

Meeting Chat

Commenter	Comment
Kendra Neumann (CHI)	Hi, all. Here is the link for the captioning: https://www.streamtext.net/player?event=LINGUABEE
Attendee	Does ACC apply to both waivers (HCBS) or only the health insurance side of Medicaid? Thank you.
Attendee	How does the ACC work with Community Centered Boards (CCBs) or Single Entry Points (SEPs)? there seems to be confusion
Attendee	Could you share more about how ACC behavioral health may be connected or overlap with the new Behavioral Health Administration. Thanks!
Attendee	A basic question: in the new Phase III, is the thought process the behavioral health will still be capitated as opposed to fee for service?
Adela Flores-Brennan (HCPF)	Hi all, in response to questions from before about waivers and ACC: Members on waivers should have their waiver care coordinated by SEPs and CCBs; Physical Health care and overall health care for all members, including HCBS members, is coordinated by RAEs.
John Barry (HCPF)	If you have a comment to share, please join the speaker's Queue by raising your hand - bottom of screen. Thanks!
Suman Mathur (CHI)	Thanks everyone, for the comments in the chat. We may not have a chance to read out every chat comment today, but we will plan to share out a de-identified (no names) version of the chat with the slides from today to everyone who registered for today's meeting.
Attendee	100% It definitely is difficult once in the room with providers understanding and patient with the people we serve.
Attendee	Low reimbursement rates for applied behavior analysis (ABA) therapy have caused many providers to exit the state, leaving hundreds to thousands of children with autism left without the care they had been receiving. The MPRRAC is going to recommend an increase, but that won't help until this time next year and I'm very concerned about more losses of providers and kids losing precious time that will impact the rest of their lives. It's a very urgent situation.
Suman Mathur (CHI)	Case Management Redesign Webpage - https://hcpf.colorado.gov/case-management-redesign
Attendee	Yes!! Had our dentist say he's not a good fit for my son and didn't want him at his practice
Cody Hickman (HCPF)	My name is Cody Hickman, and I am the Adult Complex Service and Support Specialist: I may have been on a complex case with some of you!

	<p>I work on projects related to this topic, including the current ARPA 1.05 project to develop Disability Cultural Competency for Behavioral Health Providers Training that will be available Statewide in early 2024.</p> <p>For anyone else who supports persons (or are persons) with I/DD (as well as those with cognitive differences, neurodiversity, or related), and are experiencing difficulties, please reach out to me if you are experiencing cases that might benefit from HCPF assistance in connecting with the RAEs, exploring care coordination opportunities, or even just in cases when HCPF might benefit from information that we can use to help improve access.</p> <p>We will be reaching out to ensure that the community is updated on the training. The approach is to provide services and supports from a perspective that it requires cultural competence, rather than clinical specialty.</p> <p>cody.hickman@state.co.us</p>
Attendee	yes, I think 1:65 is the caseload for SEPs; however, what will be the caseload number for RAE case coordinators?
Attendee	Thank you Cody! I appreciate the introduction and will make note of your email, much appreciated
Cody Hickman (HCPF)	<p>We do not yet have information we can provide related to the Disability Cultural Competency for Behavioral Health Providers Training. However, the work is being driven by the Co-Occurring Disability and Behavioral Health Steering Committee Report that came out of the Behavioral Health Task Force. You can find that report here:</p> <p>https://drive.google.com/file/d/1iyIH5ZztaEpeGscBFUDFzls2L79DrnZO/view</p>
Attendee	Thank you HCPF and CHI for doing this listening session. It's much appreciated.
Suman Mathur (CHI)	Thank you, [Attendee], for participating. We're glad to be here.
Attendee	Great points, finding disability services is like a ball of twine and what you need in the middle, appears we may be given another ball of twine that will take years to unravel thus again, the desire "to give up" on the complex system
Attendee	<p>HCPF & RAE's can support providers and consumers by looking at contracts include the following to help enforce change (already said, but wanted to summarize):</p> <p>CRITERIA: Develop criteria inclusive of the requirements in Section 504 of the Rehabilitation Act (PDF), the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act that providers must demonstrate as meeting in order to be eligible as</p>

	<p>a provider (i.e. sign language interpreter, accessible exam table) and ability to demonstrate basic disability competency.</p> <p>MONITORING: Develop an ongoing auditing process to monitor compliance of criteria and define reasonable penalties if audit finds providers are not in compliance with established criteria.</p> <p>REIMBURSEMENT: Define an Alternative Payment Method to increase payment to all primary care providers incentivizing physicians to care for patients with disabilities, resulting in extra service time and paperwork that is not billable.</p>
Suman Mathur (CHI)	Thank you for sharing this, [Attendee]. We will certainly pass these recommendations along.
Cody Hickman (HCPF)	Thank you [Attendee]! You make a point that has been driving our approach: the content is out there in many ways, yet it isn't getting to people, isn't digestible, isn't effective, or isn't being presented in a way that is specifically aimed at the reality that many of the potential "learners" cannot attend training. In other words, how we provide this information is just as important as what information we provide. We aren't reinventing any wheels, but rather, ensuring that the wheels we do have are attached to the right vehicle.
Attendee	Peak Vista! We love them!
Attendee	<p>To access a SOAR trained advisor: Contact Byron Kish, SOAR technical advisor for the state of Colorado, Easterseals of Colorado. I will find his email in a minute here. The program is specific to those who are unhoused and/or have mental health issues. This is in response to the suggestion to help someone get access to their SSI or SSDI benefits.</p> <p>bkish@eastersealscolorado.org</p>
Cody Hickman (HCPF)	<p>For those with lived experience, we may be including video or story vignettes and examples in our Disability Cultural Competency for Behavioral Health Providers Training. If you are interested in participating, please send me an email with the subject "DCCBH Training Lived Experience" and I will connect you with the Instructional Design Contractor who is developing our training! cody.hickman@state.co.us.</p>
Suman Mathur (CHI)	Thanks, everyone, for the great resource sharing happening in the chat. I'll be sure to share out these links and contact info in our post-meeting follow-up email.
Attendee	Great facilitation, John! Thank you
Kendra Neumann (CHI)	<p>Here is the link for compensation:</p> <p>https://forms.gle/9qMzUe6pkfVd3ZqD7</p>
Kendra Neumann (CHI)	<p>Suman's email and phone number:</p> <p>mathurs@coloradohealthinstitute.org 720.382.7092</p>
Aaron Green (HCPF)	As a follow-up to this great conversation, join us on August 22nd at Noon to dive deeper into a health equity townhall, register

	here: https://us06web.zoom.us/meeting/register/tZ0oce2pqTgrEtDHZLNfFazSpwFjDj8nAdVoI#/registration
Kendra Neumann (CHI)	ACC III webpage: https://hcpf.colorado.gov/accphase3
Kendra Neumann (CHI)	Here's the link to the feedback form: https://forms.gle/vfehqRAQC5STjXmh9