

Colorado Health Institute: Spanish slide deck here -

Colorado Health Institute: If you are a Health First Colorado member (or family member or caregiver of a Health First Colorado member), you may use this form to sign-up to receive compensation for your participation today:
<https://forms.gle/btzBKa6dKcckvAUD8>

Colorado Health Institute: More information on the priority initiatives are available on the final page:
<https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Fact%20Sheet%20February%202023.pdf>

Colorado Health Institute: English slide deck is also available here -

Attendee: Important to note the dollar amount for RAE way larger than BHASO

Attendee: Bhaso should follow rae

Cristen Bates, HCPF: Yes the Medicaid Behavioral Health System is over \$1B per year, and a significant majority of this funding currently goes to the RAEs.

Attendee: Please don't implode the Medicaid system to follow bhaso as BHA didn't get or listen to input

Attendee: BHASO should also help eligible ppl enroll in Medicaid

Attendee: So who leads?

Attendee: Reacted to "BHASO should also he..." with 👍

Colorado Health Institute: Thanks, everyone, for these comments. We will take a moment to acknowledge comments made so far in the chat when we get to the discussion section, but please feel free to continue to contribute.

Attendee: We can still hear you, just a little bit cut

Attendee: Provider concerns can be addressed by streamlining enrollment

Attendee: Don't move Larimer out of west slope...

Attendee: Noone asked Larimer clients

Attendee: Noone went to Medicaid client council

Colorado Health Institute: You can view a screen capture of the map here:
https://drive.google.com/file/d/1cZdfGsROPT-rY1s7uhN_I3bJ3cIYi2dV/view?usp=sharing

Attendee: Sounds like hcpf made up your mind already or did I misunderstand

Cristen Bates, HCPF: At this point we have agreed to have Larimer and Weld in region 2 for this draft. None of the maps are final

Attendee: You haven't considered disruption on top of tons of other change

Attendee: Do you have a map of current REA to put over this map?

Colorado Health Institute: Replying to "Do you have a map oo..."

Colorado Health Institute: Our graphic designers are working on it, but we made a draft earlier today that, frankly, was just too many colors to make much sense. But, it's a great suggestion, and we are working on it!

Colorado Health Institute: A map of the current REAs is available here - <https://hcpf.colorado.gov/accphase2>

Attendee: Our REA covers a large area of some of the poorest rural area, and already struggle to share information, with little or no resources. The further the county is from the metro area the less engagement and support there is. Now we want to expand this area- how do you believe this will assist these county.

Attendee: It would be helpful to hear if there have been any issues to date with the existing REA regions and region size. (Other than Larimer County). Is there rationale for having fewer REAs or fewer REA regions? Are there quality concerns? I guess I'm trying to understand the REA map in and of itself, separate from aligning with proposed BHASO regions. There will be fewer BHASO regions and fewer BHASOs most likely because there is so much less money available for the BHASOs.

Attendee: If both REA and BHASO's do case management who takes the lead??

Attendee: Reacted to "If both REA and BHAS..." with 👍

Attendee: How will we ensure that we don't have a fragmented system between behavioral and physical health by implementing the BHASOs and the REAs? It appeared that developing the REAs helped with the previous silos of the BHOs of the past-how us this different?

Attendee: Reacted to "If both REA and BHAS..." with 👍

Attendee: Not been our experience

Attendee: Reacted to "Not been our experie..." with 👍

Attendee: Reacted to "Not been our experie..." with 👍

Attendee: So who does which case management???

Attendee: It is exhausting for clients to constantly have things upended because someone in government wants to change something. There is some change we want. Please give clients at least equal consideration to vendors

Attendee: Reacted to "If both RAE and BHAS..." with 👍

Attendee: Reacted to "It is exhausting for..." with ❤️

Attendee: Soooo it isn't behavioral health?

Attendee: Lots of uninsured are Medicaid eligible

Attendee: Reacted to "It is exhausting for..." with ❤️

Attendee: Reacted to "Lots of uninsured ar..." with 👍

Attendee: The universal contract is fantastic

Attendee: Reacted to "Lots of uninsured ar..." with 👍

Attendee: Did I understand correctly that all BH providers who want to serve safety net population will be required to contract with all BHASOs?

Attendee: Brian, No it is the opposite. Anyone who contracts with the BHASO has to be Medicaid enrolled

Attendee: Reacted to "Lots of uninsured ar..." with 👍

Attendee: Reacted to "It is exhausting for..." with ❤️

Attendee: Whole person care and keeping with the effort of keeping all coloradans covered

Attendee: So now the providers and the members get to "coordinate" with more people and organizations for "care coordination"

Attendee: Seems very uncoordinated

Attendee: Reacted to "So now the providers..." with 👍

Attendee: Reacted to "Seems very uncoordin..." with 👍

Attendee: Reacted to "So now the providers..." with 👍

Attendee: Replying to "Seems very uncoordin..."

Attendee: I agree!

Attendee: When will HCPF make the decision about the number and geography of RAE regions?

Attendee: Having a no wrong door approach, rather than adding a layer is more complicated. Medicaid eligible still do not know about RAEs after years! Why do we think they will know to call another acronym

Colorado Health Institute: Additional feedback or comments can be submitted via e-mail to me at MathurS@coloradohealthinstitute.org and I will share it with the

appropriate parties. We also have an Open Feedback form available on the Phase III webpage we are checking and passing along summarized, de-identified feedback regularly. <https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>

Attendee: I think it makes a lot of sense to allow this. It would expand the availability of the RAEs to then service (through BH services) of up to 300%. The relationships are already there and I believe it would be a great addition.

Attendee: Reacted to "When will HCPF make ..." with 👍

Attendee: Reacted to "Anyone who contracts..." with 👍

Attendee: Hope the poll was accessible

Colorado Health Institute: Upcoming meeting dates and registrations are available here: <https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>

Attendee: If not you shouldn't use it

Colorado Health Institute: We invite all attendees, who have not already done so, to complete this survey after today's meeting on specific county placement and additional considerations - <https://www.surveymonkey.com/r/CH3PS2N>

Attendee: How to answer the question of subdividing the 3 regions seems to be connected to knowing if regions can have more than one RAE and how many region contracts a RAE can possess.

Attendee: Thank you!

Attendee: Thank you!

Attendee: Thank you for offering the translation services and funding for members.

Questions Submitted via Q&A

Question	Answer
Are you posting the English slide deck in the chat?	yes, I will in just one moment. Thank you!
[Attendee], following your comment that BHASOs will serve individuals outside their region - will individuals be assigned a single BHASO? Or move between BHASO based on where they seek services?	live answered

So these people have to travel over 250 miles to receive service, not helpful	
Thank you!	No problem!
The regions seem very big. How will we ensure people in sparsely populated areas receive services? Especially if services must be received within 30 miles.	live answered
Sorry wrong question	
if you only have one rae in metro what do you do if you need to terminate a contract	live answered
<p>Can you provide any information about how the provider-contracting will be different with the BHASOs than it is with the RAEs (or if it won't be different, why)? It is burdensome for providers to have to contract with multiple RAEs (7 in total if they want to ensure they can serve anyone around the state who needs care) & I'm hopeful that the larger BHASO regions will help to re-define the RAE map/decrease the # of RAEs providers must contract with to serve clients who live in various regions.</p> <p>We (providers) cannot wait for the Universal Contracting & are happy to hear it'll be applied to the BHASO contracting too — it's still extremely unfortunate that there will continue to be what feels like duplicative contracting processes for providers (having to contract with 3 BHASOs through the same contracting process repetitively in addition to contracting with the individual RAEs)</p>	live answered
Can a RAE apply to be a BHASO and vice versa?	live answered
<i>Are you bring in the frontier counties to see what their issues are?</i>	<i>not answered due to time</i>