COLORADO
Department of Health Care Policy & Financing

BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Meeting minutes

Virtual Attendance Only

September 18, 2020

1. Call to Order

Jeff Appleman called the meeting to order at 10:03 a.m.

2. Introductions

Participants on the webinar introduced themselves. A list of attendees was documented.

A. Participants

Eileen Barker (Colorado Access), Dorothy Burke (Southeast Colorado Hospital), Lila Cummings (Colorado Hospital Association), Kelli Gill (CCHA), Kevin Innarelli (DXC), Darren Lish (CCHA), Alan Marschke (Forensic Support Team – Office of Behavioral Health CDHS) Cathy Michopoulos (Health Colorado, Inc.), Doug Muir (Centura), Christina O'Neill (Forensic Support Team – Office of Behavioral Health CDHS), Triciann Romero (SCL Health), Alyssa Rose (Beacon Health Options), Lourdes Schlager (Denver Health Hospital), Kari Snelson (Northeast Health Partners), Mandi Strickland (Northeast Health Partners), Lori Thomason (Parkview Medical Center), Michelle Tomsche (Colorado Access), Gina Wendling (CCHA).

B. HCPF staff

Jeff Appleman, Melissa Eddleman, Sandra Grossman, Tyller Kerrigan-Nichols, Amy Luu, Matt Pfeifer.

3. Forensic Support Team

- Medicaid is very limited in the type of services and when treatment can be paid for members who are incarcerated. As the Department has connected members with the Department of Corrections to services and helped these people transition back into the community, the Department is also wanting to expand this conversation with jails and

counties. The Department wants to ensure that members can get connected to the treatment, Regional Accountable Entity (RAE), and services needed.

- The Forensic Support Team (FST) is a relatively new team with the Colorado Department of Human Services, Office of Behavioral Health. The team includes a Program Director, two Program Coordinators, and 16 Forensic Navigators to provide case management services to Pretrial Detainees. Every jail has a forensic navigator attached to it that is tasked with following certain forensic mental health clients. The goal is to monitor these clients in jail to make sure they're being taken care of and to help with transferring them into the community.
- The 2 program coordinators are licensed and are tasked to help monitor clients in jail through a clinical lens. They step in and help with triaging and try to determine an easy stabilization with the jail. They've worked on transferring members to the pueblo county state hospital.
- The FST is looking for assistance in transferring these particular clients to hospitals. They've been trying to work on education on how medications work and how to appropriately screen for clients. They are working on trying to support the hospitals, jails, and clients. They are trying to get clients to a humane clinical setting. The FST is currently navigating multiple systems. Not only are they working with jail systems to help identify members that may need a higher level of care, but they're also working with the court system to advocate for the need of some of these interventions.

4. Behavioral health hospital COVID experience

- IMDs have been engaged in conversations regarding what their utilization experience has been since COVID. There were some admission delays for members not wanting to go into a congregate setting at the beginning of COVID. Then there were experiences with the IMDs where some of these delayed admissions ended up coming into hospitals with higher acuity and expressed more aggressive behavior. The reason for this conversation is to have the hospitals share their experiences and to discuss any resources or things wanting to put in place.
- Discussion
  - One challenge has been the acuity as everyone's mental wellness has shifted. There have been patients that have never had to deal with depression or anxiety who are now having to deal with it. There has been an increase in opioid use and suicides seen. Things not funded by Medicaid may be meaningful in reducing the cost of care, for example, providing things like ECT and TMS. There are also other alternatives to traditional counseling with a psychiatrist, like counseling with peers.
  - There was a question regarding whether hospitals track engagement after a referral has been done for a member after they have been discharged to see if there's an understanding of how members are engaging after discharge.
    - One hospital has tried to do warmer hand-offs to improve outcomes. Additionally, there is a pilot program of bridging individuals with substance

use, with peers, to see if this helps improve their treatment engagement. Colorado Access has been helping to track the hospital's progress on this.
    - Utilization appears to have returned to the data reported around this time, last year. Severity and utilization with mental health are higher as there is an increase in the number of suicide attempts. Data points suggested to look into are the rate of ED admissions transferred straight to inpatient, as opposed to looking at discharge rates.
- SUD engagements
    - Members have needed intensive care treatment. There are concerns that substance use has worsened due to COVID. A thought was shared that the state can begin doing some proactive planning and thoughtfulness as it relates to what is likely to be the outcomes of this increased use of multiple substances to cope with challenges all are experiencing.
- In regards to behavioral health providers, the Colorado Hospital Association is working with CDPHE's Disaster Behavioral Health Task Force to develop a resource guide aimed at providers. There is a need to make sure providers are healthy, as well.
- RAEs experience to this
    - There has been a higher acuity heard across all systems in region 2, including child welfare and domestic violence. ATU beds have been used to fill some of the gaps with capacity. The hospital has been able to connect patients to telehealth to obtain the assessments needed to get them back into care, regardless of where patients are transitioning.
    - Colorado Community Health Alliance has been working closely with hospitals. They too have seen an increase in acuity during COVID that is beginning to even out. Even though they did not have co-location facilities they have been working with hospitals on discharge by phone. Additionally, peer support and the use of secure texting platforms have been helpful with outreach and engagement efforts.
    - Colorado Access has a similar picture to the other RAEs. ATU or CSU-level beds were not being used as much, which has leveled out to a normal capacity flow.
    - Region 4 is looking at whether members who were admitted to higher levels of care, had previously received lower levels of care. They've seen members coming into higher levels of care who haven't had that connection with a Community Mental Health Center. They are trying to figure out how to connect members before they become more severe or come in for higher levels of care.
- The Office of Behavioral Health is trying to launch additional advertisement efforts to normalize the COVID experience.

5. E&M codes

- Larger communication is in the works within the department on payment for E&M codes. The department is trying to remediate this. RAEs have been asked to do this work systematically to help with financial concerns. If there are any hospitals or smaller provider offices having difficulty and may not be used to billing for these services through interchange or are having difficulty with claims denied for other reasons than for denial for timely filing, let the Department know. You may contact Melissa Eddleman or Sandra Grossman.

6. Parity (HB 19-1269) update

- The HB 19-1269 Mental Health Parity annual report has been posted and submitted. The report was completed by a vendor on July 31 but with the routing process through the state to have this report approved and posted, was not submitted until September 1.
- SB 19-222 Individuals at Risk of Institutionalization Report has also been posted and submitted.
- These reports can be found on the Department's legislator resource center webpage here.

7. Closing remarks/Housekeeping

- Updates on the telehealth legislation that recently passed.
    - The bill itself largely impacts fee-for-service. The department is working to provide greater clarity on communications with how fee-for-service interacts with managed care in general, especially around this new telemedicine legislation.
- HB 19-1174
    - There have been conversations on reimbursement and contracting for ERs. This bill only impacted 10-16 and not 25.5 under the Colorado statute and so is only applicable to commercial insurance. This bill does not extend to Medicaid fee-for-service nor managed care arrangements.
- The next meeting is scheduled for November 13, 2020.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Jeff Appleman at 303-866-2299 or Jeff.Appleman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week before the meeting to make arrangements.