



COLORADO

Department of Health Care Policy & Financing

Meeting Minutes

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

Virtual Meeting

June 4, 2025, 9:00 AM - 10:30 AM

1. Committee Member Introductions:

Facilitators:

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

Voting Members:

- Monique McCollum (Chair) Medicaid Member
- Deb Hutson Behavioral Health Administration
- Elizabeth Freudenthal Children's Hospital Colorado
- Thomas Keller Medicaid Member
- Charles Davis Crossroads' Turning Points, Inc.
- Marissa Gullicksrud Invest In Kids
- Nina Marinello SCL Health

2. Housekeeping

Lexis Mitchell introduced the subcommittee and informed attendees of a series of quarterly virtual stakeholder meetings HCPF will host [[registration link](#)] on [Improvements to Member Correspondence](#). After a quorum was reached, Daniel Darting called the group to approve the May 2025 BHIS minutes. Deb Hutson motioned to approve; Charles Davis seconds the motion. Committee members voted to approve the May 2025 Meeting Minutes. There are no objections. There are no abstentions. May 2025 meeting minutes are approved by voting members.

3. Night MAC Update: Sarah Davis - HCPF

Sarah raised awareness and provided education for the Night Medicaid Advisory Council, making a call to action for interested parties to apply [[link to application form](#)]. The State Medical Services Advisory Council sunset last fall. More information is available at <https://hcpf.colorado.gov/mcac>, and questions should be directed to sarah.davis@state.co.us.

4. Preparing for Accountable Care Collaborative (ACC) Phase III Go-Live: Katie LoNigro - HCPF

Katie presented the ACC Phase III map and reviewed the upcoming change in Regional Accountable Entities (RAEs) and their assigned regions. Key attribution (the process by which Medicaid Members are assigned to a RAE) will also occur on July 1, 2025, when ACC Phase III goes live: Geographic and family attribution has been removed, though claims-based attribution and Member choice will remain as attribution methods. Additionally, re-attribution (reassignment to a new RAE if appropriate) will increase in frequency to every three months. Members in Denver Health's region will be assigned to Colorado Access RAE Region 4. Key features of Care Coordination were also briefly discussed, foreshadowing the presentation by Lauren (Agenda Item 6). The Children and youth Colorado System of Care Phase I was also mentioned as another initiative that will go-live on July 1, 2025.

Continued iteration throughout Phase III: Policies and programs critical for go-live continue to be prioritized, along with policies and programs that update or replace existing programs. For example, the Commitment to Quality Program is a program that requires time to collect data.

Katie also oriented attendees to the Member Communications Toolkit [[link to toolkit webpage](#)] [[link to toolkit PDF](#)] that describes and helps explain the changes that will take effect in the near future. She also reassured attendees that benefits are not changing, even if Members are attributed to a new RAE.

5. Change Management and Member Transition Planning: Andrea Bradley - HCPF

Andrea Bradley - HCPF presented on the Change Management Process being implemented to support a smooth transition to ACC Phase III. She explained that the RAEs have been in collaboration with HCPF to identify Members at risk (e.g., hospitalized or recently discharged Members). Identified Members will receive careful care coordination to avoid service disruption. Feedback and ideas for resources can be provided using the Accountable Care Collaborative (ACC) Phase III Member Communications Suggestion Form [[link to form](#)]. There will be a separate form that is not yet available, to allow Stakeholders to provide feedback related to concerns and

issues related to ACC Phase III Go-live; HCPF will hold daily meetings to resolve these issues.

6. Care Coordination in ACC Phase III: Lauren Landers - HCPF

Lauren shared updates on the ACC Phase III Care Coordination model and philosophy, highlighting the aim to address the full range of physical, behavioral, oral, and health-related social needs; and, that Care Coordination occurs at the point of care whenever possible, with RAEs providing wraparound support as necessary. A graphic displaying the Care Coordination Tiering for ACC Phase III showed connection between Stakeholder feedback and the aims to standardize the models across all RAEs, improve transparency and clarity with tiering requirements, and to create a person-centered model improving care and outcomes.

Three driving forces in the development of the three-tiered model were focusing on key Care Coordination activities, respecting individual Member experiences, and leveraging advanced RAE tools.

Lauren walked attendees through the three Care Coordination tiers in the ACC Phase III model: Care Navigation (Tier 1) is available to all Medicaid Members, Care Coordination (Tier 2) is available to Members with “rising risk” as identified by RAE tools and other providers, and Care Management (Tier 3) is available to Members with complex needs as identified by RAE tools, as well as children and youth eligible for the Colorado System of Care (CO-SOC). The RAE requirements for each of the tiers were also described, including the populations served, required activities, and methods by which HCPF will monitor performance and maintain accountability. Some of the key aspects of mention include:

- Special populations (e.g., foster youth, individuals releasing from incarceration, and maternity Members) will receive monitoring and oversight, but will not be automatically assigned a tier.
- Member choice is always recognized - no Member will be forced to remain in a tier higher than they wish to be receiving the support from.
- Members may self-refer or be referred to care coordination by other entities.
- RAEs will be conducting regular outreach for various routine health services.
- The entity that conducts the majority of the care coordination activities will be the “Lead Care Coordination Entity” and this may differ between RAEs, CMAs, child welfare agency, etc.
- RAEs will support Members with transitions between Care Coordination Tiers.
- HCPF will track various metrics across all tiers, with additional metrics added at Tiers 2 and 3.

Lauren described the four methods of monitoring and accountability that HCPF will use to monitor RAE performance: Deliverables, Performance Standards, Key Performance Indicators, and with the ACC Phase III Evaluation Plan [[link to Evaluation Plan](#) - see Agenda Item 5: Logic Model Discussion].

Additional features of care coordination in ACC Phase III were highlighted:

- Care Transitions between levels of care and care settings.
- Collaboration with entities and agencies (Case Management Agencies, Behavioral Health Service Organizations, Community-based Organizations, etc.).
- HCPF will monitor all care coordination activities.

7. Wrap up and next steps:

Next meeting August 6, 2025