



PIAC Members		Colorado Access Staff	
	Andy Wallick	x	Kelly Marshall
	Bipin Kumar, Himalaya Family Clinic	x	Beth Coleman
	Bob Conkey, Health First Colorado	x	Celia Myers
	Carol Meredith, The Arc Arapahoe & Douglas	x	Eileen Barker
x	Carol Tumaylle, Office of Refugee Resettlement, Refugee Health Division	x	Julia Mecklenburg
	Courtney Phillips, HCPF	x	Kellen Roth
	Daniel Darting, Signal Behavioral Health Network	x	Molly Markert
	Ellie Burbee, Kids in Need of Dentistry	x	Nancy Viera
x	Genevieve Fraser, HealthOne		
	Gina Brackett, Parent to Parent		
x	Harry Budisidharta, Asian Pacific Development Center		
x	Ingrid Kolstoe, Parent, Health First Colorado		
	John Douglas, Tri County Health Department		
	Joseph Prezioso, Health First Colorado		
	Juan Marcano, Aurora City Councilmember		
x	Marc Ogonosky, Health First Colorado		
x	Maria Zubia, Kids First Healthcare		
	Matthew Pfeifer, HCPF		
	Natalie Archuletta, DentaQuest		Guests
	Patty Ann Maher, Elbert Cnty Collaborative Mgmt Program	x	Angela Wilson, Adams County Human Services
	Ruby Arias, Aurora Public Schools	x	Ashley Phillips, Centura Health
	Tara Miller, Juvenile Assessment Center	x	Katie Broeren, PIAC 5, MAC Member
x	Wendy Nading, Tri County Health Department		
	Whitney Gustin Connor, Kids First Colorado		

Agenda Items	
Welcome, Introductions & Committee Business (Slide 4)	<p><i>Approval of March Minutes:</i> The March meeting Minutes were presented for approval. The March meeting Minutes are approved unanimously.</p> <p>Member Advisory Committee (MAC) Update Marc Ogonosky</p> <ul style="list-style-type: none"> - Internal presentations: Member survey committee, vaccine mailers, end of PHE, marketing, community engagement, population health, compliance, CEO introduction - MAC has chosen one of two unique member outreaches: <ul style="list-style-type: none"> o Messaging around crisis services in the COA catchment areas o Working with provider team to promote DentaQuest benefits and encourage members to utilize the benefits - Looking for new MAC members!
Meeting Format / Logistics	<p>Nancy Viera</p> <ul style="list-style-type: none"> • Discussion on preference of meeting format: virtual, hybrid model <p>Questions & Discussion Chat: Genevieve: Virtual Option would be much appreciated. Chat: Harry: I am fine with any of the options Chat: Ingrid: Hybrid</p>

	<p>Chat: Carol: Hybrid is a nice option -- that way if can make it to location (or are comfortable with it), we can attend in person. Or if logistics challenge or prefer super social distance, have an option to still attend.</p> <p>Suggest every other meeting in person</p> <p>Suggested that PIAC tour other facilities, organizations that can handle hybrid model</p>
<p>Behavioral Health Progress (Slides 5-26)</p>	<p>Eileen Barker, Celia Myers, Beth Coleman</p> <ul style="list-style-type: none"> • 47 initiatives total for both regions, 42 are live • Focus Areas: Child/Adolescent, SUD, Workforce Shortage, Safety Net Services, Capacity/Growth/Sustainability, Special Populations • Expansion Plan Examples: <ul style="list-style-type: none"> ○ Designed and implemented with Denver Health a specialized SUD program for high service utilizers ○ Supported positions with Servicios De La Raza to better support those coming out of prison environments ○ Funding arrangements to better support children in need of bed based and outpatient intensive services • COA Expanding Provider Network <ul style="list-style-type: none"> ○ Behavioral Health Organizational Provider Endorsement (BHOPE) ○ New endorsement process for organizationally credentialed providers to utilize pre-licensed staff/interns to render services to COA members • SUD Residential Coverage: As of 1/1/21, Medicaid benefits expanded to cover inpatient and residential levels of SUD treatment <ul style="list-style-type: none"> ○ SUD Providers interested in contracting with COA complete a clinical application that demonstrates several commitments to quality treatment ○ 25 have completed this application process, 16 have been approved ○ Practice Support: Provided application support for 3 large SUD providers whose policies did not pass quality review ○ Center of Excellence: Value based incentives: quality bonus between \$50k-\$85k and per diem increase of 10% • BH Provider Network Growth Strategy: Goal: Ensure we have a diverse and inclusive provider network with the capacity to provide quality services to meet our members' behavioral health needs <ul style="list-style-type: none"> ○ Increase capacity with existing BH providers: 26% fee schedule increase that will infuse at least \$12M into the network at current utilization ○ Recruitment in collab with COA DEI team; attend community meetings to promote health equity, direct outreach to diverse providers <p>Questions & Discussion</p> <p>Q: Ingrid: In a time when we aren't finding people to do these jobs, does this mean you are licensing providers that can work with unlicensed people to do the work? If we're constantly looking for people who have the education versus people that have experience, how will you ever create a diverse workforce? Need to ensure that we're serving people from different communities with people from those communities, does this provision do that?</p> <p>A: Celia: Yes, correct, this is specifically for outpatient providers, traditional practice settings; community mental health centers and hospitals can already work with unlicensed people; I think we'll have both – people with experience and education</p> <p>A: Rob: This is one element to help increase the provider network; we're partnering with organizations that are training a more diverse workforce, which helps facilitate the diversity of our network, and helps those who aren't eligible for licensure to do the work with a provider, expands the types of organizations that can do this</p>

A: Eileen: This is one of the ways that individuals can gain the experience in the field, allows bachelors level, peers, case mgrs. in community mental health settings, those with a lot of experience who are non-licensed

Ingrid: Consider dropping the licensing standard, we're in a time where extensive life experience can equate to education; drop the idea that someone must go through formal educational training because many people will have the life experience and ability to provide services, but can't afford the education

Eileen: There are different levels and types of services provided where it's appropriate for education to be a part of that licensure, for example, something a masters level clinician can do that an untrained person should not do; we're trying to balance ensuring the best quality care for our members, want people who are highly trained, licensed to do what they're specialized in, but this open the door to people without licenses who can provide quality service, but they're not all going to be providing the same service

Chat: Julia Mecklenburg: There was a lot of discussion at the other PIAC meeting about funding Peer Specialists

Chat: Molly: Does this also help peers or folks with life experiences to work? I would think family members would be a great resource for other family dynamics

Chat: Rob Bremer: Our work to diversify our network also came up in the region 5 meeting Monday. We can have our office of DE&I present at an upcoming PIAC to discuss all the work we are doing in this area.

Chat: Ellie: Agreed Molly! KIND is also focusing on hiring/partnering with patient families to serve other families in our programs, through a pilot program, and lots we still want to learn here. Would be interested in more on this topic, across different lines of healthcare.

Wendy: Good idea for a future topic around other sectors of health care beyond traditional, reimbursement around peer support, family navigation

Q: Chat: Harry: When is that 26% fee schedule increase will go into effect?

A: Eileen: Went into effect April 1st; some providers don't have traditional fee arrangement with us and we're reaching out to them now

Q: Harry: Re: Centers of Excellent, is that limited only to SUD providers or for other BH providers?

A: Celia: Only for SUD residential providers

Q: Maria: Where are you at now with providers meeting the populations that they serve?

A: Beth: We've already actively begun outreach to groups like Therapists of Color Collaboration, Denver Family Institute; just beginning our data driven approach to looking at our network

Q: Maria: Interested in how COA's DEI team will assist in this, what will they be doing that can be replicated to other departments?

A: Rob: There's a strategy, one key component is payment, pay what's competitive

Q: Harry: How does PIAC group play a role in roll-out of BHA, given that everything is still up in the air, especially if state is planning to create an entirely new model?

A: Rob: A lot of this baffling to us as well, we have made decision that provider does not have to be a Beh Health Entity (BHE) to be a COA provider; we don't know yet how things will be categorized; this group could have input with the state, especially since plan is not completely solidified

Chat: Maria: I have asked and they are not interested in the headaches of the insurance system. There model is what many Mexican people are used to. Which is part of their cultural relevance.

Chat: Carol: Learning more both about the model of Mexican (and other groups) model and elements of that cultural relevance may be a good exercise

<p>End of Public Health Emergency (PHE) (Slides 27-35)</p>	<p>Wendy Nading</p> <ul style="list-style-type: none"> • Overview of changes impacting people currently enrolled in Medicaid • Medicaid Annual Renewals Project: <ul style="list-style-type: none"> ○ Prior to March 2022: Select member received renewal paperwork, members did not have to take action if no reportable changes ○ Beginning March 2022: Members receive paperwork in the mail, need to read it and must take action regardless of whether there are reportable changes • Historically, 15% of mail sent by HCPF is returned, 1 in 4 cannot be reached; increase in renewal packet page count • What one thing will you commit to doing to help with updating addresses for your community? <p>Questions & Discussion</p> <p>Chat: Molly: Why this matters is because members may lose their coverage if they don't pay attention to the paperwork.</p> <p>Chat: Maria: Prior to March 2022, I still heard of people losing coverage and being told by the counties that they didn't receive the renewal. I also know that people would receive a notice that their income was not matching with the department of labor.</p> <p>Chat: Harry: The refugee communities that we serve tend to prefer watching videos instead of reading a flyer. It would be helpful if HCPF / CO Access can produce a video (with subtitles in appropriate languages) that we can distribute to our communities</p> <p>Chat: Carol: Agree with Harry and add that literacy levels simply compound all discussed today.</p> <p>Q: Ingrid: What's the data on how many people who go on Medicaid actually get off of it?</p> <p>A: Wendy: I have not seen that data, only data that shows how many go off and get back on, but not very detailed</p> <p>A: Rob: COA has numbers of how many people get on Medicaid, during PHE it was in the thousands, but hard to tease out more detailed</p> <p>Q: Ingrid: How do you decide who gets the letter? Is it by a redetermination date? You really just want to know if they're using the Medicaid. Will someone get dropped if they haven't used their Medicaid benefit after a certain amount of time?</p> <p>A: Done a year from when you apply, so it's by the date you're found eligible; now there's a year guaranteed coverage whether you use it or not</p> <p>Katie: Enrollment is difficult for people; install a COA help kiosk at human services</p> <p>Harry: We really use videos to help explain information, send it via text to community members, more effective than translated flyers, etc.</p> <p>Carol: Need to make sure that refugee serving organizations are well versed on this process and on the changes; wondering what application sisters network look like</p> <p>Katie: Have ambassadors at the pharmacies, someone who will walk you to enrollment</p>
<p>Additional Discussion, Public Comment</p>	<p>No public comment.</p>
	<p>Meeting adjourned at 6:00 pm.</p>