



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Behavioral Health Administration Community Services High-Level Program Group FAQ

June/July 2023

What is the Behavioral Health Administration (BHA)?

The BHA is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services, and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is instrumental in achieving the State's vision to have a comprehensive, equitable, accessible, affordable, and effective continuum of behavioral health services that meets the needs of all people in Colorado in the right place, at the right time, to achieve whole person health and wellbeing.

The BHA became operational on July 1, 2022, with the passage of Colorado House Bill 22-1278, which officially established the duties of the BHA. Implementation is underway and is expected to be a multi-year, phased project, including ongoing partner and community engagement. The BHA is currently operating within the Department of Human Services until a permanent location is determined by the General Assembly on or before November 1, 2024.

The Behavioral Health Administration will be a new High-Level Program Group (HLPG) added to CBMS. The eligibility policy will go into effect on July 1, 2023. This HLPG will encompass two new aid codes (X1, X2). Within PEAK and PEAKPro, it will be listed as Behavioral Health Community Services. These two names will be used interchangeably throughout the document.

Is Behavioral Health Administration (BHA) a Medicaid/Medical Assistance (MA) program?

No, BHA is not a part of the Medical Assistance HLPG. It is a new High-Level Program Group in CBMS. The HLPG's eligibility will begin on July 1, 2023.

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Which department is overseeing the new Behavioral Health Administration High-Level Program Group?

The new BHA high-Level program group (HLPG) will be administered by the Behavioral Health Administration, which is overseen by the Colorado Department of Human Services (CDHS). The Colorado Department of Health Care Policy & Financing (HCPF) role will be to support BHA eligibility operations for BHA applicants through CBMS. HCPF, on behalf of BHA, will also process claims for BHA providers through HCPF's Medicaid Management Information System (MMIS), also referred to as the Colorado Interchange (iC).

Who may be eligible for Behavioral Health Administration Community services?

As of 07/01/2023, anyone that is not eligible for Medical Assistance, is seeking behavioral health services, and meets all BHA eligibility criteria.

How can people apply for Behavioral Health Administration Community Services?

There are three avenues for individuals to apply - through a behavioral health provider who will utilize PEAKPro, through PEAK, or at your local county office. Eligibility Sites should process PEAK applications, submit directly into CBMS, or direct them to the online PEAK application, depending on that county site's capabilities. BHA Community Services is not an option in the paper application.

What is the county's role when processing PEAK applications with BHA services?

Eligibility Sites will be responsible for managing BHA combination (combo) cases. These are cases that include active members within the BHA HLPG and one or more other HLPGs. They will process PEAK applications that have failed Real Time Eligibility (RTE) and reported changes from the PEAK inbox and will continue to manage the ongoing combo cases. Additionally, if an individual is seeking BHA benefits at a county office, they will help them apply for benefits. Eligibility Sites should assist people with their PEAK application, submit it directly into CBMS, or direct them to the online PEAK application, depending on that county site's capabilities.

Will there be a third-party vendor that deals with BHA-only cases?

Yes, there will be a third-party vendor, which will be Denver Health CMAP. They will manage BHA-only cases and assist BHA providers with technical questions. Members need to direct questions to their BHA service provider.

Who are Behavioral Health Administration providers?



A Behavioral Health Administration provider must be contracted by the BHA. Not all behavioral health providers are BHA providers. For more information about contacting a BHA provider, please refer applicants and members to the [BHA's official website](#).

What role will BHA providers play in eligibility?

Providers that are contracted through BHA will be able to help individuals apply for both Medical Assistance and BHA benefits through PEAKPro. Applications submitted through PEAKPro, with the help of a BHA provider, will be processed in CBMS in the same manner as PEAK applications. With PEAKPro, BHA providers can check if an applicant is already in CBMS and their current eligibility status. If they are not currently in CBMS, BHA providers can submit a PEAK application on their behalf through the PEAKPro application.

Will applicants receive notice of BHA denials and approvals?

Applicants will receive all of their notices through their PEAK account. No correspondence will be mailed out to any BHA applicants.

What are the new program Aid Codes under the new BHA HPLG in CBMS?

There are two new aid codes associated with the BHA HPLG. It should be noted that not all BHA providers offer the same services. Applicants must contact a BHA provider to verify which services are available to them. For more information on BHA programs and services offered, please refer applicants to the [BHA's official website](#).

- X1 - Means Tested- income must be at or under 300% FPL. This aid code covers a broader range of services.
 - To become qualified for the Means-Tested category, individuals must be denied for MA first. Their income must be verified and cannot exceed the 300% Federal Poverty Level.
- X2 - Non-Means Tested- no eligibility criteria.
 - Minimum essential data can be completed to submit an application. This includes name, date of birth, gender, and address.

Will the BHA HPLG adhere to the same federal requirements as Medical Assistance?

No, the BHA is separate from Medical Assistance. It's funded through the state General Fund and is overseen by the BHA, which is under the Colorado Department of Human Services. The Colorado Department of Health Care Policy & Financing (HCPF) role will be to support BHA eligibility operations for BHA applicants through CBMS. HCPF, on behalf of BHA, will also process claims for BHA providers through HCPF's Medicaid Management Information System (MMIS), also referred to as the Colorado Interchange (iC).



What are the notable differences between MA MAGI eligibility and BHA eligibility criteria?

BHA eligibility is modeled after MA MAGI eligibility with some significant differences. Out-of-state residents can receive BHA. There are no citizenship or identity verification requirements. Verifications are not required, but they are highly recommended. For instance, verifying identity information can help determine if an individual is already in CBMS. Additionally, if income cannot be verified for X1 BHA Means-tested Aide Code, the applicant may still be eligible for X2 BHA Non-Means tested Aide Code.

Will the BHA HPLG have retro eligibility?

Yes, retro eligibility will only be available upon request only during the initial submission of the application and only for that current application. Retro coverage will not be granted for any dates prior to the go-live date of 07/01/2023.

How will other HPLGs be impacted by BHA HPLG?

An individual cannot be eligible for both MA and BHA Aid Codes in CBMS. Medical Assistance eligibility will always take priority over BHA. No other HPLG will be impacted by having BHA on the case.

Are verifications required to be eligible for the BHA HPLG?

Officially, no verifications are required by the BHA to be eligible for their services. However, verification of income is needed in CBMS to qualify for the X1 BHA Means-tested Aid Code. If income cannot be verified, then the applicant may still be eligible for X2 BHA Non-Means tested Aid Code.

What if someone with an active MA case applies for BHA?

The applicant will not be eligible for both aid codes in CBMS. They will be denied for BHA, and their MA will remain active. Where possible, please remind members that they are eligible for behavioral health services through their Medicaid benefits. They should contact their provider or regional organization for additional help.

