

Medicaid Children's System of Care Summer 2024



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Department of Health Care
Policy & Financing

Goal for Meeting

- Review stakeholder process
- Highlight the services defined in the Settlement Agreement
- Review proposed System of Care for Medicaid Members, specifically
 - Services and interventions
 - Pathways to care
 - Agency roles
- Existing efforts and phased roll out
- Continuous Quality Improvement



Stakeholder Engagement

Inclusive Engagement process

Child and Family Driven:

- User Design. Youth and families with lived experience will guide us on what is working and what is not.
- What they hope to see in the approach.

Community Inclusive

- Partners. Regularly engage with our partners, including but not limited to advocates, providers, hospitals, counties, managed care entities, and other state agencies.
- Have advisory committee(s) that include advocates, counties, providers, state agencies, and people with lived experience.



3 Advisory Committees

1. Lived Experience Advisory Committee (youth and families):

- Partner with MHC on the Lived Experience Advisory Council for the Medicaid SOC.

2. Implementation Advisory Committee

- Comprised of advocates, counties, providers, RAEs, state agencies, and people with lived experience.

3. Statewide Leadership Advisory Committee

- Comprised of leadership from state agencies, statewide advocacy organizations, providers, county commissioners, and representation of individual(s) with lived experience.



A 2-Phased Approach to Stakeholder Engagement



Phase One (Aug - Sept 2024)

- Present at PIAC and MEAC
- Meet with Counties
- Conduct Statewide tour
- Meet with RAEs
- Virtual public updates



Phase Two (Feb' 25 - Feb '29)

- Continue work with 3 Committees
- Communication to Members
- Regular discussions with PIAC, MEAC, Counties, RAEs, CMAs
- Ongoing virtual public updates



We Will Be Inclusive

- Advocates
- Behavioral Healthcare Organizations
- Behavioral Health Providers
- CAFCA
- CMAs
- Collaborative Management Program
- Community Corrections
- Counties
- Court Services
- Criminal Justice
- CYF Partners
- Hospitals
- Juvenile Justice
- Law Enforcement
- Lived Experience Advisory Council
- MEAC & PIAC
- Members
- MSOs/ASOs (within BHA)
- Peers
- Primary/Physical Care Providers
- Probation
- Public Health
- RAEs
- SDOH Providers
- School-Based Health Centers



Summer Stakeholder Meetings

Date	Locations
August 12 - 15	Frisco, Steamboat, Craig, Grand Junction, Ridgway, Durango, Alamosa
August 19 - 22	Denver, Colorado Springs, Longmont, Greeley
August 26 - 28	Pueblo, Lamar, Burlington, Sterling
Virtual	Metro Counties (1), Rural Counties (1), General Public (2), Families/Youth (2 minimum)



Settlement Agreement

Services Outlined in Agreement

Intensive Behavioral Health Services means a continuum of mental health and support services or interventions... provided in the most integrated setting appropriate to the needs of Medicaid Members.... and will include, but are not limited to, the following:

- a) Intensive Care Coordination Services
- b) Intensive-In-Home and Community Services
- c) Mobile Crisis Intervention and Stabilization Services



Intensive Care Coordination

Intensive care coordination services involves the care planning, coordination and monitoring of services and supports... Guided by the needs of the Medicaid Member and ensure a single point of accountability for ensuring necessary services are accessed, coordinated, and delivered.

In this model, intensive care coordination is delivered in two ways, depending on needs of the child/family:

1. High Fidelity Wraparound (**HFWR**)

or

2. Intensive Treatment Facilitation (**ITF**)



Intensive-In-Home and Community Services

Intensive In-Home and Community Services are those provided in the families' homes or community settings in order to correct or ameliorate the child or youth's behavioral health condition(s). Such services include educational opportunities, behavior management, therapeutic services, and clinical services.

In this model, Intensive In-Home and Community Services is defined as Intensive Home Based Treatment (**IHBT**). Behavioral services are provided to members through coordinated support services delivered.



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Mobile Crisis Intervention and Stabilization Services

Mobile Response and Stabilization Services (**MRSS**) are provided to Medicaid Members in their homes or community settings, and which will be available 24 hours a day, 7 days a week. Such services include crisis planning, stabilization, referral and coordination, and prevention and post-crisis follow-up services.

In this model, this is met through the use of mobile crisis response, in-home stabilization services, and youth crisis stabilization unit beds. These services are delivered on the foundation of the current Colorado Crisis System, but will require enhancements to the system.



System of Care Structure

What is System of Care

An evidenced based approach to delivering services in a purposeful manner, via a pathway to care, that: creates easier access to intensive in-home services and has meaningful connections between services. A system of care would improve the connection between services, providers, and agencies to deliver the care in multidisciplinary format in which there is a meaningful connection between providers.



The whole is greater than the sum of parts

CC in Current System



Well intended, but has minimal quality outcomes for children with complex needs

CC in System of Care



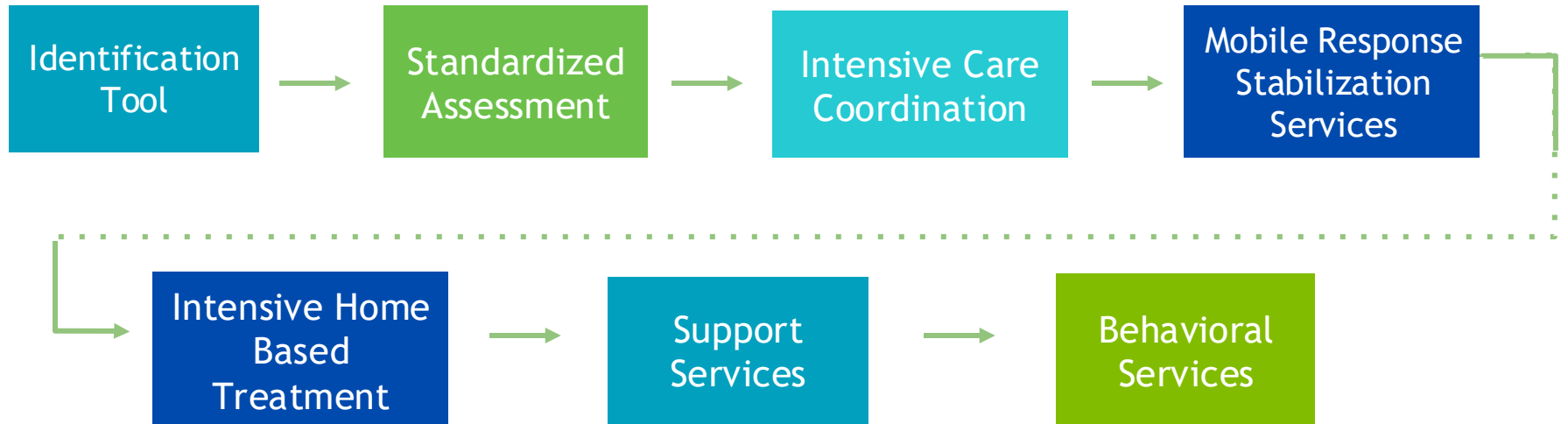
HFWS/ICCs have hands-on and in-depth coordination of intensive treatment and support services = strong quality outcomes



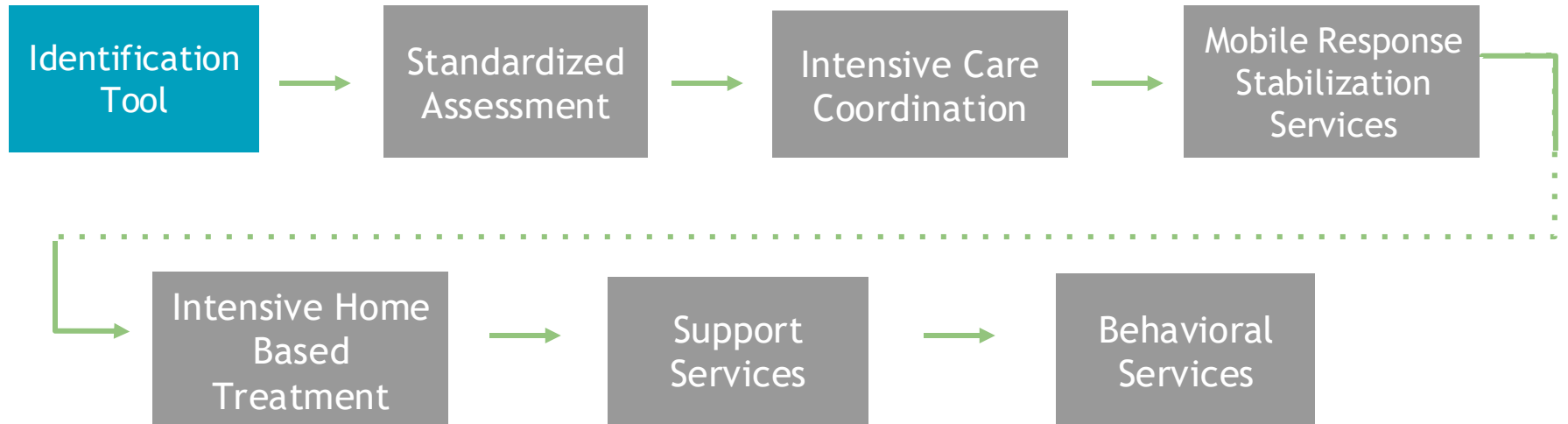
SOC Analogy from Physical Health World



System of Care Has 7 Key Parts



Part 1: Identification Tool

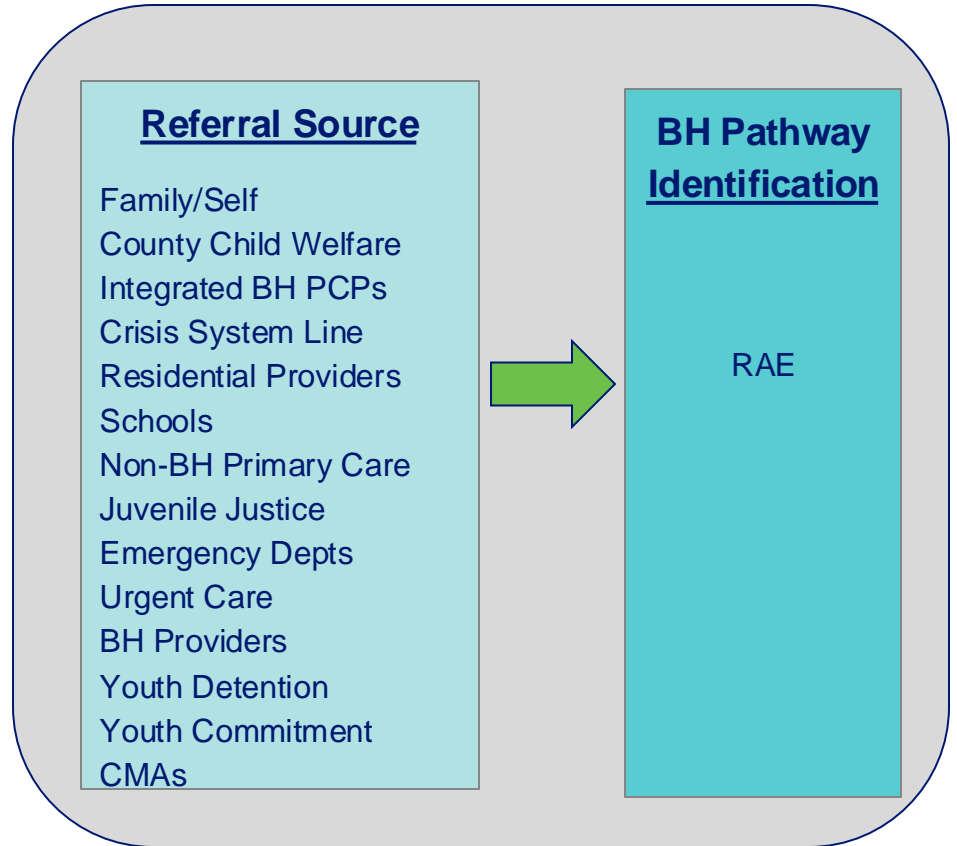


Part 1:

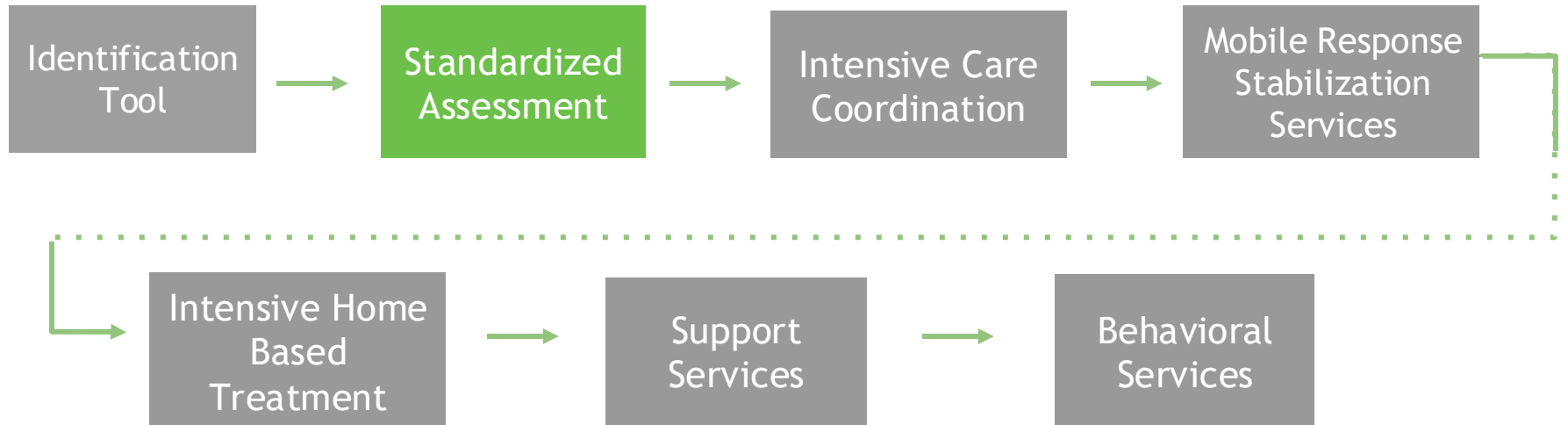
Identification Tool

Identification tool will allow RAE to identify those families that will benefit from receiving the standardized assessment. Referrals for Identification Tool can come from many sources.

The RAE will use a standardized tool to create pathway to a full assessment to determine the child and families' treatment needs.



Part 2: Standardized Assessment



STANDARDIZED ASSESSMENT

This assessment will inform treatment decisions, the development of care plans, identify the specific needs of the family, and identify those families that will benefit from MSOC. Provides key information to all agencies and providers involved in working with the family.

Apply Standardized Assessments across the state that include biopsychosocial and CANS.

Assessors

Community Service
Agencies

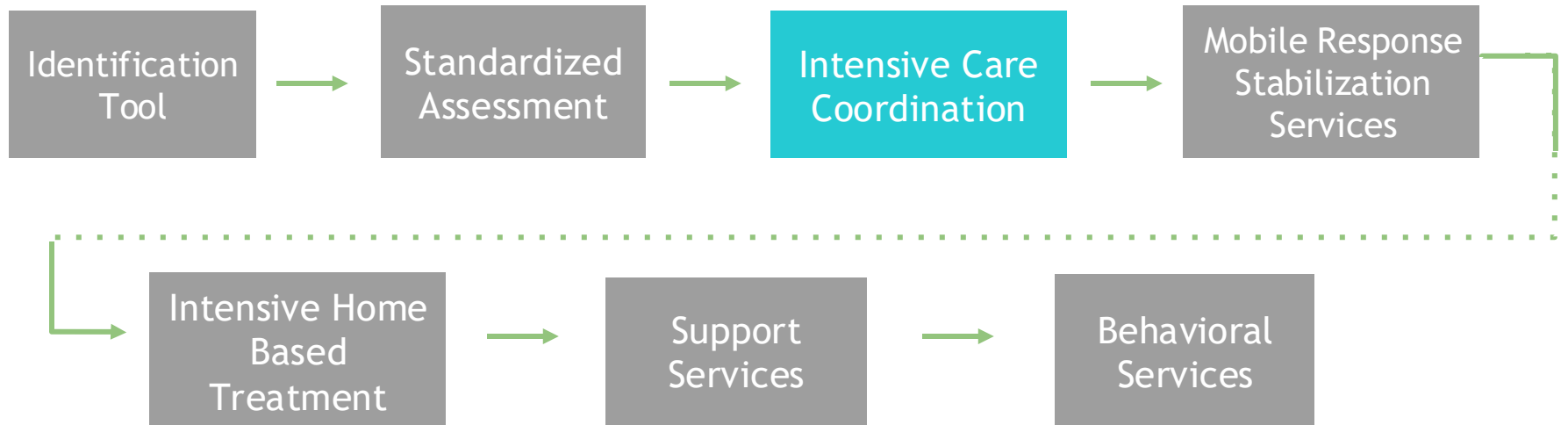
BHASO Independent
Assessors

Crisis Stabilization Units

Certified BH Provider



Part 3: Intensive Care Coordination



ITF vs HFW

	Intensive Treatment Facilitation	High Fidelity Wraparound
Caseload	1 to 15	1 to 10
Duration	Short-term	Short-term
Contact Method	In-person / virtual	In-person / virtual
Multi-Team Leader	Yes, targeted parties one-on-one	Yes, all parties as a collective team
Treatment/Care Planning	Yes	Yes



Intensive CARE COORDINATION

Intensive Care Coordination (ICC) is the tier of care coordination that requires a more intense approach beyond general population care coordination practice. It should be delivered via a high fidelity wrap model or intensive treatment facilitation.

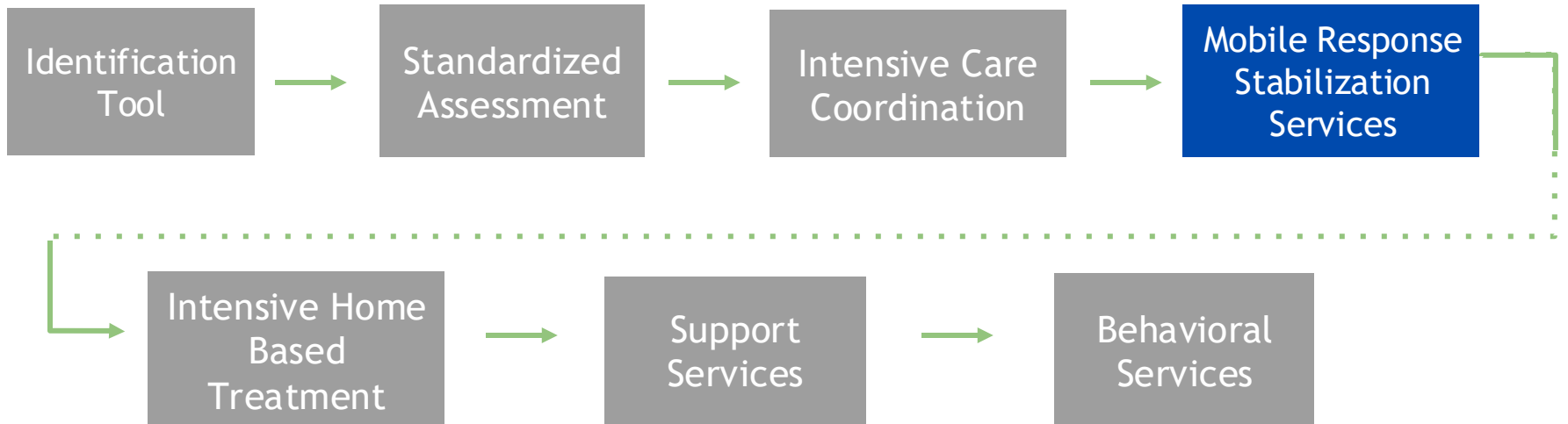
Community Service Agencies (CSA) are entities that provide ICC and coordinate the intensive behavioral health service providers and support service providers. CSA's will serve as the care coordination point agency on dually/multi- involved youth.

CSA Functions

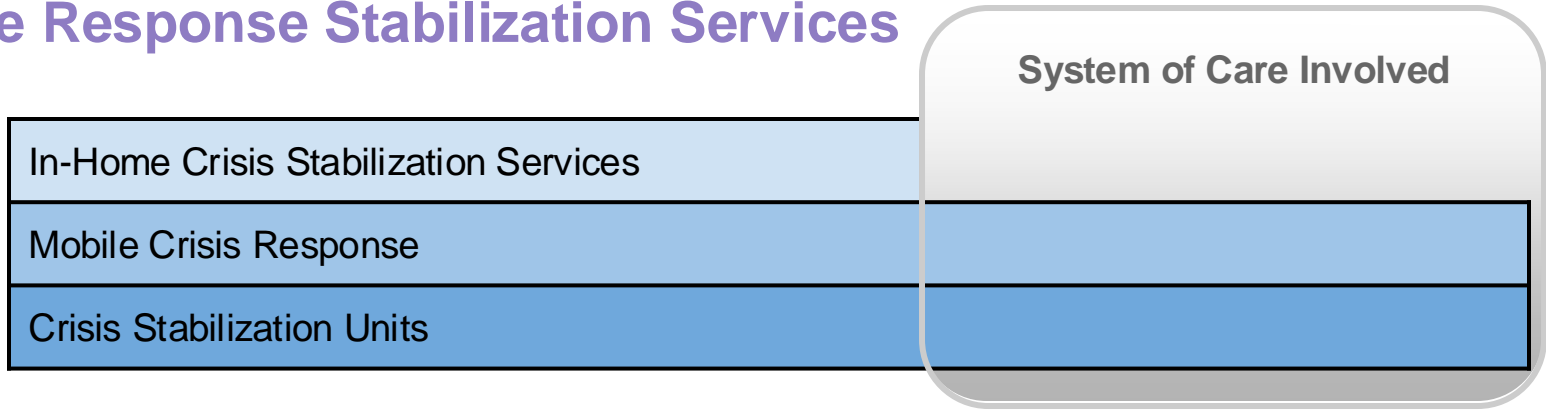
1. Member engagement
2. High Fidelity Wrap w/ Family Peer Supports
OR Intensive Treatment Facilitation
3. Material Goods (flex \$)
4. Determine CHRP referrals
5. Create Care Plan
6. Match w/ all services and supports defined in care plan.
7. Identify SDoH Needs and refer to human services as appropriate
8. Liaison to residential treatment facilities
9. Serves as point across all agencies on care plan delivery



Part 4: Mobile Response Stabilization Services



Mobile Response Stabilization Services



In-home CSS

Intensive, short-term in-home services to prevent out of home placement until in-home treatment team begins.

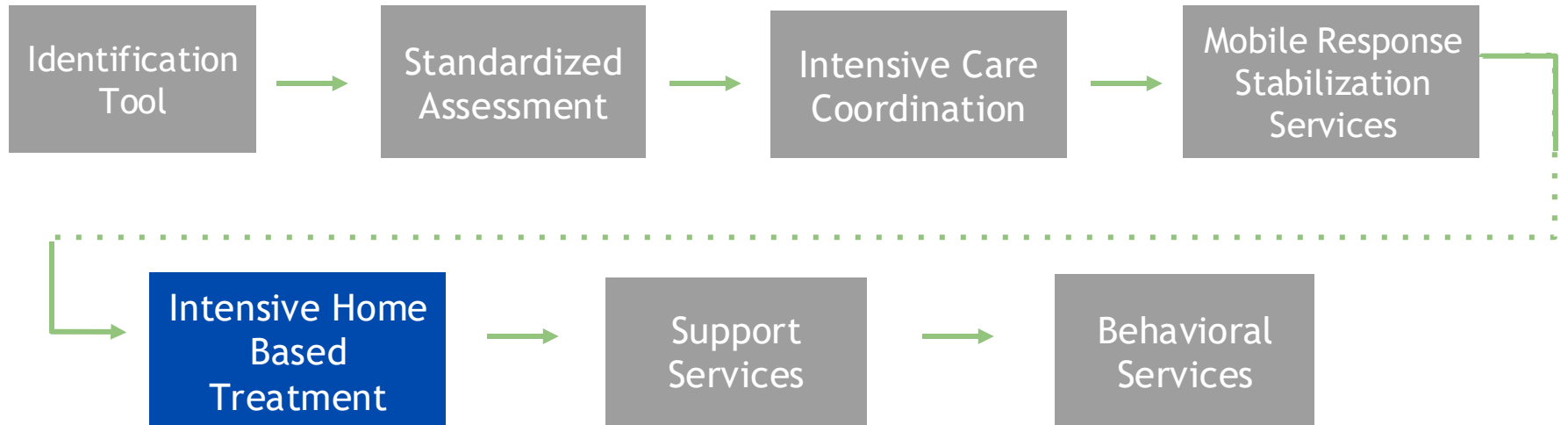
Mobile Crisis

1. Mobile teams to address crisis for families 24/7.
2. Mobile teams dispatched by IBHT providers during treatment.

CSU

Intensive, short-term beds to assist in stabilization and return child home.

Part 5: In-Home Intensive Treatment



Intensive Home Based Treatment

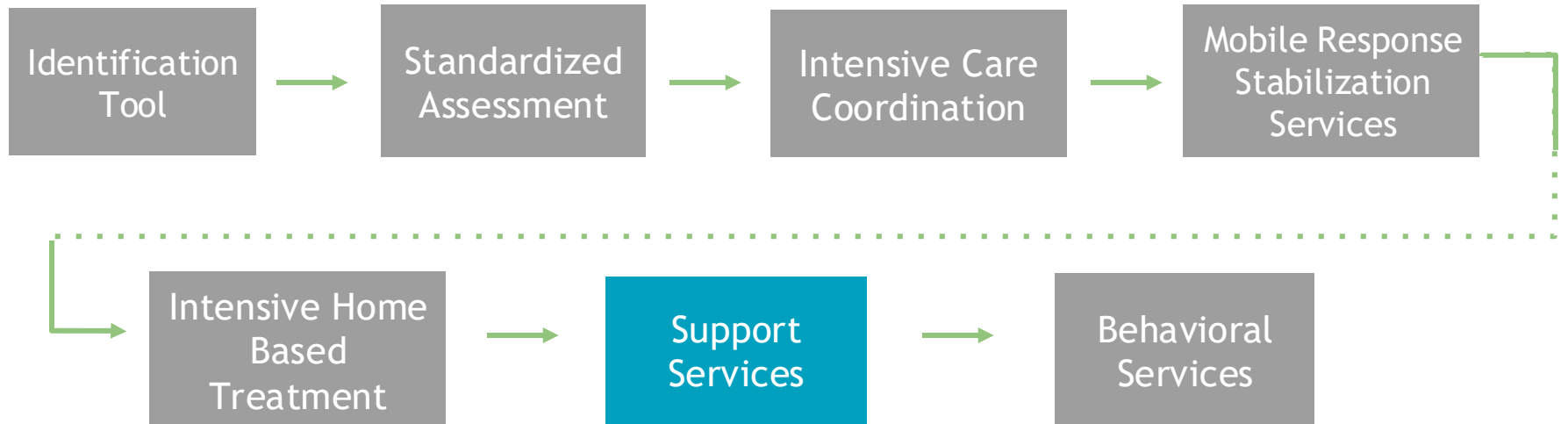
Intensive Home Based Treatment consist of a few select state approved models in which services are frequent and hands-on with both the family and child or youth. Providers are to be trained and credentialed. Colorado plans to develop for its own in-home intensive behavioral health treatment model.

Intensive Home Based Treatment
(certified provider)

MultiSystemic Therapy
Functional Family Therapy
Colorado Model (tbd)



Part 6: Support Services



SUPPORT SERVICES

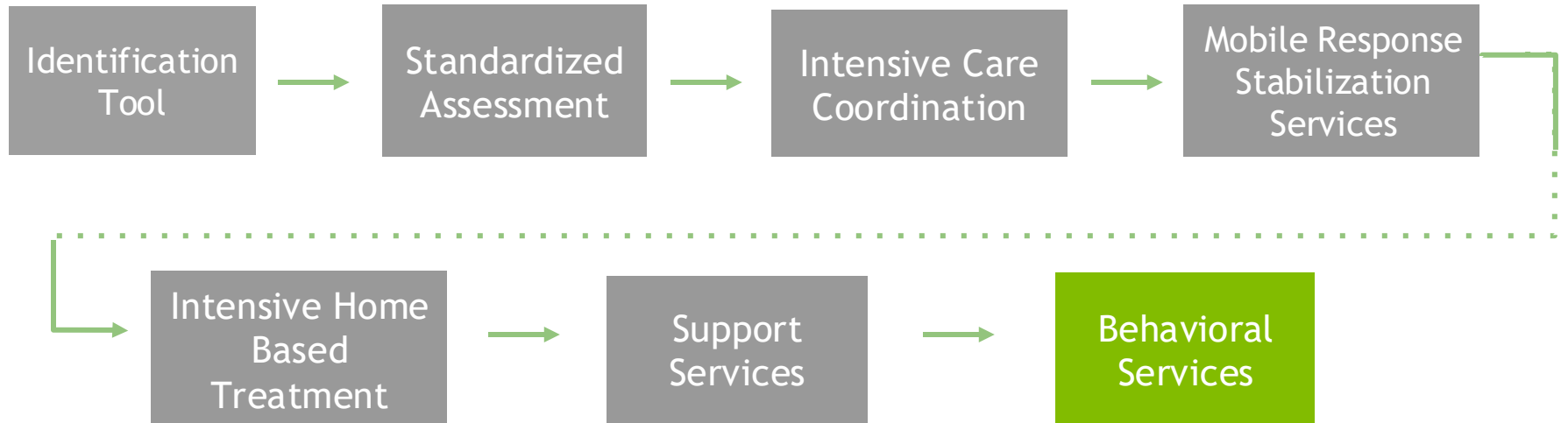
Support services are supplemental services that are needed for the child and family to successfully engage in treatment and increase the effectiveness of the clinical intervention.

Respite Services are providers who afford family members an opportunity to have time independent of a young person with intensive needs and allows those care-takers an opportunity to partake in activities outside of the home.

Therapeutic Mentoring is a paraprofessional who mentors/coaches a youth in their community environment and assists in the application of the techniques they have learned in therapy to real life settings.



Part 7: Behavioral Consultation Services



BEHAVIORAL SERVICES

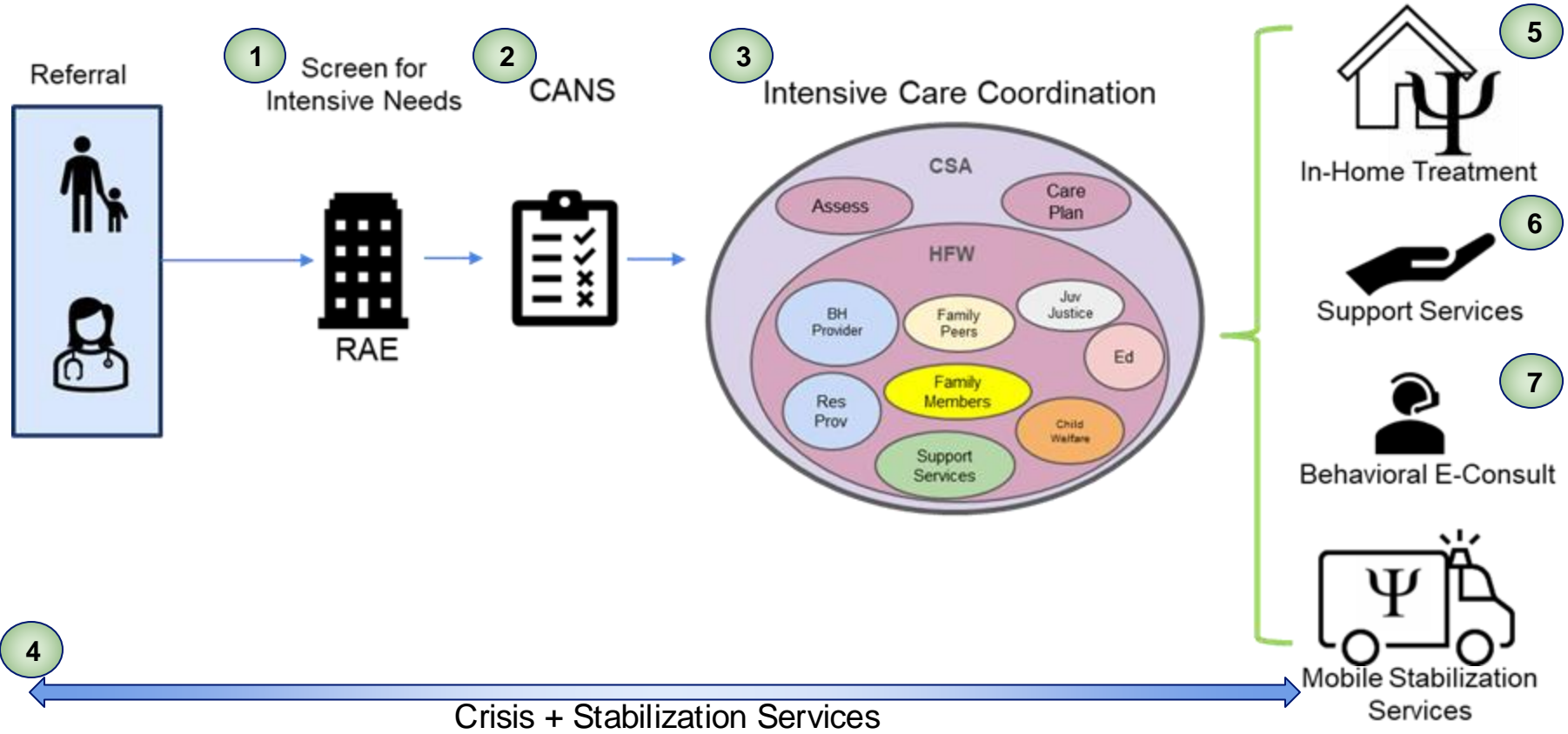
Behavior Consultation

In-home Behavioral Health Treatment team can utilize the expertise of a behavior specialist via e-consultation. The behavioral specialist will assist treatment providers in applying behavioral strategies in the child and families' treatment plan.

Doc-to-Doc
Behavioral
Management
eConsult

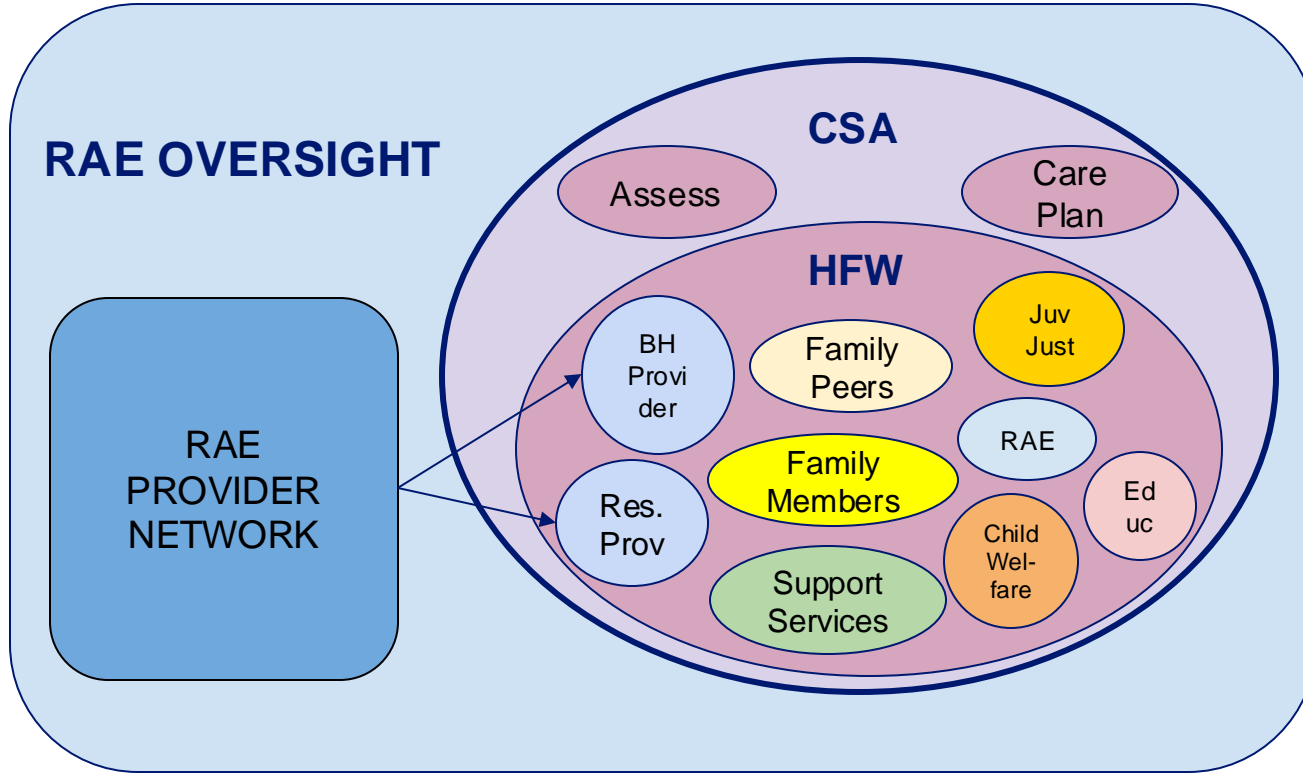


Medicaid System of Care Flowchart



Agency Roles

Community Service Agency (CSA) Role



1. Member engagement
2. High Fidelity Wrap w/ Family Peer Supports
3. Intensive Tx Facilitation
4. Material Goods (flex \$)
5. Determine CHRP referrals
6. Create Care Plan
7. Match w/ all services and supports defined in plan.
8. Identify SDoH Needs and refer as appropriate
9. Conduit to residential
10. Serves as point across all agencies on care plan



RAE Roles as it relates to System of Care

w/ Family

1. Continue to assist along the way
2. Provide BH care coordination, before and after ICC
3. Be a member of ICC team
4. Arrange for services when ready to discharge from intensive care coordination
5. Pay for services
6. Assist in coordination w/ physical health services

w/ Providers

1. Utilization management
2. Identify families for System of Care
3. Serve as step up into ICC and as step down into traditional care
4. Create provider network
5. Receive and pay claims
6. Coordinate with physical health providers



WORKFORCE CAPACITY CENTER

Certification and Credentialing

Provider Training/Technical Assistance

Fidelity Monitoring

Certification/Credentialing

This work will require new provider types or an expansion of skill sets of existing provider types that require an agency to certify qualifications of providers.

Training / TA

Some provider types require to be trained in order to deliver services in the proper manner.

Fidelity Monitoring

For certain services to be effective, they require fidelity to the model, an agency will need to sample and ensure fidelity.



Existing Contributing Efforts

SB 19-195: System of Care Bill

- 4 FTE for Department to manage system of care related work
- \$9.3M for High Fidelity Wraparound Services

Refresher: High Fidelity Wraparound (HFW) is a team-based, collaborative planning process for developing and implementing individualized care plans for children with behavioral health challenges and their families. HFW is an evidence-based process driven by 10 principles, four phases and a theory of change.



HB 24-1038: High Acuity

Standardized
Assessment

Intensive Care
Coordination

CHRP Support
Services

Habilitative
Placements

Residential
Incentives

Residential Quality
& Oversight

Residential
Workforce

Room & Board
Alignment



ARPA Investments

Department has two related ARPA funded projects:

- \$5.1M for Behavioral Health Transition Supports to increase the workforce capacity to help children and youth transition from institutions back to the community.
- \$17M of microgrants for High Intensity Outpatient Treatment to increase capacity in the number of providers who can offer intensive treatment services to children and youth.



Things To Build Off Of

- **State has Strong Crisis System Infrastructure** with a centralized hotline, statewide mobile response, mobile provider trainings, walk-in centers, and crisis stabilization units.
- **State has a Pilot for In-Home Stabilization Services** located in 17 counties.
- **State has Infrastructure for Provider Development**
 - Learning Management System
 - Existing credentialing processes



Rollout

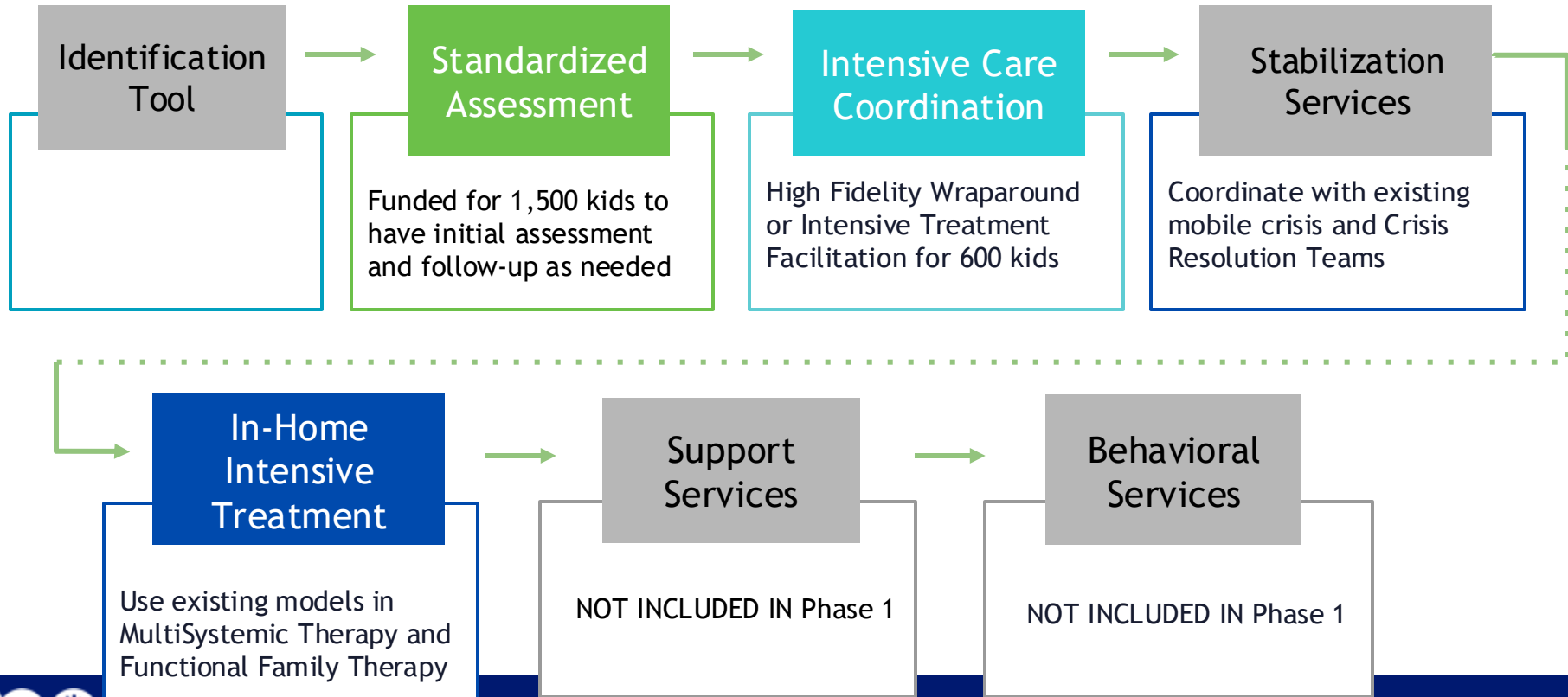
MSOC Rollout Phases

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Population enrolled*	<1,000	TBD	TBD	TBD	Full Go-live
# of service types during phase (of 7)	3	5	6	7	7
Start Date	7/2025	7/2026	7/2027	7/2028	7/2029

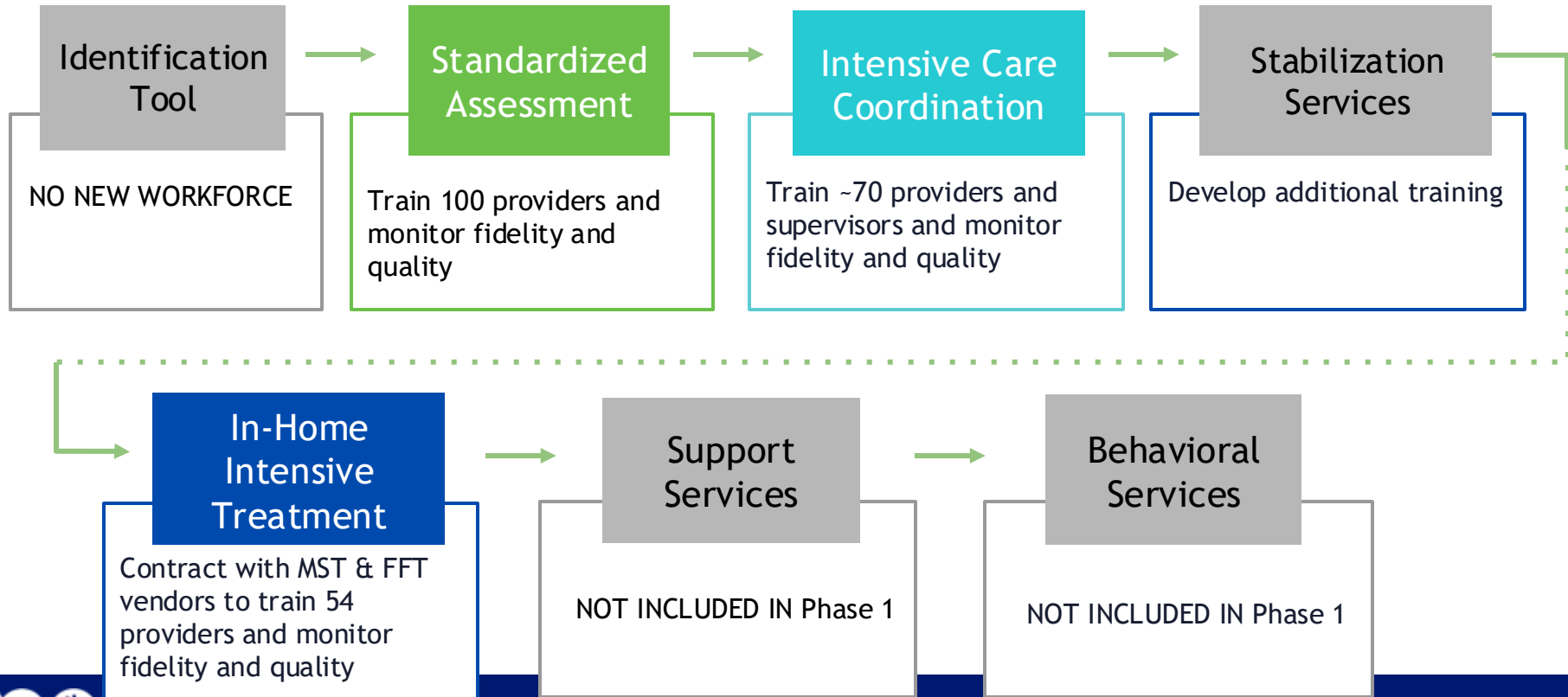
*Population by year is to be determined through further planning and identification of need.



Phase 1 for Medicaid SOC Services



Phase 1 for Medicaid SOC Workforce

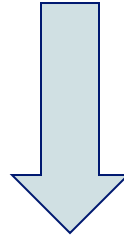


Continuous Quality Improvement

Examples of member outcome measures



In-home Treatment utilization



- BH related Emergency Dept Visits
- Length of Stay in Residential
- Out of State Placements
- Re-entry into higher levels of care



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Programmatic Tracking

- % of positive identification screens that result in a completed Standardized Assessment (SA)
- % of positive SAs that indicate the need for and result in Medicaid System of Care (MSOC) intensive care coordination involvement
- Congruence % of SA recommendation vs treatment accessed
- % of members who go into residential, crisis stabilization units, or inpatient while in MSOC



Discussion

Discussion Questions

- What questions have not been covered?
- Are there services you were hoping would be included that were not presented?
- What are areas you feel good about this model, what are things that give you pause?
- Parking lot items (*if time permits*)



Project Webpage

Check the webpage
regularly for updates!



Acronyms and Definitions

Acronyms

- BHA - Colorado Behavioral Health Administration
- CHRP - Children's Habilitation Residential Program Waiver
- BHASO - Behavioral Health Administrative Service Organization
- CSA - Community Service Agency
- CMA - Case Management Agency
- CSU - Crisis Stabilization Unit
- FFT- Functional Family Therapy
- HCPF - Colorado Department of Health Care Policy and Financing
- IA - Independent Assessment
- IHBT - Intensive Home Base Treatment
- IBHS - Intensive Behavioral Health Services
- ITF - Intensive Treatment Facilitation
- MEAC - Membership Experience Advisory Committee
- MRSS - Mobile Response Stabilization Services
- MST- Multi-systemic Therapy
- PCP - Primary Care Practitioner
- PIAC - Provider Improvement Advisory Committee
- PRTF - Psychiatric Residential Treatment Facility
- QRTP - Qualified Residential Treatment Program
- RAE - Regional Accountable Entity
- SA - Standardized Assessment

