

Disability Competent Care Stakeholder Meeting

Presented by: Kyra Acuna, Adela
Flores-Brennan, Cody Hickman & David
Ducharme

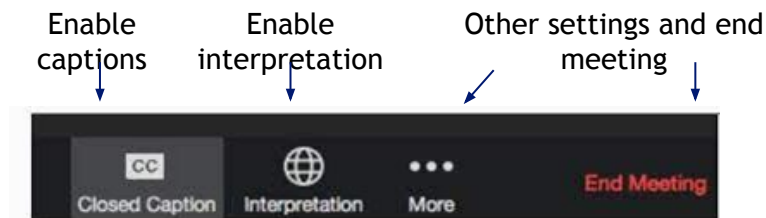


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Webinar Logistics

- We are recording - Avoid sharing protected health information
- Accessibility: Spanish language interpretation is available through the toolbar at the bottom of your screen



- Attendees will be muted during the presentation
- Use Q and A function to ask questions
- Materials will be distributed after the meeting

Who is HCPF?

- HCPF = Colorado Department of Health Care Policy and Financing
- Designated as Colorado's single state Medicaid agency
- Responsible for supervision and oversight of Colorado's public insurance programs



Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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What We Do

The Department of Health Care Policy and Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.



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Meeting Purpose

- Kick-off a regular space to discuss concerns, needs & changes to achieve better access to Disability Competent Care (DCC) in primary care settings for Medicaid and CHP+ members
- Continue work that has been ongoing & included a scope of work with Colorado Health Institute



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Meeting Purpose

- Support collaboration between the Department, members, advocates & providers



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Roles

HCPF Staff:

- Stakeholder Engagement Team
 - Kyra Acuna, Stakeholder Engagement Advisor
 - Sarah Davis, Stakeholder Engagement Team Lead & Senior Advisor



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Roles

Subject Matter Experts

- Adela Flores-Brennan, Medicaid Director
- Cody Hickman, Adult Complex Service & Support Specialist
- Matthew Sundeen, ACC Program Management Section Manager

Attendees: ask questions and provide feedback



Agenda

- Review Colorado Health Institute's Completed Work
- Learn About New Courses & Trainings
- Understand Regional Accountable Entity (RAE) Role, Obligations & Expectations
- Determine Next Steps for Prioritization



Questions & Feedback

Questions or feedback may be provided by:

1. Raising your hand or coming off mute
2. Typing a question/comment into the Q&A box



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Questions & Feedback

Complete the online feedback form

Email

HCPF_stakeholders@state.co.us



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Acronyms

BHA - Behavioral Health Administration

CDPHE - Colorado Department of Public Health & Environment

CHI - Colorado Health Institute

DCC - Disability Competent Care

EDIA - Equity, Diversity, Inclusion & Accessibility

FQHC - Federally Qualified Health Center



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Acronyms

MEAC - Member Experience Advisory Council

PIAC - Program Improvement Advisory Committee

RAE - Regional Accountable Entity

WCAG - Web Content Accessibility Guidelines



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Colorado Health Institute's Completed Work



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Research & Deliverables

- Completed research identifying key themes & findings
 - 4 memos summarizing research
 - Accessibility requirements
 - Barriers to care
 - Best practice literature review
 - FQHC activities



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Research & Deliverables

- Identified opportunities to ensure access to accessible care and expand capacity for DCC
- Generated ideas and next steps
 - Final recommendations memo



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Guiding Principles

- All Medicaid members are entitled to accessible care
- Accessible care is not the same as DCC
- DCC improves care and quality, and benefits all providers, members, and Colorado
- Proactive efforts to incentivize Disability Competent Care are more effective & responsive than reactive ones that place a burden on members



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Key Findings

Other aspects of DCC that could be further expanded upon:

- Virtual visits
- Provider readiness & preparation for visits
- Time to address patients' questions & concerns
- Care coordination



Challenges

Limited cultural competence & awareness as well as biases among providers & staff toward people living with disabilities.

Education

- About what is required to ensure DCC alignment
- How to increase capacity among providers for DCC



Challenges

Resources

- Funding mechanisms to increase accessibility
- Staff training & capacity
- Equipment affordability

DCC Policy Promoters





Questions or
comments?

Disability Cultural Competency in Behavioral Health & Healthcare

A New Training Opportunity



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Training Need & Development

- Critical need for cultural competence and cultural humility
- Community-driven approach



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Training Need & Development

- Partnerships:
 - American Rescue Plan Act (ARPA)
 - Instructional Design Department at the University of Colorado Anschutz Medical Campus, Department of Psychiatry
 - Co-Occurring Disability & Behavioral Health (CDBH) Steering Committee



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Training Overview

The Courses:

- Free, self-paced, online learning modules
- Progressive tracking
- Interactive elements (quizzes, knowledge checks)
- Downloadable resources & links to external resources
- Accessibility features (compliance with WCAG standards)



Training Overview

The Learners:

- Behavioral health providers
- Healthcare providers
- Direct care providers
- Administrative staff
- Case managers
- Care coordinators
- Anyone else who interacts with individuals with disabilities



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Two Training Tracks

Disability Cultural Competency for Behavioral Health Providers (DCCBH) Training:

- Focuses on increasing access to necessary behavioral health services through disability competency rather than clinical specialties
- Co-developed many courses with the BHA
- Appropriate for all roles within behavioral health
- 15 online, self-paced courses



Two Training Tracks

Disability Cultural Competency in Health Care (DCCHC) Training:

- Expanded through collaboration with Adela Flores-Brennan & Aaron Green
- Adapted from DCCBH courses
- Appropriate for all roles in health settings
- 11 online, self-paced courses



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OwnPath: BHA's Online Learning

- Presented by the Behavioral Health Administration
- Offers continuous learning & professional development in the ever-evolving field of mental health & substance use disorder



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OwnPath: BHA's Online Learning

- Free courses tailored to the learner's needs, conveniently accessible in one centralized hub
- Join a community of passionate professionals dedicated to improving mental health outcomes & making a positive impact in the lives of those served





Questions or
comments?

Contact Info

Cody Hickman
Adult Complex Service & Support
Specialist

cody.hickman@state.co.us

[OwnPath Learning Hub](#)
[BHA's OwnPath Main Website](#)



Regional Accountable Entity (RAE) Obligations & Expectations



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Accountable Care Collaborative (ACC)

- Colorado decides how to implement Federal Medicaid guidelines & rules. The ACC is the program design & structure that Colorado created to administer Medicaid to Health First Colorado, CHP+ members.
- Regional Accountable Entities (RAEs) are the organizations that HCPF chose to connect you to health care.



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Accountable Care Collaborative (ACC)

RAEs help members by:

- Coordinating care with different providers
- Helping with referrals
- Working with community groups for other needs (for example, food or housing)



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Accountable Care Collaborative (ACC)

RAEs help providers by:

- Coordinating between different types of providers.
- Helping with paperwork, data, and other technology to make it easier for patients.



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What is ACC Phase III?

- We are currently in Phase II: July 2018 to June 2025
 - Current contracts between the RAEs and HCPF expire at the end of Phase II on June 30, 2025
- Because current RAE contracts expire at the end of Phase II (June 2025), we need new contracts for Phase III.
 - Phase III will begin July 1, 2025
- Awardees were announced in September



Goals for ACC Phase III

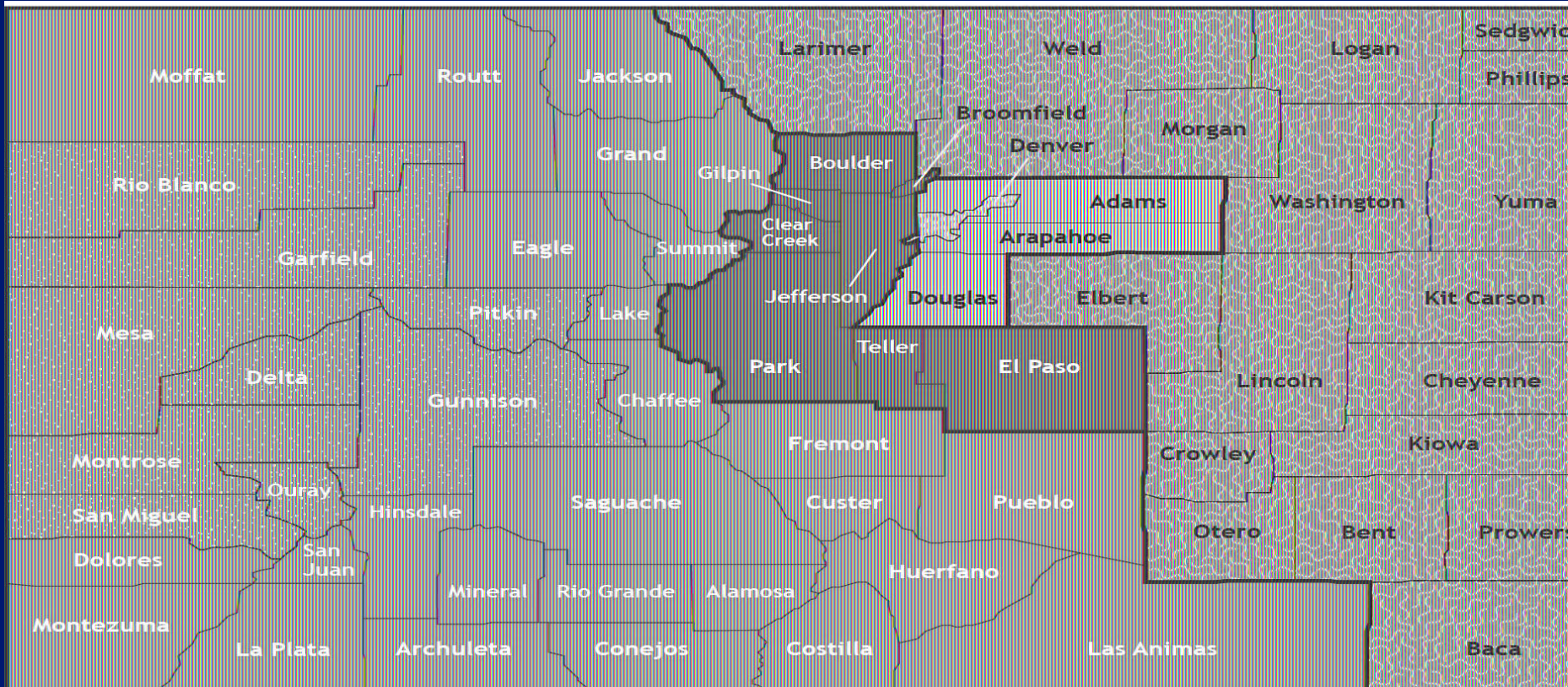
1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.



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ACC Phase III New Regions (Beginning July 1, 2025)



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Disability Competent Care in ACC Phase III



Cultural and
Disability
Competency
Trainings



Accessibility



EDIA Officer and
Health Equity Task
Force



Provider Network
Directory



Questions or
comments?



Prioritization Work & Next Steps



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DCC Policy Options

- Based on CHI's final recommendations memo
- HCPF is requesting feedback on which policy options we should prioritize & pursue first
- Recommendations consolidated & broken into two groups
 - Items requiring policy or operational development
 - Items that are administrative in nature



Policy/Operations: Accessibility & Capacity

- Update DCC Assessment Tool
- Design easier process to file accessibility grievances
- Coordinate with people with disabilities, provider associations, and RAEs to define an ongoing, required DCC



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Policy/Operations: Accessibility & Capacity

- Develop or revise payment model for enhanced per member per month or incentive payments for Medicaid members living with disabilities to promote DCC



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Policy/Operations: Accessibility & Capacity

- Promote funding mechanisms like no interest loans & grants for providers to purchase or upgrade equipment or make clinic renovations to increase accessibility
- Promote use of telehealth as approved, reimbursable care modality



Administrative: Collaboration and Information Sharing

- Update and circulate DCC best practice, policies & procedures in primary care settings via RAEs
- Require RAEs to document & report out DCC progress at MEAC/PIACs
- Require RAEs to report disaggregated disability status data in health equity reports or deliverables
- Convene RAE EDIA officers quarterly & include DCC on agenda



Administrative: Collaboration and Information Sharing

- Distribute information on ADA & 1557 requirements, etc.
- Support/participate in cross-agency workgroup to discuss shared priorities
- Work with CDPHE on monitoring accessibility requirements



Administrative: Collaboration and Information Sharing

- Require RAEs to report disaggregated disability status data in health equity reports or deliverables
- Convene RAE EDIA officers quarterly & include DCC on agenda



Feedback on Policy Options

- Which 1-2 policies should we prioritize for focus?
- Does it make sense to create a workgroup to further develop top 1-2 priorities?

OR

- Develop priorities in larger group?
- Any other suggestions or feedback?



Next Steps

- How often should the larger group meet?
- How often should workgroup(s) meet?
 - Is late February too soon for workgroup kickoff?
 - Bi-monthly? Quarterly? How often should workgroups meet?
- Complete Google form to sign up for workgroup interest/participation



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**Final
questions or
comments?**

Contact, Website & Follow Up

Kyra Acuna

HCPF_Stakeholders@state.co.us

Follow Up Email will include:

- Meeting recording
- Copy of slides
- Link to new Disability Competent Care webpage
- Additional information about new workgroup creation



Thank you!

