



## MINUTES OF THE BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Virtual attendance only  
Address, Room

May 14, 2021

### 1. Call to Order

Sandra Grossman called the meeting to order at 10:02 a.m.

### 2. Introductions

The following were in attendance:

Jen Hale-Coulson (NHP, RAE 2), Audrey Vincent (DHHA), Alyssa Rose (Beacon Health Options, RAE 2 & 4), Valerie Baughman (Parkview Hospital System, Pueblo), Cathy Michopoulos (HCI, RAE 4), Michelle Estrada (Denver Health), Alli Daley (Children's Hospital Colorado), Barb Reeves (Centura), Christen Rodenburg (UCHealth), Kevin Innarelli (Gainwell), Michelle Gay (San Luis Valley Health), Doug Muir (Centura Health), Lila Cummings (Colorado Hospital Association), Cristen Bates (HCPF), Camille Harding (CDHS, OBH), Sandra Grossman (HCPF), Melissa Eddleman (HCPF), Amy Luu (HCPF)

### 3. Proposal to strengthen and expand the behavioral health safety net system

Cristen Bates and Camille Harding provided an overview of the Behavioral Health Safety Net Framework. SB 19-222 requires a comprehensive safety net system proposal to be developed that must, at a minimum: identify what behavioral health services each community must have access to; develop a funding model; address behavioral health provider licensing and regulations, housing, transportation, workforce, any other barriers; and set forth criteria and processes, for when the needs of an individuals referred to a safety net provider exceed the treatment capacity. It is wanted to see and design a financing model that supports providers as they serve increasingly high needs populations, and a more comprehensive and flexible funding that allows for whole person care. As the payment models are enhanced, the standards increase as payment flexibility increases. Some changes include guaranteed access for individuals with complex needs, expands "the middle" services for and connections to community based services, potentially non-clinical Social Determinants of Health providers can bill Medicaid or the Behavioral Health Administration (BHA), expands the substance



use disorder (SUD) role of the comprehensive community behavioral health centers while increasing accountability, and others. The Health Care Improvement Framework was presented. It is wanted to think of services as a continuum rather than by a particular type of provider. With this work, there is a need to think about state investments and levers in order to make this happen such as thinking about a single entry point for individuals not connected to care that would help support navigation. A major finding within the Behavioral Health Needs Assessment conducted, indicated there was fragmented data and so there's a need to standardize the way data is collected by HCPF and CDHS and making these tools available to the Regional Accountable Entities (RAEs), Managed Service Organizations (MSOs), providers, etc.

A discussion occurred.

- In the proposal there are specific diagnoses referenced, and so a question was asked if there was consideration of putting autism, for example, as a covered diagnosis on the Medicaid side.
  - In response, the way the bill is written it specifies that intellectual or developmental disability (IDD) is not, in and of itself, a reason to accept nor deny someone care. It is not anticipated that IDD will be added under the capitated behavioral health benefit. The bill specifically states that these individuals need to have access to care but they do not anticipate putting standards on the behavioral health system that will require all behavioral health providers to provide non mental health or SUD services for those populations. They cannot expect all behavioral health providers to serve the IDD population for all of their needs but they can expect some comprehensive service providers to provide some mental health or SUD services needed.
- There have been many conversations around care coordination, and where the authority and responsibility for care coordination would live. Part of the discussion was that it should be sort of multi-tiered. The different structures are being thought through from an intermediary that's responsible for some sort of oversight and also having some responsibility on the provider.
  - A thought was shared to ensure that the new BHA system transformation also fits in with the revised statute that is hoping to be advanced.
- The "standard of care groups" has not started but those interested are welcome to contact Camille Harding. They want to ensure broad representation from providers, RAEs, MSOs, and those with expertise in criminal justice and children and adolescents, etc.
- A suggestion was made to think through partnering with the community to make the peer and recovery system more sustainable as there's a lack of structure to billing as they don't already have a billing system in place. It is



wanted to spend early money to create sustainability in care transitioning support services.

- In regards to the discussion of value-based payments for behavioral health, a thought was shared that it's important to remember that behavioral health is highly socially determined, and that a child/youth system requires increased up front investments for longer term savings. There aren't necessarily VBP models that are effective in the child/youth space.
- There are opportunities to think about simplifying the billing structure.

The model is due on June 30, 2021.

#### 4. Updates

Melissa Eddleman provided an update on the SUD claims issues and the utilization management process. The Department has become aware of some claims that are not being paid for SUD services under FFS, that should be paid. A transmittal is being put in place to fix this, which is currently being processed. Additionally the Department is working through a process to determine how many claims would have been past timely filing and the costs associated with this, by quarter, to determine the impact it will have on the CMS report. In terms of timeline for the claims to be fixed, data has been sent to appropriate staff with HCPF to look into the quarters of timely filing and so it is assumed the data will be analyzed, with a decision made within the next few weeks. The fix has been put into place so that any future claims are processed correctly.

There were questions regarding where the Department was with developing a standard utilization management process. There have been initial meetings with the RAEs to begin this process but it has been put on hold due to pending legislation that may impact this. And so this work is being put on hold until after the legislative session ends before the process will reconvene.

#### 5. Closing remarks/Housekeeping

The next meeting is scheduled for Friday, August 13, 2021

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the 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.

