

MEMORANDUM



JOINT BUDGET COMMITTEE

TO Joint Budget Committee Members
FROM Megan Davisson, JBC Staff (303-866-2062)
DATE March 17, 2017
SUBJECT Departments of Public Health and Environment and Health Care Policy and Financing Request for Local Public Health Agency Partnerships

→ NP1 LOCAL PUBLIC HEALTH AGENCIES AND HCPF R12 LPHA PARTNERSHIPS

This item was tabled by the Committee pending additional information. The staff recommendation to approve the request has not changed since the original presentation on February 14, 2017. The following discussion is broken into three parts:

- (1) New Information
- (2) Map of the boundaries of the RCCOs and LPHA
- (3) Original staff write on the request.

(1) NEW INFORMATION

The Committee asked a number of questions to both departments regarding the request to fund Local Public Health Agency Partnerships.

1 Why is Larimer County in RCCO 1?

- Larimer County has been part of Region 1 since the Accountable Care Collaborative originated in 2011. In order to continue promoting and supporting local and regional solutions to the delivery of health care services for Medicaid members in the next iteration of the Accountable Care Collaborative, the Department of Health Care Policy and Financing (Department) decided to retain the current seven region structure of the Accountable Care Collaborative instead of moving to the larger five region structure of the current Behavioral Health Organizations. There were only two counties from the Behavioral Health Organization regional map that did not align with the Accountable Care Collaborative map: Larimer County and Elbert County.
- To guide the Department of Health Care Policy and Financing's decision about the appropriate regional assignment of Larimer County and Elbert County for the next phase of the Accountable Care Collaborative, the Department held four stakeholder meetings in Fort Collins, Greeley, Kiowa, and Loveland during July 2015. The conversations regarding the placement of Larimer County did not reveal any significant factors for or against changing the regional assignment of Larimer County. In addition, the Department reviewed claims data to understand utilization and referral patterns in Larimer to help make the final decision. The findings were that utilization and referral patterns indicated that the majority of services are provided within Region 1.
- Based on infrastructure established in Larimer County, assessment of the criteria established by the Accountable Care Collaborative Program Improvement Advisory Committee (see below), utilization patterns, and feedback regarding concerns about disrupting established provider and care coordination relationships, the Department decided to keep Larimer County within Region 1.

- 2 Where in statute are RCCOs defined?
 - The Accountable Care Collaborative (ACC) is Medicaid's coordinated care system which was designed to improve client health and reduce costs in the Medicaid program. The ACC is established in state statute at C.R.S. 25.5-5-415 and 417. Section 417 articulates that the Department has entered into contracts with regional organizations. Those organizations, the RCCOs, receive a per-member, per-month payment to perform a number of functions that include but are not limited to supporting community-based care coordination, being accountable for health and cost outcomes, and ensuring care coordination for all clients.

- 3 How are the geographic boundaries of RCCOs defined, how are the boundaries of LPHA define, are these definitions tied? Should they be?
 - The current geographic boundaries of the RCCOs were defined during the design phase of the ACC in 2010 and 2011 and are included in the current RCCO contracts. During the design, the Department held multiple stakeholder meetings around the state and evaluated the following:
 - Client utilization and referral patterns which included analysis of referral patterns to specialists and non-PCMPs; the Department sought to keep the flow of referrals within each region.
 - Other existing maps, specifically the Department included many different maps in the Request for Information and determined there was no single map that existed already
 - The Medicaid population in each region, the Department attempted to ensure the populations in each region were large enough to run a sustainable program and also to limit the variance between regions.
 - Safety net providers in each region which included a goal of ensuring adequate numbers of Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) in each region to provide services to Medicaid clients.
 - After evaluating these factors, the Department proposed a map with six regions. The Department received clear feedback that in order to engage all interested Medicaid partners the Department should consider having seven regions. The Department also received feedback that Larimer County should not be aligned with Weld County. The Department accepted this feedback and created a map with seven regions.
 - As part of the work developing and designing the next phase of the ACC and as described in the response to Question 1, the Department worked with stakeholders to guide a decision about the appropriate regional assignment of Larimer County and Elbert County. Following this work, the Department decided to move Elbert County to region 3 and to keep Larimer County in region 1. In regard to LPHA boundaries, the 2008 Public Health Act required each county to establish a local public health agency or be a part of a LPHA. In Colorado, the structure of the LPHAs varies with 32 single county LPHAs, 5 district LPHAs (covering 15 counties), 6 counties with a contractual relationship with another county to provide public health services, 7 combined with Health and Human Services, 3 counties with services delegated to a non-profit (Northwest Colorado Health), and 1 coordinated between two agencies. Colorado's public health structure map is available online at: <https://www.colorado.gov/pacific/cdphe-lpha/colorado-public-health-structure-map>.
 - LPHA boundaries are within their RCCO boundaries, with the exception of Mineral and Hinsdale counties that created a district in 2016 (the Silver Thread Public Health District). Mineral County is within RCCO Region 4 and Hinsdale is in RCCO Region 1. The RCCOs (and RAEs) interact and work with multiple LPHAs, but because LPHAs are smaller and fully within

a RCCO, their collaboration efforts are focused with one RCCO (with the exception being Silver Thread Health District that will now work with two RCCO Regions).

- 4 What changes have been made that require participation of Medicaid clients in the RCCOs?
 - Currently, Medicaid clients are not required to participate with the RCCOs and may opt out of the ACC. Starting in July 2018, with the next phase of the ACC, the Department is pursuing mandatory enrollment of all full eligible Medicaid clients.

- 5 How does the HCPF R12 incorporate behavioral health services? If behavioral health services are not incorporated why not? How can the partnerships be changed to incorporate behavioral health services?
 - Per the 2008 Public Health Act, LPHAs are required to provide or assure the provision of the core public health services: assessment, planning and communication; vital records and statistics; communicable disease prevention, investigation and control; prevention and population health promotion; emergency preparedness and response; environmental health; and administration and governance. Specifically, some LPHAs provide direct substance abuse treatment and services while others provide chronic disease self-management services – these services often incorporate behavioral change activities. Mental health is an important component of the prevention and population health promotion core service and almost all of the LPHAs selected mental health and/or substance abuse as a priority in their Public Health Improvement Plans. While the focus as articulated in R12 is primarily on physical health activities, the intent is to expand the collaboration beyond the initial proposal by including more LPHAs and identifying more specific behavioral health areas.
 - Additionally, the Department is pursuing greater integration of behavioral health and physical health into ACC Phase II; this enhanced integration, as operationalized under the administration of one entity – the RAE - will facilitate greater integration of public health and behavioral health.

- 6 What do these partnerships actually accomplish?
 - The RCCOs and LPHAs both have responsibility for health education and disease prevention for Medicaid members. Through these partnerships, the Department and the Colorado Department of Public Health and Environment (CDPHE) are seeking to increase member access to preventive services and education and to work more collaboratively to address health outcomes of the common Medicaid population they are serving through their respective programs. The LPHA-RCCO partnerships would have increased financial incentive to help reduce fragmentation. This would also help spark innovation in creating population-based health programs that would specifically target Medicaid clients to improve member health, thereby reducing costs for the State and our federal partners.

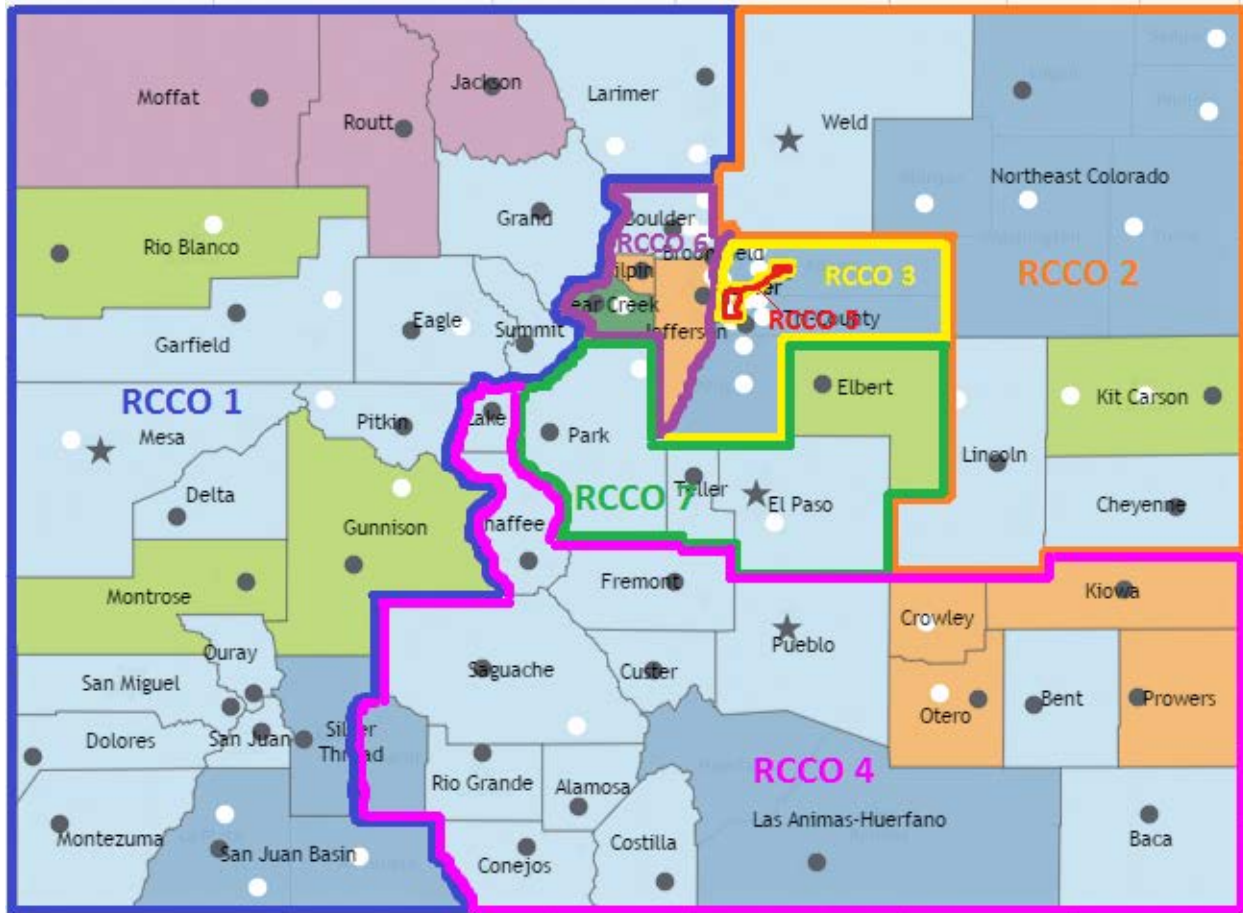
- 7 Why is this note a legislative request (i.e. a bill)?
 - This is not a legislative request because LPHAs and RCCOs already have statutory authority to support community-based care coordination, thus ACC/LPHA collaboration does not require a statute change. LPHAs are authorized through C.R.S. 25-1-501(1) to develop a strong public health infrastructure. RCCOs support the mission of the ACC to improve client health and reduce costs in the Medicaid program through care coordination and are authorized by C.R.S. 25.5-5-417 to perform these functions, as described in Question 2.

- 8 How will the money be paid – using existing contracts or new contracts?
 - The money will be paid to the LPHAs through existing contracts between CDPHE and the LPHAs with the Local Public Health Support contracts administered by the Office of Planning, Partnerships and Improvement.

- 9 What is the mission of these partnerships?
 - The mission of the partnerships between the RCCOs and LPHAs is similar to the anticipated accomplishments described in the response to question 6, which is to increase access to preventive services and health education and increase collaboration resulting in improved client health and reduced costs. These more coordinated activities will ensure that state – and federal – resources are used more effectively and efficiently.

- 10 Would the Departments support a bill to define the roles and responsibilities of the RCCOs, LPHAs, and BHOs as outlined in this request?
 - The Department is currently working on legislation with the Joint Budget Committee that would define the ACC in statute. Given the changes proposed for Phase II of the ACC, the Department does not think it makes sense to outline the roles and responsibility of organizations (RCCOs and BHOs) that are not likely to exist in their current form starting in 2018.
 - The Department is also concerned that defining the roles and responsibilities in statute may limit the Department's and CDPH's flexibility and ability to adjust in the event the Centers for Medicare & Medicaid Services will only approve the plan with modifications.

(2) MAP OF RCCOS AND LPHAS



(3) ORIGINAL STAFF WRITEUP

The NPI request in the Department of Public Health and Environment corresponds to the primary request (R12) in the Department of Health Care Policy and Financing (HCPF).

HEALTH CARE POLICY AND FINANCING REQUEST: The Department of Health Care Policy and Financing requests an increase of \$711,000 total funds, of which \$355,500 is General Fund and \$355,500 is federal funds to fund the Local Public Health Agency (LPHA) & Regional Care Collaborative Organization (RCCO) partnership initiative.

PUBLIC HEALTH AND ENVIRONMENT REQUEST: The Department of Public Health and Environment requests an associated net increase of \$355,500 reappropriated funds, of which \$355,500 is a reduction of General Fund and \$711,000 is an increase of reappropriated funds for the corresponding changes in this department.

RECOMMENDATION: Staff recommends the Committee approve both request because staff supports the establishment of partnerships that will work to bridge the gap between medical and public health systems.

ANALYSIS: Local Public Health Agencies (LPHA) and Regional Care Collaborative Organizations (RCCOs) have indicated they want to work more collaboratively with each other to address health outcomes of the common Medicaid population they are serving through their respective programs. The two departments have identified four collaboration partnerships that seek to reduce the fragmentation between the two health systems through sharing data systems and using community health workers to help members understand and navigate between different services. The request and recommendation would ensure there is an available financing mechanism so the four partnerships could implement innovative coordination efforts between the medical and public health systems.

Using the additional funds, these collaborations will set up data sharing systems to properly identify members in need of services and contract with community health workers to coordinate members' care within the two organizational structures. LPHAs do not currently have the capacity or resources to gain access to the RCCOs' data systems, nor to devote to these care coordination efforts.

The departments identified four separate collaborations that could be funded through Medicaid dollars, and have based this request on those programs. The current collaborations include work between:

- The Mesa County Health Department and RCCO 1 Rocky Mountain Health Plans
- The San Juan Basin Health Department (SJBH) RCCO 1 Rocky Mountain Health Plans
- Northwest Colorado Health, and RCCO 1 Rocky Mountain Health Plans
- Boulder County Public Health (BCPH) RCCO 6 Colorado Community Health Alliance

FY 2017-18 FUNDS REQUESTED BY LPHA-RCCO PARTNERSHIP	
LPHA-RCCO PARTNERSHIP	TOTAL FUNDS
Northwest Colorado Health - Rocky Mountain Health Plans	\$11,000
San Juan Basin Health Dept. - Rocky Mountain Health Plans	\$72,000
Mesa County Health Dept. - Rocky Mountain Health Plans	\$228,000
Boulder County Public Health - Colorado Community Health Alliance	\$400,000
TOTAL FUNDS	\$711,000

Supporting the establishment of meaningful and effective LPHA-RCCO partnerships allows the two entities to formally align health goals and metrics, and spark innovation in creating population-based health programs that would specifically target Medicaid members. Medicaid members oftentimes have few resources to acquire meaningful health education, potentially resulting in poor health outcomes. LPHAs and RCCOs would have the ability to combine their knowledge and resources to address the health of Medicaid members from both a direct health perspective and a population-based health one.

Northwest Colorado Health and RCCO 1

This partnership would utilize trained community health workers and/or community connectors to conduct an assessment to identify a client’s needs and determine the best program(s) to bridge the gaps for care, connect clients with a primary care provider, and work with clients to identify gaps in and improve health literacy education. RCCO 1 will work closely with Northwest Colorado Health to identify gaps in services and clients currently being served by the RCCO. Northwest Colorado Health and the RCCO will work together to ensure that the program supplements current offerings and that duplication does not occur.

Boulder County Public Health and RCCO 6

Boulder County Public Health would use the funding to support sharing member information with RCCO 6, as well as making sure the members are enrolled in RCCO 6 and know how to access RCCO and county services. This partnership would establish channels where individuals can be cross-referred between medical and non-medical services in a coordinated manner.

Mesa County Health Department and RCCO 1

This partnership will allow the Mesa County Health Department to establish a layer of Community Resource Coordinators dedicated to addressing the social determinants of health by providing solutions to families in Mesa County. The system will rely on a platform for tracking health and human service resource engagement to: consistently assess needs, receive appropriate referrals to local health and human service resources, and ensure follow through on referrals. RCCO 1 will work closely with Mesa County Health Department to identify target individuals, coordinate the appropriate level and type of coordination, and track impact on health outcomes.

San Juan Basin Health Department (SJBH) RCCO 1

This partnership will connect the clients served by the RCCO with services available through the Health Department by utilizing an intake/assessment process that is modeled after the Medicaid assessment to determine gaps in service and to set goals for a care plan for each client. The Health Department will be able to utilize the RCCO database, to identify unmet needs and gaps in the community as well as the success of referrals to other programs. The RCCO will support the Health Department's work to develop an external tracking/referral system that can eventually be used to inform the work being done to improve the health outcomes of the Medicaid, dual-eligible, and eligible-but-not-enrolled population.