



COLORADO

Department of Health Care
Policy & Financing
1570 Grant Street
Denver, CO 80203

Accessing Regional Accountable Entity (RAE) - Covered Behavioral Health Services in Long-term Care Settings

April 2023

This document presents the authority, parameters, and processes related to accessing RAE-covered behavioral health services for Medicaid members living in long-term care settings. This is intended to be a resource for facilities and clinical staff to secure appropriate care for residents needing additional services.

Q1. What are Long-term Care Settings (LTCS)?

A1. The term Long-term Care Setting (LTCS) encompasses various care options:

Alternative Care Facilities (ACF) are Health First Colorado (Colorado's Medicaid program) certified assisted living residences (ALR) that provide services to three or more adults not related to the owner of such facility. An ACF may furnish the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required [6 CCR 1011-1 Chapter 7, Section 2.6].

ACF services are available to residents enrolled in the [Elderly, Blind, and Disabled \(EBD\) waiver](#), the [Community Mental Health Supports \(CMHS\) waiver](#), and the [Medicaid Buy-In Program](#) [Section 1902(c) of the Social Security Act; 6 C.C.R. 1011-1, chapter 7, section 1.102; 10 C.C.R. 2505-10, section 8.495] .

Nursing Care Facilities (NF) are licensed health care entities that are planned, organized, operated, and maintained to provide supportive, restorative and preventative services to persons who, due to physical and/or mental disability, require continuous or regular inpatient nursing care [6 CCR 1011-1 chapter 5, section 2; 6 CCR 1011-1, chapter 2, General Licensure Standards; 10 CCR 2505-10 8.400, Medical Assistance].

Skilled Nursing Care Facilities (SNF) are nursing care facilities that are federally certified by the Centers for Medicare and Medicaid Services. A SNF primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital [6 CCR 1011-1 chapter 5, section 2; 6 CCR 1011-1, chapter 2, General Licensure Standards; 10 CCR 2505-10 8.400, Medical Assistance].

Q2. What is a Pre-Admission Screening and Resident Review (PASRR)?

A2. LTCSs are only permitted to admit residents whose needs can be met within the accommodations of the setting. Regulations governing ACFs require a comprehensive pre-admission assessment of a resident's physical, mental, and social needs, cultural, religious and activity needs, preferences, and capacity for self-care to make this determination. If a resident resides in either environment, the facility must have its own policy and procedure, or mechanism to determine if the care provided will meet the resident's medically necessary needs. While a resident in an ALR may receive covered services from a waiver, including behavioral health, see below for ways a RAE can help coordinate outpatient behavioral health services.



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Prior to, or upon admission to a NF or SNF, each resident must participate in a level of care screening to determine the resident's functional and medical needs and if a NF or SNF setting is the appropriate level of care. PASRR Level I evaluation is also required to screen for a Severe Mental Illness (SMI). If the evaluated resident is known or suspected to have a SMI during the "Level I" review a more in-depth evaluation is completed with the resident called a "Level II" PASRR. The purpose of the PASRR Level II evaluation is to determine whether a nursing facility level of care is clinically indicated and if specialized mental health services are recommended. All identified specialized service needs are listed on the PASRR Notice of Determination and shall be included on a resident's plan of care.

Q3. What are Specialized Services?

A3. Specialized services are defined both Federally [42 CFR §483.120] and by the State of Colorado [10 CCR §2505-10-8.401.21]. Specialized services for a resident diagnosed with a SMI are defined as services, which result in the "aggressive implementation of an individualized plan of care", including specialized behavioral health needs. An interdisciplinary treatment team working within the facility is required to develop, review, and update the plan of care as resident needs change. Specialized services include therapies and activities which are supervised by a trained mental health individual for directing staff intervention during an acute episode of a SMI. For example, staff implementation of a behavior plan gleaned and authored by a trained mental health individual.

Examples of specialized services for individuals with a SMI:

- **Medication review:** one time review focused on a specific area of concern noted during an evaluation.
- **Case management:** helps maintain continuity of care with providers outside of the LTCS for mental health services.
- **Individual therapy:** 1:1 therapy.
- **Group Therapy:** family therapy, or therapy with other individuals that have similar needs.
- **Behavior Management Therapy:** creation of a behavior plan by a trained mental health professional for staff to track behaviors and implement intervention techniques.
- **Day Treatment:** an opportunity for a resident to participate in an off-site day treatment program.
- **Substance Use Disorder Treatment:** focused support for a resident with a chemical dependency.

Although all LTCSs are required to provide assessed medically necessary services, a SNF cannot receive direct Medicaid payment for specialized services (10 CCR § 2505-10-8.401.21). A resident's treatment team at the SNF is responsible for locating outside providers to furnish specialized behavioral health services. LTCSs may contract with the local Community Mental Health Centers (CMHC) or Community Center Boards (CCB) or other designated agencies to plan for the provisions of specialized services as indicated on the Level II PASRR Notice of Determination. Specialized services are billed directly by the provider to the appropriate insurance plan.

Q4. Where can a resident of a SNF receive specialized behavioral health services?

A4. Some providers may offer services on-site in a LTCS for residents who cannot reasonably travel to a service delivery site for their services. RAE's can help find additional "potential" providers to offer



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services within the facility, but due to network limitations it's not guaranteed a provider will be able to offer services. Please work with your RAE to determine provider type/availability within your region.

If the resident is able to leave the facility, the RAE can support with setting up additional services/appointments in the community. The facility can make a referral to the RAE to get a Care Coordinator assigned and support the individual resident needs.

Q5. What is dual eligibility?

A5. Residents who are eligible for Medicare and Medicaid are considered dual eligible or Medicare-Medicaid enrollees. Medicare can support with care coordination for dual eligible residents for services covered by Medicare.

LTCS should note that Health First Colorado is always the payer of last resort; therefore, services for Medicare-Medicaid enrollees must be billed first to Medicare. Please call the Provider Services Call Center at 1-844-235-2387 (toll-free) 7 am – 5 pm Monday, Tuesday & Thursday, and 10 am - 5 pm Wednesday and Friday with questions about dual eligibility.

Q6. What type of covered Medicaid behavioral health services can a RAE assist with accessing?

A6. RAE's can assist LTCS treatment teams in coordinating basic mental health and substance use care benefits for a Health First Colorado resident anytime the need is identified during the resident's stay in a LTCS. Treatment teams may contact a RAE for assistance during and after admission. There are **no** co-pays for Health First Colorado covered behavioral health benefits.

A list of behavioral health services covered under Health First Colorado is available at: healthfirstcolorado.com/benefits-services.

Q7. Where can a LTCS find providers that accept Health First Colorado?

A7. Use the links below for a complete list of providers for each RAE:

- Region 1: Rocky Mountain Health Plans: [Website](#) | [Provider Search](#)
- Region 2: Northeast Health Partners: [Provider Search](#) | [Beacon Health Options](#)
- Region 3 and 5: Colorado Access: [Colorado Access Provider Portal \(healthx.com\)](#)
- Region 4: Health Colorado: [Provider Resources](#) | [Health Colorado \(healthcoloradorae.com\)](#)
- Region 6 and 7: CCHA: [CCHA Provider Directory](#)

Q8. How can a RAE assist with care coordination in LTCSs?

A8. RAEs can provide consultation on resident specific needs as it pertains to the Health First Colorado benefit. In order to prevent duplication of care coordination services, RAEs should work alongside the existing care management team at the facility. A RAE care coordinator can provide the Health First Colorado expertise and collaborate with the facility care management team around individual cases. The facility care management team should be the lead on the case but can pull in a RAE care coordinator for additional needs at any point during a resident's stay in a LTCS such as:

- Providing care coordination efforts to all Medicaid residents.



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- Assessing care coordination requests using an interdisciplinary team for the proper level of intervention. A resident's physical, behavioral and social needs are included in the assessment.
- A care coordination process to facilitate smooth and appropriate care transitions.
- Information sharing, which may depend on needed release of information (ROI) documents, guardianship paperwork, etc.

Q9. What type of support can RAEs assist with for a resident who has a diagnosis of dementia?

A9. Dementia treatment is not covered under the behavioral health benefit. If there is a co-occurring behavioral health diagnosis, such as depression, the treatment team would connect the resident with behavioral health service providers for treatment of depression. If the treatment team cannot locate a provider for behavioral health services for the resident in need, the treatment team can refer the resident to a RAE care coordinator. The RAE will identify next steps for accessing behavioral health services based on provider availability.

Q10. What resources are available for a resident in need of medication changes/management?

A10. All LTCS are responsible for managing medications administered to residents, including medication changes and additions. External providers do not have prescribing rights within LTCS unless they are contract staff of the facility. Effectively, if an external provider prescribed a medication, the medical director of the LTCS would have to rewrite the prescription in order for it to be administered to the resident.

Q11. How can a RAE support a resident in a LTCS in a behavioral health crisis?

A11. RAEs assist with connecting to routine healthcare services and cannot provide emergent crisis services.

- **Nursing Facility:** Based on Colorado Regulations, each SNF and NF must provide for one or more physicians to be available to furnish emergency medical care if the attending physician is not immediately available. Nursing Facilities must also establish procedures which will be followed in the emergency care of the resident, the persons to be notified, and the reports to be prepared. After the crisis has been resolved, if a resident has outstanding care coordination needs, a PASRR status change should be submitted, and the RAE can assist with identifying existing services/providers available to the resident. During the crisis, facility staff can call the crisis line listed below.
- **Alternative Care Facility:** A RAE may help identify available providers to furnish medically necessary behavioral health services following an emergent crisis. Line staff should adhere to facility policies and procedures for addressing crisis events.

Colorado Crisis Services is the statewide behavioral health crisis response system offering residents mental health, substance use or emotional crisis help, information and referrals. Their mission is to strengthen Colorado's mental health system by providing Coloradans with greater access to crisis services wherever they are 24/7, 365, regardless of ability to pay.

Crisis Line available 24/7/365 1-844-493-8255 (State Relay 711) or text TALK to 38255
coloradocrisiservices.org. Chat Online (4 pm to 12 am daily)



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Q12. What transportation services are covered under the Medicaid benefit?

A12. All medical transportation, including emergent and non-emergent, is separately billed and not in the scope of the LTCS per diem. LTCS can facilitate residents who are Medicaid members or Dual Eligible using the Non-Emergency Medical Transportation (NEMT) benefit covered by Health First Colorado for transportation to any billable health care-related service, including:

- Dental,
- Therapy,
- Primary care,
- Physical therapy, and
- Any other clinical appointment.

Types of transportation coverage include: Mileage reimbursement, public transportation passes, private vehicle or taxi, wheelchair or stretcher van, plus other options.

IntelliRide is the state's contracted NEMT broker for nine counties in the Metro area. In addition to scheduling, the broker is responsible for everything from transportation provider credentialing/training to rider complaints and claims. NEMT can be scheduled via phone by calling 303-398-2155 or 1-855-489-4999. To schedule online, visit gointelliride.com/Colorado. Counties outside the metro area can call the RAE for assistance. You can also visit [HCPF's NEMT webpage](#) for additional options.

Q13. How can a RAE care coordinator be contacted?

A13. The point of contact for each RAE can be found on HCPF's website here: [RAE Contact Information](#)