

Welcome, thank you for joining us!

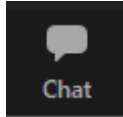
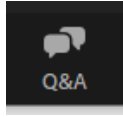
- *La interpretación en español comenzará en breve, gracias por su paciencia.*
- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.
- Slides and a recording of the presentation and discussion will be available on the Department's website.
- ASL interpretation and live captioning is available.
- **Health First Colorado members:** We will share a link in the chat to receive compensation for your time today.

ACC Phase III Planning

Aligning RAE and BHASO Regions

April 20, 2023
Statewide Meeting

Questions or comments?

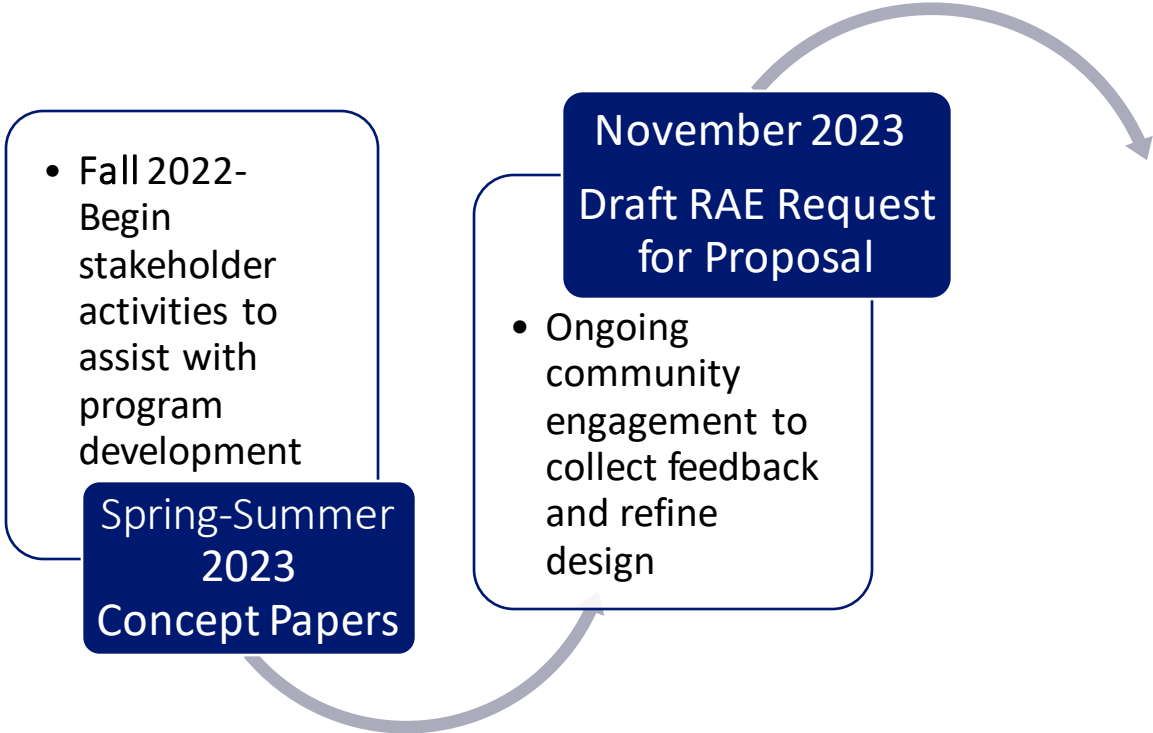
-  Use the chat for comments.
-  Use the Q&A feature for questions.
- Please hold verbal questions until the discussion portion of our meeting today.
 - Use the "raise hand" feature under Reactions to indicate a question.

Agenda

- Stakeholder Feedback, *Colorado Health Institute*
- Background, *Dept. of Health Care Policy & Financing, Behavioral Health Administration*
- Current Proposal and Analysis, *Dept. of Health Care Policy & Financing*
- Discussion, *Colorado Health Institute*

Stakeholder Feedback

Timeline



ACC Phase III Vision for July 2025

Why: Goals

- ★ Improve quality care for members
- ★ Close health disparities and promote health equity for members
- ★ Improve care access for members
- ★ Improve the member and provider service experience
- ★ Manage costs to protect member coverage, benefits, and provider reimbursements

What: Priority Initiatives

-  Improved Member Experience
-  Accountability for Equity and Quality
-  Referrals to Community Partners
-  Alternative Payment
-  Care Coordination
-  Children and Youth
-  Behavioral Health Transformation
-  Technology and Data Sharing

How: Pathways to Success

Simplifying Systems

Incentivizing Better Outcomes

Stakeholders are supportive of changes that simplify systems through standardization and centralization.

The Department must still consider ways to promote equity and take into account variation by population and community based needs. This includes considering what is already working well for specific regions or people.

Stakeholders hope the ACC will be aligned with the BHA.

- Stakeholders expressed concern about building two entirely separate systems and emphasized that alignment through procedures and geography was important.
- However, the Department recognizes that physical health needs for the Medicaid population may not perfectly align with behavioral health needs.

Background

Level-setting

- Today we will be discussing geographic alignment of the following two entities:
 - **Regional Accountable Entities (RAEs)** – managed by the Department of Health Care Policy & Financing, new RAE contracts go live 7/2025.
 - **Behavioral Health Administrative Service Organizations (BHASOs)** – managed by the Behavioral Health Administration, go live 7/2024.

Level-setting

- The Department of Health Care Policy & Financing and the Behavioral Health Administration are committed to being thoughtful about how the RAEs and BHASOs might align. **The shared map is created in that spirit.**
- The final map has not yet been decided.
- We are moving quickly to do our best to support the BHASO timeline for RFP, given their 7/1/24 legislative effective date.


Behavioral Health Administrative Services (BHASO) Overview

- C.R.S. 27-50-401 established the newly proposed safety net system that creates regional Behavioral Health Administrative Services Organizations (BHASOs).
- The BHASOs must be established no later than July 1, 2024.
- BHASOs must accept and provide behavioral health safety net services to individuals outside of their own region.
- BHASOs will operate on a regional basis.
- Entities will participate in a competitive process (RFP) to become a BHASO.

The BHASOs will:




Help individuals and families initiate behavioral health care and ensure timely access to service.



Provide a continuum of behavioral health safety net services and care coordination.



Consolidate MSOs, ASOs, and services offered by CMHCs.



Interface and align with the RAEs that manage services and provide care coordination for Medicaid members.

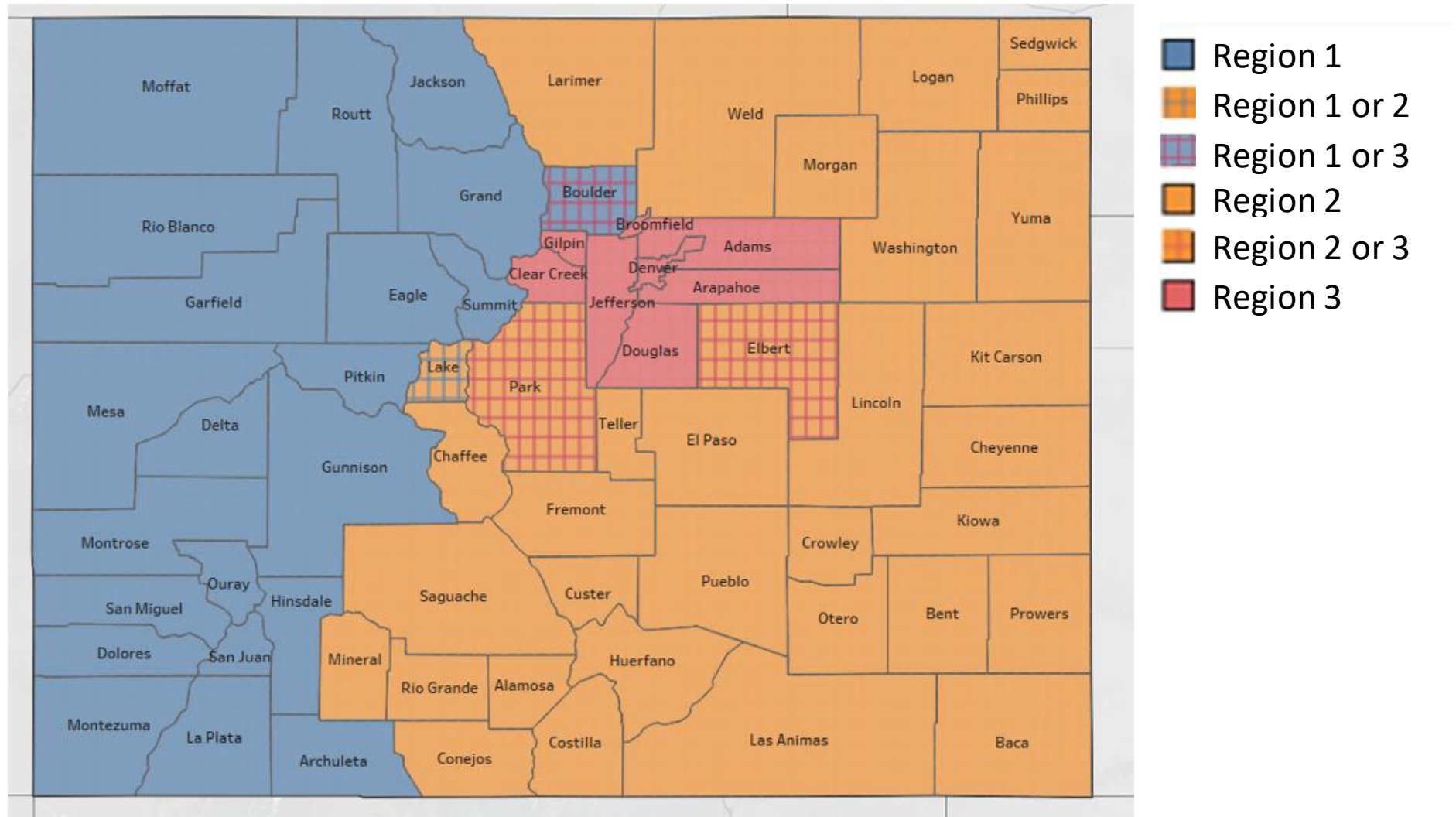
Guiding Principles

- Ensure populations are large enough to effectively manage risk
 - Include at least 2 population centers
- Support and promote existing member utilization patterns and existing care infrastructure
 - Minimize disruption to providers and Medicaid members
- Support value of community-based care

Factors Considered

- Geography/number of counties
- Population demographics
- Behavioral health needs
- Continuum of behavioral health services
- Medicaid utilization patterns
 - Utilization in member's home county vs adjacent counties
- Provider networks
- Stakeholder feedback

Three-Region Proposal for BHASOs and RAEs



Discussion

Future Considerations

- Understanding how new regional boundaries will impact the number of RAEs and contractual responsibilities
- Understanding how to ensure a regional focus on care within larger boundaries

Stakeholder Questions

- Are there any data points or key considerations that we've missed that should be examined in the process of determining these regions?
- Should any of the regions be further subdivided to include multiple RAE regions?

Zoom Poll

Upcoming Stakeholder Meetings

- **Regional Meetings (Virtual)**
 - [Boulder County](#): April 25, 5:00 - 6:00pm

**Regional meetings were held with Larimer, Weld, and Elbert County stakeholders the week of April 10 and Park and Lake counties April 19.*