



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

**Behavioral Health and Integration Strategies PIAC
December 2nd Meeting Minutes**

Introductions:

Facilitators:

- Daniel Darting Signal Behavioral Health Network (Co-Chair)
- Matt Pfeifer Health Care Policy & Financing Department Liaison

Voting Members:

- Sue Williamson Colorado Children's Health Care Access Program (Co-Chair)
- Dr. Vicki Allen-Sanchez Colorado Springs FD
- Stacey Delisle A Kidz Clinic
- Terri Hurst Colorado Criminal Justice Reform Coalition
- Amanda Jones Center for Mental Health
- Tom Keller Region MEAC & PIAC, Statewide PIAC
- Monique McCollum Parent of special needs kids
- Heidi McMillan Pediatric Partners of the Southwest
- Tammy Phillips Larimer County Department of Human Services
- Stephanie Salazar-Rodriguez Mile High Health Alliance
- Mary Ellen Benson AspenPointe

Other Attendees:

- Mindy Klowden Colorado Behavioral Health Council
- Kim Fairley CAHEC Regional Health Connector
- Clay Cunningham Community Reach Center
- Jenn Conrad Signal Behavioral Health Network
- Terri Massingill Peak View Behavioral Health
- Kristin Cowin Imagine
- Katherine Hubert ARC of Pueblo



- Alan Girard Front Range Health Partners
- Joseph Anderson Colorado Access (RAE 3 & RAE 5)
- Cris Matoush Rocky Mountain Health Plans (RAE 1)
- Susan Todd STRIDE Community Health Center
- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Anne Jordan Health Care Policy & Financing
- Kelly Bowman RAE & Crisis Administrative Service Organization, region 4
- Kellen Roth Colorado Access (RAE 3 & RAE 5)
- Doug Muir Centura Health
- Kailey Meardon Southeast Health Group
- Alyssa Rose Beacon Health Options
- Matt Sundeen Health Care Policy & Financing
- Sandra Grossman Health Care Policy & Financing
- Amanuel Melles Health Care Policy & Financing
- Benjamin Harris Health Care Policy & Financing
- Jeffrey Eggert Health Care Policy & Financing
- Kim McConnell Health Care Policy & Financing
- Victoria Laskey Health Care Policy & Financing
- Melissa Eddleman Health Care Policy & Financing
- Amy Luu Health Care Policy & Financing

Housekeeping

Matt Pfeifer called the meeting to order at 9:01 AM and provided some brief updates. Minutes to previous subcommittee meetings will be posted as soon as they are available. Attendees were encouraged to opt-in to receive Colorado COVID exposure notifications. Further information can be found at addyourphone.com. Lastly, attendees were informed that the Department is working to develop a plan for COVID vaccine distribution to Medicaid members. This topic is planned to be discussed at the Program Improvement Advisory Committee (PIAC) meeting scheduled for December 16th.

Medicaid substance use disorder (SUD) expansion update

Kim McConnell presented on the SUD benefit expansion. House bill 18-1136 prompted the Department to work with the Centers for Medicare and Medicaid Services (CMS) to determine a path to open coverage of residential and inpatient substance use disorder (SUD) services. In October 2019, the Department submitted an 1115 waiver application for coverage of SUD stays in Institutions for Mental Disease (IMDs) and a state plan amendment for coverage in non-IMDs. Approval has been provided for the 1115 waiver and the state plan amendment is still in the process of being approved.



In regards to Health First Colorado Coverage of SUD services, there will be three residential and inpatient ASAM treatment levels (e.g., 3.1, 3.3, 3.5, 3.7) covered in the SUD benefit as well as two withdrawal management levels (3.2WM and 3.7WM). Inpatient level 4 is already covered. When an individual is enrolled with a Regional Accountable Entity (RAE), these services will be billed to the RAE. When a member is not enrolled with a RAE, they will be billed as fee-for-service (FFS) to Health First Colorado. All services that fall under the capitation do not have a copay and so this will be the case for covered SUD services. RAEs are currently working to contract and work with providers in all levels of care. The RAEs will be responsible for care coordination and ensuring members transition from one level to the next. This is a part of their policy, so they have been developing teams and hiring staff to make sure this can occur.

Special Connections, which provides treatment for pregnant and parenting individuals, is moving to being managed by the RAEs as it was previously billed as FFS. RAEs are building their network for this specialty provider group. Programs will need to contract with at least one RAE to continue to participate. Per HB19-1193, eligibility to enroll in Special Connections has been extended up to one year postpartum.

The new benefit policies require a SUD primary diagnosis and medical necessity for services to be reimbursed. The length of stay will also be approved using standards of medical necessity. Medical necessity will be based on ASAM criteria. ASAM criteria helps a clinician determine a patient's needs and to match this patient to a specific level of care. RAEs will conduct the utilization management and require prior authorization for treatment services. Withdrawal management services will not require prior authorization.

Providers will be required to be licensed with the Office of Behavioral Health, enroll with Health First Colorado, and contract and credential with each RAE that they will bill for services. In regards to treatment providers, services will be offered in three types of facilities: provider type 64 (SUD clinic), 02 Hospitals (specialty psychiatric or SUD Hospital) and 01 Hospitals (general hospital). The facility type varies by level of care. Providers will bill a procedure code with modifiers unique to the ASAM level of care provided. Billing procedures for hospitals is determined by the individual RAE and it is common practice for the RAE to mirror HCPF billing policies for FFS claims. It was noted that Medicaid cannot cover room and board for residential treatment payments for levels 3.1-3.5 and must be billed to the Managed Service Organizations (MSOs). The provider manual will have more in-depth information and can be found on the following page: <https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>.

Questions were addressed to Kim and the following was noted. Medicaid cannot pay for capital improvements or development of new facilities; however, Medicaid funding has allowed for significant financial incentives for providers and health systems in other states to expand their services to Colorado. All RAEs have developed prior authorization (PAR) forms, which are a catalogue of the ASAM



criteria. Clinicians will submit PARs to the RAE and the RAE will provide the same ASAM criteria. If a PAR is denied, Medicaid members will have the opportunity to file an appeal. The Department will be conducting audits of the PAR process. A question was proposed on contracting for Denver Health Medicaid Choice (DHMC). In response, DHMC subcontracts with Colorado Access to administer behavioral health services, including the SUD benefit. The Department has had initial conversations with both and anticipate that networks and coverage will be the same across DHMC and the RAE in Region 5. In response to a question proposed about payment and transitioning Medicaid members, Kim explained that there will be a single case agreement on day one issued to make sure members can continue to receive the care needed. On January 1, the Department will work to transition members reimbursed by the MSOs, to be paid by the RAEs. An explanation of an MSO was provided. MSOs contract with the Office of Behavioral Health to manage state funding that supports SUD prevention, treatment and recovery. They pay provider networks for services outside of Medicaid and funding comes from federal "block grants" Kim stated that the Department is working on communication to members while the RAEs are sending announcements to their members, in response to a question about how members will learn about these services. There is additional communication being developed for providers that are not SUD providers to have primary care providers informed of this benefit expansion, as well. A fee schedule will be issued for FFS rates and it is uncertain when this will be published. SUD rates will be based on the contract between the provider and the RAE. To find providers by level of care by location, you can visit the following page:

<https://www.colorado.gov/ladders>.

Crisis Service System workgroup discussion summary

Daniel Darting presented on the workgroup discussion summary. The plan is to present the key points to the PIAC. The ideal state description was developed to be sure there is a thesis to the conversation. There were components identified in which would be necessary in order to reach the ideal state such as, effective communication to members, good collaboration between the entities involved, aligning metrics and routinely sharing data. Member communication and follow-up can be duplicative, overwhelming and confusing. Crisis services have regionally specific metrics. It would be important to understand what crisis services access means and should be. In regards to aligning metrics, it is important that the right things are tracked, reviewed, and analyzed. There were some recommendations made during the discussion. It was recommended that regular meetings occur between the RAEs and ASOs, to replicate what is already working, and to participate in the Behavioral Health Task Force (BHTF) implementation. There are collaborative efforts occurring in certain counties that can be replicated. Additionally, a local community connection can provide cost savings. In regards to the recommendation to 'participate,' there is a need to align the overall strategic mission with what the behavioral health administration as proposed by the BHTF would be doing.

A discussion occurred around the strategies to increase workforce diversity within the state as there are equity issues. It was noted that the workgroup has yet to tackle this directly. In thinking about the



BHTF implementation, diversity has been an important discussion in terms of geography and providers (both credential type and racial/ethnic diversity). It was added that PIAC is working on this topic of equity, diversity and inclusion at a high level. There is forward movement on the development of tools to address inequities within the system. This subcommittee would be able to contribute to these recommendations and efforts.

A next step identified was for this subcommittee to have additional time to review and provide feedback on the written summary as the recommendations are in the process of being finalized.

DOC Metric Review

Matt Pfeifer announced that this agenda item will be presented at a later meeting to allow for a more robust discussion. The slides will be shared with voting members to think about any questions they might have, reactions to how the information is presented, how they would like the information presented, and what Colorado specific factors they believe might be contributing to regional, gender and racial disparities.

Wrap up and next steps

The next meeting is scheduled for January 6, 2021. This meeting was adjourned.

