COLORADO
Department of Health Care
Policy & Financing

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

Virtual Meeting

October 4, 2023, 9:00 AM – 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting — Signal Behavioral Health Network
- Lexis Mitchell — Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Charles Davis — Crossroads' Turnings Points, Inc.
- Tom Keller — Statewide PIAC
- Elizabeth Freudenthal — Children's Hospital
- Monique McCollum — Parent of special needs children on Medicaid
- Amanda Jones — Community Reach Center
- Deb Huston — Behavioral Health Administration
- Nina Marinello — SCL Health

Other Attendees: Alan Girard, Allison, Amy Yutzy, Andrea Alvarez, Andrea Loasby, Angie Goodger - CDPHE, Arielle Beisel, Arjanea Williams, Ashleigh Phillips, Brandon Arnold, Christine O, Cindy Dandoy, Courtney Bishop - HSAG, Cris Matoush, Deborah Wetherill - CDPHE, Emilee Kaminski, Emily Holcomb, Erin Herman - HCPF, Frank Cornelia, Gina Stepuncik, Jen Hale-Coulson, Jennifer Holcomb - HCPF, Jennifer Pietrus, Jessica Zaiger, Kara Gehring - HCPF, Katie Lonigro - HCPF She Her, Kelly Bianucci, Kendra Neumann, Kim B, Krista Newton, Laura Johnson, Laura Merritt, Lauren Gomez, Lauren Landers-Tabares - HCPF She Her, Lexis Mitchell, Lili Carrillo, Marisa Gullicksrud, Marius Nielsen - HCPF, Matt Thompson, Matthew Sundeen - HCPF, Maureen Carney, Melissa Eddleman - HCPF, Michelle Blady, Mike Maughlin, Milena

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Castaneda - CCLP, Mona Allen -HCI, Raina Ali, Rebecca, ReNae Anderson, Rick Rowley - BHA, Sara Gallo, Sarah Lambie, Saskia Young, Shandra Brown Levey, Stef Masilan, Stephanie Camacho, Susanna Snyder, Tanya Weinberg, Tina, Valerie Lewis - HCPF, Warren Kolber,

2. Housekeeping

Daniel Darting calls the group to approve the September 2023 BHIS minutes. Elizabeth Freudenthal motions to approve; Deb Huston seconds. There are no objections. Daniel Darting abstained. September 2023 meeting minutes are approved by voting members.

Behavioral Health related items at the September PIAC

- There was a discussion regarding ACC Phase III concepts. PIAC meeting materials are posted on the HCPF website.
- Phase III concept paper.

3. Department of Corrections (DOC) Metric – Lexis Mitchell, HCPF

Lexis Mitchell (LM) provided an update on the DOC metric.

- LM presented the DOC data but noted there is no new data since the last BHIS meeting.

4. ACC Phase III Care Coordination- Lauren Landers-Tabares, HCPF

Lauren Landers-Tabares (LL) led a discussion with the committee regarding care coordination in Phase III. Committee members asked questions and provided feedback.

- In Phase III HCPF is looking to streamline the definitions for complex members using a three-tiered approach to care coordination tiers across all the RAEs. This would be in alignment with the BHA.
- Tier 1: General care coordination with short term supports focused on prevention.
- Tier 2: Focused on condition management. Care coordinators outreaching to individuals with chronic conditions or those who are pregnant or after pregnancy.
- Tier 3: Most complex members. Individuals with multi-system involvement,

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multiple uncontrolled conditions.

- Looking at how we can more equitably identify people for care coordination
    - Ask RAEs to develop a network of community organizations to meet members where they are.

Committee members discussed care coordination.

- A committee member asked about the plans for health navigation work and regional navigation work to be make sure it is synced up. Don't want workforce siloed based upon health/behavioral health? Any efforts to bridge this work in the same space? Don't want to lose people based upon diagnosis.
    - A: Yes, we want to be sure that alignment is happening. At the Tier 2 level of care coordination, a couple of the areas of focus are behavioral health conditions. This is also included in Tier 3.
- A committee member commented on RAE/BHASO coordination. How will the definitions be the same?
    - A: All the behavioral health is aligned with the BHA and then there is also the physical health. There is still a lot of work to be done to work out the logistics of how this will all be coordinated.
- LT clarified that the goal of ACC Phase III care coordination is to streamline as much as possible without taking away the ability for the RAEs to be experts in their organization and area.
- HCPF is looking at developing a policy guide for care coordination.
- A comment was made regarding looking at the nomenclature and the use of plain language. The wording is not intuitive for provider, patient, caregivers so it gets lost in translation. Things are not necessarily clear. There is care coordination coming from various places and it is so complicated to navigate.
    - LT shared that part of Phase III is going to be an education campaign to make things clearer.
- A comment was made that care coordination works best at the point of care.
- Committee members talked about trying to reduce the complexity of the care coordination system. Some complex members may have multiple care coordination people/organizations helping them and it can be overwhelming.

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   - LT clarified that a care plan will be required at Tier 2 and tier 3 but it won't need to be unique to the origination so they will not need to be recreated for each care coordinator/organization.

- A committee member commented about the need to reduce the burden on the caregivers and families navigating care coordination.

- A committee member asked if there is a plan to expand the full integration of behavioral health and physical health in a managed care like Denver Health or Rocky Mountain Prime?

   - A: We are not currently considering an expansion of comprehensive managed care.

5. ACC Phase III Children's Care Coordination- Susanna Snyder, HCPF

Susanna Snyder (SS) provided an overview of the concepts for care coordination for children in ACC Phase III.

HCPF clarified that conflict free care coordination comes from the Office of Community Living and refers to the fact that you don't have a bunch of competing sources of coordination. RAEs will be responsible for executing treatment plans but they will not be creating them. There will be some oversight through the BHA.

We have a subset of children who can benefit from a higher level of intensity of services.

- This population will be eligible for high fidelity wrap around services.

   - Children and youth who are in waiver services will be eligible for high fidelity wrap.

   - Children and youth who are intensive outpatient through the residential level of services will

   - Someone stepping down from residential who has a lot of community supports but needs an engaged case manager working with the individual and family.

      - We anticipate 800-1000 children and youth qualifying for this level of care in the State.

   - Intensive care coordination (ICC)

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        - The high fidelity wrap facilitator would be responsible for determining the treatment plan for that child or youth and the managed care entity would be responsible for executing that plan.

- SS clarified the referral process:
    - At the top would be the Child and Adolescent Needs and Strengths (CANS) and the independent assessment process.
    - The State is still developing a plan for expanding the independent assessment process into a level of care determination across the continuum.
- High fidelity wrap and ICC work best when they are not embedded in the managed care entity.
    - There will be some oversight that will be done by the BHA to ensure providers are meeting certain qualifications.
        - Required to be trained on designing a treatment plan
        - RAE will be responsible for working with those entities and the RAE will still be accountable for the member.
- A committee member commented that the concept paper mentioned a third-party statewide care coordination vendor to do care coordination for Tier 3 and requested more details on this.
    - SS clarified that this is still in development.
- A committee member commented about family-based care. How do you ensure that the right scope of support is present and not necessarily isolating children from family? There is clearly need at times, especially for complex members, to be supported by specialty wraparound services care coordination. But I also think that sometimes our perspective is not always as member centric as it should or could be. When we're talking about individuals moving between and transitioning care providers, it might be not the most supportive sort of segmentation. We try to understand member perspective and use that to drive the plan and the process.
- A committee member commented on the pediatric screening process with the various universal screenings. Pediatrics suicide risk may be disclosed at any point in the various screening processes. There must be some flexibility around ensuring that providers are reimbursed for the care they provide and access to whatever Tier is required.

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- SS shared the payment mechanism to hold RAEs accountable. T
    - The money will be an enhanced PMPM that goes to the RAE who will contract with the entities.

6. Wrap up and next steps (HCPF)

The next BHIS meeting is November 1, 2023

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