



# Meeting Minutes

## Behavioral Health and Integration Strategies (BHIS) PIAC Subcommittee

Virtual Meeting

January 4, 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:

- Amanda Jones Community Reach Center
- Tom Keller Statewide PIAC
- Monique McCollum Parent of special needs children on Medicaid
- Nina Marinello SCL Health
- Deb Hutson Behavioral Health Administration
- Elizabeth Freudenthal Children's Hospital
- Charlie Davis Crossroads Turning Points
- Taylor Miranda Thompson Colorado Community Health Network
- Imo Succo Indigenous Wellbriety Program/CAHEC

#### Other Attendees:

- Doug Muir Centura Health
- Mona Allen Health Colorado, Inc.
- Ashley Clement Northeast Health Partners
- Nancy Mace Health Care Policy & Financing



- Suzanne Kinney Colorado Community Health Alliance
- Ryan Larson Colorado Access
- Karen Masters West Pines
- Jake Coutts Colorado Access
- Krista Cavataio Rocky Mountain Health Plans
- Ryan Eden Health Care Policy & Financing
- Meghan Morrissey Health Care Policy & Financing
- Jen Hale-Coulson Northeast Health Partners
- Sherrie Bedonie Colorado Access
- Tina Gonzales Health Colorado, Inc.
- Brett Snyder Signal Behavioral Health
- Rachel Kisselman Health Care Policy & Financing
- Kelli Gill Colorado Community Health Alliance
- Sarah Lambie Health Services Advisory Group
- Emily DeFrancia Colorado Access
- Sandi Wetenkamp Health Care Policy & Financing
- Laurel Karabatsos
- Mark Levin Statewide PIAC
- Jennifer Levin The ARC of Colorado
- Crystal Brown Health Services Advisory Group
- Shandra Brown Levey University of Colorado
- Brandon Arnold Colorado Association of Health Plans
- Doyle Forrestal Colorado Behavioral Healthcare Council

## 2. Housekeeping

Meeting called to order at 9:05 AM.

Daniel calls the group to approve the December 2022 BHIS minutes. Amanda Jones motions to approve; Elizabeth Freudenthal seconds. There are no objections or abstentions. December 2022 meeting minutes are approved by voting members.

Matt Pfeifer provided a COVID-19 update.

Federal Omnibus bill;

- Does not end the Public Health Emergency (PHE)
- Separates the continuous eligibility from the [COVID-19 PHE](#).
- States can start evaluating Medicaid and CHP+ enrollees and ending coverage starting April 1, 2023. Redetermination must be done by July 2024. There has been an increased federal financial participation (FFP) match, 6%, that ends at the end of December 2023.



- States may select different starting months
- Colorado has been planning for the end of the continuous enrollment and is working with the Centers for Medicare & Medicaid Services (CMS).
- State budget and legislative resources can be found here: <https://hcpf.colorado.gov/budget>
- Sue Williamson and Daniel Darting request that this topic be kept on the BHIS meeting agendas.
- Monique McCollum inquiries about continuous coverage; how can people make sure they maintain coverage?
  - Eligibility will maintain as it was before the pandemic.
- Imo Succo draws focus to families who have become accustomed to Medicaid benefits.

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

- HCPF recently transitioned to a new process for RAEs/MCOs to submit claims which has delayed the metric calculations. There continue to be challenges in the data, but accuracy is improving.
  - Matt explains the relationship of this data lag to the larger behavioral health evaluation.
- June and July 2022 rates appear likely to be in the 19.00-19.20% range.
- Monthly updates will continue. The target rate is 19.14%.

### **3. Single Statewide Utilization Management (SSUM), Qualified Residential Treatment Program (QRTP), and Psychiatric Residential Treatment Facility (PRTF) Guidelines**

- The group is tasked with reviewing a [newly developed draft guidance document](#).
  - Work started on this over two years ago
  - Guidelines document is public facing



- Primarily developed collaboratively by Health Care Policy & Financing (HCPF) and Regional Accountable Entities (RAEs) and Managed Care Entities (MCOs)
- Additional consultation with the Behavioral Health Administration (BHA), administrative service organizations (ASO), providers and stakeholders

John Laukkanen from HCPF presents core features of the programs:

- [Family First Prevention Services Act](#) (FFPSA) created QRTP level of care and required an approval process for children an approval process for children in county custody.
- Guidance comes in wake of concerns from members, providers, and other stakeholders about inconsistency between RAEs/MCOs regarding approvals and process.
  - Existing utilization management tools didn't address youth services or differentiate between QRTP and PRTF.
- Plan is to expand document to include additional levels of care
- Some consideration of making a separate member facing document and provider documents, but decided to keep one document
- Next steps: current feedback, plain language review, and approval
- Matt Pfeifer notes that as part of this work, HCPF has been working to implement the independent assessment that is required by FFPSA.
- The BHIS group requests that we use plain language when talking about this topic; there is confusion and intimidation when jargon is used.
- Matt poses questions to the group:
  - Does the document seem useful?
  - Is anything missing?
  - Are there parts that are unclear?
  - Who needs a copy when finalized?
  - What other levels of care need to be included?
- Elizabeth Freudenthal notes that it is encouraging to see something that can be standardized across the RAEs. How will this be used with medical necessity determinations?
  - HCPF confirms that the definition of “medical necessity” is in rule. Documents like these are used as part of the utilization management process.
  - HCPF alludes to implementation of RAE contract language around use of this guidance.



- Sue Williamson notes that there has been confusion and non-compliance regarding the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- Monique McCollum notes that even though this is "public facing" documents it would be challenging for parents who need the information to know that it exists without intentional communication. If this tool is intended for parents, it needs to be taken to them for feedback in a targeted focus group setting. Having one document that is for both Providers and Members is not useful.
  - Imo notes the language in the tool is not inclusive and accessible as is.
    - HCPF will do a plain language review of the document.
- Charles Davis highlights the rural and frontier components of the tool; concern that some folks don't get the same level of treatment because of where they live.
- Daniel Darting notes that a lot of the reforms that have been put into place around FFPSA seek to individualize support for children youth families (as opposed to a one-size-fits all approach). There is a lot of intentionality around this reform and it's important to not lose track of that.
- Sue echoes frustration with as much turnover as there is within the RAEs among care coordinators. How do we establish fundamental expectations around EPSDT?
  - John offers this tool as a step toward alleviating that problem given turnover at the RAEs and HCPF.
- Document to be brought to this group again once plain language review has taken place.

Further feedback can be sent to Matt Pfeifer at [matthew.pfeifer@state.co.us](mailto:matthew.pfeifer@state.co.us)

#### 4. ACC Phase III continued discussion: 9:45-10:25 A.M.

- HCPF has begun the external stakeholder work around designing the next iteration of ACC. Contracts will begin July 1, 2025, via the formal HCPF procurement process.
- Focused questions for BHIS group:
  - What should HCPF consider if it wanted to allow more behavioral health providers to serve as medical homes for members in ACC Phase III?
  - What types of requirements should there be?
  - What expectations for member care and health outcomes?
- Daniel highlights integrated care; what about members who see their behavioral health provider in one county and their physical health provider in another?
  - Elizabeth Freudenthal highlights that a medical home model for behavioral health is an important next step, but the bifurcated payment system creates a barrier.
  - Given the evolving safety net, who can serve as a medical home? Looking to this group to provide that feedback.
    - Deb Hutson from the BHA will connect with Mark separately on the work the



BHA is doing around care coordination; workgroup opportunity available for HCPF participation.

- Due to the bifurcated system there is less uptake on referrals. For example, after someone accesses the short-term behavioral health benefit will they actually get connected with longer term care if needed?
  - Integrated practices are essential
- The Department is planning to continue the current arrangement of managed fee for services physical health and capitated behavioral health services model.
- Ideal state would be to get all services in one physical location whenever possible.
- Sue Williamson mentions the bi-directional work that took place during the State Innovation Model (SIM) initiative. The community mental health centers across the state were granted funds to integrate primary care in their practices.
  - HCPF to refer to data on this model and initiative as it continues work on ACC Phase III.
- Feedback on integrated care models very difficult to manage or very successful in rural communities.
- Matt notes we will keep this conversation on the next agenda and HCPF is committed to hearing thoughts and feedback as development for ACC Phase III continues.

## 5. Wrap up and next steps (HCPF)

The group requests updates on behavioral health alternative payment models and value-based payments.

The next meeting is scheduled for February 1, 2023. The meeting was adjourned 10:30 am.

