



**COLORADO**

Department of Health Care  
Policy & Financing

## Minutes of Behavioral Health Hospital Engagement Forum

Virtual Meeting

Video conference: [meet.google.com/bxe-cwag-tdo](https://meet.google.com/bxe-cwag-tdo)

Call-in number: (US) +1 219-802-5969

PIN: 792 789 742#

February 9, 2024, 10 - 11 A.M.

### 1. Call to Order

Jennifer Holcomb called the meeting to order at 10:03 a.m.

### 2. Welcome and Introductions

### 3. Accountable Care Collaborative Phase III Draft Contract

Mark Queirolo and Lauren Landers-Tabares presented on the draft contract that has been posted for stakeholder review. Phase III is moving away from the seven regions and into four regions that are in alignment with the Behavioral Health Administrative Service Organizations. One of the reasons for this is to reduce administrative burden for providers. The contract requirements that have the closest impact to the hospitals was presented, which included transitions of care.

Transitions of care specific requirements includes the inpatient hospital review program, emergency department, mental health facilities, crisis systems, and Creative/Complex Solutions. There will be minimum requirements expected of the RAEs. The performance standard that will be looked at closely is there is a follow up with 30 days for a physical health inpatient stay and a follow up of 7 days for a behavioral health inpatient discharge.

There are upcoming stakeholder engagement meetings scheduled which can be found on the [ACC Phase III Stakeholder Engagement webpage](#). An opportunity to provide written feedback through March 10 can be found [here](#).

### 4. Integrating Unlicensed Providers into a Hospital Setting (i.e., Peers, Behavioral Health Aides, Community Health Workers)

Jennifer Holcomb presented on unlicensed service providers. The scope of each of these providers and the intentions of their role were reviewed and discussed. Three newer unlicensed service providers include Peer Support Professionals (Peers), Community Health Workers (CHWs) and Qualified Behavioral Health Assistants (QBHAs). Peers who deliver services to members are those with



behavioral health experience- meaning lived experience with substance use disorders who use their lived experience to help others. A CHW are frontline public health workers who is a trusted member with a close understanding of the community being served. A CHW can take a variety of forms and functions in roles like a health promoter, community outreach worker, promotores de salud health navigators, and patient navigators. A QBHA is an entry-level provider with foundational knowledge and competencies in behavioral health.

There was a question proposed if these roles can be seen in hospital settings. In response, all roles can be seen in a hospital emergency department (ED) setting. There are behavioral health Specialist positions in a hospital that could be a Peer or QBHA. These behavioral health specialists have shown to have an impact. It was mentioned that the bigger issue is with the methodology of reimbursement for hospitals. In order to have these positions be sustainable and be brought up to scale, they need to be reimbursable. Peer services currently fall under the capitation as a 1915 (b3) service and adding services outside of the behavioral health space is still under discussion in a response to a question about the barrier of having a peer be able to bill in the physical health setting. The issue is with authority in order to have this be allowable in this setting. There was a concern shared that CHWs could be sustainable being billed FFS, while a QBHA is different as they require different training and so the pressing concern is to make sure this is to create a ladder and job opportunities for mental health professionals and peers. The CHW role came out of legislation and the intention is that they would be able to help patients navigate their behavioral health needs. HCPF recommended for meeting attendees to engage in the workforce development discussions led by the Behavioral Health Administration.

Based on discussions, it appears that hospitals may have an interest in having all three of these roles be functioning in their spaces, and having them operate in ED and inpatient settings. Additionally, for these roles to have whole-person treatment that includes both, physical health and behavioral health. The next step is for HCPF to have internal discussions and to determine what's next.

## 5. Wrap Up and Housekeeping

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at [amy.luu@state.co.us](mailto:amy.luu@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.

