COLORADO
Department of Health Care Policy & Financing

Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes

April 16, 2025
9:30 A.M. to 12:00 P.M.

1. Welcome, Introductions, & Minutes Approval

David Keller welcomed members to the Program Improvement Advisory Committee (PIAC) meeting.

The following members were in attendance: Ian Engle, Ty Smith, Daphne McCabe, Catania Jones, Kelly Phillips-Henry, Donald Moore, Kevin JD Wilson, Brent Pike, Steve Johnson, Tom Keller, Mark Levine, David Keller, Kiara Kuenzler, Daniel Darting.

A quorum of voting members was present.

David Keller presented the March meeting minutes for approval. There were no abstentions. The March meeting minutes were approved.

2. PIAC Housekeeping

Matt Pfeifer, HCPF, shared an update on PIAC planning for ACC Phase III including representation for each of the regions.

- Committee members discussed whether we should continue to keep the 2-year timeframe for new cycles or if we should just start a new four-year term when a member starts?
    - The pros and cons of both options were discussed. Committee members noted the value of rotating committee members and keeping new fresh ideas coming into the committee. It's important to strike the balance between institutional knowledge and fresh energy. New committee members bring new perspectives.
    - A few committee members noted, regardless of which option is chosen, a thorough orientation for new committee members is important.
- HCPF will send updated bylaws to PIAC committee members to review.

- A suggestion was made to look at MEAC members for potential PIAC committee members.

- Interested applicants to use this Link to apply for PIAC membership

Matt Pfeifer led a brief follow-up discussion regarding Disability Competent Care and whether the committee wants to create a task force.

  - A suggestion was made to consider a peer group or entity that can collect lived experience.

  - P&CE Co-chair noted that this falls more on the provider side versus the member side though doesn't feel it's necessary that it come to P&CE. If there was a task force, the committee would like to be involved.

Katie LoNigro, HCPF, provided follow-up on the committee's request for a formal motion on member noticing. Due to required timelines, HCPF was unable to honor the request to wait a month for a formal motion. HCPF reviewed the feedback received in previous discussions at PIAC in other stakeholder committees and made the decision to formally notice only members experiencing a change due to ACC Phase III, not all members

3. RAE Updates for ACC Phase III

The four ACC Phase III RAEs each provided an update on the transition to ACC Phase III.

- Meg Taylor, Kim Herek, and Todd Lessley, Rocky Mountain Health Plans (RAE 1) provided and an overview of the plans and updates for RAE1 including a high level overview of changes for Phase III.
- Kari Snelson and Cara Hebert, Northeast Health Partners (RAE2) provided an overview of the plans and updates for RAE2.
- Colleen Daywalt, Colorado Community Health Alliance (RAE3) provided an overview of the plans and updates for RAE 3.
- Liz Owens, Colorado Access (RAE4) provided an overview of the plans and updates for RAE 4.

Highlighted areas and changes presented included:

- PCMPs will participate in an annual assessment process that will place them in one of three tiers that will place them in a particular payment structure. A quality incentive component is built into that model that is based upon that particular practice's performance versus the RAEs performance as it was in Phase II.

- The population health management strategy will continue to be a foundation of care coordination. Population segmentation and stratification. An important change from Phase II to Phase III is how the population is tiered/segmented. The new care coordination model has three distinct care coordination segments.
- More committees and opportunities for members to be engaged in advisory committees.
- RAEs are required to have a health equity committee.
- With the change in attribution methodology the RAEs are working on strategies to drive attribution to providers. Connecting with providers who have openings in their panels with members.

Committee members provided feedback and asked questions:

- A question was raised regarding pediatric and adult tiers and if they are the same or different?
    - RAE 1/Rocky Mountain Health Plans shared that they have a system of stratifying risk that accounts for pediatric risk. So, within a tier there are different definitions for pediatrics and adults. There is a lot of flexibility within this model regarding who does the care coordination to allow the most appropriate interventions. In addition, RAE 1 has care coordinators who specialize in pediatrics who are trained in kids.

- With the change in attribution moving from geographical attribution, will the members assigned to the RAE remain with the RAE or is there an expectation that they are linked with a PCMP?
    - RAE 2/NHP shared that for members who are not attributed to primary care practice it will be the RAE's job is to get the member engaged and assigned to a primary care practice.

- PIAC committee members requested to revisit this agenda item at a future meeting to allow more time for questions and discussion.

4. Medicaid System of Care (M-SOC)

Stacy Davis, HCPF, provided an overview of the Medicaid System of Care (M-SCOC).

- Medicaid System of Care includes: Identification tool, enhanced standardized assessment, enhanced intensive care coordination, in-home stabilization services, enhanced in-home intensive treatment, support services, and behavioral health services.
    - Intensive care coordination is the component that links these all together.

Phase 1 M-SOC Services:

- Phase 1 includes: Enhanced standardized assessment, enhanced intensive care coordination, in-home stabilization services, enhanced in-home intensive treatment.
    - Not included in Phase 1: Identification tool, support services, and behavioral services.
    - 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.
- Phase One starts July 1, 2025.
- 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)
- Workforce capacity center: Take a thoughtful and strategic approach and we recognize we need to expand our workforce.
    - This is new to Colorado but not a new concept. Different states call it different things.
    - This is a statewide center, not by RAE.

Committee members had the opportunity for discussion and to ask questions:

- A comment was made that this looks like a heavy lift, big launch. Concerned that this might take energy away from other efforts.
    - This is a partnership with other state agencies, RAEs, etc.
- To what extent are you already using the collaborative management system of care?
    - There are wraparound providers in Colorado. HCPF's intent is to create some consistency in that and adopt an evidence-based model for that. We do also need more providers in this space. Aim to provide sustainable resources for Medicaid
- A few committee members noted the importance of early childhood prevention.
    - Phase one is just the beginning and the most acute need, EPSDT requires that we expand this population.

Resources

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

Questions can be directed to: HCPF_MSOC@state.co.us

5. Subcommittee Updates

Lexis Mitchell, the Behavioral Health Integration Strategies (BHIS) subcommittee co-chair, gave an update on the April BHIS meeting. The April meeting focused on updates and changes for ACC Phase III including care coordination. Matt Pfeifer discussed the ACC phase III logic model and evaluation plan highlighting two scopes of work for the behavioral health benefit.

Mark Levine, a Provider and Community Experience (P&CE) subcommittee co-chair, gave an update from the committee's April meeting. At the April meeting, the committee reviewed their charter and the expectations of the committee. This led to a discussion regarding what community is and the committee realized

that P&CE only has one Medicaid member on the committee. They will be trying to add some more. Tamara Keeney also came and talked facilitated a discussion regarding the ACC Phase III evaluation model and committee members provided feedback and asked questions.

Daphne McCabe, a Performance Measurement and Member Engagement (PMME) subcommittee co-chair, shared that at their last meeting PMME discussed the ACC Phase III monitoring and evaluation plan. Commitee members are interested in continuing these discussions and providing feedback where needed.

6. Open Comment

David Keller opened the meeting for public comment.

The public expressed thanks for the wealth of information provided in this meeting.

7. Adjournment

David Keller adjourned the meeting. The next PIAC meeting will be Wednesday, May 21, 2025 from 9:30am to 12:00pm.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Erin Herman at erin.herman@state.co.ug or the Civil Rights Officer at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Erin Herman a erin.herman@state.co.us o con el oficial de derechos civiles a hcpf504ada@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.