



**MINUTES**  
**Accountable Care Collaborative (ACC)**  
**Provider and Community Experience (P&CE) Subcommittee**

October 14, 2021, 8:00-9:30 A.M.

## 1. Introductions & Approval of September Minutes (handout)

Kathy Snell, P&CE Co-Chair, called the meeting to order and Brooke Powers, Health Care Policy and Financing Department (HCPF) took attendance. The following people were in attendance:

- A. **Voting members:** Joanna Martinson (P&CE Co-Chair, KPJ First Services), Kathy Snell (P&CE Co-Chair, Aurora Mental Health Center), Gail Nehls (Envida), Anita Rich (Retired/Community Member), Jennie Munthali (Colorado Department of Public Health and Environment ((CDPHE), Carolyn Green, MD (retired), Shera Matthews (Doctors Care), Lila Cummings (Colorado Hospital Association.) A quorum was established.
- B. **Non-Voting Members:** Brooke Powers (HCPF, liaison to P&CE), Callie Kerr (HCPF), Erin Herman (HCPF), Courtney Phillips (HCPF), Jessica Zeiger (Colorado Community Health Alliance (CCHA)), Katie Mortenson (CCHA), Lisa Hinman (Denver Health Medical Plan (DHMP)), Dede de Percin (Mile High Health Alliance (MHHA)), Amanda Wade (San Luis Valley Health), Kidron Backes (HCPF), Emilee Kaminski (University of Colorado Department of Peds, CHCO), Julia Duffer (Regional Accountable Entity (RAE 4)), Jen Hale-Coulson ((RAE 2)), Marjorie Champenoy (Rocky Mountain Health Plans (RMHP)), Alyssa Rose (RAE 1), Murielle Romine (DHMP), Angie Goodge (CDPHE), Stacy Larrabee (North Metro Community Services), Denise Rooks (Chaffee County, Single Entry Points (SEP)), Erica Anderson (RMHP), Tara Maxfield (Denver Health Provider Relations).

Kathie Snell asked for a motion to approve the September 2021 meeting minutes, through an online poll. Marc Ogonosky was unintentionally put in the non-voting members section of attendance; the minutes will be approved upon noting that Marc Ogonosky would be moved into the voting member's section of the meeting minutes. There were no abstentions. September 2021 meeting minutes were approved.

## 2.STATE ACC PIAC-UPDATE

Joanna Martinson, State ACC Program Improvement Advisory Committee (PIAC) member.

- At the last ACC PIAC meeting, the Performance Measure and Member Engagement sub-committee (PMME) presented their charter and recommendations.



- The PMME group purpose is seeking to evaluate and improve Health First Colorado members experience and engagement. Seek alignment of health systems throughout Colorado. The group identifies best practices and provides guidance.
- PMME had six recommendations that they presented to the PIAC:
  1. Separate all performance measures by demographics by January 1, 2022. Demographics include race, ethnicity, gender, age, language, and disabilities. Looking to do the same to the base line data.
  2. They would like the Department to do a one-time analysis before they select/or modify new measures. Pertaining to specific groups of members who are excluded (who do not meet the continuous eligibility requirements) in the base population.
  3. Evaluate the health equity implications for each performance measure, ideally in advance of implementing a measure.
  4. If one of the RAEs is a high performer, the Department should encourage the other RAEs to implement the intervention, if it could lead to better health outcomes for the members.
  5. Tie performance dollars to disparity reduction in the future.
  6. The RAE should be required to actively support providers to ensure that 100% screen for suicidal ideation and have the training and tools necessary to engage in safety planning for members who screen positive.
- The PIAC must approve the recommendations then the recommendations would go to the Department internally for review and then back to the PIAC, with the response from the Department.
- Reviewed slides presented by Kim Bimestefer, the Department's Executive Director, at the PIAC meeting. Currently, 1 out of 4 Coloradans (1.53 million) are enrolled in Medicaid. Enrollment increased 22% since the start of the pandemic.
- Highlights from last year included protected members benefits, investments in mental health & substance abuse services, expanded telehealth, specific focus on health disparities, and the addition of around 11,000 new providers to the Medicaid network (16% increase). Vaccination rates were shared and recognition that there is still a lot of work to be done to get the most vulnerable populations vaccinated. Maternity programs within the RAEs were also looked at and that will probably be discussed much more in the future.

- PIAC Engagement on ACC priorities slides presented by Kiara Kuenzler.
  - Short/Medium Timeline: Focus on complex pediatrics definition, care coordination consistency (Fall 2022), implementation of 50+ bills impacting HCPF, Behavioral Health Administration (BHA), Behavioral Health (BH) transformational Task Force, American Rescue Plan Act (ARPA) funds implementation, and PHE unwind.
  - Medium/Long Timeline: Look at the different RAEs approaches and learn from them to develop a predictive risk model all RAEs can use (Ideally by July 2023)
  - Long Timeline: ACC 3.0
  - Questions for the P&CE group are: What are we going to focus on? What are we going to tackle? Anything that is care coordination would be a focus for the PC&E.
  - Discussion: Shera Matthews (Doctors Care) spoke on the issue of the increased members that we have now and the decreased amount of healthcare workers, and the barriers of specialty appointments that are available. That needs to be brought to light before any of the goals are submitted. Dede de Percin spoke on the gap of care providers working at this time. BH access to providers is very limited right now. Michelle Hoy spoke on the lack of help that the administrative side of healthcare is also experiencing.

### 3. P&CE Follow-up Items & Housekeeping

Brooke Powers, HCPF- Details for the upcoming presentation to the PIAC on October 20, 2021:

- PC&E presentation to PIAC

Joanna Martinson and Brooke Powers will present the charter at the next PIAC meeting, on October 20th, 2021.

[The P&CE Charter](#) has been approved by P&CE. The objectives have also been approved by the P&CE subcommittee, and the work that P&CE has been working on since last October, will be presented to the PIAC.

- [eConsults](#) update

The proposed eConsults program, has had feedback from Centers for Medicare and Medicaid Services (CMS). Unfortunately, as of now, this program is in a holding pattern. The Department is working with CMS and the Federal guidelines, to make sure the program as it is developed is in line with CMS's feedback. The timeline is shifting and has been pushed back. There has been a contract manager hired within HCPF and we hope to have them at our next meeting in December.

### 4. Care Coordination

Kidron Backes, Case Management/Care Coordination Specialist, HCPF. A liaison between the RAEs and the Long-term services and supports (LTSS) case management agencies (CMAs.)

HCPF encourages people from the LTSS community; the Single-Entry Points (SEPs) and the Community Centered Boards (CCBs) to attend and participate in discussions for the ARAP-funded project around care coordination/case management best practices.

- Two types of CMAs exist in Colorado: SEPs - oversee waivers such as Brain Injury (BI), Children with Life Limiting Illness, Community Mental Health Supports, Persons who are elderly, Blind and Disabled and Persons with Spinal Cord Injury. CCBs oversee waivers such as intellectual development disabilities (IDD), Children's Extensive Support, Persons who are Developmentally Disabled, and Supported Living Services (24-hour care).
- ARPA funds will be used to aid with case management re-design. The main purpose of the re-design is to streamline the case management system. For example, people who are on waivers won't need to know what kind of case management agency they must go to; There will be a place for them to go in Colorado, and no matter what type of need they have, that 'ONE' case management agency will be able to help them get connected with the waiver(s) that they need. The second part of the need for case management re-design is making sure there are case management agencies that are *conflict free*. Currently in Colorado, there are organizations providing both services and case management. On the Federal level they are no longer going to be able to run duly.
- Is there a clear definition for case management? Currently, there are rules and statues that say what those types of agencies must do, but no neat and tidy definition. This is one of the main reasons we need to do the re-design of care coordination. We want to do that with ARPA funding. Case management is about being available for Medicaid members
- There are four steps on the day-to-day job function of case management: 1. Intake/eligibility, 2. service plan and development, 3. ongoing case management (monitoring/referral) 4. Making sure that people have services in their plan and people are happy with their service plan. They may have their waiver in place but may need wrap around services.
- 72 projects were approved with the ARPA funds; one of the ARPA projects was looking at Case Management 'Best Practices'. The proposed timeline for this project (still evolving plan):
  - End of September 2021, the ARPA plan was approved!
  - Currently we are procuring a contractor to assist the State in doing the work. Hoping to have a contractor within the next few weeks. Once we have the contractor, they will be working on specific milestones that we

have set out for them and our scope of work.

- Those milestones include looking at case management and care coordination across Colorado.
  - Looking at what is in statutes for SEPs and CCBs and RAEs. Looking at their contracts with the state.
  - Developing a good definition for case management (what does it mean).
  - To give HCPF a list of core competencies that a case manager should have if they are doing this work. Looking at cross agencies-person-centered facilitation and planning, looking at a cross walk of rules and responsibilities.
  - Looking at cross agency suggestions; one of the barriers for RAEs and case management agencies are documentation for members who utilize both areas. Having a place where both entities- how do we document for the members in a concise way so both RAEs and case management agencies can access documents and communicate together. Referring to stakeholder engagement to see how case management agencies and the RAEs are doing. We are looking for the contractor to get feedback from subcommittee groups (PIAC, P&CE, MIAC etc...) on what they think is important in the case management world. What is quality to them? What are barriers that they come across?
- Eventually, we are looking to have the contractor develop a pilot program to test out changes and bring case management agencies and RAEs together in a new way. We don't know where the pilot program will be done from yet. We would like stakeholder engagement. We would like people to volunteer. We are going to rely on the contractor to tell us how they think the pilot should be done. We hope to then measure the success of the pilot program. Anticipated timeline for this process:
  - Stakeholder feedback along with the contractor feedback approximately October 2021- June 2022
  - Contract deliverables will be due from the contractor by June 2022
  - Pilot program beginning July 1, 2022, and lasting throughout the year
  - Evaluation of the pilot to be finished by January 2024
  - Anticipated Go live date July 1, 2024
- We want the contractor to do an evaluation of all the recommendations

and system mapping with ACC 3.0, to make sure that this ARPA project aligns with ACC 3.0.

- HCPF will be inviting the contractor to future stakeholder meetings, P&CE, PIAC, MIAC. Feedback is going to be heavy part of the design of the pilot.
- Kidron posted links for resources associated with the American Rescue Plan Act: [ARPA funding](#) was approved.
- Links for ARPA related information: [ARPA MEMO](#), [ARPA Newsletter](#), [ARPA Press Release](#)
- [Sign up for the newsletter](#)
- Just a reminder we will not be holding the November 11<sup>th</sup> meeting because it falls on a State holiday, we will meet again on December 9, 2021.

## 5. Open Discussion

Kathie Snell, P&CE Co-Chair

[Accountable Care Collaborative Annual Report FY19-20](#)- follow up from the last meeting, Shera Matthews inquiry from last meeting regarding data that is collected and presented by HCPF

Dede de Percin, wanted to bring to light the new approved coverage and services on gender affirming care, that was just released by the Biden administration. The discussion was with CMS, private insurance and Medicaid.

Dede de Percin provided some information on the [end of the public health emergency \(PHE\)](#) .*\*New information after the meeting: The PHE order has been extended starting on October 18, 2021 and could run through Jan. 15, 2022. The Biden administration has said there will be a 60-day notice period before any end to the PHE.*

Anita Rich suggests having a level setting process, as we add new people into the meetings for the SEPs and the CCBs and that getting provider input on the process is a balancing act.