



Accountable Care Collaborative Program Improvement Advisory Committee

Meeting Minutes

December 16, 2020 // 9:30 A.M. to 12:15 P.M.

1. Introductions

Kiara Kuenzler welcomed participants to the Program Improvement Advisory Committee (PIAC) meeting and at 9:32a.m. called the meeting to order. The following people were in attendance:

Voting Members:

Catania Jones, Christina Suh, Dan Casey, Daniel Darting, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Joseph Prezioso, Kelly Phillips-Henry, Kiara Kuenzler, Lila Cummings, Maria Zubia, Maribel Sandoval, Michael Aragon, Steve Johnson, Tom Keller, and Wendy Nading.

A quorum of voting members was present.

Non-Voting Members (webinar attendees only):

Alana Ketchel, Alyssa Rose, Amy Ferris, Amy Luu, Amy Yutzy, Andrea Loasby, Arnold Salazar, Ashliegh Phillips, Ben Harris, Brooke Powers, Byron Burton, Cara Hebert, Carolyn Green, Cathy Michopoulos, Corry Robinson Rosenburg, David Keller, Doug Muir, Elizabeth Freudenthal, Gary Montrose, Jeremy Sax, Janelle Jenkins, Jeff Helm, Jeremiah Fluke, John Mahalik, Kari Snelson, Kelly McGann, Kimberly Phu, Leslie Patterson, Liana Major, Louisa Wren, Marty Janssen, Matthew Jacobs, Matthew Pfeifer, Matthew Sundeen, Mindy Klowden, Melissa Schuchman, Michael Davis, Moses Gur, Natasha Brockhaus, Nicole Konkoly, Pat cook, Shera Matthews, Stephanie Brinks, Stephanie Brooks, Sue Williamson, Tanya Weinberg, Tara Smith, Taylor Thompson, Tina McCrory, Vincente Cardona, and Wayne Watkins.

2. Open Comment

Ben Harris opened the floor for public comments.

David Keller explained the [State Health System Performance](#) website shared national data on several statistics, including statistics for Colorado, and pointed out that the data was stratified by both adult and child populations. David recommended the PIAC task the Performance Measurement and Member Engagement (PMME) Subcommittee with developing a recommendation that would develop a separate set of Key Performance Indicator (KPI) metrics for children within the Accountable Care Collaborative (ACC).

3. Minutes Approval

Kiara solicited a motion to approve the November Meeting Minutes. Kelly Phillips-Henry motioned to approve. Joanna Martinson seconded the motion. The final November Meeting Minutes can be found on the [ACC Phase II PIAC webpage](#) under November's meeting.

4. PIAC Operations and Housekeeping

Ben reviewed the [ACC Work Plan](#) and [ACC Operational Dashboard](#) with the committee and solicited questions and feedback regarding upcoming agenda topics and the operational data.

The group asked if the vacant co-chair position was only available to the recently appointed PIAC members, and if so, why that policy decision was determined and if it could be discussed in more detail. Ben explained that the committee's By-Laws outlined a staggered membership approach for continuity reasons but agreed to discuss the topic in more detail during the one of the upcoming retreats.

The group also suggested the committee investigate the challenges associated with Medicaid member communications and onboarding to develop potential avenues to improve member understanding of Medicaid and its benefits. Ben stated the Department could have staff from various offices within the Department join a future meeting but reminded participants that the PMME subcommittee was charged with member engagement and suggested the group could continue the discussion in that forum as well. For more information on the PMME subcommittee, please visit the [PMME webpage](#) or email [Liana Major](#).

Lastly, Ben reminded PIAC voting members to complete the feedback survey developed by the Department in preparation of the upcoming retreats, if they had not already done so already.

5. Behavioral Health and Integration Strategies (BHIS) Subcommittee Update

Kiara introduced Daniel Darting and Sue Williamson, Co-Chairs of BHIS Subcommittee and Matthew Pfeifer, Department Liaison to BHIS. Daniel, Sue and Matt reviewed the [BHIS At a Glance](#) and the [BHIS Quarterly Update](#) with the group.

Participants asked a few clarifying questions throughout the presentation, such as what types of services were considered crisis services and what does an Administrative Services Organization (ASO) do within the behavioral health system. Others asked if member communications have been determined culturally competent and if the lack of culturally relevant provider networks was being considered as potential challenges within the behavioral health system.

Daniel and Matt agreed with the importance culturally competent member communications and culturally relevant provider networks. They explained that the subcommittee has initiated conversations surrounding the diversity of workforce and that it encompasses not only racial and ethnical components, but also geographical and credentialing components as well. Both Daniel and Matt agreed to keep the discussion in the subcommittees work moving forward.



Voting members advocated for the engagement and collaboration of the major behavioral health partners, ASOs, RAEs, the Department, and the Office of Behavioral Health (OBH) and questioned the engagement of these community partners within the subcommittee and its discussions. Daniel explained that it does take engagement and collaboration with all the involved entities to constructively discuss and resolve challenges within the behavioral health system and noted many of the key players were members of the BHIS subcommittee which has helped ensure continuity across the multiple systems.

When asked how emergency services for children were being considered and what level of engagement school systems were involved in these conversations, Daniel and Matt emphasized the importance of ASO and RAE relationships in addressing these approaches locally and regionally to best serve communities. They agreed it was important to ensure the conversations were taking place regionally and therefore statewide.

The group expressed additional concerns related to data sharing challenges, the types of behavioral health and crisis system services currently offered to Medicaid members, and the payment models associated with behavioral health services, particularly around Community Mental Health Centers. Kiara suggested that voting members brainstorm and consider the most important concerns of voting members during the retreat and plan how to address those issues in January and February.

For additional information about BHIS and its work, or provide any additional feedback, please email [Matthew Pfeifer](mailto:Matthew.Pfeifer@colorado.gov) or visit the [BHIS webpage](#).

6. Behavioral Health Task Force (BHTF) Update

Ben introduced Summer Gathercole, Senior Advisor for Behavioral Health Transformation, to present the [Behavioral Health Task Force Blueprint](#) to the committee.

Participants asked several questions about care coordination: what was the difference between the types of care coordination conducted within the various entities, how the types of care coordination intersected with one another, how is duplication of care coordination efforts reduced, how does one identify which entity was responsible for care coordination, how was care coordination explained to the member and family members, and what type of stakeholder engagement was the BHTF using to solicit member experience with the behavioral health system.

Summer answered that the Task Force has not yet had the opportunity to dive into the details of care coordination but that they would begin to examine the topic in closer detail next year by examining what services exist already, where there may be overlap, and where there may be a need for improvement. Ben added that the Department was very aware and engaged in care coordination policies as it related to the RAEs and regional efforts. He also acknowledged



the work of the BHIS subcommittee around care coordination and crisis services and was encouraged by the collaboration of BHIS and the BHTF for the future of this discussion.

To ensure a full continuum of care and effective care for Medicaid members, PIAC voting members encouraged the BHTF to look at care coordination services within the crisis service system and advocated for improved funding mechanisms for the facilities providing care as one way to ensure proper care, prevent relapses, and prevent system overload.

Many members were curious about the development of a statewide Behavioral Health Administration. Participants asked if the State had a preference between creating a new administration or placing the authority under an existing agency while others expressed concern related to the development of a new administration without the Department's and Medicaid's engagement. Participants highlighted that Medicaid funding and provider rates were directly tied to the Department and suggested it would be beneficial to ensure the Department was included in the efforts of building a statewide administration to oversee the system.

When asked about the process to streamline the work of multiple state agencies and build one single administration, Summer explained that the BHTF hired a merger firm to analyze and advise on the best approach for moving forward with the statewide administration and once the analysis was complete, the BHTF would present its findings and recommendations to Governor Polis for next steps.

Voting members also advocated for the Task Force to keep the full continuum of care in perspective, consider the system and the needs for children differ from those of adults, and to strategically consider financial streams and future budget cuts to properly coordinate behavioral health investments.

Ben thanked Summer and reminded participants that more information can be found on the [Behavioral Health Reform](#) webpage and any questions and/or feedback can be emailed directly to [Summer Gathercole](#).

7. Department Update re: COVID-19 Vaccine Distribution

Kiara introduced Tracy Johnson, State Medicaid Director with the Department, to present a [Medicaid Update](#) related to Provider Interim Payments Program and an update on the COVID-19 vaccine distribution.

To help the Department determine how to allocate the limited funding remaining in the Provider Interim Payment Program, Director Johnson requested participants complete the [Provider Interim Payments Interest Survey](#) by December 20, 2020 and encouraged the group to share the survey with their networks. Additional information about the program can be found on the [Provider Interim Payment Program](#) webpage.



Director Johnson solicited feedback from the group about the different provider types and workforce categories the Department should consider when mapping out the vaccine distribution for providers and clinics. The group advocated for the behavioral health workforce working in residential facilities, hospitals, and 24/7 acute care settings, school-based health providers, educator, and school staff, home health care workers and personal attendants, workforce serving the Long-Term Services and Supports Medicaid members, home visiting care managers, homeless outreach workers, and correctional and jail clinicians and staff.

The group asked if there were any individuals in which the Food and Drug Administration (FDA) did not recommend get the COVID-19 vaccine, why children were excluded from getting the vaccine, what the impact of not vaccinating children with autoimmune disorders was, where members could get more information about how to get the vaccine, and if the nurse advice line staff would be trained to answer calls related to vaccine and/or complications and side effects from the vaccine.

Tracy explained that she did not have a clinical background but encouraged members to follow up with their primary care providers, RAEs, and to visit the CPDHE website for additional information regarding the vaccine. She agreed to follow up regarding the nurse advice question and suggested the Department's Chief Medical Officer may be more equipped to answer the groups' questions. Dr. Christina Suh added that the FDA does not advise the vaccine for those individuals who have had severe allergic reactions to vaccinations in the past and noted precautions for pregnant women. She also added that children were not being vaccinated right now due lack of research and due to the epidemiology of the virus in children (less severe and less common in children).

Participants expressed concern and advocated for increase provider support from the Department and RAEs to help manage all aspects of the vaccine distribution including how to prioritize and stratify member lists, transporting, storing, and preserving the cold chain requirements of the vaccine, and ensuring equity throughout the distribution process.

Tracy agreed to follow up on the group's question about Safeway contracting to assist with the vaccination of providers not associated with hospitals.

Several resources were shared amongst the group and can be found below:

- a. [General COVID-19 Vaccine Resources](#)
- b. [General COVID-19 Vaccine Resources for Providers](#)
- c. [Children's Hospital COVID-19 Vaccine Resources for Providers](#)
- d. [Colorado Access Provider Training](#)
- e. [Aurora Health Alliance Q&A](#)
- f. [Vaccine Hesitancy Strategies](#)
- g. [COVID-19 Planning and Distribution Supports and Supports](#)
- h. [COVID-19 and Schools](#)



8. Open Comment

Ben opened the floor to the public for comments. The public asked for the link to Director Johnson's presentation and Ben noted it would be posted to the Department's ACC Phase II webpage later that afternoon.

Shera Matthews asked if Medicaid members eligible to receive the vaccine could receive the vaccine anywhere or if they were required to receive the vaccination from their attributed primary care provide. Ben was not sure if the logistics of the vaccination process were defined our outlined by the Department but agreed to follow up.

9. Next Steps

Kiara summarized the meeting and highlighted next steps.

1. The Department to send a follow up email:
 - a. Include [Provider Interest Survey](#)
 - b. Include Director Johnson's [presentation](#).
2. The Department to send list of providers to be considered high priority for the vaccination to Director Johnson.
3. Department and PIAC to host closed retreats in January and February to strategically plan and set priorities for PIAC and its subcommittees.
 - a. Consider a conversation about Medicaid member onboarding and engagement.
4. PIAC members review the [ACC Operational Dashboard](#) for December 2020.
5. PIAC members to complete the [PIAC Feedback Survey](#)

The meeting was adjourned at 12:15pm.

