

HCPF/County Directors & Leadership

Monthly Support Call

January 28, 2025



Agenda

- Welcome - 2 minutes
- Executive Steering Committee Updates - 5 minutes
- HB24-1038 Deliverables - 45 minutes
- Qualified Residential Treatment Program (QRTP) & Psychiatric Residential Treatment Facility (PRTF) - 30 minutes
- ACC Phase III - 20 minutes
- Translation Services - 10 minutes
- MAP Statewide Performance Update - (slides only)

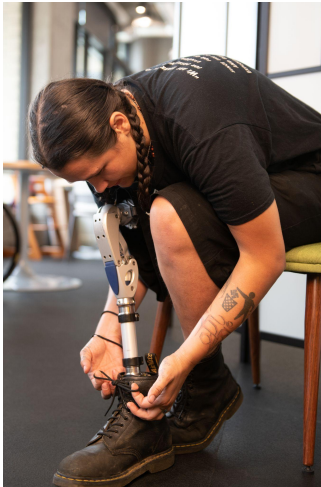
Executive Steering Committee Updates

Presented By: Jamie Ulrich & Katie McDougal



COLORADO

Department of Health Care
Policy & Financing



HB24-1038 Progress

HFPC County Director's Meeting

Kelli Reidford Stacey Davis Logan Ellett
Meredith Villiers



Networked Execution of HB24-1038

Purpose of HB24-1038

Address the high-acuity crisis for children and youth in need of residential care.

The act requires CDHS, HCPF, and BHA to develop a system of care for children and youth who are less than 21 years of age and who have complex behavioral health needs.



Key Deliverables of 1038:

25.5-6-2001

- 1.) HCPF to collaborate with BHA and CDHS to create a SOC
- 2.) HCPF to convene a SOC Leadership Team
- 3.) HCPF to convene a SOC Implementation Team
- 4.) HCPF submit a plan to expand CHRP
- 5.) HCPF create a plan to increase access to treatment foster care
- 6.) HCPF to collaborate with BHA and CDHS on any new rules
- 7.) HCPF to begin PRTF rate analysis

26-6-923

- 1.) CDHS to create the residential care training academy
- 2.) CDHS to promulgate rules for the academy
- 3.) CDHS to monitor residential care facilities
- 4.) CDHS to incentive quality standards above the minimum
- 5.) CDHS to create a directory of residential care providers for the public
- 6.) CDHS to collect denial reasons
- 7.) BHA report to Legislature on residential denials of care
- 8.) CDHS to report Legislature on quality implementation standards

26-5-117

- 1.) CDHS to expand the number of treatment beds (based on appropriations)
- 2.) CDHS to provide recommendations to improve specialized foster care
- 3.) CDHS and BHA will increase QRTP minimum reimbursement rates
- 4.) BHA will reimburse QRTPs for cost of room and board
- 5.) CDHS will pilot short term community care for youth in detention
- 6.) CDHS will increase licensed providers to prevent inappropriate placements

27-64.5-102

- 1.) BHA collaborates to CDHS and HCPF to develop a SOC
- 2.) BHA establishes referral requirements
- 3.) BHA with HCPF and CDHS to promulgate SOC rules
- 4.) BHA SMART Act Report on progress on the development and implementation of SOC



HCPF HB24-1038 Deliverables

25.5-6-2001(1) - Develop a system of care for children and youth with complex behavioral health needs	Development started July 1, 2024
25.5-6-2001(2) - Convene a leadership team responsible for decision-making and oversight of the system of care	Due November 1, 2024
25.5-6-2001(3) - Convene an implementation team that shall create a plan to implement the system of care	Due October 1, 2024
25.5-6-2001(4) - Seek federal authorization to expand CHRP to include SED	Due January 1, 2025
25.5-6-2001(5) - Develop and implement a plan to increase access to TFC	Due January 1, 2025
25.5-6-2001(6) - Promulgate rules in consultation with BHA and CDHS on administering and implementing a system of care	Development started July 1, 2024
25.5-6-2001(7) - Contract to complete an actuarial for PRTF rate reimbursement	Due January 1, 2025



HCPF 24-1038 Progress

25.5-6-2001(1) - Develop a system of care for children and youth with complex behavioral health needs

Development started July 1, 2024

Enhanced Standardized Assessment (ESA)

- ACC 3.0 Contracts include policy guidance for an ESA to inform the Managed Care Entities' (MCEs) Medical Necessity determination
- The ESA is expected to be launched by July 1, 2025. The policy guidance has been developed in collaboration with HCPF and the Managed Care Entities
- HCPF and BHA are developing training on the ESA process.
 - This training will be available free of charge to providers through BHA's LMS
 - The training remains on track to go live by July 1, 2025
- Work continues with the University of Kentucky to expand the Colorado Child & Adolescent Needs & Strengths (CANS) tool and develop a Colorado CANS Decision Support Matrix. Various stakeholders are included in this work tailor the CANS to unique needs of children & youth in Colorado



HCPF 24-1038 Progress

25.5-6-2001(1) - Develop a system of care for children and youth with complex behavioral health needs

Development started July 1, 2024

Intensive Care Coordination (ICC)

- HCPF submitted a supplemental request to the JBC to assess the ability to finance the workforce capacity center (WCC)
 - The hearing will be held March 2025
- Once the WCC is established, it will collaborate with National Wraparound Implementation Center to develop the necessary policies for providing High Fidelity Wraparound (HFW) for ICC
- HFW will be behavioral health capitation service with a monthly encounter rate



HCPF 24-1038 Progress

25.5-6-2001(2) - Convene a leadership team responsible for decision-making and oversight of the system of care

Due November 1, 2024

- The committee last convened on February 13th, 2025. During this meeting the committee:
 - Reviewed the proposed Medicaid System of Care model; and
 - Gathered feedback and recommendations on the Implementation Plan
 - HCPF will update the Implementation Plan at least annually, with subsequent reviews by the Plaintiffs
- The committee will meet two times a year and as needed.
- Final meeting times and materials will be posted on our [website](#).
- The Statewide Leadership Committee will meet again in fall of 2025 to cover updates on implementation



HCPF 24-1038 Progress

25.5-6-2001(3) - Convene an implementation team that shall create a plan to implement the system of care

Due October 1, 2024

- The committee convened on January 22nd, 2025, during this meeting the committee:
 - Reviewed the Medicaid System of Care;
 - Finalized the Charter;
 - Discussed next steps and funding
- The committee will meet approximately every other month until a change in cadence is deemed necessary. During these meetings, the committee will:
 - Provide guidance on the evolution of the system of care as the policies in the implementation plan are developed
- The next meeting is tentatively scheduled for March 20, 2025
 - Meeting details and materials will be posted on our [website](#).



HCPF 24-1038 Progress

25.5-6-2001(5) - Develop and implement a plan to increase access to TFC

Due January 1, 2025

- A plan to increase access to treatment foster care, as defined in C.R.S. section 26-6-903 was completed by January 1, 2025
- HCPF has been working closely with CDHS and BHA to explore additional funding strategies by examining reimbursement structures for treatment foster care parents in other states
 - HCPF, BHA and CDHS are looking at ensuring reimbursement rates reflect the specialized skills of treatment foster care parents, including working with children and youth who may be using substances or at risk of eloping
 - HCPF, BHA and CDHS are working to define how treatment foster care services are provided to youth not in county custody, while developing procedures to ensure proper care and reimbursement
- Starting in February 2025, HCPF, BHA, and CDHS have begun collaborating on strategies to fulfill the plan's obligations, including developing a shared communications plan, exploring credentialing opportunities for treatment foster care parents, and aligning with current regulations



HCPF 24-1038 Progress

25.5-6-2001(4) - Seek federal authorization to expand
CHRP to include SED

Due January 1, 2025

- Final rule adoption by consent occurred on December 13, 2024 by the Medical Services Board (MSB) with implementation of the Children's Habilitation Residential Program (CHRP) waiver expansion to include serious emotional disturbance (SED) targeting criteria for waiver eligibility
 - This became effective January 1, 2025
- Implementation, including SED training for case management agencies (CMAs) was developed and available through the Learning Management System (LMS) trainings starting January 1, 2025
- An Operational Memo 25-003, was developed along with an attestation form and was posted January 1, 2025. The OM 25-003, included, the SED definition, eligibility criteria process, attestation form that will be needed for SED enrollment, case management decision tree for CHRP SED level of care and targeting criteria guidance for CMAs.



HCPF 24-1038 Progress

25.5-6-2001(6) - Promulgate rules in consultation with BHA and CDHS on administering and implementing a system of care

Development started July 1, 2024, rule proposal began September 16, 2024

- BHA began drafting rules in July 2024, in consultation with HCPF and CDHS, on administering and implementing a system of care
- Rules related to the SOC will live in BHA's Administrative Rule volume (2 CCR 502-6)
- The first reading to SBHS is scheduled for May 9, 2025, with the second reading set for June 6, 2025
 - BHA anticipates that the rules will be adopted during the second reading, with an effective date of August 1, 2025
- As BHA, CDHS, and HCPF continue to design the system of care framework in partnership with community members, BHA will continuously update the rules to reflect that work



HCPF 24-1038 Progress

25.5-6-2001(7) - Contract to complete an actuarial for PRTF rate reimbursement	Due January 1, 2025
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- As of January 1, 2025, HCPF has contracted with Optumas to assist in completing an actuarial analysis on the current rates for PRTFs
- HCPF, in collaboration with CDHS, and Optumas have begun weekly meetings to ensure timely completion of the analysis and address provider concerns regarding adequate rates
- Starting in February 2025, Optumas began holding regular meetings with PRTF providers to gather feedback, answer questions, and support the analysis process
- Optumas shall have the analysis completed by June 30, 2025



HCPF 24-1038 Summary

HCPF is on target to meet all its statutory obligations as outlined C.R.S. 25.5-6-2001 Section 1. HCPF continues to overlap the requirements of C.R.S. 25.5-6-2001 system of care with the work being completed for its Settlement Agreement stemming from GA v. Bimestefer. Details regarding this work can be found at <https://hcpf.colorado.gov/ibhs>. The Medicaid System of Care Implementation Plan related to the Settlement Agreement will be made public in its final version after April 1, 2025.



BHA HB24-1038 Deliverables:

26-5-117 (11)(b)- Reimburse QRTPs for room and board for Medicaid-eligible youth not in the custody of child welfare or DYS	No due date
26-6-923(6)(b) - Report on residential child care provider denials of care	Upon implementation of the behavioral health capacity tracking system
27-64.5-102(1) - Develop a system of care for children and youth with complex behavioral health needs in collaboration with CDHS and HCPF	Development started July 1, 2024
27-64.5-102(2) - Promulgate rules in consultation with CDHS and HCPF on administering and implementing a system of care	Due October 1, 2024
27-64.5-102(3) - Report on the progress on the development and implementation of the system of care during annual SMART Act Hearings	Starting January 1, 2025



BHA Hb 24-1038 Progress

26-5-117 (11)(b)- Reimburse QRTPs for room and board for Medicaid-eligible youth not in the custody of child welfare or DYS

Initial contracts executed November 2024

- Administrative Service Organizations (ASOs) working with QRTPs physically located in the ASO's geographical location to reimburse room and board costs for Medicaid-eligible youth

QRTP	Active R&B Contract	QRTP	Active R&B Contract
Griffith Centers Inc	Yes	TGTHR, Chase House	Yes
Shiloh House - Longmont	Yes	Drew's Place	No- No response to ASO
Brad's House	Yes	Future Bound	No- No response to ASO
Brad's House- Pueblo	Yes	Nevada House	No- No response to ASO
Shiloh House - Estes	Yes	Alternative Homes for Youth	No- No response to ASO
Shiloh House - Yarrow	Yes	Daisy Center	No- No response to ASO
Third Way Center - Pontiac	Yes	Gateway Residential Program	No- Does not currently contract with RAEs
Third Way Center - York	Yes	ROP Morrison	No- No response to ASO
R.I.S.E.	Yes		

BHA HB24-1038 Progress

26-6-923(6)(b) - Report on residential child care provider denials of care

Upon implementation of the behavioral health capacity tracking system

- BHA is working with DCW to determine how to best collect and report on residential child care provider denials of care



BHA HB24-1038 Progress

27-64.5-102(1) - Develop a system of care for children and youth with complex behavioral health needs in collaboration with CDHS and HCPF

Development started July 1, 2024

- In October of 2024, BHA participated in HCPF's first System of Care Leadership Advisory Committee, and will continue on a quarterly basis.
- In November 2024, BHA participated in HCPF's first Intensive Behavioral Health Services Implementation Plan Advisory Committee, and will continue participation on a bi-monthly basis.
- HCPF and BHA have collaborated in the Implementation Plan Leadership meeting weekly, beginning in the fall of 2023.
- BHA will be utilizing their System of Care Grant dollars and SB19-195 funding to contribute to the inception of the Workforce Capacity Center in FY 25-26 as well as funding HFW workforce in each BHASO/RAE region.



BHA HB24-1038 Progress

27-64.5-102(1) - Develop a system of care for children and youth with complex behavioral health needs in collaboration with CDHS and HCPF

Development started July 1, 2024

- BHA's System of Care Grant dollars are being used to sustain High Fidelity Wraparound workforce in each region until they are sustainable via Medicaid.
- BHA is planning to use System of Care Grant dollars to train workforce prior to the inception of the Workforce Capacity center so current HFW caseloads can be maintained and our newest region, Signal, can train newly-hired and contracted staff prior to the WCC.
- Children and Youth who do not qualify for Medicaid can qualify for the same services through BHA's Child and Youth Mental Health Treatment Act (CYMHTA).
- BHA is aligning system of care efforts within the Children, Youth, and Family division to dedicate time and staff to the system of care build out.



BHA HB24-1038 Progress

27-64.5-102(2) - Promulgate rules in consultation with CDHS and HCPF on administering and implementing a system of care

Development started July 1, 2024, rule promulgation period began September 16, 2024

- Rules for the administration and implementation of the system of care drafted in BHA's Administrative Rule volume (2 CCR 502-6)
- Between September 19, 2024 and February 25, 2025, BHA held 19 public feedback sessions on the draft rules
 - 9 virtual sessions
 - 10 in-person sessions (Aurora, Colorado Springs, Fraser, Frisco, Greeley, Lamar, Leadville, Montrose, Pueblo, and Steamboat Springs)
- The first reading to SBHS is scheduled for May 9, 2025, with the second reading set for June 6, 2025
 - BHA anticipates that the rules will be adopted during the second reading, with an effective date of August 1, 2025
- As BHA, CDHS, and HCPF continue to design the system of care framework in partnership with community members, BHA will continuously update the rules to reflect that work



BHA HB24-1038 Progress

27-64.5-102(3) - Report on the progress on the development and implementation of the system of care during annual SMART Act Hearings

January 21, 2025

- [BHA's 2025 SMART Act Report](#)



BHA HB24-1038 Summary

- BHA is currently on target to meet all statutory requirements of HB24-1038



CDHS HB24-1038 Deliverables

According to 26-6-923, C.R.S., CDHS shall:

26-6-923(1) - Create the residential child care provider training academy.	No Due Date
26-6-923(2) - Promulgate rules for the child care academy.	September 15, 2025
26-6-923(3) - Develop a system to establish and monitor quality standards of residential child care providers.	July 1, 2025
26-6-923(4) - Develop a system to incentivize residential child care providers to implement quality standards above the minimum.	July 1, 2026
26-6-923(5) - Create the directory of each residential child care facility with quality assurance.	July 1, 2026
26-6-923(6) - Collect data around denial reasons.	July 1, 2025



CDHS HB24-1038 Progress

26-6-923(1) - Create the residential child care provider training academy.

40-hour curriculum has been developed and internally piloted. PMO team to pilot with providers now per the WIG.

Training Topics

Trauma-Informed vs. Trauma-Ingrained
Needs and Understanding Resistance
What Self-Care Really Means
Neuroscience and the Brain and Epigenetics
I Generation
Human Trafficking
Milieu Management and Safety
Tools (Part I & II)
Boundaries
Running Effective Groups
Volume 7 Rules & Regulations

Service Plans
Working with Families in Aftercare
LGBTQIA+ Youth in Residential Care
Milieu Culture
Attachment
Professionalism
Incident Reporting/Liability/Investigations (Part I & II)
Narcain in Residential Treatment
ADA/Non-discrimination
Cultural Responsiveness in Residential Care
Healthy Teams

CDHS HB24-1038 Progress

26-6-923(2) - Promulgate rules for the child care academy.

Rules have been written, [publicly stakeholdered](#), and will go to Child Welfare SubPAC in March.



INFORMATION MEMO

Title: Colorado Staff Training Academy Rule Promulgation Notification		Office/division: Office of Children, Youth and Families / Division of Child Welfare	
		Division Director: Joe Homlar	
Memo number: IM-CW-2024-0057		Program area: Provider Services Unit	
Keywords: Provider, Staff, Training, Academy, Rules			
Issue date: November 25, 2024	Effective: November 25, 2024	Expires: November 24, 2025	

Intended recipients

This communication has been sent to all licensed child placement agencies, county departments of human or social service directors, licensed child care providers, and subscribers to the Office of Children, Youth, and Families community partners email list who elect to receive notifications when the Office issues a memo. This also includes Colorado Department of Human Services staff and other pertinent state entities with an interest in the rule sets such as Health Care Policy and Financing (HCPF), the Colorado Department of Public Health and Environment (CDPHE), the Behavioral Health Administration (BHA), and the Colorado Department of Education (CDE). Please forward pertinent information to other staff members as you deem necessary.

Purpose

The purpose of this Information Memo from the Office of Children, Youth, and Families' (OCYF) Division of Child Welfare (DCW) is to provide an announcement to providers, county departments of human or social services, and interested partners to the promulgation of rules surrounding the Colorado Staff Training Academy, as required in [HB24-1038](#).



CDHS HB24-1038 Progress

26-6-923(3) - Develop a system to establish and monitor quality standards of residential child care providers.	PMO actively working on this by helping providers form trauma informed care plans to improve treatment plans, discharge plans, and aftercare plans.
26-6-923(4) - Develop a system to incentivize residential child care providers to implement quality standards above the minimum.	PMO actively working with providers on specialization and to ensure quality services above the minimum required in rule.

Change Theory and Phase Tools

Our Change Theory Model, designed specifically for Colorado's licensed providers, evaluates the progress of Q RTPs in implementing their trauma-informed care plans. Each phase includes preconditions and Q RTP expectations aligned with the Colorado Trauma Informed Treatment Model. The Phase Tools guide the assessment of progress through a five-part process.

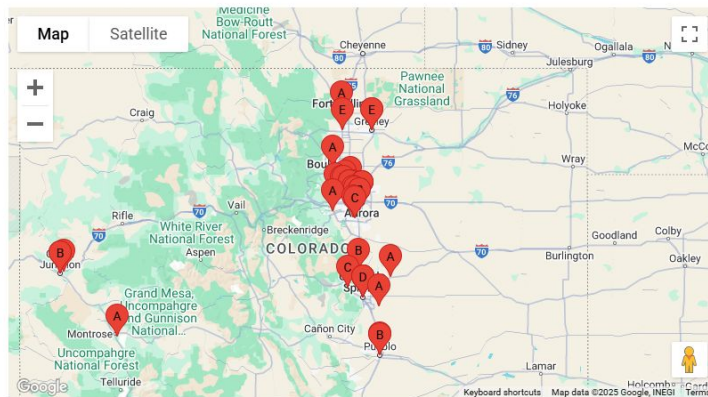


CDHS HB24-1038 Progress

26-6-923(5) - Create the directory of each residential child care facility with quality assurance.

Directory has been created and is [linked here](#). Quality assurance protocols are being developed with the PMO team.

Colorado Licensed Agencies & Facilities Directory



Safe Haven

Address:
Aurora, CO, USA

Pin is showing approx address

Referral Contact:
Tjgregorylove@trinity@gmail.com,
PastorTamaraLovesTrinityCPA@gmail.com

A Bridge To Home Llc

Address:
2704 Abrams Ave, Montrose, CO,
USA

Referral Contact:
Debbie Myrick,
debmyrick@aol.com, 970-901-2910

Type of Agency: Child Placement
Agency — Foster Care (CPAFH)

A Family In Bloom Adoption

Address:
5426 Ptarmigan Circle, Boulder,
CO, USA

Referral Contact:
Genevieve Jacobl,
afamilyinbloomadoption@gmail.com,
303-516-9827

How to use this directory →

Filter Agencies & Facilities by:

- All
- Child Placement Agency — Foster Care (CPAFH)
- Child Placement Agency — Private and International Adoption (CPAAD)
- Child Placement Agency — Therapeutic (CPATHRFC)
- Child Placement Agency — Treatment (TXFH)
- Day Treatment Center (DT)
- Group Center Care (GRPCC)
- Homeless Youth Shelter (HYS)
- Psychiatric Residential Treatment Facility (PRTF)
- Qualified Residential Treatment Program (QRTP)
- Residential Child



CDHS HB24-1038 Progress

26-6-923(6) - Collect data around denial reasons.

DCW piloted the [Universal Placement Referral Form](#) and is working to put the form, to include denial reasons, into Trails and to give all placing entities profile access to enter data.



Colorado Placement Referral Form

Revised: 12/13/2023

*Please complete this form to the best of your ability using any current information. A provider may need additional information to make a decision and will request that if so. **Sections of this form with an asterisk must be completed for emergency placements.** All other sections must be completed within 30 days of entering out-of-home placement. Sections of this form that are underlined are additional documentation required to providers and/or foster parents to meet the needs of the child/youth in out-of-home placement. New referral forms for youth needing out-of-home placement will need to be created every 90 days, or as needed.*

* What type of referral is this (please select all that apply)?

- Foster Family Home Care
- Group Home/Group Center
- Qualified Residential Treatment Program (QRTP)
- Psychiatric Residential Treatment Facility (PRTF)
- Regional Accountable Entity (RAE)
- Children's Habilitation Residential Program (CHRP)

Please Return With the Following Information:			
Provider Name:	License Type:	Name of Staff Filling Out Form:	
Acceptance or Denial:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Primary Reasons for Denial:	<input type="checkbox"/> Active Suicidal or Homicidal Behaviors <input type="checkbox"/> Age or Gender Outside of Program Scope <input type="checkbox"/> Aggression <input type="checkbox"/> Cognitive/Functional Impairment <input type="checkbox"/> Delinquent Behavior	<input type="checkbox"/> Elopement <input type="checkbox"/> Incomplete Referral Information <input type="checkbox"/> Insufficient Staff <input type="checkbox"/> Medical Needs Above Capacity of Provider <input type="checkbox"/> Past Placement Issues <input type="checkbox"/> Lack of Discharge Plan	<input type="checkbox"/> Primary Funding Source <input type="checkbox"/> Problematic Sexualized Behaviors <input type="checkbox"/> Program/Milieu at Capacity <input type="checkbox"/> Substance Use Disorder Treatment Needs or Detox <input type="checkbox"/> Other
Was more information requested? If so, was it received, and did it impact your denial or acceptance?			
Additional Comments:			
Waitlist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:

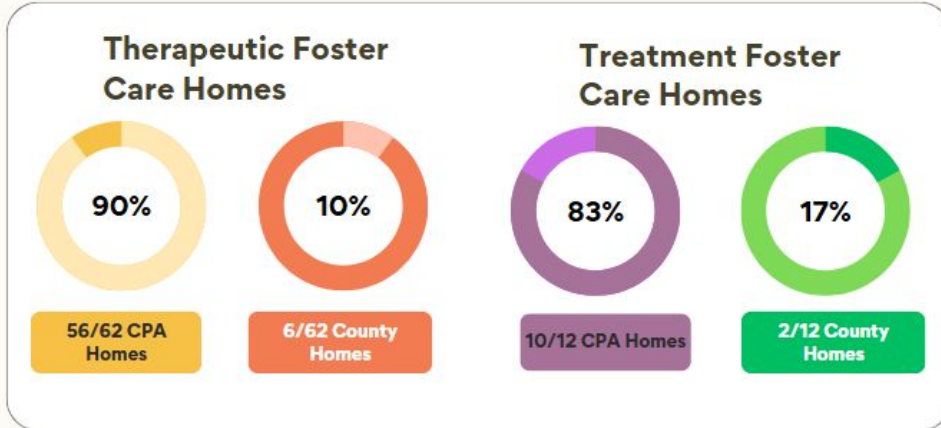


CDHS HB24-1038 Highlights

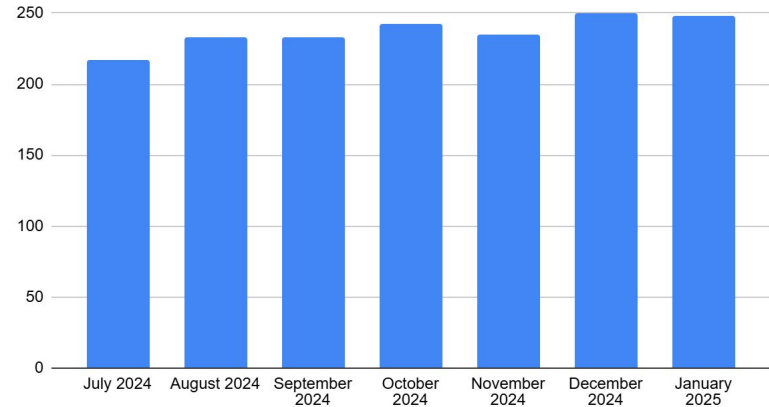
- The Contracts Team has contracted for 10 QRTP beds with Griffith Centers and Shiloh House
- Specialized foster care beds have increased from 217 to 248 since the start of the WIG.

SPECIALIZED FOSTER CARE CAPACITY

This data represents the specialized foster care bed/home capacity as of October 2024. This includes treatment and therapeutic foster care beds through counties and child placement agencies.



WIG Specialized Foster Care Beds



Health Care Policy & Financing Medicaid System of Care and QRTP & PRTF



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Agenda:

- M-SOC Phase 1 Rollout
- QRTP and PRTF to BH Capitation
- Questions



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Medicaid System of Care (M-SOC) Phase 1



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Phase 1

Concept

- Use the existing services available through the behavioral health capitation and work with state partners to use a region specific approach to increasing workforce and a workforce capacity center for provider capacity building and quality.

Start Date:

- July 1, 2025

Funding:

- SB19-195 and HB24-1038
- Services will be billed under BH capitation
- Funding needed to increase workforce capacity and quality via:
 - SOC Certified Intensive Care Coordination Provider
 - Workforce Capacity Center to train workforce



Population

- Medicaid Members between the ages of 11 and 17 years of age who meet the following criteria:
- Eligible for either Enhanced MST or Enhanced FFT in accordance with model fidelity guidelines, and
- Is either:
 - Anticipated to be discharged from QRTP or PRTF within at least the next 60 calendar days, or
 - In out of state residential treatment facility upon discharge back home to Colorado, or
 - In an Extended Stay or boarding situation as defined by C.R.S. 27-50-101(13.5)



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Enhanced MST and Enhanced FFT

- HCPF has developed a monthly encounter rate for MST and FFT services that support the requirements of an evidenced based practice and takes into account the complexity of our children and youth
- The M-SOC population identified under Phase 1 supports the needs of Colorado's highest acuity children and youth with the most intensive Evidenced Based In-Home services network currently established in Colorado
- In addition to either Enhanced MST or Enhanced FFT, M-SOC also includes Enhanced HFW, which will have a monthly encounter rate to support the evidenced informed practice and complexity of our children and youth.



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Stay Connected

- [Improving Intensive Behavioral Health Services for Medicaid \(IBHS\)](#)
3 Advisory Committees which are open to the public
- [Settlement Agreement Announced in Lawsuit Involving Intensive Behavioral Health Services](#)
- [Subscribe](#) to the Medicaid System of Care Newsletter
- If you have questions, HCPF_MSOC@state.co.us



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QRTP/PRTF for Child Welfare & DYS custody youth to Behavioral Health Capitation (RAEs)



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What is different July 1, 2025?

- QRTP and PRTF payments will move to the Behavioral Health Capitation with the Managed Care Entities(MCEs)/Regional Accountable Entities (RAEs)
 - QRTP treatment and PRTF costs are no longer billed to HCPF under Fee for Service (FFS)
- HCPF does not have authority to continue to carve out residential child welfare children from capitation, aligning timing with M-SOC roll out.
- New HCPF practices and policies are being put in place for standardized assessment, oversight and tracking of these children closely
- Efforts to avoid using child welfare to access residential services
 - CHRP for children with behavioral health (without IDD diagnosis) that meets level of disability
 - Room and board payments for Medicaid children in QRTP.



Policy Goals

- **Ensure children and youth have access to full continuum of care**
 - Increase access to and utilization of community-based services
 - I.e. In-home care, wraparound support, partial hospitalization, intensive outpatient, MST, FFT
- **Reduce children's length of stay in PRTF and QRTP**
 - Evidence shows better outcomes in community
 - Long stays do NOT help youth in the short or long term
 - Reduced length of stay increases turnover, frees up beds for new admissions
- **Meet federal policy requirements, settlement agreement**
 - Ensuring children and youth are in least restrictive care
 - Medicaid is able to provide a full continuum of care, support children and youth in step down or preventative care programs
- **Support providers, counties, RAEs, state agencies, and families through this change**
 - Communicating the changes, purpose and policies
 - Need transparent processes
 - Seeking your input on these policies



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Background

- In 2018 when CHRP moved from CDHS to HCPF,
 - Section in statute that repealed the carve out
 - Federal regulations require constant assessment for PRTF is medically necessary
- HCPF is under a settlement agreement for over reliance on residential and under utilization of intensive in-home services
- UM practices have to change regardless of what is payment source (FFS v. capitation)
 - Regardless of payment source medical necessity must apply
 - Can pay for a transition period to avoid immediate decompensation of BH upon discharge
- Placing a child in PRTF that does not need this level of care is a violation of federal law



Services for Discharge

- Enhanced Rates for high acuity children in system of care
 - Standardized Assessment
 - High Fidelity Wraparound
 - MultiSystemic Therapy (MST)
 - Functional Family Therapy (FFT)
- Starting July all children discharging from residential will be eligible for these services.



Work Flows

- Assessments
 - Child welfare/DYS referrals for FFPSA go to the BHASOs
 - RAEs are provided the ESA
 - RAEs take the ESA into consideration in their Medical Necessity determinations
 - Residential provider certifies that youth in PRTF is not unnecessarily placed in this restrictive setting
- Prior Authorizations (PARS) for QRTP and PRTF will be required for payment of Medicaid funds
- A visual flow chart will be created once policy and guidance has been solidified
- RAEs will assign a High Fidelity Wraparound coordinator to manage treatment team meetings
- RAEs responsible for determining medical necessity treatment recommended by ESA
- Caseworkers will have the responsibility for identifying placement post QRTP/PRTF



Questions



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Next Steps:

- Working with county group to lay out flow process
- Work with CDHS on trying to calculate fiscal impact
- All guidance and policy are in DRAFT status
- Transition Plan Policy
- Long Term Policy
- Office Hours
- Joint Guidance from HCPF/MCEs/RAEs
- Socialization Opportunities
- Newsletter, bulletins, website updates as this unfolds
- Feedback for consideration:

emily.millican@state.co.us



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Thank you!



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ACC Phase III

Presented By: Katie LoNigro

ACC Phase III Updates and Member Communications

HCPF/County Director Leadership Monthly Call
Feb. 25, 2025

Presented by:

Katie LoNigro, ACC Communications and
Project Specialist

ACC Phase III Updates

- Contract execution
- Updates for future meetings:
 - Care coordination
 - Accountability
 - What else?

ACC Phase III Communications Plan

Feedback We've Heard So Far

- Members need clarity on whether they need to take action, when, and how, including:
 - ∅ Assurances on continuity of care.
 - ∅ Clarity on what changes they can expect to see.
 - ∅ Focus on members experiencing a change.
- Messaging needs to be clear and accurate. There should also be baseline information about what a RAE is and how to find more information.
- HCPF should be working with trusted community organizations to share information with members.

Overall Key Messages

- There is no change to a member's Medicaid coverage.
- Members do not need to take action to retain their Medicaid coverage.
- RAEs are available to support members in finding and coordinating care.

Member Communications Overview

Material	Audience	Materials Available
Member Communications Toolkit (talking points, FAQs, informational resources, etc.)	Health First Colorado Members, General public, Community Organizations, Counties, PCMPs, Behavioral Health Providers, RAEs	March - April 2025
Website updates: <ul style="list-style-type: none"> • What to Know About ACC Phase III • Updated FAQs 	General public, Community Organizations, Counties, Health First Colorado Members, PCMPs, Behavioral Health Providers, RAEs	March - April 2025
Resources for call centers (HCPF, RAE, EB, etc.)	Health First Colorado Members, HCPF staff, RAE staff, EB staff	March - April 2025
Letters to members <ul style="list-style-type: none"> • Closeout notification from changing RAEs • HCPF letter for new attribution/assignment • RAE welcome letter 	Health First Colorado Members	June - July 2025

Provider Communications Overview

Material	Audience	When
Primary Care Payment Structure Info: <ul style="list-style-type: none">• Fact Sheets• Educational Webinars	PCMPs	February - April 2025
Major Website Update: <ul style="list-style-type: none">• What to Know About ACC Phase III• Updated FAQs - Attribution changes, contracting guidance, etc.• Member communication toolkit (e.g., talking points, communications materials)	General public, Health First Colorado Members, PCMPs, Behavioral Health Providers	March - April 2025
Closeout notification from changing RAEs	All contracted providers	May - June 2025

Discussion Questions

- We know that you are the front line for member questions, what kind of resources do your teams need for this transition?
 - What are we missing from our communications plans?
 - Are there specific topics within Phase III we need to focus our communications on?
- Are you already hearing questions from members that we should be addressing now?
- Are there other forums where we should have this discussion to ensure we are meeting county needs?

Translation Services

Presented By: Aric Bidwell



County Hot Topics

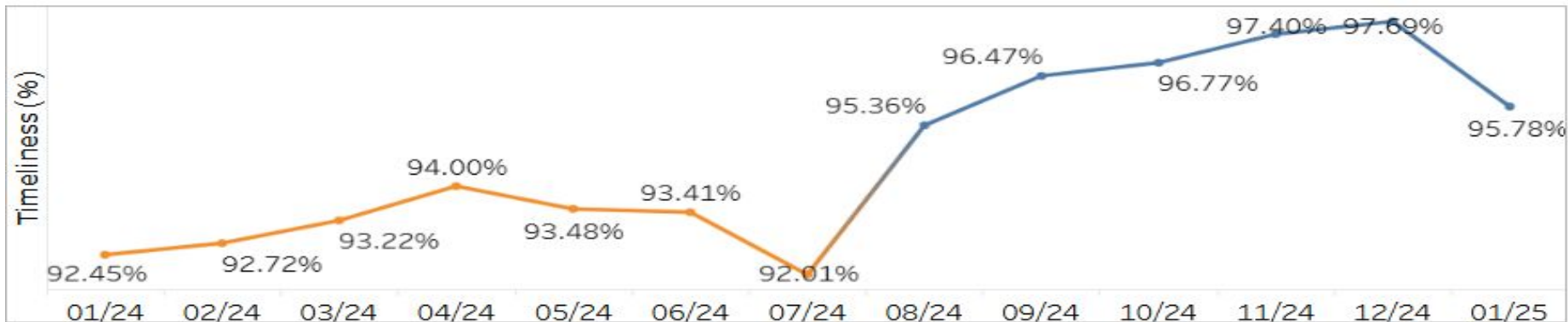
MAP Statewide Performance Update

Presented By: Arturo Serrano

Statewide App 45 Timeliness

January Target Met

95.78%



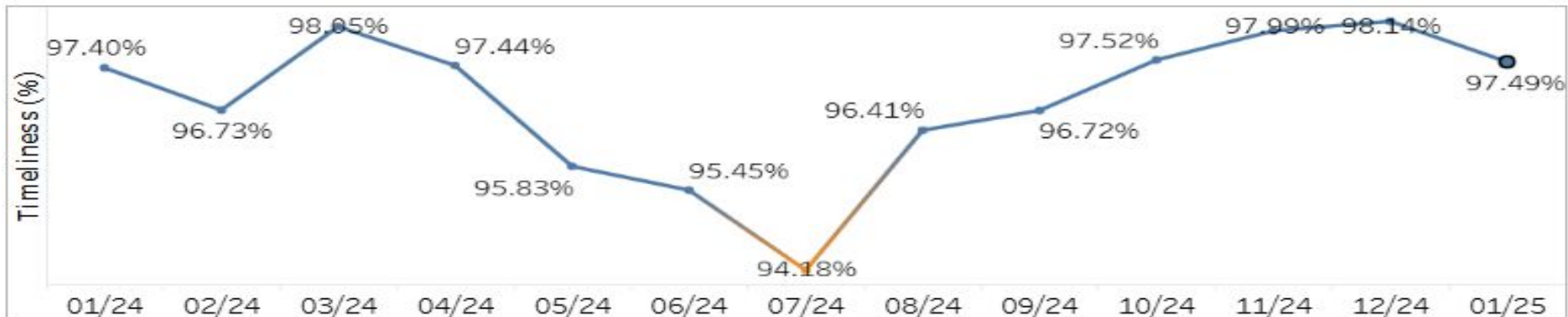
Statewide EPG 45



Statewide App 90 Timeliness

January Target Met

97.49%



Statewide EPG 90



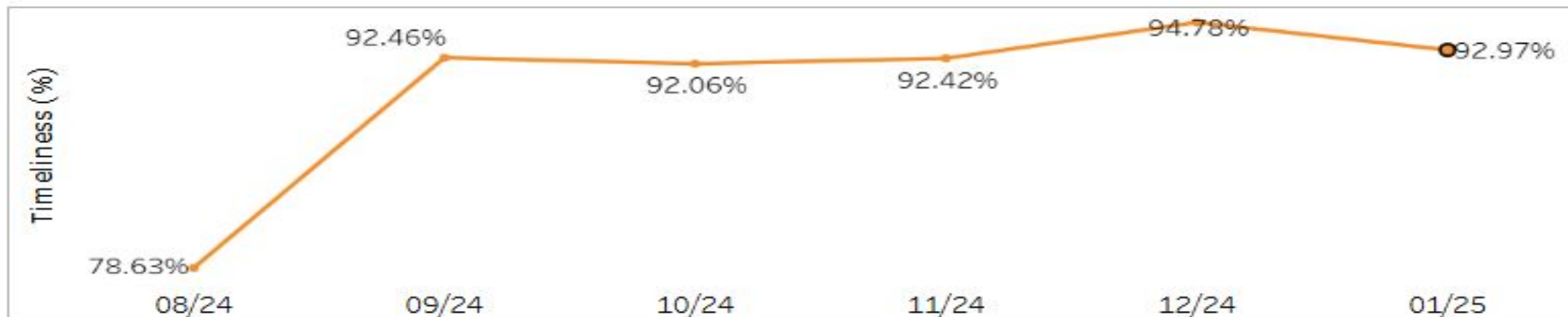
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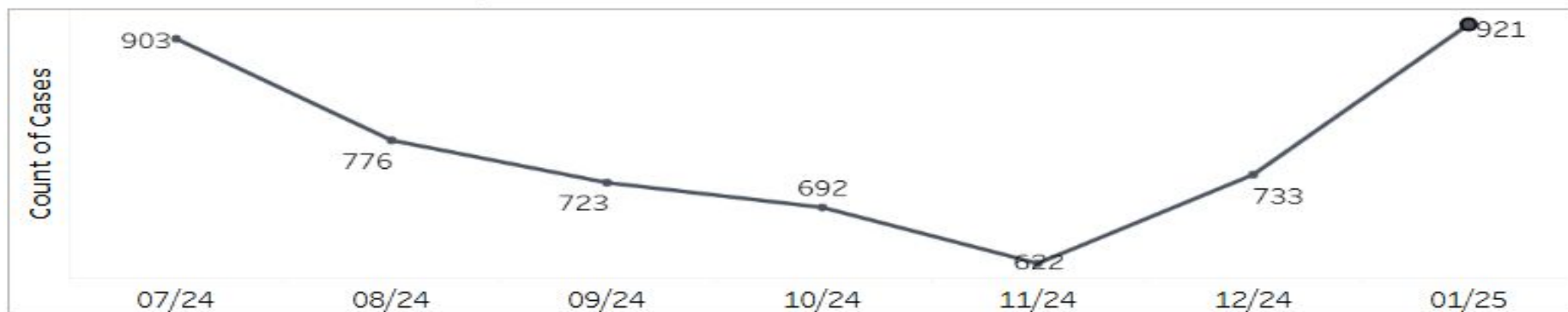
Statewide Renewal Non-LTSS Timeliness

January Target Not Met

92.97%



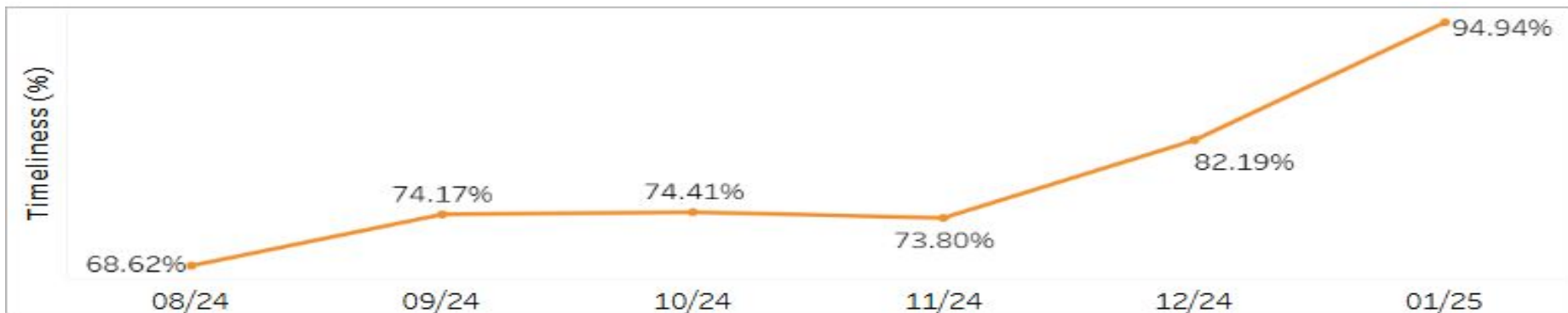
Statewide Renewal Non-LTSS EPG



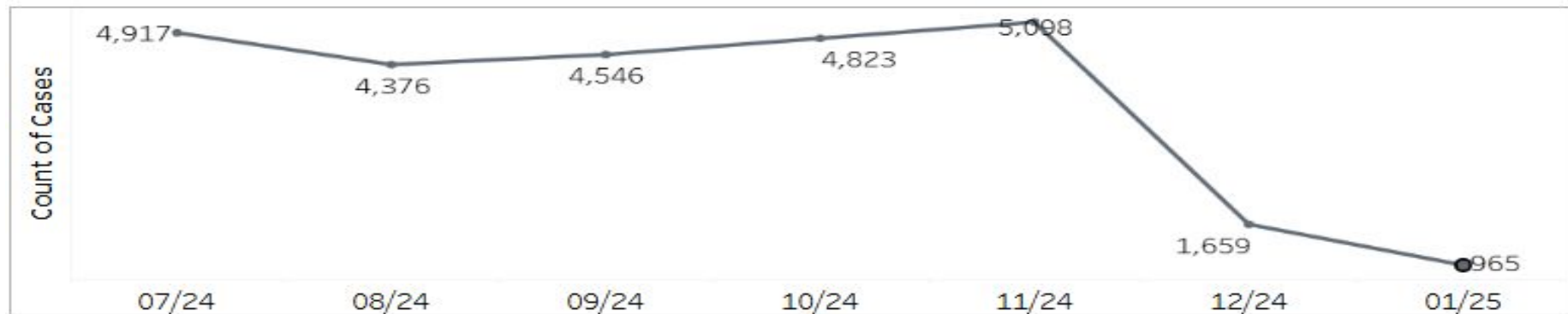
Statewide Renewal LTSS Timeliness

January Target Not Met

94.94%



Statewide Renewal LTSS EPG



Contact Information

For Agenda Items & Meeting Set-Up or for Questions:
please submit a [County Relations webform ticket](#) or
Email HCPF_CountyRelations@state.co.us

Thank you!