



## MINUTES OF THE BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Virtual attendance only

February 10, 2023  
10:00 a.m. - 11:00 a.m.

### 1. Call to Order

Amy Luu called the meeting to order at 10:02 a.m.

### 2. Welcome and Introductions

The following were in attendance:

Alisha Poole (Children's Hospital Colorado)  
Amy Luu (HCPF)  
Anna Carrell (Children's Hospital Colorado)  
Brittany Briggs (Children's Hospital Colorado)  
Carmella Ybarra (Denver Health)  
Cheryl Olden (Children's Hospital Colorado)  
Chris Meyer (Behavioral Health Administration)  
Christen Rodenburg (UCHealth)  
Cris Baker (UCHealth)  
Doug Muir (Centura Health)  
Elizabeth Freudenthal (Children's Hospital Colorado)  
Jen Hale-Coulson (Northeast Health Partners, RAE 2)  
Kristin Brown (Colorado Access, RAE 3 & 5)  
Lexis Mitchell (HCPF)

Lindsay Cowee (Colorado Access, RAE 3 & 5)  
Lourdes Schlager (Denver Health)  
Mark Queirolo (HCPF)  
Marsha Penn (Colorado Community Health Alliance, RAE 6 & 7)  
Michael Shockney (Children's Hospital Colorado)  
Michelle Gay (San Luis Valley Health)  
Mona Allen (Health Colorado Inc., RAE 4)  
Rebecca McCaleb (Colorado Community Health Alliance, RAE 6 & 7)  
Robert Werthwein (HCPF)  
Steve Coen (Beacon Health Options, RAE 2 & 4)  
Suman Mathur (Colorado Health Institute)  
Tom Mayo (Colorado Access, RAE 3 & 5)



### 3. ACC Phase III Presentation and Discussion

Mark Queirolo provided an overview of the Accountable Care Collaborative Phase III. The Accountable Care Collaborative (ACC) has been part of an ongoing transformation and exploration of different types of managed care within Colorado. For ACC Phase III, the plan is to continue to be compliant with federal guidance supporting paying for value; coordination through a regional delivery system; evolution towards a comprehensive, integrated and accountable behavioral health benefit; the managed fee-for-service and behavioral health infrastructures; and collaboration with state agencies. The goals include working to improve quality of care for members, close health disparities and promote health equity, improve care access, improve the member and provider service experience, and manage costs to protect member coverage and benefits and provider reimbursements.

A more in-depth presentation occurred on behavioral health transformation. There is opportunity to align with and support the work of the Behavioral Health Administration (BHA) to achieve shared goals, increase overall care access, and implement a more effective system of safety-net behavioral health services. A lot of the work is already underway and includes the following, requiring (Regional Accountable Entities) RAE contracting with new safety net provider types, creating universal contracting rules for behavioral health providers, standardizing data collection and reporting standards for behavioral health provider in coordination with the BHA, cost reporting requirements for safety net behavioral health providers, aligning with the BHA behavioral health administrative service organizations, and working towards sustainability. Some of the changes under consideration with the goal to simplifying the experience for providers are, exploring a single vendor for behavioral health provider credentialing, creating behavioral health provider rate consistency across the RAEs, standardizing utilization management requirements for behavioral health services, improving the behavioral health benefit to reduce gaps in care for individuals with autism and other conditions, and more. Additional changes under consideration include a goal of driving to better outcomes by improving behavioral and physical health integrated care payment models, exploring ways to modify payment structures with recruit providers to address gaps in the continuum of behavioral health services, and more.

There was a discussion around operationalizing new regulatory requirements around discharge planning and discharge care coordination. It was requested to look into how providers can support the RAEs with transitions. A concern was shared about both, the hospitals and the RAEs, being accountable for transitions as it may cause confusion for an individual member. A concern was shared around RAE involvement with care coordination is that the extra layer makes it difficult to have timely transitions of care planning.



A discussion occurred around the efforts and initiatives that is wanted for ACC Phase III. The Hospital Transformation Program requirements touch on discharge planning. Some of the requirements seem to be inconsistent. A thought was shared that there is an opportunity to pull this group together to discuss the best outcomes. Conversations have been had about revisiting care coordination efforts. The BHA rules and regulations was shared to ensure all could stay up to date which can be found [here](#). There continues to be discussions about the rules on care coordination between HCPF and the BHA.

There was also a discussion on what is working within the system. An example was shared that the Douglas County Mental Health Initiative has a strong care compact system with navigation resources. It is voluntary for members to participate in.

Lastly, a discussion occurred around the barriers for discharge planning and care coordination. The barriers with discharge planning for transitions of care for young people with very complex needs and conditions has included workforce shortages, facility capacity, and RAE turnover which has created an insufficient amount of knowledge. There is agreement that there is a lack of knowledge. In terms of creative and complex solutions, it was noted that HCPF has had the knowledge of next steps, what is occurring within the community and what openings are available. In terms of following up, there is sometimes no follow up with the hospitals. The RAEs may not always have the resources.

The next step is for these conversations to continue.

#### 4. Wrap Up and Housekeeping

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Sandra Grossman at [sandra.grossman@state.co.us](mailto:sandra.grossman@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

