



COLORADO

Department of Health Care
Policy & Financing

Meeting Minutes

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

Virtual Meeting

March 5, 2025, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

- Monique McCollum Medicaid Member
- Lexis Mitchell Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Thomas Keller Medicaid Member
- Amanda Jones Community Reach Center
- Nina Marinello SCL Health
- Charles Davis Crossroads' Turning Points, Inc.
- Imo Succo
- Elizabeth Freudenthal Children's Hospital Colorado
- Deb Hutson Behavioral Health Administration
- Marisa Gullicksrud Invest in Kids

2. Housekeeping

Lexis Mitchell calls the group to approve the February 2025 BHIS minutes. Monique McCollum motions to approve; Charles Davis seconds. Committee members voted to approve the February 2025 minutes. There are no objections. There are no abstentions. February 2025 meeting minutes are approved by voting members.



3. Medicaid System of Care (MSOC)

Stacey Davis, HCPF, presented on the phase one rollout of the Medicaid System of Care (MSOC). The proposed system of care contains seven components:

Phase one of the MSOC will go live on July 1, 2025 and will use the existing services available through the BH capitations and work with state partners to use a region specific approach to increasing workforce and a workforce capacity center for provider capacity building and quality. Services will be billed under the BH capitation and will serve Medicaid Members between the ages of 11 and 17 who are eligible for Multi-Systems Therapy (MST) or Enhanced Functional Family Therapy (FFT) in accordance with fidelity guidelines, and is either anticipated to be discharged from Qualified Residential Treatment Program (QRTP) and Psychiatric Residential Treatment Facilities (PRTF) within the next 60 days to assist with discharge planning. As well as supporting youth transition home from out-of-state facilities and from Extended Stay or boarding situations as defined in C.R.S. 27-50-101(13.5).

This work will leverage current crisis stabilization services, not building anything new. The MSOC team will dispatch mobile crisis response in accordance with the family's individualized safety plan.

The MSOC will utilize an Enhanced Standardized Assessment (ESA) conducted by a licensed behavioral health professional. This is a comprehensive, clinical assessment completed by a BH provider to assist in determining appropriate treatment/service recommendations for children, youth, and families.

In partnership with the BHA, HCPF is adopting the National Wraparound Implementation Center (NWIC) model as an intensive care coordination intervention. This will utilize a system of care certified intensive care coordination provider to increase member engagement, create the care plan, and serve as a liaison between QRTP/PRTF providers and the youth's home community. The HFW facilitator will serve as point of contact across all agencies on the care plan delivery, and the average duration of HFW intervention is 12 months.

HCPF has developed a monthly encounter rate for MST and FFT services to support fidelity requirements and takes complexity into account. Over time and through partnership, the network of services will expand into new counties through building upon and leveraging existing Intensive Home-Based Treatment network providers.

RAEs will have responsibilities with families and with providers in the MSOC. RAEs will provide care coordination, serve as members of the HFW team, arrange and pay for services, identify families for MSOC, and create a provider network.



The Workforce Capacity Center will be responsible for certification and credentialing of providers, training and technical assistance to deliver services, and fidelity monitoring to ensure fidelity to the model.

There are three advisory committees that are open to the public (IBHS Implementation Advisory Committee, Lived Experience Committee, Leadership Committee). Additionally, the settlement agreement and contact information are available online.

4. ACC Phase III Logic Model, Monitoring Plan, and Evaluation Plan

Tamara Keeney, HCPF, presented on the ACC Phase III logic model, monitoring plan, and evaluation plan. The committee reviewed the logic model, to include inputs/activities, outputs, outcomes, and overall impact of the Accountable Care Collaborative program. An important purpose of the monitoring and evaluation plan is the ability to monitor progress and hold the Managed Care Entities accountable for the work and associated outcomes and impact.

The evaluation plan will be a deep dive into three focus areas. The products will be mixed methods reports that provide insight into how the program is working and the experience of members and providers. For each evaluation focus area, there will be two scopes of work for each, and each scope of work contains research questions that collectively touch on all five goals of the ACC, mixed methods approaches to answer the questions, and opportunities for stakeholder input and member feedback.

The three evaluation focus areas, and two scopes of work are:

1. Behavioral Health Benefit
 - a. Scope 1: At what points along the continuum of services are strengths and gaps in access to care most impacting member health?
 - i. Questions for the group to consider related to this topic:
 1. How is the Medicaid BH continuum of care defined?
 2. How do Medicaid members access to care levels align with estimated need for BH services? Break out data by geography and population to the extent possible.
 3. What are the strengths and gaps in the continuum, who is most (and disproportionately) impacted and how? Get into equity and populations here.
 4. What are members' and providers' perspectives on areas of weakness and how to make improvements?
 5. Are RAEs investing in areas of the continuum that are intended to increase access to community-based care and maximize member access to care in general?
 - b. Scope 2: How are specific member groups experiencing the continuum



and what improvements can be made?

2. Primary Care
 - a. Scope 1: How do members understand the role of their PCMP and how do they utilize their PCMP?
 - b. Scope 2: What is the impact of MCE support to primary care providers?
3. Care Coordination
 - a. Scope 1: What is care coordination's impact on access to care and member experience?
 - b. Scope 2: What is care coordination's impact on cost and quality outcomes?

The scopes of work and research questions are being developed in partnership with stakeholders to ensure the most appropriate research questions are posed for the HCPF research team to answer. The proposed questions are currently in the draft stage and the HCPF team is open to receiving feedback as to if these research questions are the best ones to devote resources to answering.

5. Wrap Up and Next Steps

The April BHIS meeting will occur on April 2, 2025 at 9:00AM.

