

September 6, 2023 – ACC Phase III Concepts: Public Meeting (Advocates/CBOs)

Meeting Chat 09/06/23

Name	Comment
Kendra Neumann (CHI):	For captioning in a separate window with less lag, go to this link: https://www.streamtext.net/player?event=HCPF
Kendra Neumann (CHI):	Again, for captioning in a separate window with less lag, go to this link: https://www.streamtext.net/player?event=HCPF
Kendra Neumann (CHI):	Here is the member compensation form: https://forms.gle/vQSEjRQgZ8r55Kto7
Kendra Neumann (CHI):	Here is an English version of the slides if you'd like to follow along:
Kendra Neumann (CHI):	And here is a Spanish version of the slides:
Kendra Neumann (CHI):	Here is a link to the ACC Phase II webpage: https://hcpf.colorado.gov/accphase2
Kendra Neumann (CHI):	Here is a link to the Phase III Concept Paper: https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%20Phase%20III%20Concept%20Paper%208-29-23.pdf
Kendra Neumann (CHI):	Here is the Vision Stage Engagement Summary that discusses what we've heard in more detail: https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Vision%20Engagement%20Summary.pdf
Attendee:	Especially about Children and Youth with Special health Care needs
Attendee:	and ppl with co occurring diagnosis
Adela Flores-Brennan (HCPF):	Duly noted! Thank you!
Attendee:	Thank you, Tamara! food and nutrition access advocates will be convening monthly, led by Medicaid members, and we will share any recommendations and strategies that come from our regular meetings with you and the team
Attendee:	Q: How are the RAEs being trained & educated about the addition of Behavioral Health (BH) as an optional program to apply for on PEAK? Do RAEs (even HCPF) understand that Health First CO members are now prompted to request BH benefits separately from Medicaid benefits?
Attendee:	Health Colorado RAE 4 has implemented a 3-tier model. It has been helpful in targeting best practice services for our

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	Members and directing our Care Coordinators staffing models.
Attendee:	it is common in rural Colorado for people with complex needs to be referred to CPS/ APS/ LE due to "lack of resources"
Attendee:	this includes the client being able to say this isn't working for me
Attendee:	and the RAE helping the client get the right fit
Kendra Neumann (CHI):	Here is the link to the survey: https://forms.gle/osQRvmZFwa1aRRJA7
Kendra Neumann (CHI):	Here is the link to the open feedback form: https://forms.gle/KGH7H3LDAcJ8KAYK7
Kendra Neumann (CHI):	You can register for upcoming meetings here: https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement
Kendra Neumann (CHI):	We really appreciate all members who joined today to provide feedback. Again, you can fill out this form to be compensated for your time today: https://forms.gle/vQSEjRQgZ8r55Kto7
Kendra Neumann (CHI):	You can follow up with Suman at MathurS@coloradohealthinstitute.org

Meeting Questions and Answers

Question	Answer
Will these slides, future slides and the concept paper be made available in Spanish and other languages?	Thanks for asking this! For our presentations and member-facing conversations, those are translated to Spanish in addition to being posted in English. If you need some of our other documents to be translated in Spanish or other languages, please email hcpf_acc@state.co.us and I can coordinate this.
so would this take the place of the care coordinator?	Summary of Live Answer: This call center idea will not take the place of care coordination. The call center proposal is intended to make the process orderly because there are many care coordination and case management entities, and we want to ensure that members just have one number to call and will then be re-directed to the right agency.
do the health equity trainings include disability trainings?	ACC phase 3 starts July 1, 2025. While we haven't worked out all of those details yet, our expectation is that we'll have trainings that do cover a wide range of issues including equity related to disabilities

Question	Answer
<p>How often would each RAE publish the regional health equity plan? Monthly? Quarterly? Yearly?</p>	<p>Right now, our expectation is that RAEs will have both an annual plan and an annual report on progress. However, we can change the cadence and expect to have other deliverables to help measure progress</p>
<p>Who would be overseeing and implementing the Equity Training for REAs? I'd like to see HCPF include different disability trainings to address the different kinds of disability communities (mental health, substance use, neurodiversity, and physical disabilities are not the same in terms of culture and community organizations).</p>	<p>With phase 3 still almost two years away, we have not yet finalized all of those details. However, the Department will be overseeing and managing all aspects of the contract to ensure that trainings meet the Department's expectations.</p>
<p>will the RAEs be working with county DHS to assure ease of process for clients enrolling in SNAP and WIC?</p>	<p>Summary of Live Answer: We want to ensure that all members can access these benefits, so yes, the RAEs will be continuing to work with county DHS.</p>
<p>Also with the equity plans, would there be a requirement to have a follow up document to report on how each RAE is working towards 'fixing' such equity issues?</p>	<p>Yes, that would be part of our contract management process</p>
<p>How can advocates and members help</p>	<p>Summary of Live Answer: One way is by showing up to these meetings and providing feedback. That feedback is</p>

Question	Answer
inform the "explore" aspects of the concept paper, such as access to food and nutrition programs?	reviewed by HCPF and often incorporated into work. Please send us any comments or recommendations to respond to. For example, we have received some feedback from advocates about food security, and we really appreciate and are actively working on those suggestions. We are also working on the implementation of HB23-1300, which is tied to this work.
community health workers must have enough freedom to be able to guide clients towards the services that work for them not the services that someone else thinks are good for them- and HCPF needs to be able to provide compensation for non traditional services	Thanks for this comment, Meighen! That's an important consideration that HCPF will take into account as they think about community health worker models.
You mentioned community health workers and the model Are you incorporating the CMS proposed rule for 2024 that creates G-codes for SDOH assessments and community health integration reimbursements. So that there is a mechanism for CHWs and clinicians to get paid for supporting SDOH and whole person care.	Summary of Live Answer: There is a bill from this past legislative session that requires research into reimbursing community health workers. We have not decided on reimbursement, because we are holding stakeholder meetings this fall to think about the best way to provide reimbursement. Those meetings will be coming soon.
Discussion question 3 is particularly concerning with	Hi Megan, thanks for sharing that. If you feel comfortable, we would appreciate you sharing your thoughts in more detail about why discussion question three is concerning

Question	Answer
children as they often are in multiple systems with a care coordinator or case manager	regarding children who are in multiple systems. Please feel free to share your thoughts in the chat or through the survey after this meeting.
Q: How are the RAEs being trained & educated about the addition of Behavioral Health (BH) as an optional program to apply for on PEAK? Do RAEs (even HCPF) understand that Health First CO members are now prompted to request BH benefits separately from Medicaid benefits?	Thanks again for raising this question. Our team will be following up on this.
What is that bill number?	It is Senate Bill 23-002
I hope safety net behavioral health providers (CMHCs) will be able to hire and pay for community health workers	Thanks for this feedback!
did HCPF fix the password issue with PEAK?	
will all level 3 have high fidelity wrap services?	
do you need a waiver for level 3?	

Question	Answer
<p>Is there a plan to ensure that RAEs are not overloading case coordinators to help prevent turnover and burnout? i.e. only 10 for level 3 members.</p>	<p>Summary of Live Answer: We are looking at national models for care coordination for high acuity members. These models have national averages and expectations, as well as roles, so we will use those to make sure the right staffing model is in place to address potential burnout.</p>
<p>A potential unintended consequence could be people with disabilities/caregiver of people with disabilities may not be honest of their financial needs, housing or food insecurities if they are afraid that they will be institutionalized or if it is a mother who just given birth, their baby may be taken away from them. How will you reassure that won't happen?</p>	<p>Summary of Live Response: That's a tough question. The best way to assure this won't happen and that people will be honest about their financial needs is to keep building trust. This trust building is why we are asking RAEs to build out networks of community based organizations. We know many people trust their community organizations more than government, which is why we want to build out that bridge.</p>
<p>Community organizations is definitely necessary. Particularly having someone that looks like the members would help.</p>	<p>Thanks for this feedback, Yvette!</p>
<p>Are Care Coordinators going to be trained on Cultural Validation?</p>	<p>Summary of Live Answer: This is a recommendation we have heard, and we are certainly taking this recommendation to heart. We are sharing this recommendation back with our team who is working most closely on care coordination. We do want to listen to the community and members and make sure we are building a model that is best for them.</p>

Question	Answer
Care Coordinators need to get out here "In the community" hear real live stories!! bring the information back to their superiors. no more of being behind a desk.	