



COLORADO

Department of Health Care
Policy & Financing

Meeting Minutes

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

Virtual Meeting

February 7, 2024, 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:

- Tom Keller Statewide PIAC
- Amanda Jones Community Reach Center
- Monique McCollum Parent of special needs children on Medicaid
- Imo Succo Health First Colorado Member
- Charles Davis Crossroads' Turnings Points, Inc.
- Elizabeth Freudenthal Children's Hospital
- Deb Huston Behavioral Health Administration
- Taylor Miranda Thompson Colorado Community Health Network

Other Attendees: Andrea Bradley, Alan Girard, Alexandra Hulst, Amy Ryan, Andrea Alvarez, Andrea Loasby, Angela Ukoha, Angie Goodger, Annette Brown, Ashleigh Phillips, Blue Parish, Brandon Arnold, Brian Robertson, Casey Thomas, Chantel Hawkins, Charles Davis, Charlotte Crist, Christine, Courtney Bishop, Cris Matoush, David Keller, Doug Muir, Elise Neyerlin, Emilee Kaminski, Emily DeFrancia, Frank Cornelia, Gina Stepuncik, Hannah Hall, Jenn Conrad, Jen Hale Coulson, Jennefer, John Laukkanen, Kara Gehring, Katie Lonigro, Kelly, Kendra Neumann, Kim Ball, Krista Cavataio, Lauren Gomez, Lili Carillo, Lori Roberts, Madhu M, Marisa Gullicksrud, Mark



Quierolo, Matthew Pfeifer, Maureen Carney, Meghan Morrissey, Melissa Eddleman, Michelle Blady, Mika Gans, Mona Allen, Nancy Mace, Natasha Lawless, Raina Ali, ReNae Anderson, Roy Torres, Sara Gallo, Sarah Lambi, Saskia Young, Shandra Brown Levey, Sherrie Bedonie, Saman Mathur, Sophia R, Suzanne Kinney, Tamara Keeney, Tina

2. Housekeeping

Daniel Darting calls the group to approve the January 2024 BHIS minutes. Deb Hutson motions to approve; Charles Davis seconds. Committee members voted to approve the January 2024 minutes. There are no objections or abstentions. January 2024 meeting minutes are approved by voting members.

3. Accountable Care Collaborative (ACC) Phase III Draft Contract

Suman Mathur from Colorado Health Institute and Mark Quierolo from HCPF presented on the ACC Phase III Draft Contract.

- The draft contract outlines the requirements that bidders must meet in order to serve as a RAE in ACC Phase III. Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
- For more information regarding the Draft Contract, visit the [ACC Phase III website](#).
- To reduce administrative burden in ACC Phase III:
 - Due to feedback during ACC Phase II, the Department will move forward with four RAEs during ACC Phase III. This is in response to feedback from providers regarding challenges with contracting with seven different RAEs, managing different rates from different RAEs, etc., as well as aligning with the Behavioral Health Administrative Service Organizations (BHASOs).
 - There will be a centralized credentialing process, but the details of how this will work and what it will look like are still being discussed.
 - HCPF is partnering with the Behavioral Health Administration (BHA) to create Universal contracting provisions for all safety net behavioral health providers, with the goal of standardizing contract requirements and expectations across all of the state agencies that contract for the delivery of behavioral health services.



- Standardized utilization management processes to create more consistency across RAEs for basic processes, such as clearer and stronger timelines for RAE review and determinations on prior authorization requests.

Tamara Keeney presented on improving the member experience and Health-Related Social Needs (HRSN). More information on this work can be found in section 6 of the [Draft Contract](#).

- Food security requirements: RAEs will establish formal partnerships with community organizations to refer to food resources and help with Supplemental Nutrition Assistance Program (SNAP) and supplemental nutrition program for women, infants, and children (WIC) enrollment. RAEs will also be required to participate in and align with existing program advisory groups and statewide initiatives around food security to identify unique ways that they can complement these initiatives and most appropriately assist members.
- Supportive housing requirements: RAEs will partner with organizations and conduct additional outreach to members identified as homeless or at risk of homelessness, as well as supporting a network of permanent supportive housing (PSH) service providers.
- Health equity: RAEs will develop annual health equity plans and submit data on their performance, establish a regional health equity committee to oversee performance, train staff on cultural responsiveness and EDIA, and hire an EDIA Officer Key Personnel position.
 - Committee members shared concerns regarding planning for increased volume as a result of new referral pipelines and increasing partners' capacity to handle increased volume. HCPF is holding meetings with sister agencies to understand the issue better and prepare for the influx in referrals.

Charlotte Crist presented on Care Coordination in ACC Phase III.

- Throughout ACC Phase II, there have been consistent questions regarding how to define Care Coordination and what it entails. For ACC Phase III, there is a concerted effort to define what is expected in regard to care coordination and to implement a tiering system for care coordination from Tier 1 (prevention) to Tier 3 (complex health management).
- RAEs will be required to partner with organizations for care coordination: Community-Based Organizations (CBOs), Case Management Agencies (CMAs), Dual Special Needs Plans (D-SNPs), Behavioral Health Administrative Service



Organizations (BHASOs), foster care, emancipated foster care, and criminal/juvenile justice.

- ACC Phase III includes additional focus on transitions of care; RAEs must help develop and meet additional requirements focused on transitions of care and they must meet performance standards (30-day follow-up for physical health inpatient stay, 7-day follow-up for behavioral health inpatient discharge).

Where to sign up for future meetings: <https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>

Here is the form to provide feedback on the Draft Contract:
<https://forms.gle/cdfUR24eJNeWbfCS8>

Here is the form to provide feedback on Offeror Questions:
<https://forms.gle/VJ4tba71W3RbtehT6>

Feedback on the ACC Phase III draft contract will be due March 10, 2024.

4. Regional Accountable Entity (RAE) 2: Behavioral Health Incentive Program (BHIP) Presentation

Dr. Brian Robertson of Northeast Health Partners (NHP) presented on the Behavioral Health Incentive Program.

- NHP employs a strategic, data-driven approach through the use of continual performance assessments, identifying areas of opportunity, and performance transparency. NHP strategically aligns programs to leverage efforts and increase impact.
- NHP uses partnerships in practice transformation efforts to increase impact. There are intentional times to engage and connect with providers, hear about their experiences, and provide support and resources to meet goals and implement improvement efforts.
- NHP has seen a significant increase in the depression screening gate measure thanks to this work.
- The approach for the funding distribution is to support the providers who contribute to meeting the measure (behavioral health providers, care coordination entities, PCMPs).
 - Look at member-level data for the measure, allocate incentives based on funds received and proportion of where the BH visits occurred, and



incentivize care coordination entities for support. Cutoff values may be created depending on the results.

- A committee member asked how the member experience is evaluated. Dr. Robertson shared this is done through the Member Experience Advisory Committees (MEACs) and member surveys.

5. Wrap Up and Next Steps

Next meeting will be March 6, 2024.

