COLORADO
Department of Health Care Policy & Financing

Minutes Of The Meeting Of The
Provider and Community Experience (P&CE) Committee

March 14, 2024, 8:00-9:30 AM

Participant Video/Audio:
meet.google.com/tmh-hyaa-xvd
724-740-8075 PIN: 587 524 192#

1. Welcome, Introductions and Housekeeping

The following people were in attendance:

A. **Voting Members Present:** Kathie Snell (P&CE Co-Chair; Aurora Mental Health & Recovery), David Keller, MD (P&CE Co-Chair, State PIAC Member; Children's Hospital Colorado) Marc Ogonosky (Member), Carolyn Green, MD (retired), Karma Wilson (Southeast Colorado District Hospital), Andrea Loasby (CU School of Medicine), Theresa Anselmo (Delta Dental Foundation of Colorado), Angie Goodger (CDPHE), Pat Cook (Colorado Gerontological Society) and Mark Levine, MD (retired; State PIAC Member).

B. **Voting Members Absent**:) Gail Nehls (Envida)

C. **HCPF Staff:** Lindsey Folkerth, Callie Kerr, Gina Robinson, Stacey Davis, Abbey Sukeena, Erin Herman, Matt Sundeen, and Matt Pfeifer.

D. **Others in Attendance**: Ashleigh Phillips, Carolyn Quick (COA), Casey Thomas (COA), Courtney Bishop, Janet Rasmussen (Clinica Family Health) Michelle Lackore (Kaiser Permanente), Tina Gonzales (HCI), Jen DeBrito (RAE 2/4), Jessica Zaiger (CCHA), Nikole Mateyka (CCHA), Lisa Romero (Kaiser Permanente), Marissa Kaesemeyer (Colorado Access), Hannah Gall (Family & Intercultural Resource Center), Theresa Lin (SNC), George Roupas (Colorado Access), Chris Fellenz (Kaiser Permanente), Sophie Thomas (CCHA), Tina Gage (RAE 4), Saskia Young (Colorado Association of Health Plans), Nate Koller (RAE 4), Katie DeFord (CCHA),Elizabeth Freudenthal (Children's Hospital Colorado) and Emilee Kaminski (CHCO & CU Department of Pediatrics).

A quorum was established, and the voting members approved the February 2024 meeting minutes.

2. P&CE Follow-Up Items and Housekeeping

Kathie Snell, P&CE Co-Chair

- 2 open seats: Behavioral Health; Long-term Services and Supports
  - Voting member seat application
- The preference would be for people to join the meetings first and make sure that this is something that they can commit to.
- The Charter does specify that the vacancies need to be from the sectors indicated.
- Please help spread the word. The message about vacancies will be spread in various outlets by the Department in hopes of filling the vacancies.

3. ACC PIAC Update

Mark Levine and David Keller, State PIAC members

- February 2024 meeting:
  - PHE unwind discussion. Challenges that Members are experiencing, and administrators are facing. Such as Members being dropped unexpectedly and not knowing about being dropped and the County Agencies are not equipped to handle insurmountable challenges.
  - ACC Phase III-Care Coordination
    - Care Coordination-who has the ball? Discussions facilitated by CHI. That is a challenge that will need to address. For instance: Care coordination from agencies and care coordination at practices discussions- Where care coordination best resides?

4. Standardized Child & Youth Benefit

Stacy Davis, HCPF

Vision for the 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.

Issues to Address in Phase III

- Payment strategies inadequately supporting services.
- Administrative burden [families and providers]
- Lack of a full continuum of care

- Inconsistent care coordination across systems
- Silos within the health care system
- Workforce issues (payment strategies is where HCPF can have an influence)

Standardized Child & Youth (BH) Benefit in ACC Phase III

HCPF is working with a national consultant to learn what other states have done successfully and implement it into the state of Colorado.

Completing the Continuum of Care to address different needs at different levels of complexity. Other states have developed successful programs that Colorado can learn from such as Ohio Rise, Washington Wise, West Virgina Thrive. The Texas Resilience and Recovery Model, promotes a simplified system, reduction in regional variability, framework to identify missing or hard to access services, improving Member experience (transparency + consistency), improve provider experience (transparency + consistency) and increased accountability and oversight of the RAEs.

Child Benefit Continuum

Full continuum from screenings to inpatient psychiatric hospitalization

Level of Care:

I. Early Intervention: Screenings, Early Dyadic Services
II. Base Outpatient: Medication Management, School-based BH, Clinic/Office setting, Community Crisis
III. Intensive Outpatient: Transition Services, Intensive Home-based, Intensive Community
IV. Residential: Qualified Residential Treatment Program, Psych Residential Facility, Crisis Stabilization Unit
V. Hospitalization: Inpatient Psychiatric

Level of acuity within service continuum

- The higher end of the service continuum needs to be complete with services for children with acute needs.
- Expand universal screenings (standardized) in various settings.
- Have services that are for prevention and early intervention (dyadic services)
- Have trauma-based therapies be a distinct set of services or highlighted under intensive community based serviced.
- Increased the availability of intensive in-home services.

Care Coordination is a big piece of ACC Phase III:

Care Coordination

Tier	Entry Point	Activities at a Minimum Must Include
1: Prevention or Navigation	• Well child visits • PCP	• Brief needs screen • Short-term monitoring/support • Prevention outreach and education
2: Condition Management	• Assessment indicating moderate needs • Pervasive Developmental Disorder • Substance Use Disorders • Depression/Anxiety Disorders, e.g.	• Condition-based care plan • Assessment based on population/need • Condition management • Long-term monitoring/support
3: Complex Members	• Assessment indicated • Creative Solutions Involved • Uncontrolled BH conditions • Multi-system involved • (3+ visits/6 mos): Crisis, ED, or Hosp.	• Comprehensive care plan • Assessment based on population/need • Minimum monthly team meetings • Long-term monitoring/support
3 + ITP/HFW	**Tier 3: Complex Members with intensive treatment planning or High Fidelity Wrap needs**	**External vendor with ITP or HFW expertise manage care management in conjunction with RAE oversight**

The highlighted portion that is in yellow, is what the Department is exploring for children and youth with high acuity needs that meet criteria through the standardized assessment process. High fidelity wrap-around/tiered planning. These members will still have contact with the RAE and Care Coordinator at the RAE.

Components to a System of Care

- Standardized Assessment: Standardized assessment (CANS) to uniformly determine a child's needs and service type.
- Crisis Reduction Teams: Intensive short-term in-home services and ongoing supports for those in crisis systems or Eds.
- Intensive Care Coordination with high-fidelity wraparound services and progress monitoring.
- Support services: Long-term in-home services to meet the support needs of children via Waiver.
- Specialty Placements:
    - Treatment Foster Care
    - CHRP residential for long term supportive placements

HB 24-1038: High Acuity

This bill is currently going through committee and proposes which relate to the Standardized Child & Youth (BH) Benefit (not all of these would like within HCPF):

- Standardized Assessments
- Intensive Care Coordination
- Support Services
- Habilitative Placements
- Residential Incentives
- Residential Quality & Oversight
- Residential Workforce
- Room & Board Alignment

ACC Phase III goals:

- Standardized Assessment
- Care Coordination Tiers
- Support Services
- Habilitative Placements
- Level of Care Tool
- High Fidelity Wrap
- Early Dyadic Services
- Intensive in-Home and Community Services

Discussion:

Continuum of Care throughout the State will include HCPF working with the BHA and other State agencies to having partnerships and open dialogues.

There needs to specification that the benefit is related to children in behavioral health needs and not all children.

There are several components to screenings. One, that happens through EPSDT and two, helping to define a pathway to care through behavioral health treatment for children and youth. Using the tools such as CANS and CANS Light screening tools. All the touch spaces will be a large focus in ACC Phase III, throughout all regions in the State.

Schools have limited support in rural counties—BH providers are not able to provide the appropriate support and how is that being addressed? For an example, there could be a County of 3,000 members and 1 provider in the mental health space is available. The Department recognizes the need, it is a priority for ACC Phase III.

5. EPSDT

Gina Robinson, HCPF

Early and Periodic Screening, Diagnostic and Treatment

EPSDT is a mandatory preventative and comprehensive health benefit for most Medicaid-eligible individuals under the age of 21 from CMS.

EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing, mental health, and dental services.

EPSDT-Where is it defined?

Section 1905(a)(4)(b)-list of services

Section 1905® of SS Act- definition of EPSDT services

Part 5 of State of Medicaid Manual-services

Medicaid.gov-EPSDT

Dental Care

EPSDT required services:

- Screening exam
- Vision services
- Dental services
- Hearing services
- Mental and physicals health care-*whether such services are covered under the state plan.*
- Mental Health and Substance Use Services

Member Communication

- States are required to inform families about the EPSDT benefit within 60 days of a Medicaid eligibility determination and annually thereafter.
- Required services to support access (States must also offer services to promote access to preventative, screening, diagnostic, and treatment services:
    - Scheduling assistance for appointments
    - Necessary transportation to and from appointments

- Related travel expenses
- Language assistances services for individuals with limited English proficiency

Diagnostic Services under EPSDT

- A screening examination may include the need for further evaluation, diagnostic services, or treatment.
- The referral should be made without delay.
- Provide follow-up to make sure that the child receives a complete diagnostic evaluation.

Treatment Services under EPSDT

- Health care must be available for treatment or other measures to correct, improve or ameliorate illnesses or conditions discovered by the screening service. All Medicaid coverable, medically necessary, services must be provided even if the services are not available under the State plan to other Medicaid members.

Medical Necessity is Not...

- Experimental or investigational
- To enhance the personal comfort of the client
- To provide convenience for the client or the client's caretaker
- To take the place of clinical guidelines or evidence-based medicine.
- A single provider cannot write an order and override the lack of evidence-based medicine.

When are EPSDT services required?

- Periodicity schedules (screening)
  - States must develop periodicity schedules that meet reasonable standards of medical and dental practice.
  - States must consult with recognized medical organizations involved in child health care OR may adopt a nationally recognized schedule such as Bright Futures

Managed Care Delivery System

- 64% of children enrolled in Medicaid and CHIP in federal fiscal year 2019 were enrolled in managed care delivery systems.

- MCO contractors must meet all EPSDT requirements.

Discussion:

- Limitations slide: How does a family/provider request approval if something comes up as limited?
    - The family should go to where the exception should go. Example: to the RAE, Dental go to DentaQuest.. ect.
    - There are expectations in the contracts that the State has with the RAE.
- EPSDT in ACC Phase III: How are we going to ensure that RAEs differ EPSDT benefits from all of the other benefits?
    - HCPF has a contractor, HSAG, doing audits of vendors to ensure that regulations are being followed. Additionally, the RAEs are submitting numbers of outreach rates. The Department does not just want RAEs to send out letters, it is not very effective. The Department wants to find out how can we be better and more effective at outreaching members.

Next meeting: April 11, 2024, 8:00-9:30am

Acronym Key:
ACC-Accountable Care Collaborative
ARPA- American Rescue Plan Act
BHA-Behavioral Health Administration
BH-Behavioral Health
BHASO-Behavioral Health Administrative Service Organization
BHE-Behavioral Health Entities
BUS-Binary Unit System
CBO-Community Based Organizations
CCHA-Colorado Community Health Alliance
CC-Care Coordination

CDHS-Colorado Department of Human Services
CDPHE-Colorado Department of Public Health & Environment
CHCO-Children's Hospital of Colorado
CHI-Colorado Health Institute
CHRP-Children's Habilitation Residential Program
CMA-Case Management Agency
CMHC-Community Mental Health Center
CMS- Centers for Medicare & Medicaid Services
COA-Colorado Access
CYCHCN-Children and Youth with Special Health Care Needs
DHMP-Denver Health Medical Plan
D-SNP-Dual Eligible Special Needs Plans
DM-ID-2: Diagnostic Manual-Intellectual Disability 2
FFS-Fee-For-Service
FQHC-Federally Qualified Health Centers
HCBS-Home and Community Based Services
HCPF- Department of Health Care Policy and Finance
HIEs- Health Information Exchanges
HTP-Hospital Transformation Program
HQuIP-Healthcare Quality Improvement Platform
IDD- Intellectual/Developmental Disability
ICB-Integrated Care Benefit
LTSS-Long Term Supported Services
KPI-Key Performance Indicators
MAT-Medication Assisted Treatment
MCE-Managed Care Entity
MCO-Managed Care Organization
MPH-master's in public health
NEMT-Non-Emergency Medical Transportation
NHP-Northeast Health Partners
OCL-Office of Community Living
OeHI-Office of eHealth Innovation
OOS-Out of State
P&CE-Provider and Community Experience Subcommittee
PCP-Primary Care Physician
PCMP-Patient Centered Medical Home
PMME-Performance Measurement and Membership Engagement Subcommittee
PMPM-Per Member Per Month
PHE-Public Health Emergency
PH-Physical Health
PHQ-9-Patient Health Questionnaire
PIAC-Program Improvement Advisory Committee
PRTF- Psych Residential Treatment Facility,
QRTP-Qualified Residential Treatment Program

RAE-Regional Accountable Entity
RFP-Request For Proposal
RMHP-Rocky Mountain Health Plans
SNC-Safety Net Connect, eConsult.
SDoH-Social Determinants of Health
SHIE- Social Health Information Exchange
SIM- State Innovation Model
STBH-Short-Term Behavioral Health benefit
SUD-Substance Use Disorder

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Callie Kerr callie.kerr@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.