training, can provide a critically important role in team-based care, improving overall access and increasing physician efficiency. In FY 2023-24, CUSOM's Department of Neurology implemented its new Adult Neurology APP Fellowship program. These APP trainees will receive a structured education in all areas of neurology that will prepare the participants for a career in general neurology or a neurology subspecialty. The program attracted

many great candidates who applied in the inaugural year and two APP trainees will be starting in FY 2024-25.

Rural Track and Diversity Medical School Scholarships

Significant investments for Rural and Diversity Scholarships for medical students at the University of Colorado School of Medicine continued to be made in FY 2023-24. These scholarship dollars are crucial to recruiting the most talented students from diverse backgrounds. 96 students have been granted full or partial tuition scholarships in the medical program since FY 2016-17. The second funding group recently graduated 5 MD candidates in June 2024. This is in addition to the first funding year group that graduated the first 3 MD candidates in June 2023.

- Diversity scholarships funded 40 students in Academic Year 2024 (Fall 2023 - Summer 2024), in which students received a full or partial tuition scholarship.
- Rural scholarships funded 53 students in Academic Year 2024.

ED-Based Care Coordination for Refugee, Immigrant, and Migrant Patients

CUSOM worked to revitalize previous efforts to create a new care manager role to support Afghan refugees, however, when approached about this again in September 2023, the recommendation was made to expand the reach of this new project to match the current need in the community. This was done by implementing an emergency department-based care coordination program at UCHHealth for any resettled refugees, immigrants, or migrants in the Aurora metro area. This full-time care coordinator role will provide real-time rapid assessment of priority medical and behavioral health needs for non-English speaking patients who need follow-up care at time of discharge from the Emergency Department (ED). Telephonic contact will be made by the new care coordinator within 72 hours for relevant patients seen in the ED overnight or on weekends when the care coordinator is not present. All interactions will occur in the patient's preferred language. The care coordinator will ideally be a certified bilingual service provider, and all other contact will utilize qualified interpretation services.

Improving Pediatric to Adult Care Transition (ImPACT) Navigation Hub

Children's Hospital Colorado (CHCO) launched the ImPACT Navigation Hub in FY 2019-20 to improve the transition process for young patients to adult care. The focus on transitions of care continued into FY 2023-24 and was highlighted by the work of the ImPACT Navigation Hub. The ImPACT Navigation Hub program partners with young patients and their families to create a transition plan that includes long-term health care goals; fosters communication between pediatric and adult care teams to create an individualized, uninterrupted continuum of care; and supports patients and their families, providing health education and enhancing confidence in disease self-management.

Improving Transition from Pediatric to Adult Care for Adolescents and Young Adults with Chronic Conditions and Neurological Disorders

A new neurology transitions of care project also began in FY 2023-24 as a Supplemental Funding Program supported ImPACT project. This new project is focused on the well-documented, long-standing unmet needs of Adolescents and Young Adults with pediatric-onset chronic neurological conditions as they transition to adult care; whether within the CU Medicine group practice from Children's Hospital Colorado (CHCO) to the University of Colorado Hospital (UCH) providers/teams, or from CHCO to other adult healthcare systems.

While the ImPACT Program has well established metrics and outcomes, the newer focus on neurological conditions arose from HCPF with a request to focus on patients with epilepsy, migraine, movement disorders, neurodevelopmental disorders, neurosurgical diagnoses, and others who, with the likelihood of either or both intellectual and developmental disability (I/DD), require more resources and time to safely transfer to adult neurology care. Given the disease and social complexity of this population, many will require the level of care provided at UCH adult neurology. The project will work to address current gaps in care, including identification of patients appropriate for transition care, implementation of transition readiness assessments and related self-management education, communication within specialty clinics at CHCO and across to the UCH system.

Collaborative Initiatives

CUSOM and HCPF work together to define, implement, and evaluate collaborative projects that work to increase access to care and improve outcomes for populations with complex health care needs across the state. These community identified projects incorporate population-level and individual-level determinants of health and interventions and support robust evaluation to better scale interventions for underserved populations.

Specific Collaborative Initiatives undertaken in FY 2023-24 included the Unhoused Transitions of Care Program run by the Housing Transitions Team (HTT), a Jail Transitions of Care Program (also known as “WORTH”), and the STRIDE Healthcare in the Community Mobile Health Unit.

Housing Transitions Team (HTT) - HTT was established at the University of Colorado Anschutz Medical Campus to minimize the burden of accessing healthcare and shelter for unhoused patients in the Denver Metro Area. HTT aims to reduce overall emergency department (ED) visits, unplanned readmissions, inpatient length of stay, and improve housing stability and well-being by connecting patients with medical and social supports.

STRIDE Mobile Health - The STRIDE Mobile Health team aimed to increase access to healthcare for underserved populations, including unhoused, low-income, recently released from jail, and refugee groups, by providing convenient care in the community through mobile health services. Additionally, STRIDE’s mobile health team aimed to reduce distrust with the health system by building relationships with the unhoused community in and around Aurora, Colorado.

Wellness, Opportunity, Resilience Through Health (WORTH) - WORTH was established at the University of Colorado Anschutz Medical Campus to help minimize the stress and difficulty of transitioning back into the community for incarcerated individuals in jails in the Denver Metro Area. Utilizing the expertise and lived experience of peer support specialists and a health navigator, WORTH establishes relationships with incarcerated individuals before they leave jail, or soon after they are

released, and provides resources and facilitation to aid them in fulfilling their health and wellness goals.

XI. State Benefit of Program Continuity

Moving into FY 2024-25, this program is well-positioned to continue work in the five strategic priority areas.

Evaluation - Activities for FY 2024-25 to include QUEST evaluations with corresponding highlight reports; continued standardization work around project measures, definitions, and reporting; and continued support for the Collaborative Initiatives projects.

Specialty Care Access - Activities for FY 2024-25 to include continued efforts to use data to better understand transitions of care; exploration of new specialty areas for focus regarding referral pathways and beyond; and data analysis to provide a methodology for determining and verifying specialty providers within the Department's data and/or claims system.

Community Engagement - Activities for FY 2024-25 to include hosting two Community Engagement Forums where project teams can connect with one another for shared learning; continued management of Community Engagement tracker and contact information for the projects' distribution list; and the undertaking of the new Population Focused Learning Network with its first-year focus on active Maternal Health projects.

Telehealth - Activities for FY 2024-25 to include continued support for the Colorado Extension for Community Health Outcomes (ECHO) project; review of all active Supplemental Funding Program Behavioral Health and Telemedicine projects; and support for a new virtual primary care clinic project.

Collaborative Initiatives - Activities for FY 2024-25 to include the support for the provision of services and support to the Colorado justice involved community; assisting unhoused members by connecting them to resources including medical and behavioral health care and housing; providing insight into the needs of the community to HCPF for the 1115

waiver; assisting HCPF in areas of interest that pertain to future benefits, service reimbursement, and policy development as it relates to HCPF’s Special Areas of Interest (i.e., Palliative Care, Pediatric to Adult Transitions of Care in Neurology, Refugee Population services, and LGBTQ-related Initiatives).

XII. Appendix A

Project-Level Expenditure Report - FY 2023-24

IA Section	Project #	Total FY 2023-24 Expenditures
Section 5.1 Expand Medicaid Member Volumes (section subtotal)		\$49,244,870.78
Enhanced Clinical Payments	510001	\$49,244,870.78
Section 5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models (section subtotal)		\$25,130,984.49
Ado Medicine Behavioral Health Integration	520002	\$275,473.69
BC4U LCSW	520003	-
CHCO Primary Care Operations: Care Coordination	520004	\$885,031.58
Young Mother’s Clinic Psychosocial	520005	\$193,836.47
Integrated Behavioral Health Services for Children with Medical Complexity in the Outpatient Setting	520007	\$239,340.10
Special Care Clinic Pharmacy Support	520008	\$121,401.93
Multidisciplinary Asthma Clinic (MAC)	520009	\$107,162.38
Improving Outcomes in High-Risk Children and Adolescents with Type 1 Diabetes	520010	\$716,672.89
Integrated Care in Family Medicine: Virtual and In-person Integrated Behavioral Health Services	520011	\$2,786,111.99
PROMISE Community Health Project	520012	\$1,190,782.57
Behavioral Health Services in the Child Health Clinic	520013	\$456,972.41
Improved Care Coordination for AFW Medicaid Patients	520014	\$24,332.00
Ambulatory Nicotine Cessation Program	520015	\$96,375.27
Aurora Wellness Network - Just Keep Breathing	520016	\$170,451.14
Aurora Wellness Network - Community Health Navigators in School-Based Health Centers	520017	\$134,507.64
Aurora Wellness Network - Clinical Process Improvement Strategies	520018	\$350,366.50
Aurora Wellness Network - Advanced Data Analytics	520019	\$128,701.38
Aurora Wellness Network - Primary Care	520020	\$283,459.49

Aurora Wellness Network - Medical Legal Partnership	520022	\$221,192.99
Increase Medicaid Patient access to Gastroenterology Services	520023	\$156,172.01
Behavioral Health Services for Cystic Fibrosis Patients	520024	\$231,980.74
Population Health Focused Clinical Pharmacy Services in Primary Care	520025	\$224,727.08
SCC Program Support	520026	\$255,099.61
TRUE Center Expansion	520027	\$642,226.73
CIDE Assistive Technology Clinic	520028	\$355,338.51
Connections Program for High-Risk Infants and Families	520029	\$585,064.39
Enhancing HIV Care Through the Patient-Centered Medical Home Model	520030	\$137,097.43
CHCO Primary Care APM and Payment Reform	520031	\$232,816.07
Warm Connections	520032	\$227,798.15
Pregnancy Medical Home for OBGYN UHealth Practices	520033	\$286,785.94
Motivational Interviewing Training	520035	\$211,516.63
CU Family Medicine Community Practices	520036	\$613,233.37
UHealth Integrated Transgender Program Expansion	520038	\$294,893.69
Women's Health Service Line: BH Integration, Telehealth & E-Consults to Improve Women's Well-Being	520039	\$1,476,864.89
Increasing Access to Medication-Assisted Treatment Services and Enhancing Services to Meet High Behavioral Health Care Needs: ARTS Adult Outpatient Program	520041	\$1,357,692.21
Strengthening Families and Improving Access to Behavioral Health Services: Synergy's Adolescent Program	520042	\$436,217.39
Practice Innovation Program	520043	\$6,970.16
Primary Care Clinical Informatics Fellow	520044	\$37,665.76
Colorado Springs Pediatric Diabetes Center	520046	\$825,939.04
University of Colorado Medicine Geriatric Medicine (formerly known as KAVOD)	520047	\$498,174.17
Expansion of Clinical Pharmacy Services to CU Medicine Community Practices	520049	\$63,200.80
Functional Neurological Disorders (FND) Clinic	520050	\$446,418.08
HealthySteps Implementation in Primary Care at CHCO	520051	\$338,031.90
Behavioral Health Supports for Individuals with Down Syndrome in a Multidisciplinary Clinic	520052	\$144,156.64
Colorado Springs Behavioral Health Integration	520054	\$1,266,833.51
Opioid Management and Behavioral Health Integration	520055	\$135,272.29
Dept of Psychiatry UPL Administration Support	520056	\$334,299.87
Med-Peds Hospitalist Consult Service	520057	\$126,325.01

CU Community Practice Operations Support	520058	\$1,900,000.00
Primary Care Practice Support	520059	\$2,900,000.00
Section 5.3 Expand Targeted Rural Patient Access (section subtotal)		\$6,886,213.26
Peer Mentored Care Collaborative (ECHO & eConsult Program)	530001	\$2,196,621.67
Outreach Coordinator	530002	\$3,642.93
Statewide Facilitation of Care for Sickle Cell Disease and Other Hemoglobinopathies in Colorado	530003	\$230,910.21
Developmental Pediatrics ACCESS: Access to Care for Communities through Education, Service and Support	530005	\$879,827.32
CoPPCAP: Colorado Pediatric Psychiatry Consultation & Access Program	530006	\$641,883.90
Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) Rural Training Program	530007	\$59,816.80
Colorado Statewide Youth Suicide Prevention Initiative	530008	\$538,881.18
Pediatric Pulmonary and Sleep Service Expansion to Grand Junction	530009	\$156,955.50
Pulmonary/Sleep Outreach to Durango and Cortez	530010	\$74,679.55
CAMP: Expansion of the Obstetric Medical Home Model for Adolescent Pregnancy	530011	\$387,749.09
CHoSEN QIC (Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative)	530012	\$791,917.88
Digestive Health Intestinal Rehab Telehealth	530013	\$53,331.47
Digestive Health Psychology Support	530014	\$188,965.97
Pediatric Asthma and High-Risk Asthma in Colorado Springs	530015	\$138,236.14
Cystic Fibrosis Travel	530016	\$3,966.05
Foot Care Clinic for Adult Homeless Population in Colorado Springs	530017	\$1,187.44
Pediatric Cardiology - Southern Colorado Outreach	530018	\$73,280.80
Tele-enabled Community-based Rheumatology Practices in Rural and Frontier Colorado	530019	\$64,308.99
Colorado Springs Developmental Pediatrics	530020	\$400,050.37
Section 5.4 Expand Telemedicine & eConsults (section subtotal)		\$1,284,911.33
CORE e-Consult Provider Reimbursement	540001	\$226,946.00
Family Planning/BC4U Telehealth Expansion	540002	\$216,971.86
Telepine Triage	540003	\$4,531.45
Colorado Fetal Care Center Telehealth	540004	-
Delivery of TeleHealth Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	540006	\$221,470.45
Creation of the University of Colorado Program for Diabetes and Endocrine Virtual Care	540008	\$64.64

COVID-19 Response	540009	\$78,818.96
GIM Telehealth Expansion	540010	\$59,184.85
Teleneurology for Movement Disorders	540011	\$301,244.58
Barbara Davis Center Pediatric Diabetes Telehealth Program	540013	\$175,678.54
Section 5.5 Improving Transition of Care and Patient Follow-up (section subtotal)		\$1,648,133.89
CHCO HIV Transitions	550001	\$261,280.72
Post-Discharge Telehealth Home Nursing Visits for Medically Complex Children at High Risk for Readmission	550002	\$201,766.24
Asthma Pediatric to Adult Transition (P2A)	550003	\$90,001.27
Adults in Special Care Clinic	550005	\$514,703.69
Behavioral health Access for Refugees and Immigrants	550006	\$340,320.12
STRIDE UCH Inpatient Care Manager	550007	\$53,453.94
Transition to Adult Care and Adult Models of Care	550008	\$186,607.91
Section 5.6 Support for Federally Qualified Health Centers (FQHCs) (section subtotal)		\$2,136,639.26
Aurora Wellness Community	560005	\$2,136,639.26
Section 5.7 The Division of Health Care Policy & Research (section subtotal)		\$505,203.49
Health Data Compass	570001	\$505,203.49
Section 5.8 Support for Rural and Diversity Programs (section subtotal)		\$1,200,000.00
Rural Scholarships	580001	\$200,000.00
Rural Track Program Support	580002	\$200,000.00
Diversity Scholarships	580003	\$800,000.00
Section 5.9. Collaborative Initiative Funding* (section subtotal)		\$1,909,332.75
Specialty Area Initiatives: Urology	590003	\$508,783.91
Corrections Transitions of Care Program	590006	\$489,517.83
Unhoused Transitions of Care Program	590007	\$709,156.19
Center for Health Equity	590008	-
Neurology APP	590011	\$99,018.86
Transitions of Care- Enhancement	590015	\$102,855.96
Section 5.10. Administration and QUEST (section subtotal)		\$1,984,304.89
CU Medicine Administrative Expenses	5100001	\$1,322,158.81
QUEST	5100002	\$662,146.08
Total of all sections		\$91,930,594.14