

Transition Plan for Moving Child Welfare Residential Services Under the RAEs for ACC Phase III Stakeholder Meetings

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Agenda

1. ACC Phase III
2. Standardized Child and Youth Benefit
3. Residential Services for Child Welfare
4. Approach to Implementation
5. Policy Issues/FAQs
6. Transition Plan
7. Discussion
8. Next Steps

Issues to Address in ACC III

Payment strategies inadequately supporting services

Administrative burden [families + providers]

Lack of a full continuum of care

Inconsistent care coordination across systems

Silos within the health care system

Workforce issues



ACC INFLUENCE


ACC III Priority Initiatives



Improving Member Experience



Alternative Payment Methodologies



Accountability for Equity and Quality



Children and Youth



Improving Referrals to Community Partners



Behavioral Health Transformation



Care Coordination



Technology and Data Sharing

Children & Youth

Vision

Build a system of care that is family-centered, trauma-informed and complete across the continuum for children, youth, families and caregivers that recognizes the distinct needs of this population--from identification of need to treatment.

Completing the Continuum of Care

- Develop a **Standardized Child and Youth Benefit** to address different needs at different levels of complexity
 - Example: [Texas Resilience and Recovery](#) (p. 7) model
 - Colorado is looking at a CANS Decision Support Model in alignment with SSUM Guidelines. This work would include the University of Kentucky and Dr. John Lyons.
- **MODEL PROMOTES**
 - Simplified system
 - Reduction in Regional Variability
 - Framework to identify missing or hard to access services
 - Improve member experience (transparency + consistency)
 - Improve provider experience (transparency + consistency)

Residential Services for Child Welfare

- Historical policy prohibited RAEs from paying for residential services for "youth in the custody of the Colorado Department of Human Services-Division of Child Welfare or the Division of Youth Corrections"
- 2018 Statutory change removed authority for this “carve out”
- Starting July 1, 2025, PRTF and QRTP services for youth in the custody of DHS will be covered under the Behavioral Health capitation and reimbursed by the RAEs
- Moving these services under the BH capitation:
 - Aligns with state and federal authority
 - Completes continuum for children and youth in one system to align incentives and transitions of care

PRTF & QRTP providers will continue to bill the HCPF fee-for-service for children and youth with diagnoses that are excluded from the RAE contracts (i.e. ASD, IDD, FAS)

Other Policies

Additional Changes to Colorado's Behavioral Health system that will impact this change...

- 1) QRTPs who choose to be Essential Providers will be reimbursed by the RAEs at a minimum statewide directed payment rate effective 7/1/24
- 2) [HB24-1038](#) approved BHA funding for Room and Board for Medicaid youth in QRTPs
- 3) RAEs have participated in operationalizing the IA process for non-CW kids and will continue to engage in the changes coming with the Standardized Assessment process.
- 4) Colorado will be moving from 7 RAEs to 4 RAEs (will reduce administrative burden and duplication for providers)



Policy Issues to be Addressed

1. What is different for Counties/Child Welfare as of July 1, 2025?
 - a. How does this impact the Independent Assessment process?
 - b. How will IA referrals work?
2. What is different for the RAEs as of July 1, 2025?
 - a. How will RAE Prior Authorization work? Who decides?
 - b. What about Medical Necessity?
3. What is different for providers as of July 1, 2025?
 - a. What is the impact on reimbursement rates
4. What will happen with BHASO's after July 1, 2025?

HCPF will be creating FAQs for these and other questions.

FAQs will be posted on the [BH Reform Website](#)



Transition Plan

Policies to be in effect from April 1 - Oct 1, 2025

1. Plan finalized by April 1, 2025 if not sooner (possibly Jan 1, 2025) to include decisions about:
 - a. What will happen with kids in treatment on July 1, 2025?
 - b. What situations, scenarios should we prepare for?
 - c. How will old RAE and new RAE work to ensure no disruption of care?

2. What do providers need to ensure they are supporting youth/families appropriately during this transition (forum, office hours, etc.)?

3. How will we know this Transition Plan worked?

Discussion

Timeline

July 1, 2024

- 'Kids Corner' Website live
- Stakeholder meeting Slides for Transition Plan
- Google Form for ongoing input
- Publish initial FAQ

July - September 2024

- Engage Stakeholders through meetings, Google Form feedback, FAQs, etc.

October - December 2024

- Draft Transition Plan
- Update FAQs for Transition Policy and Long-term Policy
- Identify Provider Support Resources

January - March 2025

- Create Child Welfare Residential Transition Plan
- HCPF Complete Authority Document Changes (1915 B3 Waiver, RAE Contracts, SPA, Rules, SCR, etc.)
- Establish Communication Strategy and publish Transition Plan

April 1, 2025

- Transition Plan Live

Next Steps

HCPF will continue to meet with stakeholders

[HCPF Behavioral Health Reform](#) website will have content/info on this transition

Please add any additional input/feedback/questions/concerns:

[Child Welfare Residential Transition Plan - Stakeholder Feedback Form](#)

HCPF needs to complete updates to RAE contract language, system changes, authority documents, rules, etc.

ACC Phase III information:

<https://hcpf.colorado.gov/accountable-care-collaborative-phase-iii-draft-contract>