Welcome

We are Recording

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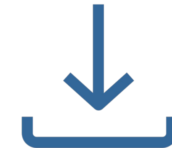
Use Chat

Please ask questions

Slides



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ASL Interpretation

Please keep your video on only when talking

HCPF/BHA/CDPHE Crisis Services Bi-Monthly Technical Assistance Collaborative Meeting

December 21, 2023
11-12:30pm

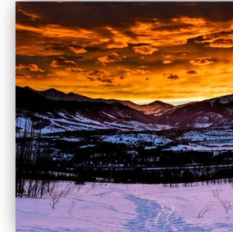
Agenda

- Welcome and Introductions
- Crisis Services Provider Enrollment Congratulations
- BHA Rule Updates
  - Rule Updates
  - Crisis Professional Scope of Practice
  - Learning Management System
  - BHA Dashboard Update
- MCR Clarifications
  - BHA Go/No Go List
  - ARPA Funding Supplanting vs Supplementing
- Additional Updates

Introductions

Meghan Morrissey
Crisis Services
Policy Advisor, HCPF

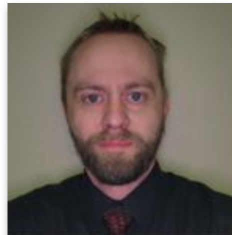
Jennifer Holcomb
Behavioral Health
Managed Care
Section Manager &
SUD Senior Staff
Authority, HCPF



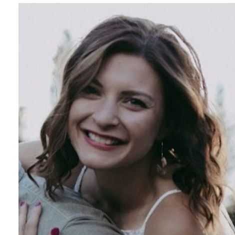
Alexandra Haas
Policy Supervisor
of Health Facilities
& EMS Division,
CDPHE

Marc Condojani
Manager of Crisis
Services Colorado,
BHA

Carey Boelter
Associate Director
Crisis Services,
BHA



Steven Wells
Crisis Program
Manager, BHA



Kelly Bowman
988 Enterprise &
Crisis Line Program
Manager, BHA

Crisis Services

July 1, 2023 - HCPF implemented Mobile Crisis Response (MCR) and Behavioral Health Secure Transport (BHST) as covered benefits

Current HCPF Enrollments

MCR

- Axis Health System
- Centennial Mental Health Center
- Denver Health and Hospital Authority
- Diversus Health
- Health Solutions
- Integrated Insight Therapy
- Jefferson Center for Mental Health
- Mind Springs Health
- North Range Behavioral Health
- San Luis Valley Behavioral Health
- Solvista
- SummitStone Health Partners
- Valley-Wide Health Systems
- Your Hope Center

BHST

- Centennial Mental Health Center (833-591-0454)
- Citadel Security (970-216-4384)
- Delta County Ambulance District (970-250-3531)
- Diversus Health Services (719-635-7000)
- First Response K-9 (719-849-3994)
- Guardian Transport & Security LLC (970-640-5957)
- North Range Behavioral Health
- Poudre Valley Health Care, Inc. (970-237-7919)
- SkyRide LLC (720-957-2024)
- UTE Pass Regional Ambulance District (719-687-9262)

BHA Updates

BHA Rule

Behavioral Health 2 CCR 502-1

Provider Rules Adopted 11/3/23; Effective 1/1/24

Crisis Professional Scope of Practice

1) "Crisis Professional" means any person who has completed the BHA's Crisis Professional Curriculum training and has received the Crisis Professional training current certificate of completion from the BHA specific to: Crisis Assessment, Management, De-escalation, Safety Planning and all relevant laws and provisions such that training is complete, and the person can lead a crisis response pursuant to the personnel definition of a "Crisis Professional" in BHA rule section 1.3.

2) The practice of a Crisis Professional may include, but not limited to:
   a) Coordination with Colorado Crisis Services/988 dispatch personnel;
   b) Coordination with Law Enforcement and/or Emergency Medical Services personnel:
   c) On-site and/or telehealth response to crisis situations;
   d) Provide de-escalation techniques;
   e) Perform the BHA approved crisis assessment, in addition to the Columbia Suicide Severity Rating Scale;
   f) Use of Naloxone or other harm reduction strategies and supplies to address overdose;
   g) Consultation with Intervening Professionals as defined in Section 27-65-102(20), C.R.S.
   h) Short-term interventions, stabilization in place;
   i) Safety planning;
   j) On-site triage to appropriate treatment modalities;
   k) Referrals to community resources;
   l) Follow-Up post crisis intervention;
   m) Care coordination;

*Available on HCPF MCR Webpage; Crisis Professional Scope of Practice

BHA LMS

- Crisis Professional Curriculum
  - Slide decks are moving along, thanks to all who have reviewed and provided feedback!
  - Launch date: January 1, 2024

- Crisis Assessment
  - Working with a contractor to have something ready by Jan 1, 2024.

Delayed Enforcement

The BHA previously announced a period of “delayed enforcement” to help the provider network familiarize and come into compliance with the new provider rules. During this period of time, adverse action will not be taken against a provider’s Behavioral Health Entity (BHE) license except in cases where health, safety and/or welfare is compromised. This period of delayed enforcement has been extended to allow providers more time to adjust to the updated provider rules, beginning January 1, 2024 and ending on July 1, 2024.

Email cdhs_bharulefeedback@state.co.us with questions.

BHA Dashboard Update

- Dashboard for CRT has been updated for October 2023 with the most current data
  - However the data collected is not informative and we will need to add/change what's on there
- All other crisis dashboards were requested to be taken down due to bandwidth issues

MCR Clarifications

BHA No-Go Guidance

BHA MCR No-Go Guidance

1) Suicide in progress
    a) The individual in crisis is currently taking action to gravely harm or kill themselves. This could include ingestion of medication/poison intended to overdose; lethal cutting, stabbing, burning; shooting; drowning. The individual has taken some other action requiring immediate medical attention.
    b) The above descriptors imply the individual in crisis is at significant risk and unable to plan for safety.
2) Active threat with a weapon
    a) The individual in crisis is wielding a weapon and is threatening to use it on the responding team or on someone with the person, at the moment of interaction and the individual/supports are unable or unwilling to restrict access. A weapon can include any of the following: gun, knife, sword, bat, yard tool, or car. Historical aggression or possessing a weapon at the location without threat of use does not automatically rule-out a mobile response.
    b) The individual in crisis is currently being threatened with a weapon by someone else, or the person making the threats is likely to arrive at the location during the time of the interaction.
    c) The above descriptors imply the individual in crisis is at significant risk and unable to plan for safety.
3) Medical intervention is needed
    a) Any acute medical need that would prohibit the individual's participation in a crisis intervention. Due to the nature of calls being triaged first on the phone, this is assessed through cues such as speech: slurred, tangential, nonsensical, or a dramatic change; self-disclosure: hypo/hyperglycemia, high or low blood pressure, recent ingestion of substance or action taken to harm or end one's life (see section 1), dangerously high fever, acute intoxication/risk for withdrawal (see section 4). This could also be assessed through ancillary information from the individual's support system, or first responders already on scene.

BHA MCR No-Go Guidance (con't)

4) Acute, significant intoxication/risk for dangerous withdrawal

   a) The individual in crisis is unable to participate in screening due to acute intoxication and no other people are at that location and willing to participate in a mobile crisis response interaction. Due to the nature of calls being triaged first on the phone, this is assessed through cues such as speech: slurred, tangential, nonsensical, or a dramatic change. This could also be assessed through ancillary information from the individual's support system, or first responders already on scene.

   b) Intoxication that does not impact functioning or ability to participate is not an automatic rule-out as often substances increase risk which needs to be addressed before sobriety may be achievable.

5) Other considerations

   a) MCR teams should always look for ways to accept a dispatch request, whether through asking for assistance from first responders, engaging with collateral supports, or meeting in a more public area.

   b) If a dispatch request is rejected or canceled, the statewide hotline is responsible for follow-up with the individual to ensure service needs are being met in another capacity.

   c) Often, there are opportunities for offering a response to the support system of the person in crisis. Teams should explore ways to accept the request if there are supports on scene.

Capacity Building ARPA Supplement Vs Supplant

Fact Sheet

HCPF Fact Sheet: Supplanting vs Supplementing - Check out the flowchart

Supplanting happens when an entity uses federal grant funds for a planned expenditure to replace funds in an existing budget. Supplanting is not allowed with federal grant funds.

Supplementing may entail:

- an entity using federal grant funds for a brand new activity or program that has no other funding support
- an entity using federal grant funds to support the continuation of a program whose funding is ending
- an entity using federal grant funds in combination with other funds for a planned expenditure (only in the case of expansion or enhancement of current activities)

Supplementing funds is allowable to the extent they are used to meet the programmatic purpose and no other provision prohibits its use this way.

Staff Salaries

Supplanting (NOT allowed) in the context of staff support might look like the following:

- Using federal grant funds to pay for the salary of an existing employee, even if the employee has new job responsibilities related to the grant administration.
- Using federal funds to pay for part of a supervisor's salary who is now overseeing a new staff position that is tied to grant funding.

Supplementing (IS allowed) in the context of staff support might look like the following:

- New staff member(s) to be hired to support the grant administration.
- A part time staff member will have enough additional responsibilities related to grant administration that they will need to work a full time schedule (grant funds can be used to pay for the difference between the part time and full time salary).
- Training for existing staff to support the grant administration/initiatives (training costs and staff time during training can be supported).

Capital Expenditures

- ✓ Software
- Construction costs
- Vehicles
- Laptops
- Printers
- Scanners
- Furniture

Narrative Example

Narrative currently reads:
Hired a new therapist and case manager. This will aid the team in serving more self pay clients.

This narrative does not include detail of how funds are being used and could be interpreted as supplanting existing Medicaid billable services. It also states Medicaid funds being used for non members.

Example HCBS ARPA allowable FTE costs:
-hiring bonus, monthly retention bonus for staff, or one time retention bonus for staying within role for more than X months
-recruiting costs associated with finding new providers
-additional trainings not required by Medicaid standards including Motivational Interviewing for up to 5 staff members
-25% of therapist time to maintain full time position while building caseload in first 3 months. Includes signed employee hour sheet for grant hours.

Additional Updates

Medicaid Transportation Spectrum

Scheduled trips to non-medical places that support member health and community integration.

*Eligible to Medicaid waiver members only with an approved prior authorization request (PAR)

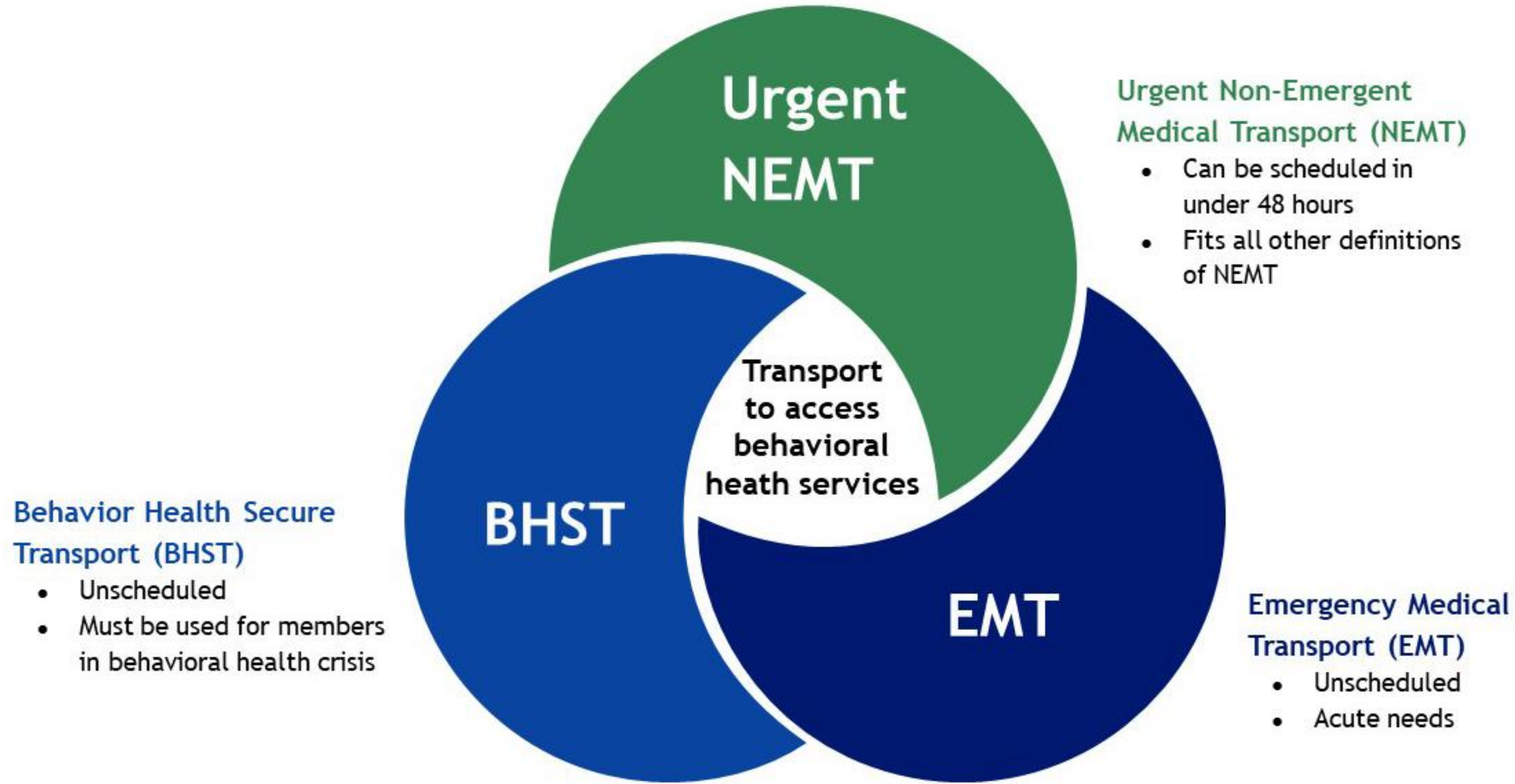
Scheduled trips to provide continuity of care to members, including planned outpatient or inpatient appointments.

*Urgent NEMT is scheduled in under 48 hours

Urgent transportation to members in behavioral health crisis to appropriate behavioral health facilities.

Emergent transportation due medical emergency that demands immediate medical attention to prevent permanent injury or loss of life.

Transport for Behavioral Health



COLORADO
Department of Health Care Policy & Financing

CDPHE Rulemaking

The CDPHE Board of Health met to discuss the ground ambulance licensing rules. The Department presented the rules with an errata sheet (list of amendments) that represented the changes SEMTAC approved on the December 6th special session. CDPHE supported those changes, including July 1, 2026 implementation for Section 14, and the Board approved the rules with those amendments. CDPHE thanks all the stakeholders that were involved in this groundbreaking work. They will continue to work with the EMS community over the coming months as we move toward July 1, 2024 - the ground ambulance rule implementation date.

Funding Opportunities

EMS Funding Opportunities - 2025 Funding Application Open

BHA Funding Opportunities

National Aging and Disability Transportation Center

Thank You and Questions

BHA Mission:
To co-create a people-first behavioral health system that meets the needs of all people in Colorado

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HCPF Mission:
To improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado

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CDPHE Mission:
Advancing Colorado's health and protecting the places where we live, learn, work, and play.

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