Medicaid Behavioral Health Webinar

Introductions

Michelle Barnes

Interim BHA Commissioner

Kim Bimestefer

Executive Director
Dept. of Health Care Policy & Financing

Cristen Bates

BHIC Office Director
Deputy Medicaid Director, HCPF

Melissa Eddleman

Behavioral Health Policy & Benefit Division Director, HCPF

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Matt Holtman

Child and Youth Intergovernmental Liaison
BHA

Thom Miller

Division Director, Quality & Standards
BHA

Megan Lenz

Experience Designer, BHA

Agenda

1. Opening Remarks
2. Member Story
3. Brief Policy History and Recent Implementation
4. Works in Progress and ACC Phase III
5. Children and Youth
6. Safety Net Provider Transitions: Regulatory Reform
7. Safety Net Provider Transitions: Reducing Administrative Burden
8. Medicaid in the Future
9. Questions and Answers

Opening Remarks

Kim Bimestefer

Executive Director
Dept. of Health Care Policy & Financing

Michelle Barnes

Interim BHA Commissioner

Welcome New BHA Commissioner

Dannette R. Smith

March 18

Member Story

Hania Sakkal

Peer Specialist - SummitStone Health Partners

Hania’s Story

Brief Policy History and Recent Implementation

Cristen Bates

Office Director, Medicaid and CHP Behavioral Health Initiatives and Coverage (BHIC)

Deputy Medicaid Director

We are still in Phase One of a National Mental Health Plan

New anti-psychotic meds introduced; de-institutionalization

Late ‘50s

Community Mental Health Act, CMHCs defined

1963

Medicare and Medicaid Act, leaves out IMD

1965

Emergency Medical Treatment and Active Labor Act

1995

Publicly available SUD services built out from crimina ice and punitive models. Residential, MAT, withdrawal management w e cash businesses.

Why Medicaid Matters in BH Transformation

- Behavioral health wasn't covered by insurance, only available to those wealthy enough to pay out of pocket
- Limited access and often the "safety net" was paid for through philanthropy, grants, or courts, no crisis care
- Limited oversight and funding led to poor quality care
- Services available were not sustainable, or equitable

- Advocates, patients, providers, elected officials, community folks fought for decades to get Medicaid coverage and got it.
- Our benefit and coverage keeps expanding because of the advocates, people fighting for progress
- Leveraging federal funds
- With commercial and public coverage, higher standards for quality and accountability

Modernization long overdue in behavioral health. We are building a reliable, quality safety net with culturally informed and accountable care

Federal Changes Support Expansion

- 2016, Obama signs CURES Act, with the most significant increase in state BH funds in decades
  - Tens of millions per year for Colorado to expand SUD access, prevention, harm reduction
  - States all start to see major gaps in BH systems as we work to expand them
- Medicare expansions help people with disabilities, older Americans with MAT, telehealth, clinicians
- COVID brings unprecedented access to telehealth, reduces limitations on treatment access

State Legislative Changes Follow

- Dozens of bills passed through Interim Committees, for specific programs and expansions, but no shared plan or strategy
- SB 19-222, Individuals at Risk of Institutionalization create BHTF elements and create safety net plan
- Creation of the BHA, three key bills: HB 21-1097, HB 22-1278, HB 23-1236
  - ➢Develop a comprehensive behavioral health safety net system
  - ➢Create new funding models for behavioral health providers
  - ➢Develop universal contract provisions
- Behavioral Health Transformational Task Force 2021-22, $550M
  - ➢Legislators and community use of statewide ARPA funding

Priorities of BHTTF

Prioritizing Gaps in Care

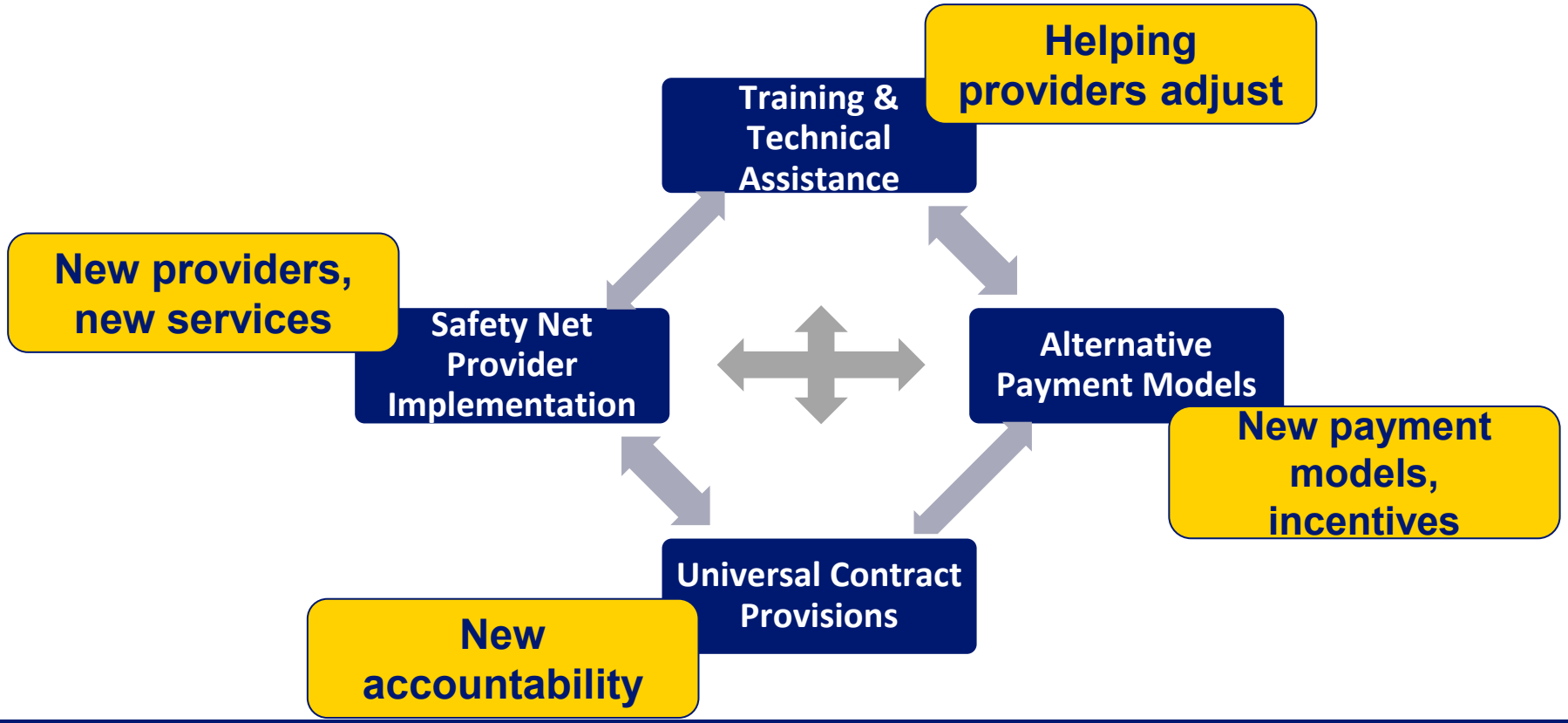
- Children and youth, schools
- Serious Mental Illness, folks with complex needs
- People who are unhoused
- Co-occurring intellectual or developmental disabilities
- People who have been incarcerated

- Increasing high-intensity outpatient and transition services
- Adding beds; youth residential, tribal substance use disorder facility
- Criminal justice diversion, Continuous coverage

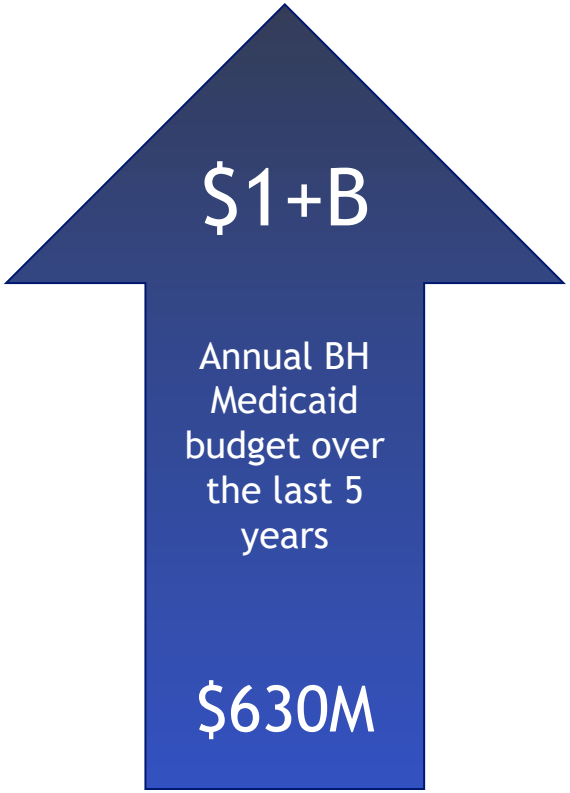
Why does this matter?

- New Providers
- New Services
- New Payment Models
- New Accountability Standards
- Helping providers adjust

Safety Net Ecosystem



Improving Behavioral Health in Medicaid



BHASO and RAE alignment in policy and practice

New provider types, service provisions, associated funding

Integrating primary care, mental health, SUD/MAT services

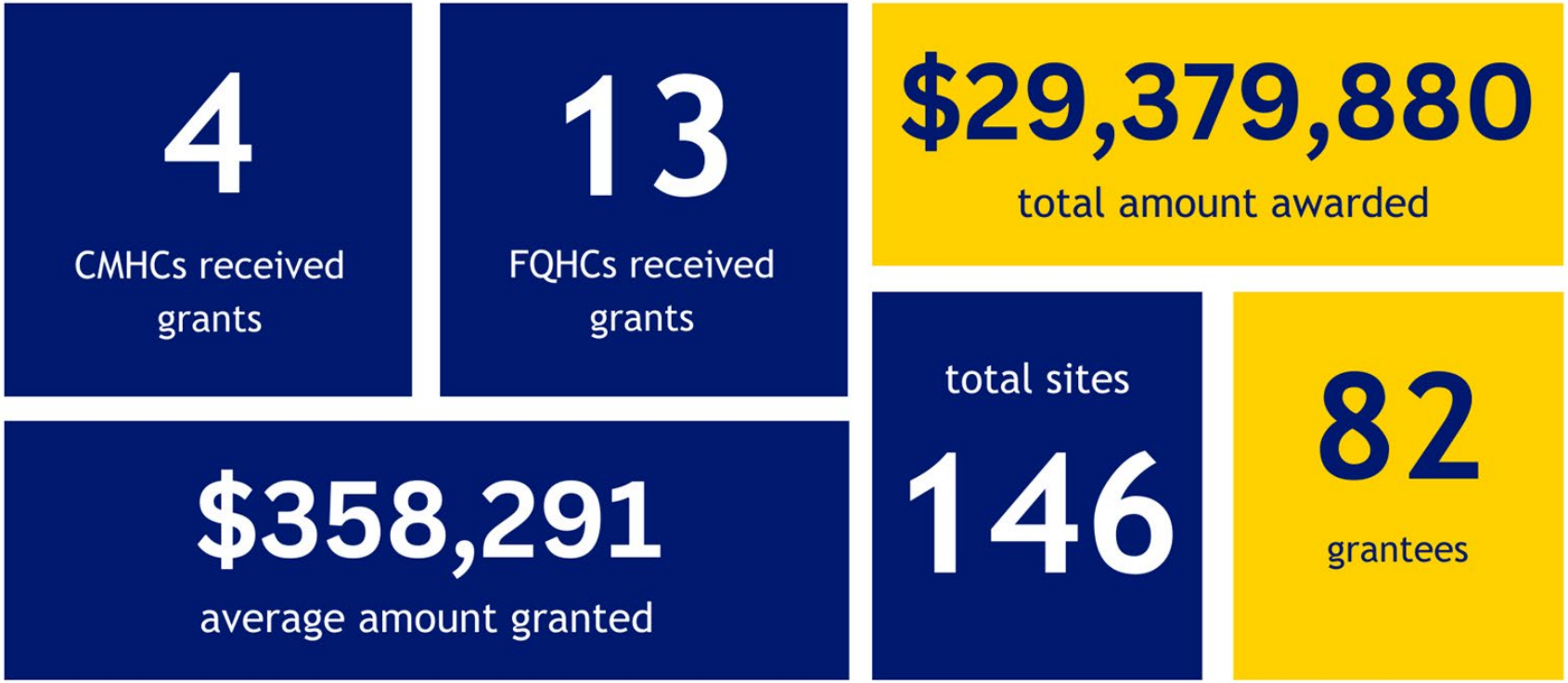
Improving crisis continuum

Focus on community delivered services

Reducing reliance on law enforcement

Reducing reliance on ERs

HB22-1302 Integrated Care



Behavioral health crisis care interventions

July 1, 2023 - HCPF added Mobile Crisis Response (MCR) and Behavioral Health Secure Transport (BHST) as distinct covered benefits for members

Mobile Crisis Services now include follow up services to ensure member are connected to care

Medicaid Transportation Spectrum

Scheduled trips to non-medical places that support member health and community integration.

*Eligible to Medicaid waiver members only with an approved prior authorization request (PAR)

Scheduled trips to provide continuity of care to members, including planned outpatient or inpatient appointments.

*Urgent NEMT is scheduled in under 48 hours

Urgent transportation to members in behavioral health crisis to appropriate behavioral health facilities.

Emergent transportation due to medical emergency that demands immediate medical attention to prevent permanent injury or loss of life.

HCBS ARPA by the Numbers

22 BH Projects

133 BH Grantee Recipients

9,800+

total attendance at ARPA Stakeholder Engagement Opportunities

$149 Million

Behavioral Health reinvestment

7 months to close projects

90% Directly Benefiting the Community

3.5% Admin Costs

88,142 page views on the ARPA webpage

Works in Progress and ACC Phase III

Melissa Eddleman

Behavioral Health Policy & Benefit Division Director - HCPF

Medicaid Works in Progress

Why be a Medicaid Provider?

- No co-pay, no deductible
- No Authorization for most outpatient services

Training and Technical Assistance

- Safety Net Providers
- Housing Providers

Serving kids who don't have a behavioral health diagnosis

- An opportunity for early intervention

BH Workforce Expansion

- Professionalizing the role of Peer Support Specialists
- Adding Qualified Behavioral Health Assistants (QBHA)
- Adding Community Health Workers

Stakeholder Engagement

- Independent Provider Network, Hospital, Safety Net, SUD, Peers, and Institute for Mental Disease Forums
- Criminal Justice Collaborative
- Newsletters
- Behavioral Health Website Remodel

Value Based Payment for BH Safety Net Providers

Payment Stability and Flexibility ⟷ **System Quality and Accountability**

Comprehensive Safety Net Provider	Essential Safety Net Provider
Prospective Payment System	Directed fee schedule rates for services
Stable payment model for more flexible funding source. • Payments for services are known in advance • Acts like a bundled payment for a more stable flow of dollars • Simplified payment ensures less administrative burden	Services will be paid according to a fee schedule. • Fee schedule build up based on costs of services • Future audit plans to ensure reasonability of payments • Possible future flexibility for cost fluctuations due to size and regionality

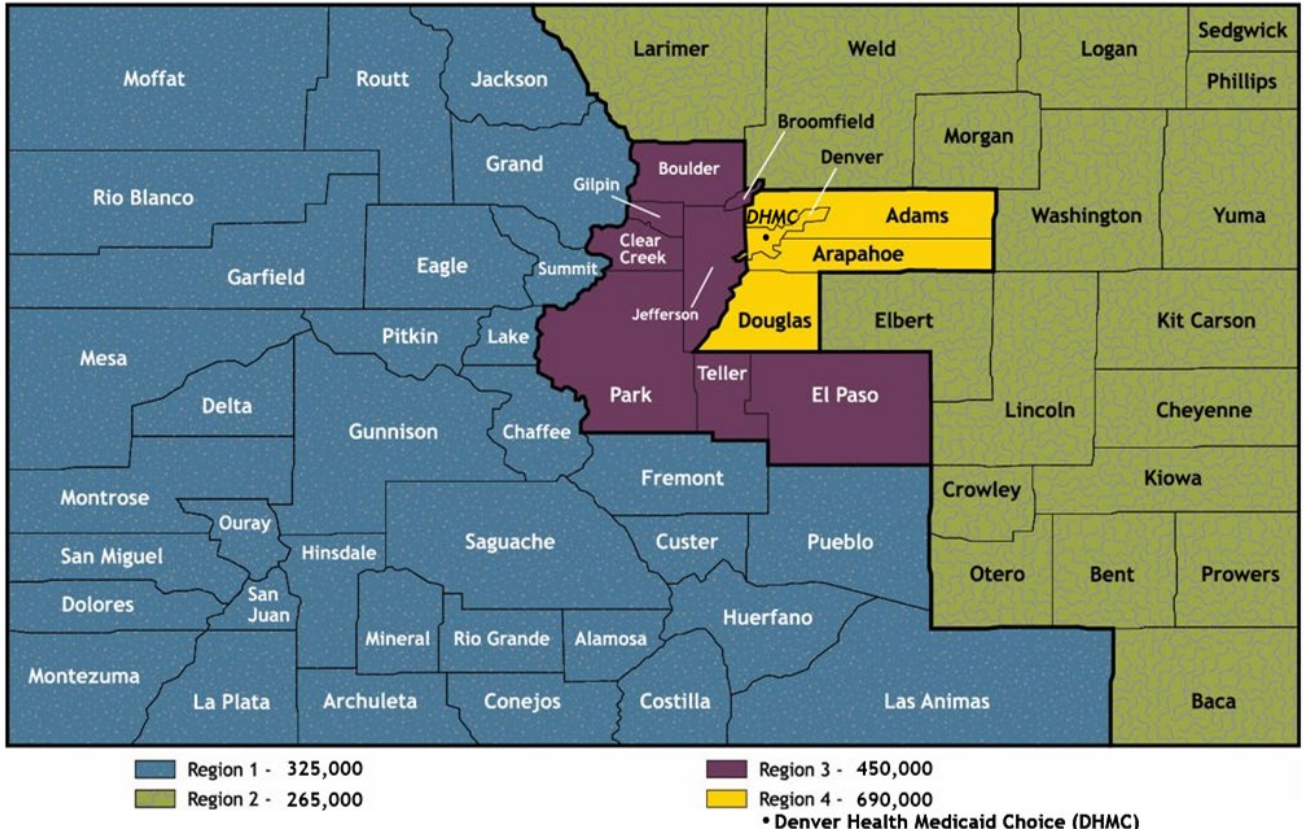
ACC Phase III: Priorities

- 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

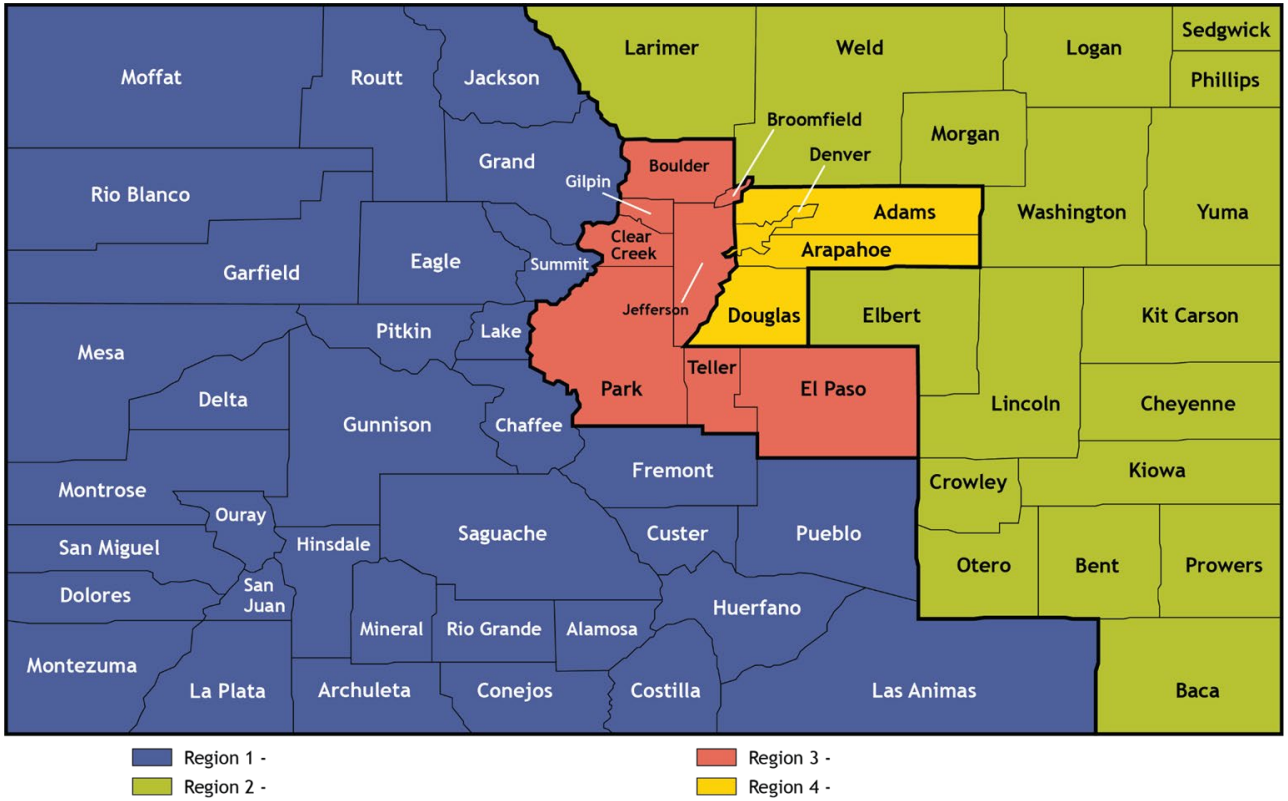
BH Changes in ACC Phase III

- Ensuring all providers are credentialed by one HCPF contractor
- Using and helping implement universal contract provisions
- Standardizing RAE reporting
- Reducing the number of Regions from 7 to 4
- New behavioral health key personnel position
- Directed Payments for targeted behavioral health services
- Improve RAE continuum of care coordination for physical and behavioral health care
- Additional focus on quality & accountability

Final ACC Phase III RAE Map



Final BHASO Region Map



ACC Phase III Timeline

Children and Youth

Matt Holtman

Child and Youth Intergovernmental Liaison - BHA

Dr. Robert Werthwein

Senior Advisor on Behavioral Health & Access - HCPF

Children & Youth Behavioral Health Implementation Plan

The vision for all children and youth behavioral health system in Colorado is to be a comprehensive, equitable, effective continuum of behavioral health services that meets their needs in the right place at the right time to achieve whole person health and wellbeing.

Agencies work in unison and support efforts to:

- *promote the well-being of children and youth;*
- *establish a comprehensive continuum of behavioral health services;*
- *create the foundation for a system of care framework unique to Colorado;*
- *reduce barriers to access and affordability of care;*
- *support a competent workforce; and*
- *have accountability and oversight for a quality behavioral health system.*

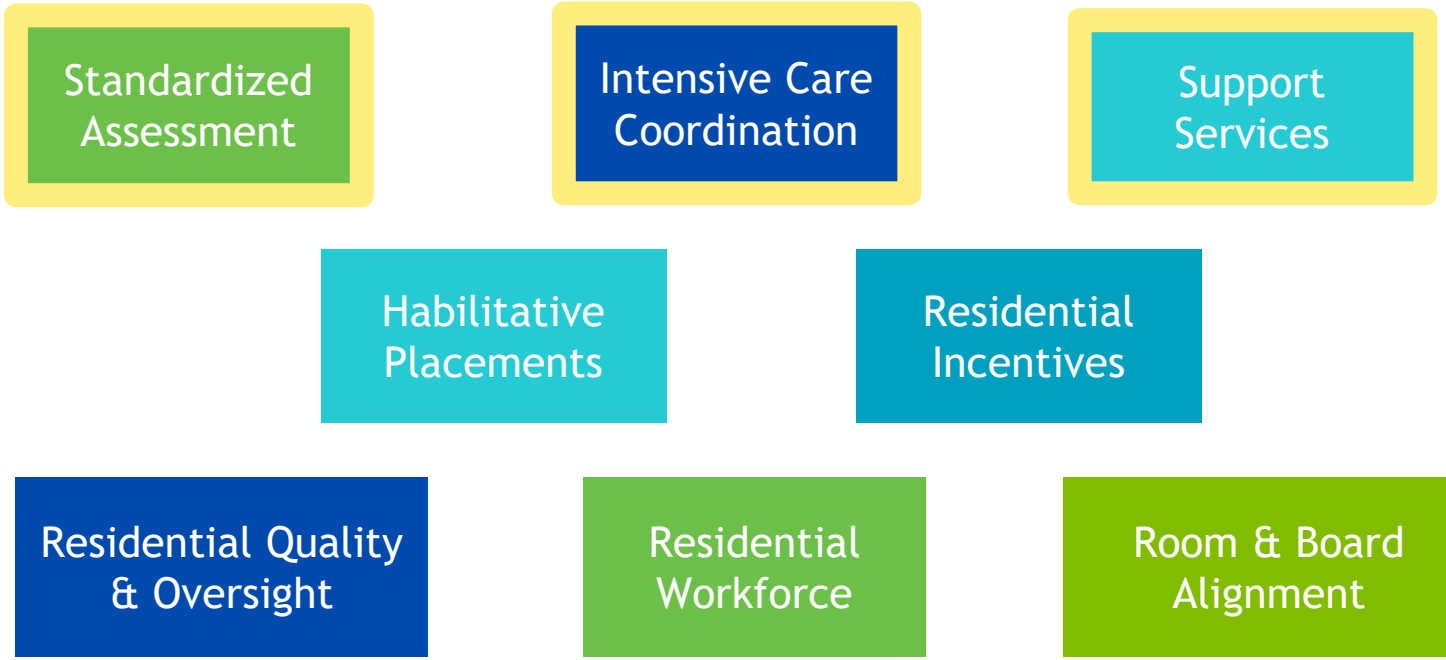
Children and Youth Behavioral Health Implementation Plan

- Serve as an implementation documen for state agencies
- Highlights the State of Colorado's role and efforts
- Align efforts across state agencies
- Annual review and revision of the plan
- Nearly 100 action items
- 6 Immediate Priorities

6 Immediate Priorities

- ★ Create a responsive governance structure.
- ★ Developing services to meet the needs of youth with high acuity behavioral health.
- ★ Create policy that increases investment in promotion and prevention efforts.
- ★ For Medicaid members, create an implementation plan for delivery of intensive in-home and community-based behavioral health services
- ★ Create policies that support the formation of ACC Phase III.
- ★ Successful roll-out the BHASO system by July 2025.

HB 24-1038: High Acuity

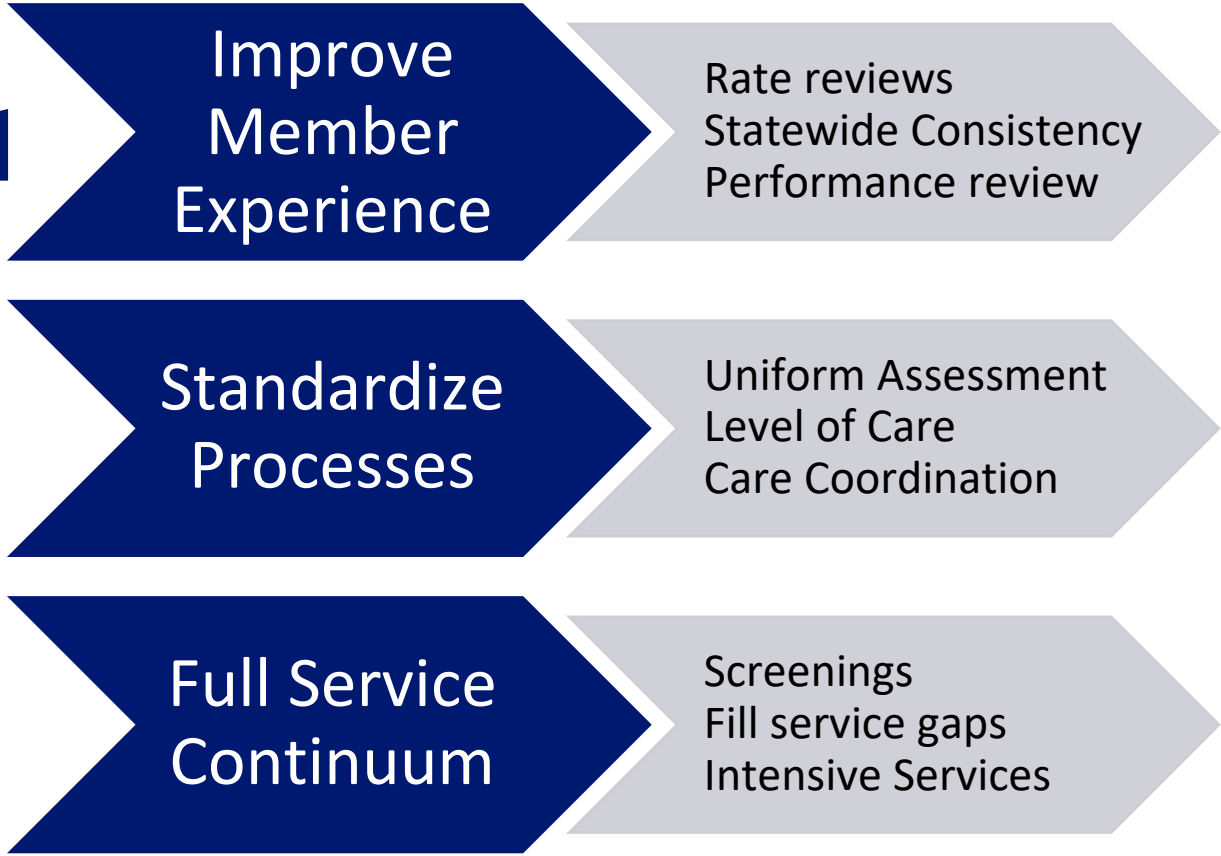


Children & Youth

Vision for ACC III

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.

Standardized Child (BH) Benefit

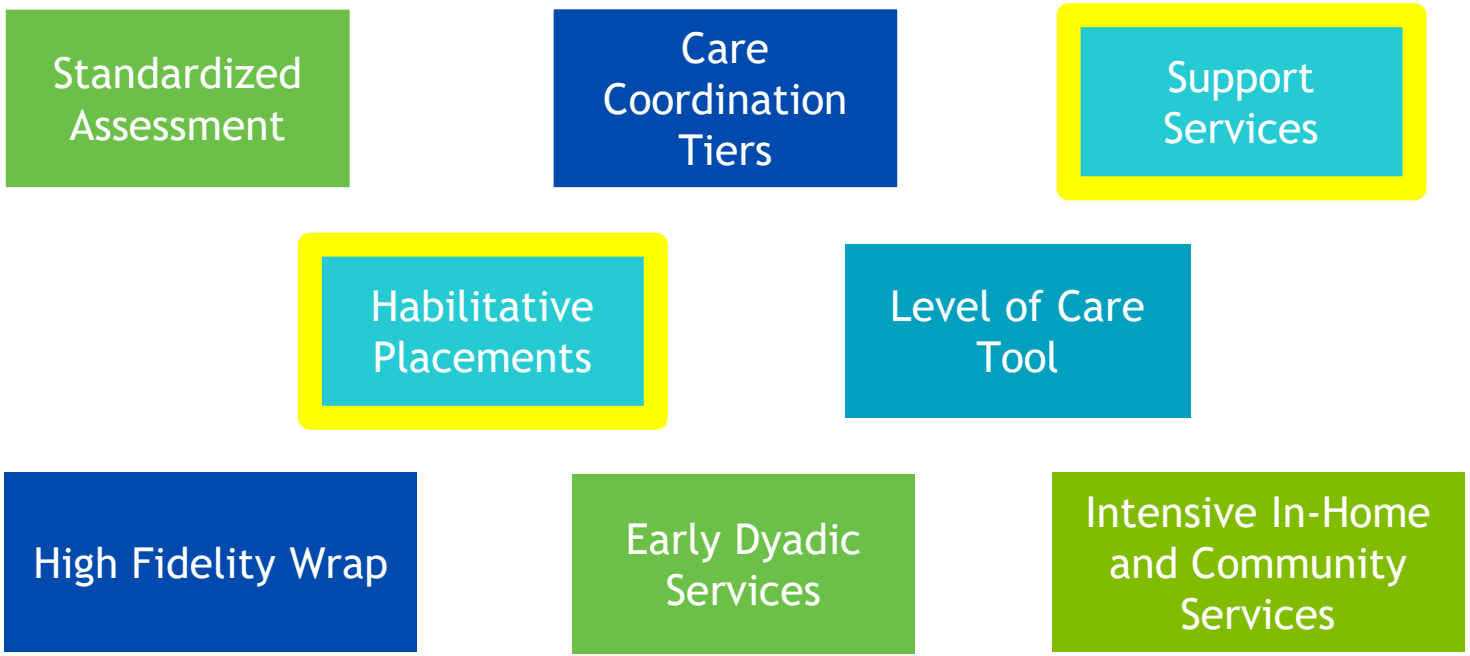


Child Benefit Continuum

Full continuum from screenings to inpatient psychiatric hospitalization

Level of Care	Service types			
Early Intervention	Screenings	Early Dyadic Services		
Base Outpatient	Medication Management	School-based BH	Clinic/Office setting	Community Crisis
Intensive Outpatient	Transition Services	Intensive Home-based	Intensive Community	
Residential	Qualified Residential Treatment Program	Psych Residential Treatment Facility	Crisis Stabilization Unit	
Hospitalization	Inpatient Psychiatric			

ACC III Child Benefit Components



ACC Phase III: Care Coordination for Children and Youth

Tier
1: Prevention or Navigation
2: Condition Management
3: Complex Members
3 + Intensive treatment Planning or High Fidelity Wrap needs

- Tiered approach to care coordination.
- Additional care coordination (3+) efforts via High Fidelity Wraparound for children with complex needs

Safety Net Provider Transitions: Regulatory Reform

Reducing fragmentation, improving quality, increasing accountability, & ensuring access for priority populations

Thom Miller, Division Director, Quality and Standards - Behavioral Health Administration

What the new regulations accomplish

Effective January 1, 2024

1 **Reduce burden for providers**

Regulation of both substance use and mental health service delivery is consolidated under BHA.

2 **Reduce fragmentation**

Substance use and mental health services are combined under a single license, allowing for better integration and more consistent quality across services.

3 **Introduce safety net approvals**

Expands the pool of providers that can access incentive payments for delivering safety net services.

4 **Introduce no refusal requirements**

Ensures that priority populations are not turned away from services by safety net providers.

Types of behavioral health safety net providers

Comprehensive
Community Behavioral Health Provider

Provide care coordination and **all of the following services**:

- Emergency/Crisis
- Outpatient
- Intensive Outpatient
- Recovery Supports
- Care Management
- Outreach, Engagement, Education
- Outpatient Competency Restoration

Eligible for cost-based **Prospective Payment System (PPS)** from HCPF July 1, 2024.

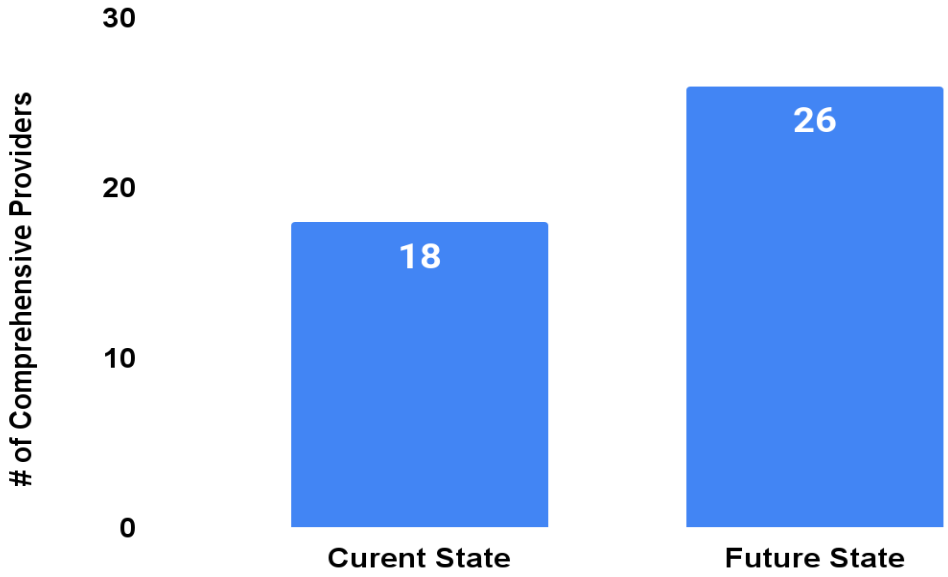
Essential
Behavioral Health Safety Net Provider

Provides care coordination and **one or more** of the following services:

- Emergency/Crisis
- Outpatient
- Intensive Outpatient
- Residential
- Withdrawal Management
- Inpatient
- Integrated Care

Eligible for **enhanced rate model** from HCPF July 1, 2024.

Potential 44% increase in Comprehensive Providers



There are at least eight new providers immediately committing to the process of obtaining comprehensive safety net provider approval

Other design considerations

Priority Populations

- People who are inadequately insured for the behavioral health care service they are receiving, and present with SMI or SED.

Certified Community Behavioral Health Clinics

- 2024 cycle for a planning grant
- Our regulations and broader safety net system have been designed with this in mind

Maximize Medicaid Funding

- In FY22, 62% of behavioral health services were paid by Medicaid
- BHA & HCPF shared strategy

Licensing and designation database and electronic records system (LADDERS) IT System

LADDERS supports licensing and designation of providers that BHA has the authority to regulate

- LADDERS is currently configured to support all existing licenses including the new BHE license type.
- Technical debt makes it expensive to add additional functionality
- BHA is exploring funding options to pay down this technical debt

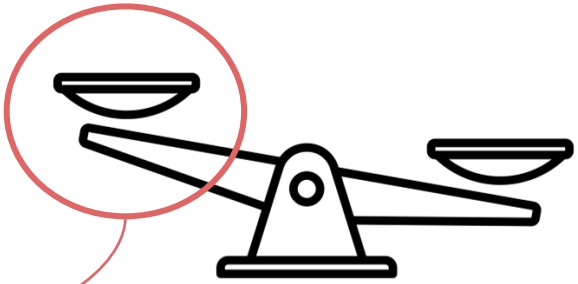
Safety Net Provider Transitions: Reducing Administrative Burden

Megan Lenz

Experience Designer
OIT & BHA

Reducing Administrative Burden

Administrative Burden



Measures of Quality & Access

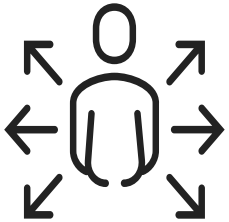
State & Federal Requirements

Today, admin burden is proportionally out of balance for providers and for people seeking care.

Icons by the Noun Project

Co-Design Methodologies

Designing *for*



Designing *with*

Designing **with** people is about what matters to people with lived experience and decision makers (co-decided).

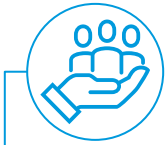
Top Findings from Research

1. The **data model** for CCAR/DACODS is clinically and culturally out of date.
2. Providers are losing out on **accurate counts towards contractual requirements** due to inflexible data.
3. The distinction between CCAR (mental health) and DACODS (substance use) perpetuates **siloing of behavioral healthcare**.
4. **Basic usability issues** with BHA systems increase the time, effort, and cost required to submit data.
5. The data generated by CCAR/DACODS provides **limited benefit** to the state's behavioral health ecosystem.
6. CCAR/DACODS requirements are **negatively impacting how people experience behavioral healthcare in Colorado**.

Key Recommendations to Move Forward

1. Update Data Model
2. Select Data Entry System
3. Build for Episodic Reporting
4. Create Data Analysis Dashboards
5. Prioritize Engagement

Community Engagement



Share Out

FY Q2 2024

Public sessions to share out findings and hear feedback from providers.

Feedback Share Out

FY Q3 2024

Feedback document with corresponding BHA responses published.

Pilot Projects

ONGOING

BHA identifying opportunities to test Snowflake functionality related to CCAR/DACODS.

Administrative Burden: CCAR/DACODS Modernization Report

FY Q2 2024

Research report documenting administrative burden and recommendations published.

Feedback Collection

FY Q2 2024

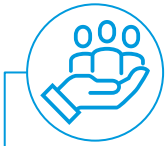
Collection of feedback from providers.

Data Model Stakeholdering

FY Q3 2024

Forming focus groups to co-design a data model that will work for providers and people seeking care.

BHASO: Reducing Admin Burden, Next Steps



BHASO RFP Released

FY Q4 2023 - 2024

BHASO Request for Proposal released to public.

Initial Data Model Released

FY Q1 2024 - 2025

Initial updated, unified CCAR/DACODS data model released to providers and public.

BHASO(s) Selected

FY Q2 2024 - 2025

BHASO(s) selected for each for the 4 regions, contract negotiations begins.

BHA Supports Non-Unified and Unified Data Model

FY Q3 2024 - 2025

BHA will support the non-unified and new unified CCAR/DACODS data model for up to 12 months.

BHASO(s) Launch

FY Q1 2025 - 2026

BHASO(s) goes live in their respective regions.

BHA Requires New Data Model

FY Q3 2025 - 2026

BHA requires new unified CCAR/DACODS data model, no longer accepts non-unified data model.

BHA Related Resources

- Project Microsite
  - Administrative Burden: Modernizing CCAR/DACODS Report
  - Feedback Report
- Data Model & Technology System Stakeholdering Group Interest Form
- Provider Update Sign Up Form

Medicaid in the Future

Cristen Bates

Office Director, Medicaid and CHP Behavioral Health Initiatives and Coverage (BHIC)

Deputy Medicaid Director

What is a Medicaid Waiver?

- Federal rules govern Medicaid and CHP+ eligibility, required benefits
  - Services in the State Plan meet all of these requirements
- **States can request to WAIVE some federal rules** to have more flexibility and offer coverage to more people and cover more services
- Allows for limits on benefits for certain populations or settings
- Current 1115 Waiver Authority
  - SUD Continuum of Care allowed for coverage of residential services
  - Hospital Transformation Program
  - States can amend existing 1115 waivers to ask for additional services
- Waivers require federal approval and additional reporting to CMS and an evaluation component to demonstrate the waivers effectiveness

Expanding Coverage through an 1115 Waiver

Continuous Eligibility Coverage for Adults Released from Colorado Department of Corrections Facilities

Will extend eligibility coverage for 12 months to adults released from a Colorado Department of Corrections facility.

Effective Jan 2026

Criminal Justice Reentry Services

Coverage will include case management services, medication-assisted treatment (MAT) for SUD, a 30-day supply of medications upon release from Department of Corrections and Division of Youth Services facilities.

Effective July 2025

Serious Mental Illness and Serious Emotional Disturbance (SMI & SED) Inpatient Care

Will allow HCPF to pay for up to 15 days per month for each member staying in an Institute of Mental Disease (IMD) regardless of the number of days in each episode of care.

Effective July 2025

Connecting Coloradans to Community Resources

Phase I: OpiSafe (Jan 2021)

- Helps prescribers prevent misuse/abuse of opioids, benzos, controlled substances
- 5,250+ allocated licenses
- +16% reduction in inappropriate use just in Year 1!

Phase I: Affordability (June 2021)

- Shares real-time Rx benefit info, affordability hierarchy empowering prescribers to be part of solution
- Automates prior authorizations and prescriptions
- Improves patient and provider service experience

Phase II : Social Health Information Exchange - In Process

- Community supports to address wellness and social determinants of health, like food banks, homeless shelters, prenatal support, diabetes/case management
- Patient Health Supports for Providers, Care Managers and Community Workers
- State programs like WIC (CDPHE), SNAP and TANF (CDHS), Housing Vouchers (DOLA)
- Awarded bid. Initial build set to begin fall/winter 2023

Key Issues to Monitor

- Grievances and Accountability
- Youth services in schools, online
- BH + Complex Medical Needs (eating disorders, liver disease)
- Screening and Coverage for Health Related Social Needs
- Low Acuity Residential (respite, recovery, extended care)
- Fentanyl and overdose prevention

Questions?

Thank You!