

CBHC Position Statement – DRAFT RFI Regional Accountable Entities - ACC Phase II

Colorado Behavioral Healthcare Council (CBHC) members are dedicated to the health, wellbeing and safety of all Coloradans. Our statewide network deeply appreciates the critical role Medicaid plays in serving many of the state’s most vulnerable populations and we are committed to the continued improvement of this system. This paper serves to outline the community mental health system’s position on the the next iteration of Medicaid’s Accountable Care Collaborative (ACC) program and the future of Colorado’s Medicaid delivery system.

Position

- The draft RFP demonstrates a dramatic shift from an emphasis on the importance of the community-based behavioral health system to a preference for services to be provided through a physical health system.
- This preference for service delivery in physical health does not include a requirement for bi-directional integration at the provider or systems level, but rather a bias toward basic co-location at best, which is the least effective form of integrated care.
- Without specific attention to the populations currently served through the Community Mental Health Center (CMHC) system, CBHC members cannot support shifting resources away from community mental health in order to support people with lower acuity needs in primary care.
- Thoughtful planning around Medicaid’s role with Colorado’s statewide behavioral health crisis system and the criminal justice system are largely absent from the draft RFI. Ignoring the major roles of these systems would exacerbate the challenge of system “silos” and must be adequately addressed in the future of the ACC.
- Significant cost savings predicted by HCPF as a result of the proposed ACC model are based on better care for those with substance use disorders, yet the existing substance use delivery system is largely absent from the draft RFI. The final draft must address the population in need of substance use services specifically, in addition to the mental health population, and should require the involvement of the Managed Service Organizations (MSO).
- Since the funding for this draft proposal comes primarily from the behavioral health system, behavioral health and its basic tenets of recovery and resilience should drive this proposal, and the Department’s vision should support CBHC members’ goals to deliver true team-based care and integration as opposed to co-location.
- While we look forward to seeing stakeholder feedback from the mental health and substance abuse community incorporated into the future of the ACC program, CBHC members believe the uncertainty of the federal landscape justifies a temporary halt to any state plans to reform the current Medicaid Behavioral Health System.

Recommendation #1 – Partner

Along with gaining clarity from the federal level, there are a number of important concerns with the ACC Draft RFI that would need to be sufficiently addressed in the final draft in partnership with a full continuum of community stakeholders to gain support from CBHC and our statewide network of community providers.

Recommendation #2 – Problem Solve

CBHC members will support the final draft if it reflects the prominence of behavioral health as the funding indicates, in the context of shifting healthcare policies at the federal level.

Recommendation #3 – Pause

Until there is greater certainty of the impact of federal reforms, CBHC Members encourage the Department of Health Care Policy and Financing to take a pause from the current plans, and use this time to prepare for the potential changes ahead for the current system.

Reasoning

CBHC members worked with HCPF in good faith to help design the ACC Phase II payment methodology for primary care/behavioral health visits, with the dual goals of retaining behavioral health capitation while also allowing for payment of certain behavioral health services in a physical health setting. However, the principles that have driven innovation and cost savings for the state over the last 20 years of behavioral health capitation are missing from this draft. The draft RFP reflects a one-sided approach that focuses almost exclusively on primary care, though 87% of the resources to fund the new program are drawn from current appropriations for behavioral health, which are themselves inadequate to meet community needs.

Provision of substance use disorder services, which can be a key factor in reducing mortality and physical health care costs and which is gaining traction at the policy-level, is not mentioned in a meaningful way. The vision to care for the most acute needs, while also targeting treatment to other vulnerable populations, was a prominent feature of the last three Behavioral Health Organization (BHO) procurements. In the current draft, true integration has been substituted for co-location, which is the lowest and least effective form of integration. We believe HCPF is not fully utilizing the technology and expertise of the BHOs, MSOs and CMHCs to bend the cost curve in physical health.

Under normal circumstances, the concerns mentioned above would be enough to deny support for the current draft, but the changing federal landscape in healthcare is something that cannot be ignored, and is an additional reason for thoughtfulness before moving forward. It is unclear how the Department will help the healthcare system navigate the new likely reality of block grants and reduced budgets for Medicaid.

CBHC would prefer to be supportive of the Department's efforts, but unless the final RFP reflects a prominent role and proper supports for community behavioral health and those populations served through this efficient and effective system, we will not be able to do so.