



Meeting Minutes Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

April 5, 2023, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

- Sue Williamson Colorado Children's Healthcare Access Program, Children's Community Advocate
- Daniel Darting Signal Behavioral Health
- Matt Pfeifer Health Care Policy & Financing (Dept. Liaison)

Voting Members:

- Tom Keller Statewide PIAC
- Elizabeth Freudenthal Children's Hospital
- Charlie Davis Crossroads Turning Points
- Taylor Miranda Thompson Colorado Community Health Network
- Amanda Jones Community Reach Center
- Monique McCollum Parent of special needs children on Medicaid

Other Attendees:

- Mona Allen Health Colorado, Inc.
- Suzanne Kinney Colorado Community Health Alliance
- Lexis Mitchell Health Care Policy & Financing
- John Lentz Health Care Policy & Financing
- Sherrie Bedonie Colorado Access
- Iesha Mitchell Invest in Kids
- Rick Rowley Department of Human Services
- Nancy Mace Health Care Policy & Financing



- Audrey Oldright Rocky Mountain Health Plans
- Sophie Thomas Colorado Community Health Alliance
- Meghan Lee Horizon Neuropsychological Services
- Alyson Williams Health District of Northern Larimer County
- Matthew Wilkins Colorado Community Health Alliance
- Stephanie Kimmen Consultants for Children
- Pat Cook Colorado Gerontological Society
- Suman Mathur Colorado Health Institute
- Jennifer Paz-Ryan Elevated Insights Assessment
- Michelle Blady Colorado Community Health Alliance
- Tree Jakcsy Diversus Health
- Sarah Nelson Health Colorado, Inc.
- Robert Conkey Community stakeholder
- Letita Jackson Reflective Wellness: Mind & Body

2. Housekeeping

Meeting called to order at 9:01 AM.

Daniel calls the group to approve the March 2023 BHIS minutes. Charles Davis motions to approve; Elizabeth Freudenthal seconds. There are no objections or abstentions. March 2023 meeting minutes are approved by voting members.

Matt Pfeifer provided a COVID-19 update.

- Public Health Emergency (PHE) end date is May 11, 2023
- The Department is prioritizing the end of continuous coverage introduced during the PHE: <https://hcpf.colorado.gov/covid-19-phe-planning>
- COVID data can be found at covid19.colorado.gov
- Keep Colorado Covered campaign materials available: <https://hcpf.colorado.gov/keepcoco>

End of continuous enrollment in Colorado

- Colorado has been planning for the end of continuous enrollment; the Department of Health Care Policy & Financing (HCPF) is working with the Centers for Medicare and Medicaid Services (CMS) for ongoing approvals and reporting.
- Normal renewal processes will resume with the first notices going out in March 2023 for members with renewals due in May 2023.



- Ex Parte process included
 - Ex Parte: The attempt to renew a member's eligibility for Medical Assistance based on available information, using information in the members case file, as well as electronic data sources, and information previously received from a Supplemental Nutrition Assistance Program (SNAP) or child welfare (CW) case
- Not all members will be renewed at the same time.
- Colorado will take 12 months (14 months including noticing) to renew all 1.7 million Health First Colorado Members.

Department of Corrections (DOC) Metric update: Behavioral Health Engagement for Members Releasing from State Prisons

- Data accuracy is improving; some data is still missing (due to systems change) but it appears nearly complete.
- FY21-22 Target Rate: 19.14%
 - Tentative result: 20.66%
- FY22-23 Target Rate: 22.08%
 - August 2022 tentative result: 20.41%
- Sue inquires if the RAEs are refining their processes for referrals that lead to these outcomes.
 - Matt offers that the RAEs can come to this meeting in the future to talk about operationalization of this care coordination.

Introduction to Lexis Mitchell, HCPF ACC Program Specialist, who will transition to the HCPF liaison role for this BHIS committee in the coming months. Matt Pfeifer has taken a larger role in facilitating the statewide Program Improvement Advisory Committee (PIAC).

3. Accountable Care Collaborative (ACC) Phase III: Integrated Care Benefit Proposal - John Laukkanen

- John Laukkanen from HCPF [proposes a concept](#) for integrated care in ramp up to planning for ACC Phase III: <https://hcpf.colorado.gov/accphase3>



- Problem statements to be addressed by this proposal:
 - o HCPF is committed to advancing the integration of member care for physical health (PH) and behavioral health (BH) to provide whole-person care in ACC Phase III.
 - o HCPF would like to see distinct care considerations for members with higher acuity conditions (serious mental illness/substance use disorder)
- Proposal:
 - o HCPF is looking to design a distinct Integrated Care Benefit (ICB) that considers the current reimbursement structures of key PH and BH providers (e.g. Federal Qualified Health Centers, Community Mental Health Centers, Primary Care Physicians, etc.). This new benefit folds in the current [short-term behavioral health \(STBH\) benefit](#).
 - o HCPF is considering health homes for opioid treatment providers (OTP) only.
- Health homes, [as defined by CMS](#), have a unique reimbursement structure.
- Cons of health homes
 - o Limited proven improvements in outcomes
 - o Strict structure
 - o Heavy reporting requirements
 - o Only 8 fiscal quarters of increased Federal Medical Assistance Percentage (FMAP), which creates a funding cliff
- HCPF analyzed these limitations and has drafted an integrated care benefit (in the place of adopting the home health model) focused on opioid treatment providers (OPT)
- Proposed approach for integrated care benefit (ICB)
 - o Identify PH settings who are operating as integrated care providers. This includes BH settings who have brought in PH services.
- Policy parameters for this proposed benefit:
 - o Intended for early intervention, pre-diagnosis, lower acuity, and maintenance level encounters
 - o There would be no limit to contacts per year
 - o The integrated care practitioner (be it medical or behavioral health staff) would only see patients established at the host agency (e.g. PH clinic or behavioral health entity)
 - o Medication Assisted Treatment (MAT) would be encouraged and incentivized in practices where it is appropriate
- Payment components:
 - o Recommend sunsetting the short-term behavioral health benefit and replace it with a full bundle of codes designed for integrated care models



- Integrated care providers would participate in a per member per month (PMPM) for additional resources, which is linked to established care metrics.
- HCPF would design data, metric, and outcome measures for these providers
- HCPF would offer incentives for the Regional Accountable Entities (RAEs) to recruit/contract with a certain percentage of integrated care practices
- Decision points HCPF is considering, being posed to the BHIS group:
 - Should the integrated care benefit services be billed to HCPF directly via fee-for-service (FFS)?
 - How do we address providers who have a cost-based reimbursement structure (e.g. Federally Qualified Health Centers)?
- Elizabeth Freudenthal lauds this approach; this is what her organization has been wanting for some time.
 - Shares experience in integrated care practices where a warm hand-off leads to hours of behavioral health follow-up screening. More and more needs emerge as screenings take place. Can a PMPM encapsulate the kind of care that is necessary in integrated health?
- Next steps for further public comment:
 - John will present at an upcoming [Provider & Community Experience \(P&CE\) meeting](#)
 - This could be an area of alignment for the BHIS and P&CE groups

Further feedback can be sent to John Laukkanen at john.laukkanen@state.co.us

4. Proposed Behavioral Health Administrative Service Organization (BHASO) Map and Regional Accountable Entity (RAE) Region Alignment - HCPF and Colorado Health Institute

- HCPF is [exploring the geographic bounds of the ACC Phase III regions](#).
 - Discussing alignment of the following two entities:
 - RAEs - managed by HCPF
 - Behavioral Health Administrative Service Organizations (BHASOs) - managed by the Behavioral Health Administration (BHA)
- Stakeholders have expressed emphasis on the ACC needing to be aligned with the BHA.
 - System alignment
 - Recognition that physical health needs for the Medicaid population may not perfectly align with that for behavioral health
 - This conversation will continue in different forums; no final decisions have been made
- Guiding principles for alignment considerations
 - Ensure populations were large enough to effectively manage risk



- Include two or more population centers
 - Support and promote existing member utilization patterns and existing care infrastructure
 - Minimize disruption to providers and Medicaid members
 - Support value of community-based care
 - Alignment of regional boundaries
- Quick review of [BHASOs](#)
 - Regional design methodology overview
 - Balances demographics and BH needs and utilization
 - Developed through stakeholder feedback
 - Current proposal suggests 3 regions
- Medicaid utilization focal point in determining regions
 - Review of top five counties where members receive their physical and BH services
 - Identified counties where majority of members didn't receive services in their home county
 - Analysis showed that both physical and behavioral health utilization patterns tend to fall within three region proposal
- Questions posed for BHIS group:
 - Are there any data points or key considerations that we've missed that should be examined in the process of determining these regions?
 - Should any of the regions be split to have multiple RAE regions?
- The intent is to ensure outer boundaries of regions are in alignment with the BHASO regions.
 - There will still be focus on regional engagement and enforcement mechanism to assure this is occurring
- HCPF is open to discussing placement of any county, including Boulder. The data shows that residents of Boulder county tend to get both BH and PH services in within their county.
- Providers in attendance are concerned with impact to providers who serve patients with autism spectrum disorder (ASD) and what this change will mean for access and payment
 - The intention is that reducing RAE regions will lead to less administrative burden for providers
 - ASD is a high priority topic for HCPF as well
- There is an [online survey](#) for stakeholders
- More stakeholder meetings on this topic can be found at <https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>

5. Wrap up and next steps (HCPF)

The next meeting is scheduled for May 3, 2023. The meeting was adjourned 10:30 am.

