



**COLORADO**

Department of Health Care  
Policy & Financing

# ACC Phase II March 2016 Behavioral Health Transformation Council Meeting Summary

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*May 2016*

## Background

The Department convened a [meeting with behavioral health stakeholders in December 2015](#) to discuss the proposed Accountable Care Collaborative (ACC) Phase II model and solicit feedback. Stakeholders made comments and asked questions on the Department's proposed fee-for-service model which was then categorized under the following themes:

- Health Care Delivery (Access/Utilization Management/Care Coordination)
- Payment
- Quality Improvement/Quality Assessment/Provider Credentialing
- Behavioral Health Information Data Sharing (42 CFR and HIPAA), and
- Special Populations

The Department then worked with the Colorado Behavioral Health Council and other established stakeholder groups who were tasked with developing solutions in response to the questions. The work of those groups in combination with the Department's continued development of the model, resulted in the program decision to retain a modified capitation payment methodology for core behavioral health services. The Department [released details of the new model in February 2016](#).

## March 2016 Behavioral Health Transformation Council

Some questions posed by stakeholders at the December 2015 behavioral health stakeholder meeting were not addressed or solved by the Department's [decision to retain a modified capitated payment](#). The outstanding questions were posed to a group of stakeholders at the March 2016 Behavioral Health Transformation Council meeting following a Department presentation on the revised ACC Phase II behavioral health reimbursement model. The questions and a summary of the feedback is reflected below.

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## 1. What Request for Proposal requirements should the Department include to ensure that appropriate Behavioral Health referral options are available when needed?

Summary of feedback:

- Bi-directional integration of behavioral and physical health
- Ensure adequate provider networks in metro, rural and frontier regions
- Use prior performance on previous measures (e.g. access, coverage, expertise, workforce robustness, MOU's, etc.) as an indicator of future success.
- A requirement that the Regional Accountable Entities (RAEs) identify partners and provide a full continuum of services.
- Require broader alignment than currently required in crisis services or integrated care.
- Eliminate covered diagnosis as a barrier to care.
- Encourage community-wide integration.
- Demonstrate an understanding of the community and region, identify who are the providers, what are the barriers to services and provide solutions. Demonstrate what the required credentials are and how well they can provide the services.
- Consider investing in the standards of service, be willing to spend a lot of money in regions with fewer resources to meet the network adequacy requirements.
- Require client surveys. Ongoing feedback and input for clients is important.
- Require performance measure that will move the system forward.
- Require the RAE to explain what they would do to support providers and increase capacity within their managed care network.
- Evaluate success and payment via consumer satisfaction, engagement, collaborative decision-making and empowerment.
- Increase the consumer's participation in their own health care.

## 2. Should the Department require a standardized risk and assessment instrument? If so, should it be created specific to Colorado's needs? Or is there one currently available we can use?

Summary of feedback:

- Alignment with the Zero Suicide Framework.
- Use the PHQ2 and PHQ9, make it a state-wide expectation
- Tailor the instrument to be culturally competent
- Standardization is always best, including across physical and behavioral health.
- Something we can benchmark nationally, not be Colorado centric, so we can measure ourselves against other states.

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- The RAEs are not Behavioral Health Organization's (BHO), they work with physical health care settings and they should be done in physical and behavioral health as early as possible.
- The risk assessment should be simple enough to be applicable to everyone.
- Broad screening should be done for helping all people.
- Start with 2 standardized questions and go from there.

### **3. How should the department ensure quality Substance Use Disorder (SUD) services are provided, particularly in rural and frontier areas, while still adhering to federal provider qualification guidelines?**

Summary of feedback:

- Recommendation to invest more in telehealth to allow for better access.
- Workforce development and thoughtful analysis of long term needs.
- Utilize recent WICHE report on the behavioral health system' needs.
- Strongly suggested language about integration, medication consistency and the local jails.
- More work needed on individuals returning to community from institutions.
- Full continuum of quality SUD services are necessary.

### **4. Services will still be delivered based on the criteria of meeting medical necessity. What RFP requirements should the Department include regarding the RAEs Utilization Management (UM) process in the absence of covered diagnosis?**

Summary of feedback:

- Respondents need to articulate clearly what the criteria are and define the methodology.
- Medical Necessity reviews need to be transparent to allow the department and community to know how the decision was reached.
- Look at guidelines and parameters, ask for documented evidence or performance of those same criteria in other states and are whether they are streamlined with any other system.
- The state needs to establish a baseline level of requirements for UM.
- Ask respondents to explain how they plan to resolve conflicts on provider opinions and ensure expediency of decision-making.

### **5. What outcome measures should be used for Mental Health? For SUD? For Co-Occurring?**

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### Summary of feedback:

- Outcome measures should be standardized and comparable to national measures.
- Whatever we measure should not negatively impact efficiency in the organization.
- Use indicators like social economic, interpersonal status, to the extent that this can capture if the behavioral health service delivered has a positive impact on the person's life.
- Establish a broader view of improved outcomes instead of the narrow focus of blood pressure and depression.
- Communicate and coordinate outcomes with other state agencies and initiatives so there is standardization.
- Be inclusive of measuring outcomes with utilizing peers in BH workforce.

## 6. How should 42 CFR Part 2 SUD privacy issues be addressed in the HIE?

### Summary of feedback:

- Recommend waiting for final outcome of proposed rule addressing changes to the Confidentiality of Alcohol and Drug Abuse Patient Records regulations (HHS' proposed new 42 CFR rule February 2016).

## 7. Should telehealth and online services be incentivized? How?

### Summary of feedback:

- Expand the access to services through telehealth and online services.
- The Department should not decrease level of provider qualifications.
- Unlicensed individuals should not be able to provide this service even if supervised.
- Allow these methods of service delivery *and* promote quality healthcare.

## 8. Should there be a standardized screening tool for SUD (such as Screening, Brief Intervention, and Referral to Treatment (SBIRT)) and referral to SUD services?

### Summary of feedback:

- Support for universal and standardized screening tools.
- Screening should include traumatic brain injury as well.
- Providers need to be able to provide brief therapy prior to the need for

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outpatient SUD services.

- There is a gap in covered SUD services. Someone should be able to receive 3 to 5 brief sessions without needing outpatient care and a CCAR completed.
- Strong recommendation that the Department use SBIRT universally in all of the service environments.
- Providers must be trained on administering the screening instrument and the Department needs to monitor this and ensure fidelity to the tool.
- RFP should require respondents to detail how they are going to maintain a robust network of providers across their region.
- Need to strengthen the referrals to appropriate care.
- The state needs a multi-tiered system of care.
- A truly integrated system has to cover the whole spectrum of a person's needs.
- There should be a focus on treatment that addresses the underlying causes of a substance use disorder rather than just addressing the symptoms of the disorder.

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