



COLORADO

Department of Health Care
Policy & Financing

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

May 9, 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:** David Keller, MD (P&CE Co-Chair, State PIAC Member; Children’s Hospital Colorado), 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), Mark Levine, MD (retired; State PIAC Member) and Gail Nehls (Envida).
- B. Voting Members Absent:** Kathie Snell (P&CE Co-Chair; Aurora Mental Health & Recovery), Marc Ogonosky (Member), and Pat Cook (Colorado Gerontological Society)
- C. HCPF Staff:** Lindsey Folkerth, Callie Kerr, Rachel Shuck, Abbey Sukeena, Erin Herman, Andi Bradley, 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

David Keller, 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; 4-year terms, with a limit of two terms.
- We have recently had two applications and in the process of vetting them now.

3. [ACC PIAC](#) Update

Mark Levine and David Keller, State PIAC members

- April 2024 meeting recap
 - Finished up the Health Neighborhood presentations with RAEs 6 and 7 and Denver Health.
 - Discussion on how ACC Phase III will affect the Health Neighborhood.
 - ACC Phase III evaluation discussion, mirroring P&CE meeting last month.

4. Justice Informed Initiatives-Medicaid Criminal Justice Projects

Matt Pfeifer, HCPF

- Considerations during and after incarceration
 - Health Needs
 - 65% of prison inmates had a SUD vs 18% in general population
 - Mental health disorders make up 37% (prison) and 44% (jail)
 - 80% of returning community members have chronic physical or behavioral health concerns (even if they don't initially have them when going in)
 - Higher rates of incarceration for BIPOC populations compound health disparities
 - Heightened Risk
 - Risk of death two weeks after release is 12.7 times higher than general population
 - Risk of death from opioid overdose 129 times higher than

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- general population
 - Significantly increased risk for ED use and hospitalization
 - Those with SUD convictions have greater risk of criminal re-involvement and recidivism
 - Higher Medical Costs
 - \$6,641 spent per person in prison in CO for health-related services
 - 4.2% of the U.S. adult population has recent CJ involvement, but account for an estimated 7.2% of hospital expenditures and 8.5% of ED expenditures
- Justice-Involved Population in Colorado
 - Data from other states shows-80% of people leaving incarceration are Medicaid eligible
 - RAEs have data sharing agreements with DOC and Judicial to better support members as they transition to the community
 - Engagement in behavioral health services within 14 days of release from DOC has increased from 9% to 30.65% since implementation of data sharing since 2019
- Medicaid Inmate Exclusive Policy (MIEP)
 - Federal prohibition on Medicaid covering services while an individual is an inmate of public institution
 - Only exception is 24+ hour inpatient hospital admission
- Criminal Justice Projects
 - Statewide Criminal Justice Partnerships with HCPF (ARPA 8.10)
 - Goals:
 - Identify best practices for working with justice-involved members
 - Identify what needs are most important to justice-involved members
 - Work within each level of the justice system to implement best practices and address gaps identified in stakeholder engagement
 - Input for the project received from:
 - RAEs
 - Jails
 - DOC
 - Judiciary
 - Health Care Providers
 - Health First Colorado Members
 - DYS
 - Community Partners
- **HCPF Criminal and Juvenile Justice Collaborative**



- Ongoing stakeholder engagement in the development of criminal justice projects: 1:00-2:00 on the 4th Wednesday of each month- Open to the public
- Medicaid & CHP+ Juvenile Justice Transition Support (CAA 2023, Sec. 5121)
 - Consolidated Appropriations Act, 2023
 - Federal budget bill requiring all states to offer screenings, diagnostic services, referrals, and targeted case management services for juveniles in public institutions
 - Benefit timeframe: post-adjudication and 30 days prior to release
 - Implementation date: January 1, 2025
 - Applies to both Medicaid and CHP+
- Criminal Justice 1115 SUD Waiver Amendment-Reentry Services
 - Covers SUD services in Institutions for Mental Disease (IMDs) and other settings. CMS Approval period: January 1, 2021- December 31, 2025
 - HCPF is preparing to submit a proposed 1115 SUD waiver amendment to CMS in April 2024. Key Provisions include:
 - Continuous Eligibility Coverage for Children 0-3 Years of Age (HB23-1300)
 - Continuous Eligibility Coverage for Adults Release from Colorado Department of Corrections Facilities (HB23-1300)
 - Serious Mental Illness and Serious Emotional Disturbance (SMI & SED) Care in an IMD
 - Criminal Justice Reentry Services
 - Medicaid Coverage in Jails & Prisons

Following CMS guidance, Colorado applied on April 1, 2024

 - Coverage up to 90 days pre-release and must include:
 - Case management,
 - MAT services and accompanying counseling, and
 - 30-day supply of all meds upon release
 - Eligible Facilities: state prisons and youth detention facilities. Colorado plans to incorporate jails one year after implementation.

Goals of Pre-Release Coverage through Medicaid

- Reducing recidivism, health disparities, hospitalization, death



- Better connection to care, better health outcomes
- Expanding total access to physical and behavioral health care
- Continuous Coverage-1115 SUD Waiver Amendment
 - The request seeks to:
 - Ensure 12 months of continuous Medicaid coverage for adults leaving incarceration (DOC)
 - Promote longer-term access to and continuity of physical and behavioral health care and care coordination
 - Combat racial inequalities
 - Improve short and long-term physical and behavioral health outcomes and reduce recidivism for adults leaving the criminal justice system
 - A Medicaid-eligible adult shall remain continuously eligible for Medicaid regardless of income for 12 months beginning at the release date
 - Eligibility will be monitored by the State
 - Eligible adults who move out of state will not retain coverage
 - Coverage will not be retained if the adult requested voluntary disenrollment or is deceased

5. 1302 Behavioral Health Waiver

Rachel Shuck, HCPF

HB22.1302-Grants to expand integrated behavioral health care into medical clinics in rural areas.

Goal of supporting, improving, and expanding integrated behavioral health services in Colorado. Through distribution of funds allocated by ARPA funding (\$31 million). Short-term grant funding will be offered to physical and behavioral health care providers expanding access to care and treatment for mental health and substance abuse disorders using an evidence-based integrated care model.

Total applications summary:

- 151 total applications received



- 254 total sites in all applications
- \$70,875,941 total amount requested
- 1,560,000 total members served
- Providers in 37 counties
- 104 total eligible applicants

External stakeholders will begin soon, please send interest to Rachel.shuck@state.co.us

Visit our [website](#) for more information on grantees and information on the grants

6. Open Discussion

1. In person-meetings: Will HCPF go back to in-person meetings?
 - i. TBD
2. Summer Break: Take July or August meeting off?
 - i. Vote on it at the June meeting
3. Topics that are having impact: PHE Unwind

Next meeting: June 13, 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
- BIPOC-Black, Indigenous, and People of Color
- 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

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CHCO-Children’s Hospital of Colorado
CHI-Colorado Health Institute
CHRP-Children’s Habilitation Residential Program
CJ-Criminal Justice
CJJC- Criminal and Juvenile Justice Collaborative
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
DOC-Department of Corrections
DYS-Department of Youth Services
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
HQIP-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
MIEP- Medicaid Inmate Exclusive Policy
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.

