

# Health-Care Practice Transformation

HB 22-1302 Integrated Behavioral Health Grant Program

Presented by:  
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# Introductions

- Rodrick Prayer: Strategic Outcomes Division Director
- Megan Townsend (she/her/hers): Physician Health Policy Fellow



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# Goals

- Introduce the 1302 Health-Care Practice Transformation Grants
- Preliminary Award Details
- Preliminary Timeline
- Allowable Activities



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# House Bill 22-1302

- Passed May 2022 with goal of supporting, improving, and expanding integrated behavioral health services in Colorado.
- \$32 million allocated with a majority of funds allocated for grants
- Short-term grant funding for physical and mental health care providers looking to implement or expand access to mental health care and treatment for mental health and substance use disorders using an evidence-based integrated care model.



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# Integrated Behavioral Healthcare

- Integrated care is defined per the Agency for Healthcare Research and Quality (AHRQ) as:
  - “The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”



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# House Bill 22-1302

- Permissible use of grant funding includes projects designed to:
  - Develop infrastructure for primary care, pediatric, and behavioral health professionals to better serve individuals with behavioral health needs in outpatient health care settings;
  - Increase access to quality health care for individuals with behavioral health needs;
  - Expand early intervention tactics that reduce escalation and exacerbation of behavioral health conditions;



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- Permissible use of grant funding includes projects designed to:
  - Address the shortage of the behavioral health care workforce;
  - Develop and implement alternative payment models, including protocols, processes, workflow, and partnerships;
  - Support for small capital expenditures, including IT and data sharing technology;
  - Train primary care and behavioral health providers in trauma-informed care, adverse childhood experiences, and trauma recovery.



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# House Bill 22-1302

- Grants applicants will:
  - Demonstrate project expands access to behavioral health screening, referral, treatment, and recovery care
  - Collect and report data to show impact using patient centered outcome measures
  - Leverage multidisciplinary teams
  - Serve Medicaid clients
  - Maintain emergency plans
  - Include a plan for use of technology within their model
  - Commit to state department led learning collaboratives



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# House Bill 22-1302

- Grant funding can only be awarded for new work; it cannot be used to supplant existing funds or pay for work that has already been completed.
- Funding may not be used to pay ongoing or existing executive and senior staff salaries, services already covered by patient's insurance, nor can funding be used to cover costs associated with ongoing or existing electronic health records.
- Note that activities/services funded through 9813 ARPA funding will not be allowed in applications.



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- Applicants will be prioritized if an applicant can demonstrate that their project meets as many of the following criteria as possible:
  - Serve individuals with co-occurring and complex care needs, serious mental illness, or disabilities;
  - Serve children and youth;
  - Include opportunities to build out community health worker, behavioral health aide, or similar programs, supported by population-based payments;
  - Serve pregnant and postpartum people;
  - The practice is considered a small and independent practice;



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# House Bill 22-1302

- Applicants will be prioritized if an applicant can demonstrate that their project meets as many of the following criteria as possible:
  - Demonstrate the ability and intent to serve culturally diverse populations and populations with limited English proficiency;
  - Include workforce capacity-building components;
  - Include high intensity outpatient services;
  - Improve data exchange and data integration that support whole-person care;
  - Utilize telehealth;
  - Align with or participate in commercial alternative payment models;
  - Demonstrate community partnerships;
  - Participate in the regional health connector workforce program



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# Preliminary Award Details

- \$29,800,000 available for grant funding
- The maximum award for this grant is \$400,000. Estimated average award will be \$200,000.
- Larger grants will only be available if necessary for larger practices that can demonstrate potential for broad impact.
- Award amounts will depend on the scope of Medicaid members served through allowable services and the number and quality of the applications.
- The Department anticipates up to 150 sites with up to 5 sites allowed per application.



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# Preliminary Project Timeline

- RFA Release: January 2023
- Submission Deadline: March 2023
- Project & Award Announcement: April - May 2023

	2022			2023									2024-26		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Hiring - 4 FTE</b>															
Hire 4 FTE															
<b>Steering Committee</b>															
Steering Committee Selection															
Steering Committee Kick-Off															
Steering Committee Meetings															
<b>RFP</b>															
Hiring Vendor RFP Grant Review															
RFP Draft															
RFP Posted															
RFP Evaluated															
RFP Awarded															



# Cost Sharing

- If a grant recipient:
  - Is a hospital-owned or hospital-affiliated practice that is not part of a hospital system and has less than ten percent total profit as measured by state department transparency reporting, the grant recipient shall provide a twenty-five percent match for the awarded amount.
  - Is a hospital-owned or hospital-affiliated practice that is part of a hospital system or has ten percent or more total profit, the grant recipient shall provide a fifty percent match for the awarded amount.
  - Is a critical access hospital, the grant recipient shall provide a ten percent match for the awarded amount.



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# Allowable Activities

- Evidence-Based Models:
  - Collaborative Care Models
  - Primary Care Behavioral Health Homes
  - Remote Psychiatry Support
  - Health Homes for Those With Severe Mental Health Illness
  - Care Management Models
  - Home Visit Models
- Grant funding may support launching an entire model of integrated behavioral health care, but it may support the addition, expansion, or improvement of a particular aspect of a selected evidence based model.



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# Questions?





# Contact Info

For more information contact:

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# Thank you!



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