

# Policy Statement: Enhancing RAE Care Coordination for Health First Colorado Members in Residential Behavioral Health Treatment

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# Purpose:

The purpose of this policy guidance is to identify the expectations of Regional Accountable Entity (RAE) Care Coordination engagement and participation with and for pediatric Members under 21 years of age admitted to residential behavioral health treatment facilities.

These expectations will ensure appropriate and timely care is supported by the Health First Colorado Member's care team and enhance access to the full spectrum of Medicaid-covered behavioral health treatment services for Members with high-acuity behavioral health needs during and following residential treatment (e.g., Colorado System of Care identification & referrals).



# Background:

- Draft development and initial stakeholdering June-September 2025
- Policy Statement draft developed September 2025
  - Developed to align with feedback that the < 21 BH residential populations requires enhanced support from RAEs
  - Aligns with CCR, CO-SOC, and FFS to Capitation Carve-in work
- Stakeholder feedback sought from RAEs, residential providers, and CW SMEs from Sept-Dec 2025
- Final version approved & published, effective 12/8/25

# This Policy Statement Addresses:

- RAE & Provider Collaboration
- Care Coordination for Members in residential BH treatment
- Discharge Planning for Members in residential BH treatment
- Robust use of MDTs that take a member and family-centered approach
- Mitigates delays in access and/or d/c after the expected d/c date



# Intended Impacts:

- RAE/Provider Symbiosis:
  - RAEs may use this policy statement to **inform MOUs** with residential provider
  - Providers may use this policy statement as a **reference guide** for requested and required engagement with RAE
- Access to Care:
  - Enhance **access** to behavioral health treatment for high-acuity HFC members < 21 y/o
  - Improve the **step-down** and **discharge planning** processes by strengthening RAE & provider communication
  - This aligns with access to medically necessary services, to include **CO-SOC**
  - Accounts for **timelines** driven by payment sources: FFS & RAE Capitation



# Questions & Discussion



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