

HCPF/County Directors & Leadership Monthly Support Call

February 27, 2024



COLORADO

Department of Health Care
Policy & Financing

Agenda

- Welcome - 2 minutes
- 1115 SUD Waiver Amendment - 30 minutes
- ACC Phase III - Draft Contract/Standardization Children and Youth Benefit - 65 minutes
- Escalations Process - 20 minutes
- Q&A - 5 minutes

1115 SUD Waiver Amendment

Presented By: Adela Flores-Brennan &
Cristen Bates



Section 1: Waiver Overview



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What is a waiver?



- ✓ 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



Overview: HB23-1300 Continuous Eligibility Medical Coverage

- ✓ **The act requires HCPF to seek federal authorization by April 1, 2024 to:**
 - Extend continuous eligibility coverage for children under 3 years of age, including children who would be eligible for medical assistance coverage but are not because of their immigration status
 - Extend eligibility coverage for 12 months for adults who have been released from a Colorado Department of Corrections facility, regardless of any change in income during that time.
 - Automatic Eligibility Renewal For Individuals With \$0 Income When Electronic Verifications Return No Information
- ✓ **HCPF is eligible to implement January 2026**
- ✓ **January 2026 Feasibility Study (No Authority To Implement)**
 - The act also requires HCPF to study the feasibility of extending continuous medical coverage for additional children and adults, and consider how to meet the health related social needs of members. This report must be completed January 1, 2026. See next steps for more.



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1115 Expanding the Substance Use Disorder Continuum of Care Waiver

- ✓ HCPF received Federal approval to cover Substance Use Disorder (SUD) services in Institutions for Mental Disease (IMDs) and other settings through an 1115 SUD Demonstration Waiver
- ✓ CMS Approval: January 1, 2021- December 31, 2025
- ✓ Goals of the 1115 Demonstration
 - Increase treatment options and usage
 - Reduce excess service utilization
 - Reduce overdose and death



Goals: Continuous coverage for children to age three

This request seeks to:

- ✓ Ensure continuous Medicaid and CHP+ coverage for young children
- ✓ Promote longer-term access to and continuity of physical health care, behavioral health care, dental care and preventive services
- ✓ Combat racial inequalities
- ✓ Improve physical and behavioral health outcomes and well-being for low-income young children



Goals: Continuous coverage for adults leaving incarceration

This request seeks to:

- ✓ Ensure 12 months of continuous Medicaid coverage for adults leaving incarceration
- ✓ Promote longer-term access to and continuity of physical and behavioral health care and care coordination
- ✓ Combat racial inequalities
- ✓ Improve short and long-term physical and behavioral health outcomes and reduce recidivism for adults leaving the criminal justice system



Goals: Criminal Justice Reentry Services

This request seeks to:

- ✓ Improve health outcomes for individuals with complex or unmet health needs
- ✓ Create greater health equity within the healthcare continuum
- ✓ Reduce the disparities for criminal justice-involved individuals by improving access to quality health care, allowing for successful transitions back to the community



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Coverage: Reentry Services

In April 2023, CMS provided State Medicaid Letter [#23-003](#) provided a roadmap to waive this exclusion with the following specifications:

- ✓ Coverage up to 90 days pre-release and must include
 - Case management,
 - MAT services and accompanying counseling, and
 - 30-day supply of all medication
- ✓ Eligible Facilities: jails, state prisons, and youth detention facilities. States may take a phased approach to adding facilities.



Goals: Serious Mental Illness and Serious Emotional Disturbance in an IMD

This request seeks to:

- ✓ Stabilize access and availability of treatment for individuals with SMI and SED
- ✓ Allow for reimbursement for up to 15 days a calendar month for all members stays, despite total length of a care episode
- ✓ Reduce utilization and lengths of stay in emergency departments
- ✓ Reduce preventable readmissions to acute care hospitals and residential settings



1115 Waiver Amendment Timeline



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Next Steps

- ✓ **Stakeholder Formal Feedback Process**
 - Public and Tribal Comment Period (Jan-Feb 2024)
- ✓ **Amendment proposal submitted April 2024**
- ✓ **HB 23-1300**
 - Feasibility Study due January 2026



Feasibility Study

- ✓ In addition to the April 2024 1115 SUD waiver amendment application, HB 23-1300 includes an additional feasibility study component to be completed by January 1, 2026.
- ✓ The Department will assess how to improve the Health-Related Social Needs (HRSN) of Health First Colorado and CHP+ members.
- ✓ This study seeks to understand HRSN of priority populations, including housing and nutrition.



Study Components

- ✓ **January 2026 Feasibility Study (No Authority To Implement)**
 - Continuous Coverage For All Children For 24 Months
 - Continuous Coverage For Children To Age Six
- ✓ **Continuous Coverage For Adults For 12 And 24 Months**
 - Under 33% Fpl
 - Experiencing Homelessness
 - On Parole, Community Corrections, Or Released From A Carceral Setting
- ✓ **Continuously Coverage For All Adults For 12 Months**
- ✓ **Health-Related Social Needs - Housing And Food Security**
 - Housing & Nutritional Needs
 - Rental Assistance
- ✓ **Health-Related Social Needs - Focused Populations**
 - Perinatal Recipients
 - Foster Care Youths, Those Transitioning Out Of Foster Care, Former Foster Care Youth
 - People With Substance Use Disorders
 - High-Risk Infants & Children
 - Needs Of Low-Income Individuals Impacted By Natural Disasters



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Questions?

ACC Phase III: Reading and Responding to the Draft Contract

HCPF/County Directors Monthly
Support Call

February 27, 2024

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy
and Financing

Today's Agenda

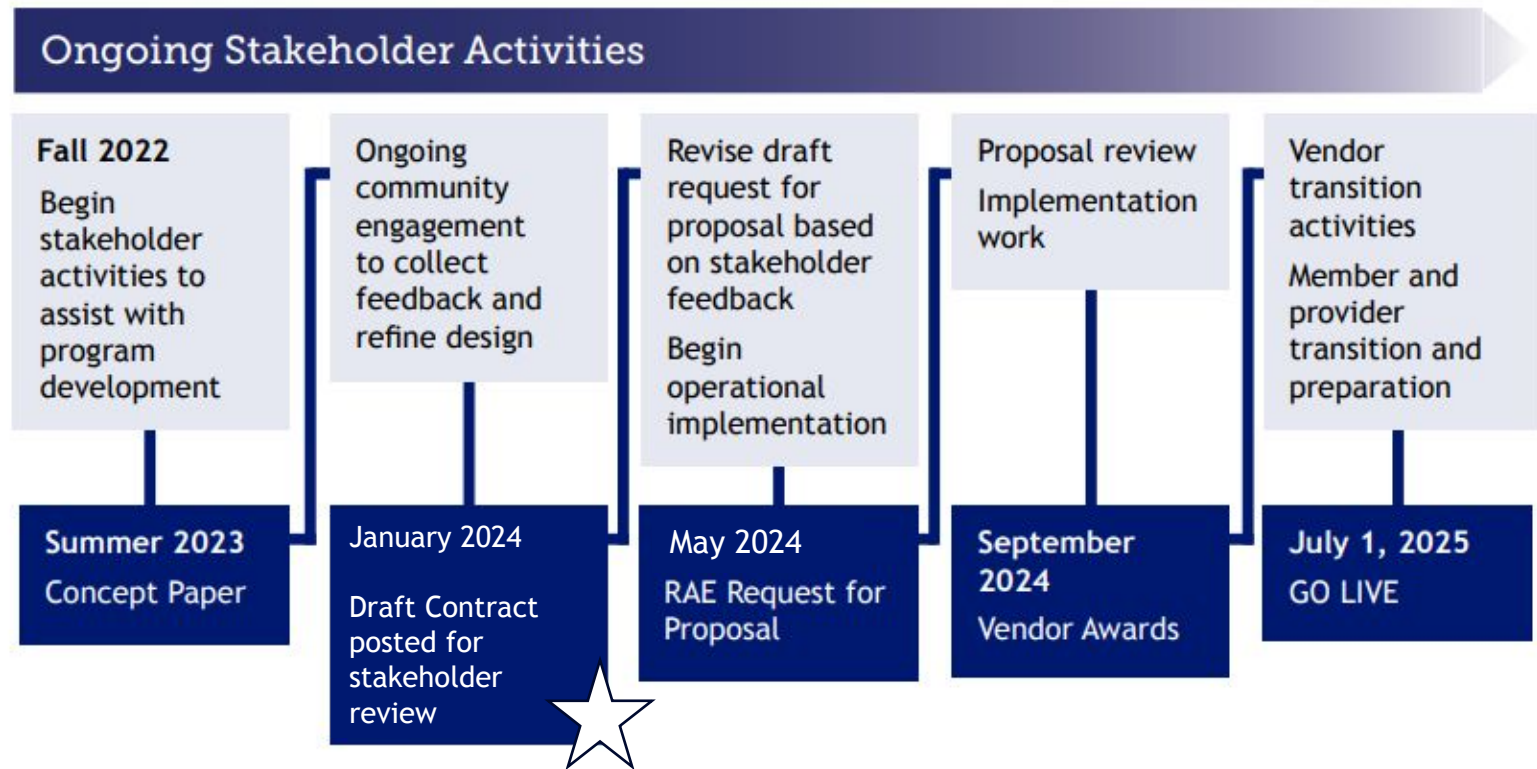
1:30-1:35 p.m.	Introduction & Background
1:35-1:50 p.m.	Care Coordination
1:50-2:25 p.m.	Children & Youth
2:25-2:30 p.m.	Next Steps

Background

Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

Ongoing Stakeholder Engagement Timeline




What is the Draft Contract?

- Includes contractual requirements organizations will be required to follow to serve as Regional Accountable Entities (RAEs) for ACC Phase III.
- Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
 - HCPF's preference is to award one RAE contract to a single bidder
- Requirements in the draft contract are subject to state and federal approval.
- Certain topics may be discussed in multiple sections (e.g., health equity in sections 6, 7, 8, 9, 12, Exhibit E).
 - Section titles and the find function can help focus your review to concepts of most interest to you.

Draft Contract: Key Changes for Phase III

Care Coordination

Continuum of Care Coordination Program Activities

- 
- Least intensive
- General outreach and health promotion
 - Support a network of community-based organizations
 - Address health-related social needs
 - Utilization of the social health information exchange and related systems
 - Connect members with appropriate entities for enrollment in other state benefits (SNAP, WIC, etc.)
 - Efforts to screen members for both short and long-term health needs
 - Targeted outreach to promote preventive care
 - Proactive outreach to members with diagnosed conditions
 - Coordination of Transitions of Care from clinical settings
 - Medication reconciliation for members in the Complex Health Management tier
- Most intensive
- Complex case management and effective collaboration with multi-provider care teams

Care Coordination Collaboration

- RAEs must partner with the following types of organizations for care coordination:
 - Community-Based Organizations (CBOs)
 - Case Management Agencies (CMAs)
 - Dual Special Needs Plans (D-SNPs)
 - Behavioral Health Administrative Service Organizations (BHASOs)
 - Foster Care
 - Emancipated Foster Care
 - Criminal/Juvenile Justice
- RAEs are encouraged to subcontract with Comprehensive Safety Net Providers to meet the care coordination needs of members with complex behavioral health needs

Foster Care and Emancipated Foster Care

- RAEs will be required to work with each county child welfare office in their region to:
 - Ensure timely identification of children in out-of-home placement
 - Communicating with caseworker(s).
 - Obtaining a copy of the child's service plan (crisis plan if applicable).
 - Communication around status changes.
 - Scheduling team meetings.
- RAEs shall support youth who are transitioning out of foster care by assessing transition readiness, providing education, and supporting engagement in existing programs

Support for Children and Youth

What: Priority Initiatives



Improving Member Experience



Alternative Payment Methodologies



Accountability for Equity and Quality



Children and Youth



Improving Referrals to Community Partners



Behavioral Health Transformation



Care Coordination



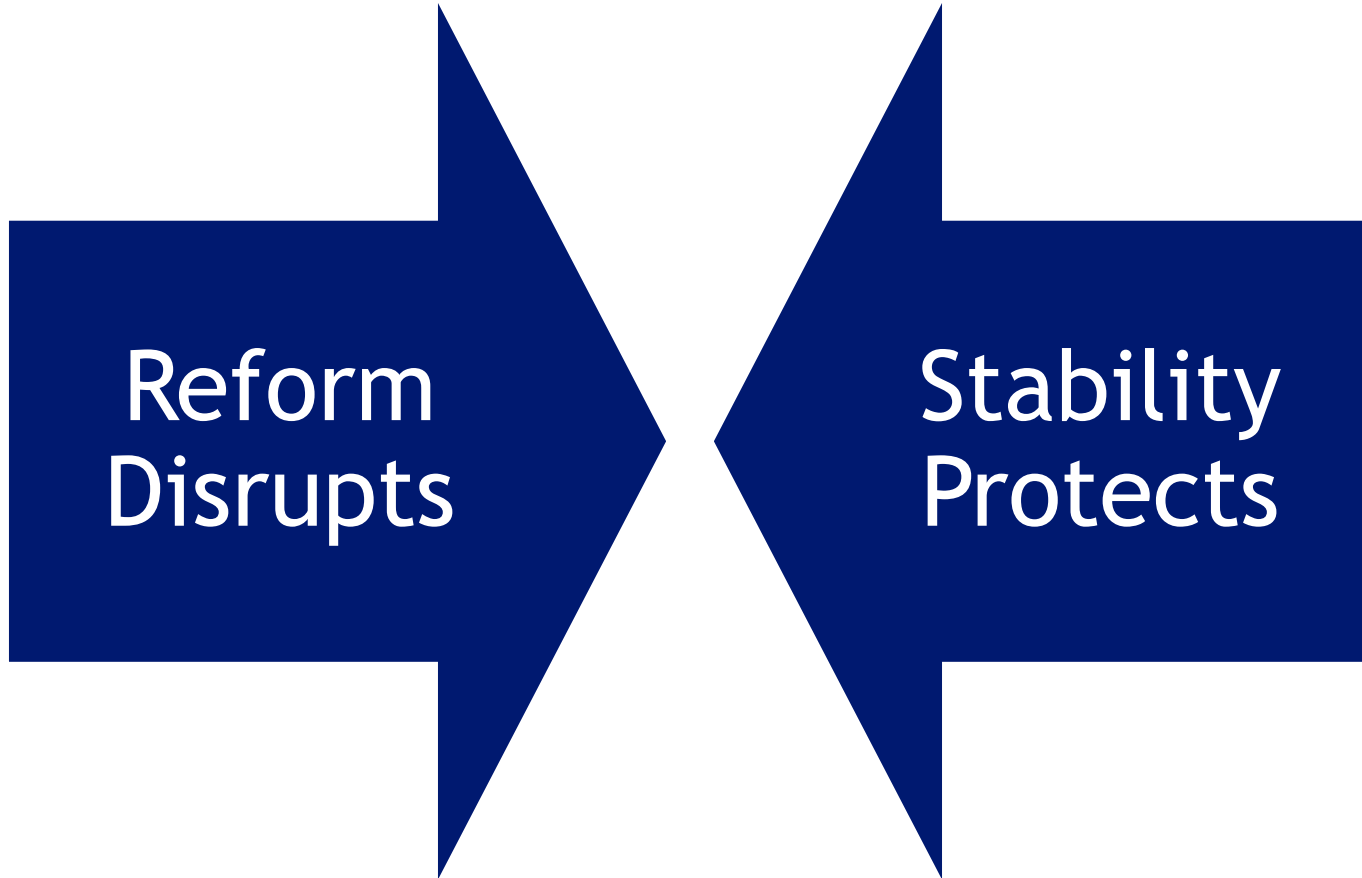
Technology and Data Sharing

Children & Youth

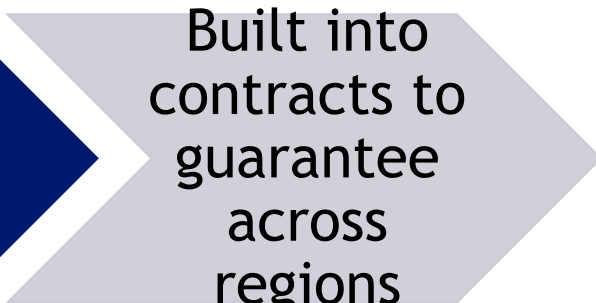
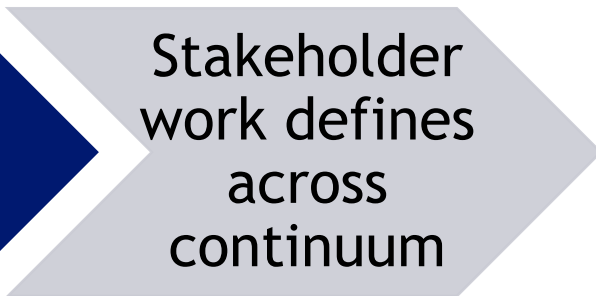
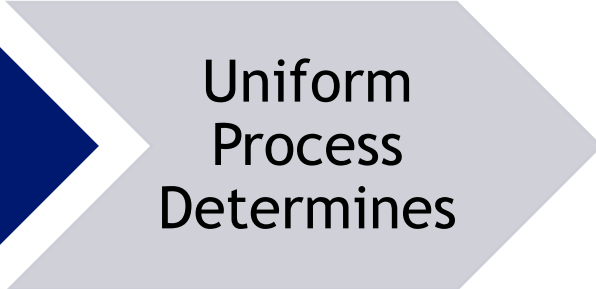
Vision for ACC III

Build a system of care that is family-centered, trauma-informed and complete across the continuum for children, youth, families and caregivers that recognizes the distinct needs of this population--from identification of need to treatment.

Consideration of Models



Standardized Child (BH) Benefit



Completing the Continuum of Care

- Develop a **Standardized Child Benefit** to address different needs at different levels of complexity
 - Example: [Texas Resilience and Recovery](#) model
- **MODEL PROMOTES**
 - Simplified system
 - Reduction in Regional Variability
 - Framework to identify missing or hard to access services
 - Improve member experience (transparency + consistency)
 - Improve provider experience (transparency + consistency)
 - Increased accountability and oversight of RAEs

The Continuum of Care

Child Benefit Continuum

Full continuum from screenings to inpatient psychiatric hospitalization

Level of Care	Service types			
Early Intervention	Screenings	Early Dyadic Services		
Base Outpatient	Medication Management	School-based BH	Clinic/Office setting	Community Crisis
Intensive Outpatient	Transition Services	Intensive Home-based	Intensive Community	
Residential	Qualified Residential Treatment Program	Psych Residential Treatment Facility	Crisis Stabilization Unit	
Hospitalization	Inpatient Psychiatric			

Children's BH System

Population Acuity																		
No or Unknown BH Needs	Tier 1																	
Mild BH Needs	Tier 2																	
Brief Acute Needs	Tier 3																	
Chronic Acute Needs	Tier 3 + Intensive Treatment Planning																	
Level of care	Community				Base Outpatient				Intense Outpatient				Residential			Inpatient	Intense Support	
ASAM Level	0.5				1				2.1; 2.5				3.5			3.7	4.0	
MH Level of Care	0.5				1				1.5	2.0	2.1; 2.7			3.1; 3.5		3.7	4.0	5.0
Intensive Needs Assessments	NOT REQUIRED (Decision Making Tool available)								REQUIRED									
Wrap Around Continuum					Decision Making Tool dependent											HFW + Waiver		
Services Continuum	Universal Promotion and prevention	Targeted Prevention	Screenings	Early Dyadic Services	Medication Only	School Based BH	Base Outpatient Services	Community Crisis Services	Transition Services	Intensive Community Based Services	Intensive Home Based Services	QRTP	PRTF	CSU	Inpatient Hos.	Intensive Support Services	Habilitative Residential	

Level of acuity within service continuum

Population Acuity																														
No or Unknown BH Needs	Tier 1																													
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- The higher end of the service continuum needs to be complete with services for children w/ acute needs
- Expand universal screenings (standardized) in various settings
- Have services that are for prevention and early intervention (dyadic services)
- Have trauma based therapies be a distinct set of services or highlighted under intensive community based services
- Increase the availability of intensive in-home services

Care Coordination

Tier	Entry Point	Activities at a Minimum Must Include
1: Prevention or Navigation	<ul style="list-style-type: none"> Well child visits PCP 	<ul style="list-style-type: none"> Brief needs screen Short-term monitoring/support Prevention outreach and education
2: Condition Management	<ul style="list-style-type: none"> Assessment indicating moderate needs Pervasive Developmental Disorder Substance Use Disorders Depression/Anxiety Disorders, e.g. 	<ul style="list-style-type: none"> Condition-based care plan Assessment based on population/need Condition management Long-term monitoring/support
3: Complex Members	<ul style="list-style-type: none"> Assessment indicated Creative Solutions Involved Uncontrolled BH conditions Multi-system involved (3+ visits/6 mos): Crisis, ED, or Hosp. 	<ul style="list-style-type: none"> Comprehensive care plan Assessment based on population/need Minimum monthly team meetings Long-term monitoring/support
3 + ITP/HFW	Tier 3: Complex Members with intensive treatment planning or High Fidelity Wrap needs	External vendor with ITP or HFW expertise manage care management in conjunction with RAE oversight



System of Care Components



Components to System of Care

Standardized Assessment

Standardized assessment (CANS) to uniformly determine a child's needs and service type.

Crisis Resolution Teams

Intensive short-term in-home services and ongoing supports for those in crisis system or EDs.

Intensive Care Coordination

Hands-on care coordination with high-fidelity wraparound services and progress monitoring.

Support Services

Long-term in-home services to meet the support needs of children via Waiver.

Specialty Placements

1. Treatment Foster Care.
2. CHRP residential for long term supportive placements.



HB 24-1038: High Acuity

Standardized
Assessment

Intensive
Care
Coordination

Support
Services

Habilitative
Placements

Residential
Incentives

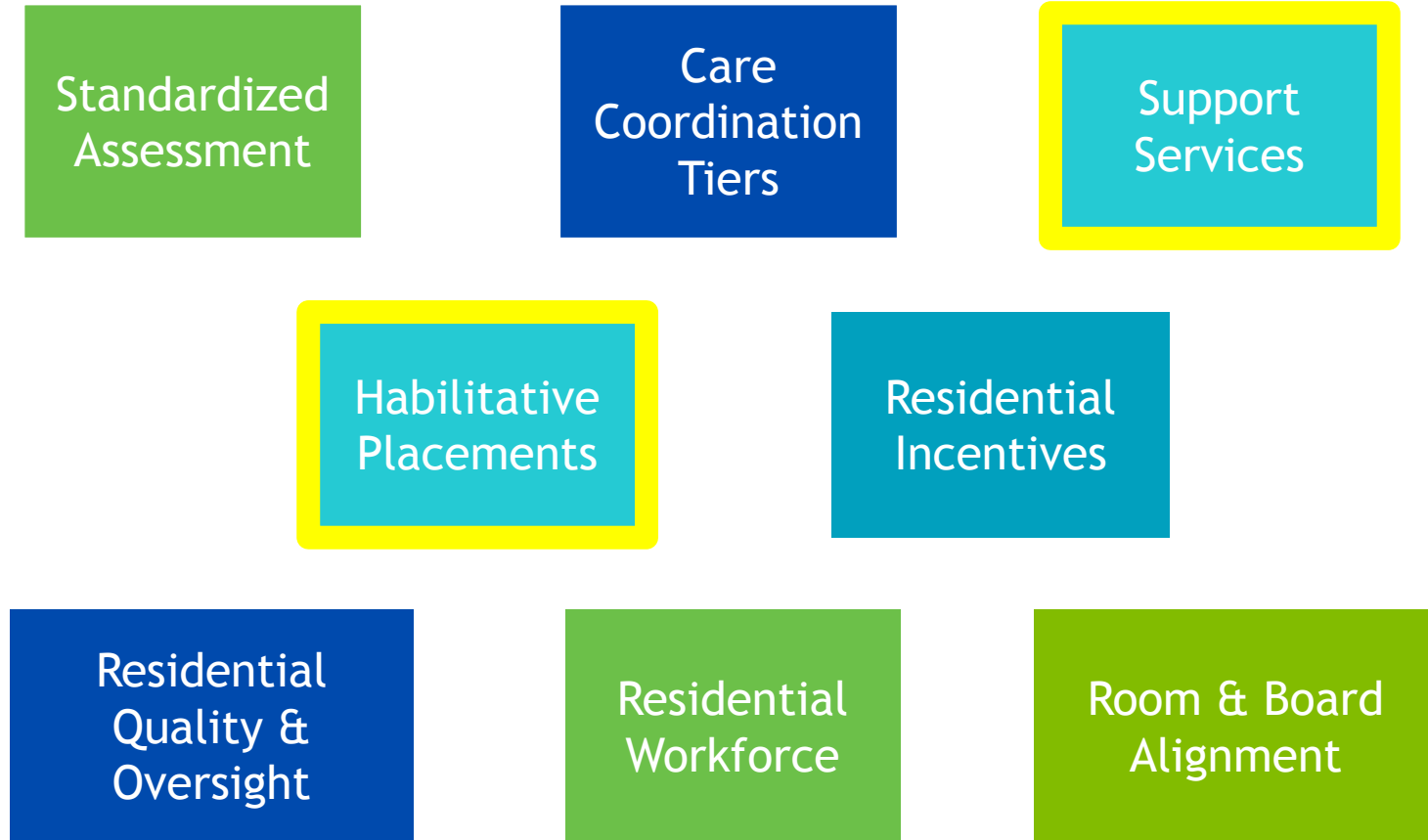
Residential
Quality &
Oversight

Residential
Workforce

Room & Board
Alignment



ACC Phase III Child Benefit Components



Other Contract Changes

Child Welfare “Carve Out” Removed

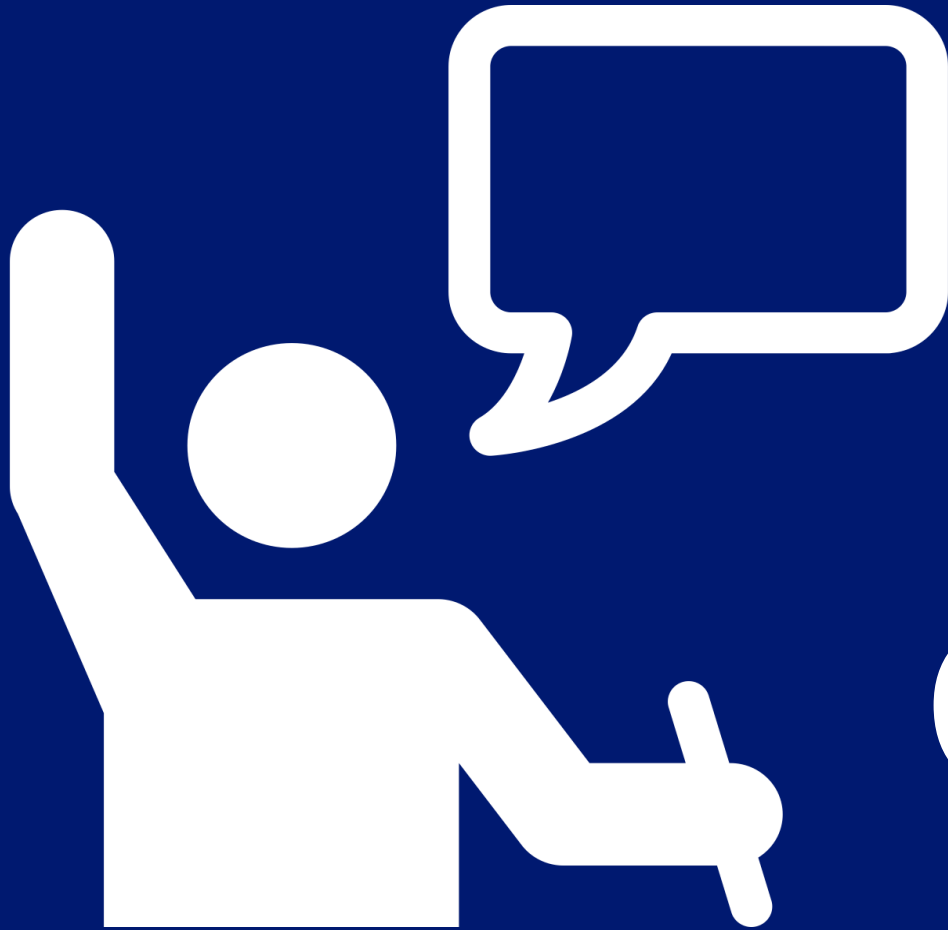
- Carve Out?
 - Historical policy that prohibited RAEs from paying for Residential Services (RCCFs) for children in the custody of county
- Statute change made that removed authority for this carve out
- Need to align with BH services under cap
 - Complete continuum for children and youth in one system to align incentives and transitions of care (no perverse incentives)
 - Align with state and federal authority
 - Promote uniform policies



Child Welfare “Carve Out” Removed

- Success requires accountability and oversight:
 - Standardized Child and Youth Benefit designed for this purpose
 - Improved Pathway to Care transparent assessment and service delivery
- Success requires thoughtful discussion and partnership:
 - CDHS discussion on how this impacts beds and CY
 - Work with counties to ensure process of assessment and UM well understood
- 18 months to make sure this is a smooth transition for CDHS, Counties and Families to work with new RAEs on this
 - Commitment - no Tx disruption at shift
 - Collaboration on transition





Q&A

Opportunities for Feedback

Upcoming Public Meetings

- **Health First Colorado Members Only:**
2/29, 2:30 - 4 PM
- **Prospective Bidder Conference: 3/1,**
9:30-11am

Written Feedback

- Survey for feedback on the Draft Contract:
 - <https://forms.gle/cdfUR24eJNeWbfCS8>
- Survey for feedback on Offeror Questions:
 - <https://forms.gle/VJ4tba71W3RbtehT6>
- All feedback must be submitted by **March 10**

Thank you!



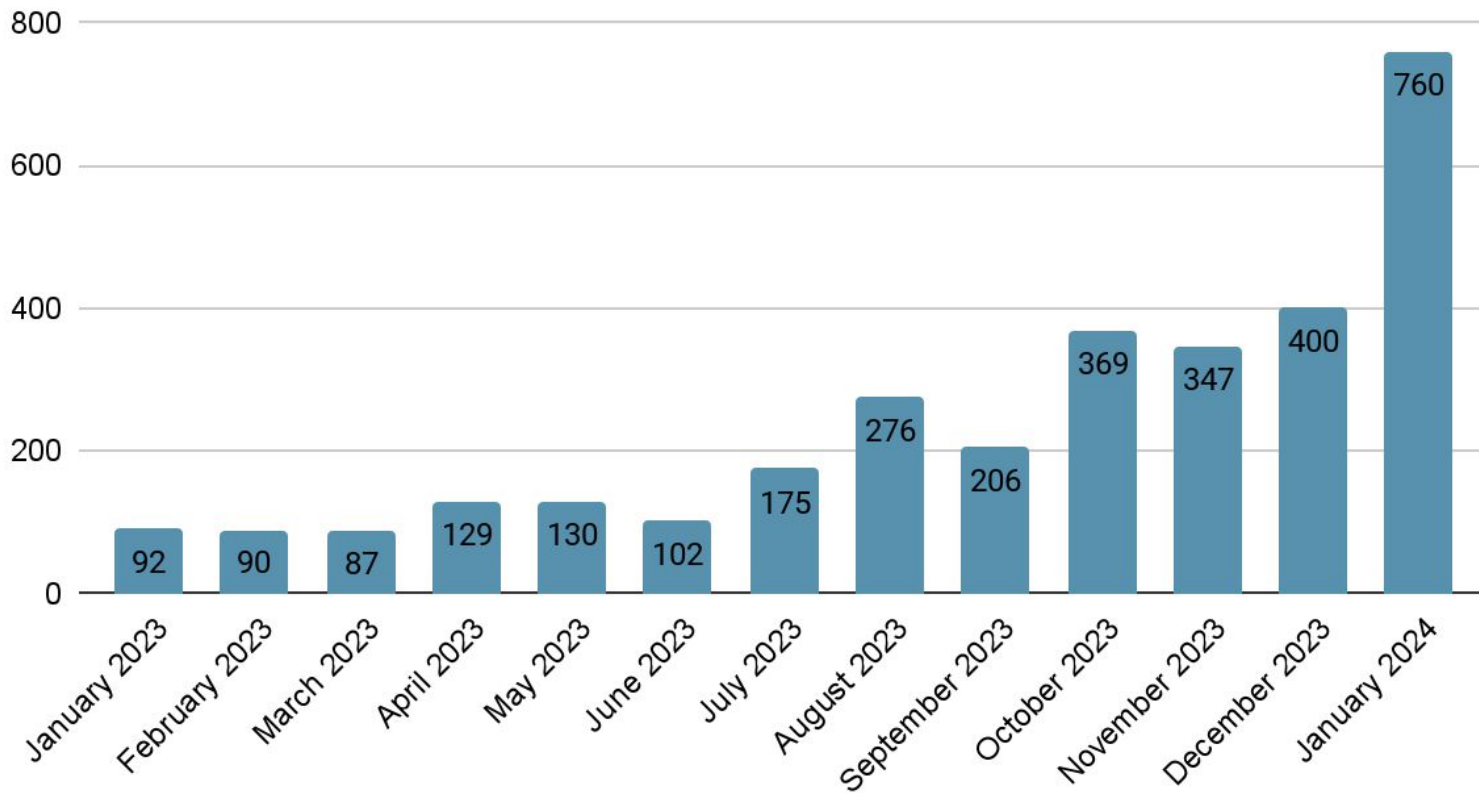
Escalations Update

Presented By: Terri Alexander and Sarah Rogers



Member Escalations - Ticket Totals All Time

Jan 23 - Jan 24

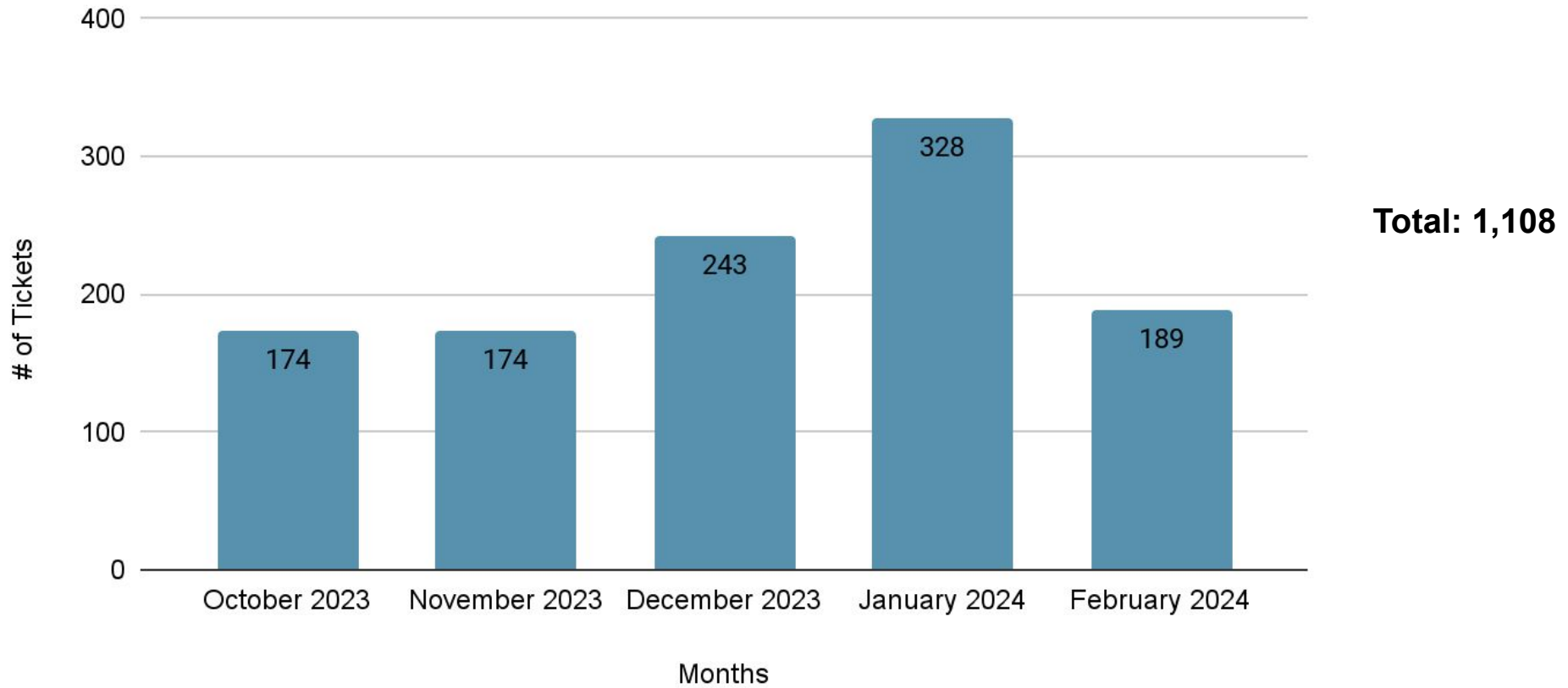


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3,163**



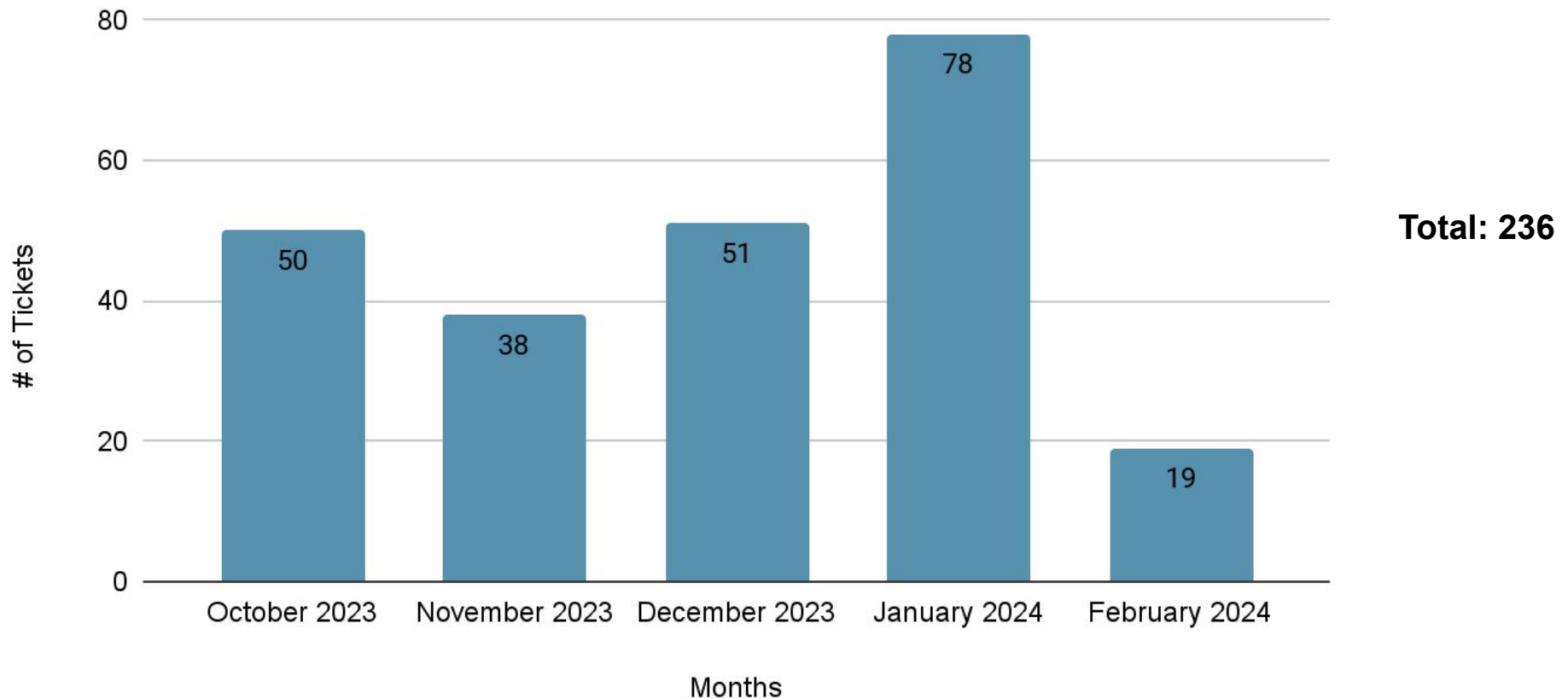
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Attempt #1: Closed



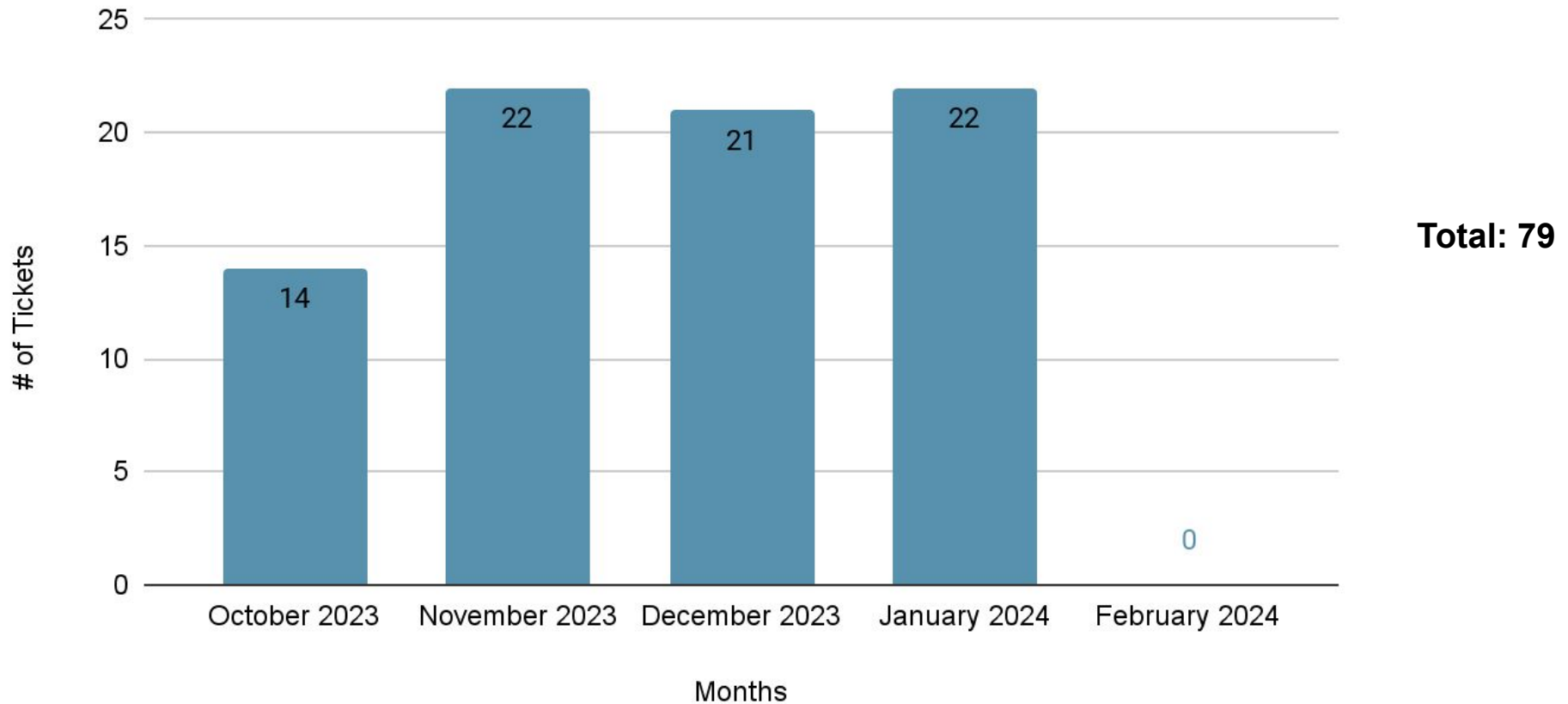
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Attempt #2: Closed



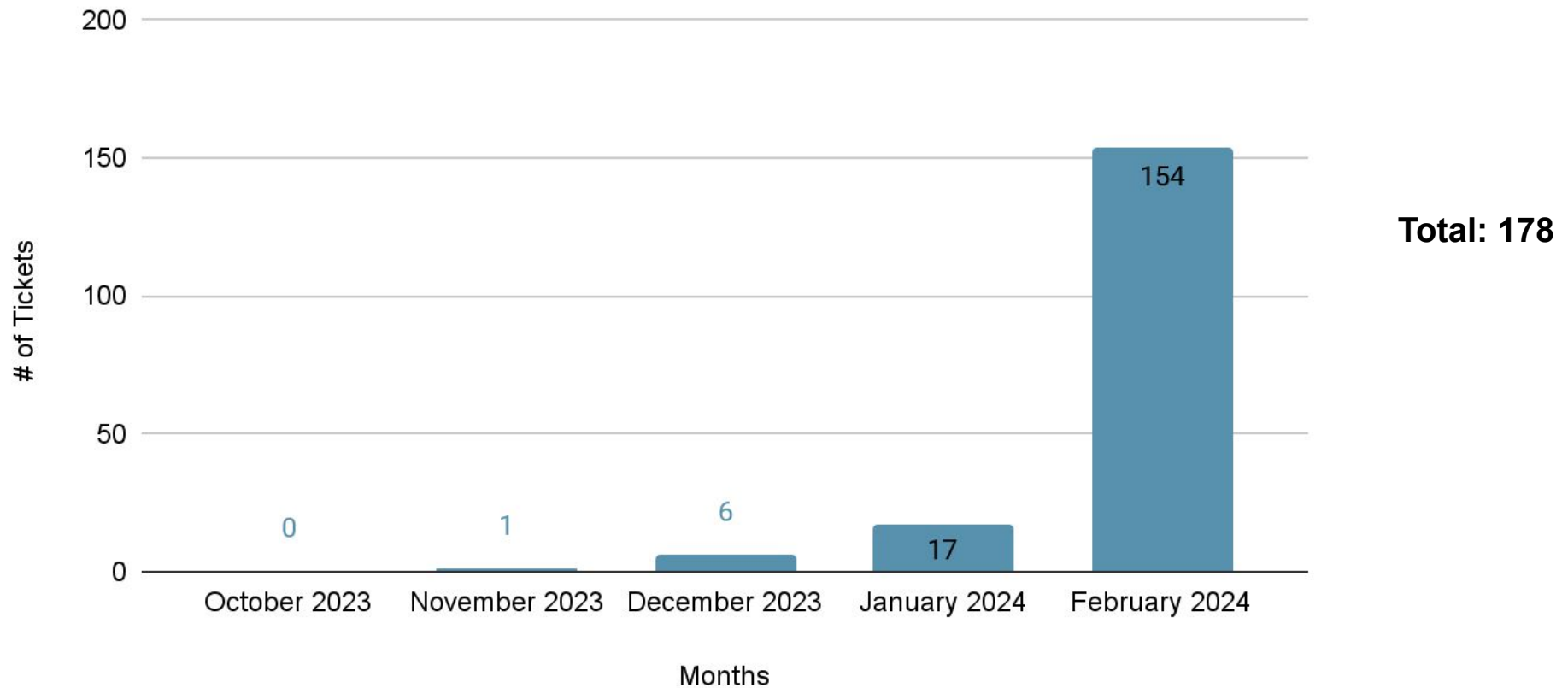
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Attempt #3: Closed



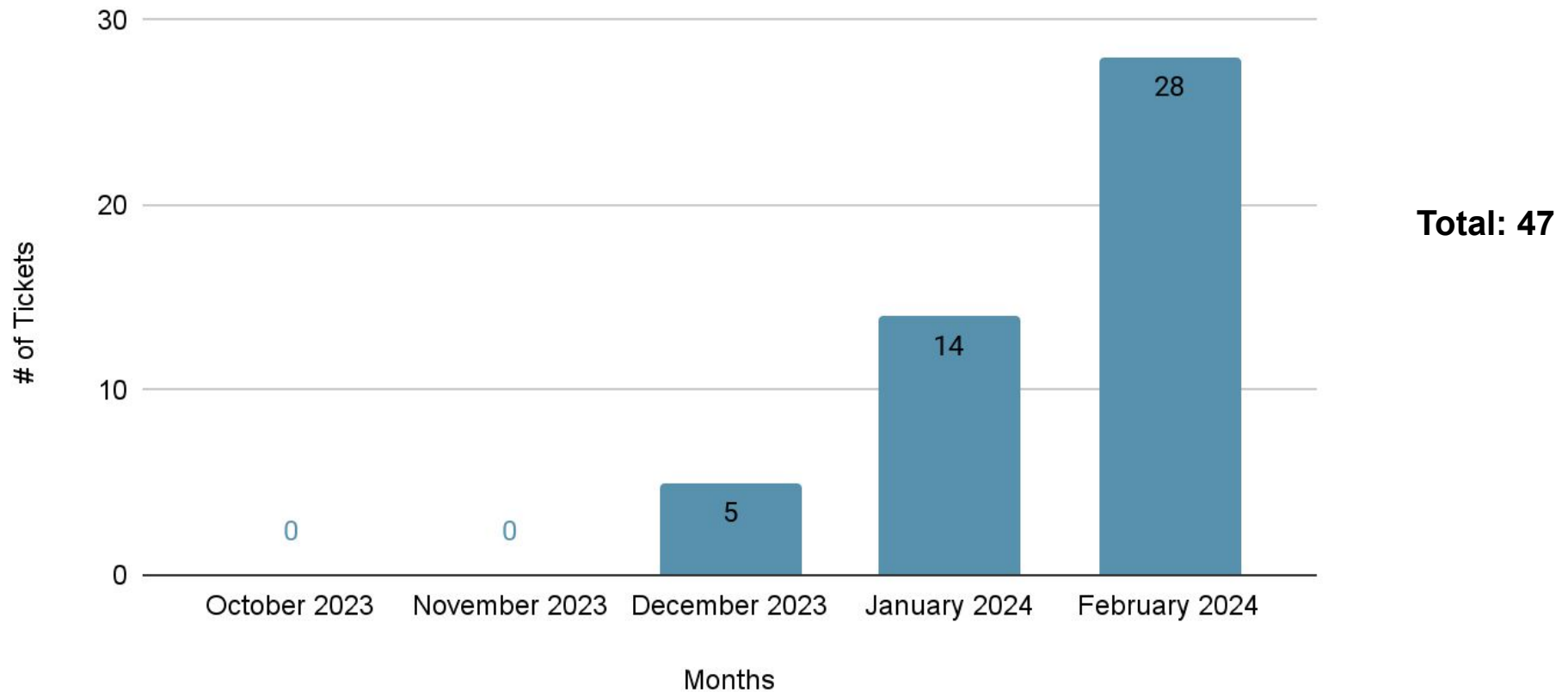
Outreach Attempt #1: Open Tickets

Attempt #1: Open



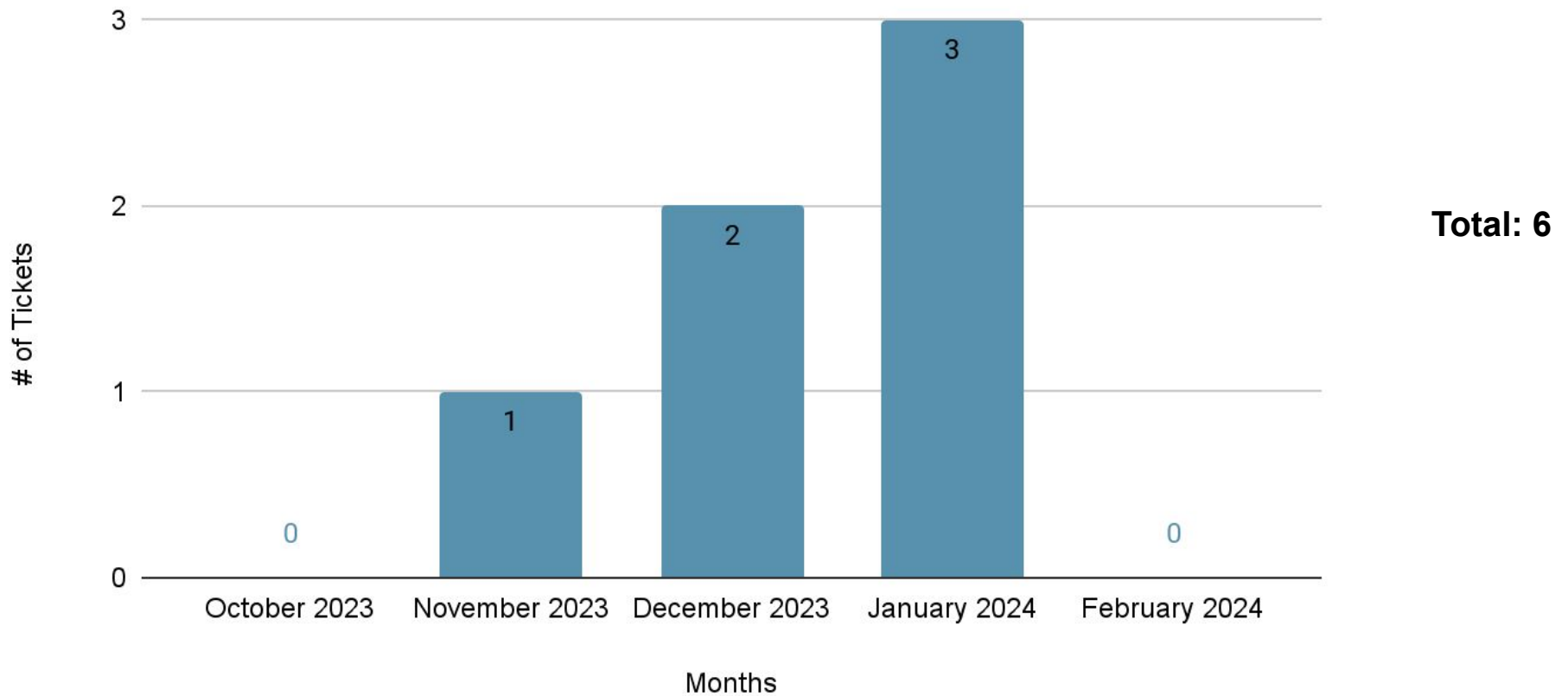
Outreach Attempt #2: Open Tickets

Attempt #2: Open



Outreach Attempt #3: Open Tickets

Attempt #3: Open





Questions?



County Trending Topics

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!