



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Accessing Health First Colorado Behavioral Health Services for Members in Long-Term Care Settings, Regional Centers, or Covered by Home and Community Based Waiver Services

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This document presents the authority, parameters, and processes related to accessing Health First Colorado (Colorado's Medicaid program) behavioral health services for members living in long-term care settings (LTCS), receiving supports from regional centers (RCs), or covered under a home and community-based services (HCBS) waiver. This is intended to be a resource for facilities and clinical staff to secure appropriate care for members needing additional services.

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

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

Alternative Care Facilities (ACF) are Health First Colorado certified assisted living residences 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 members 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 are *Regional Centers (RCs)*?

A2. Regional Centers serve people with intellectual and developmental disabilities who have intensive needs and are overseen by the Colorado Department of Human Services and. The RCs are located in Grand Junction, Pueblo, and Wheat Ridge. The centers in Grand Junction and Wheat Ridge operate intermediate care facilities (ICFs) and the RCs in Grand Junction and Pueblo, in total, operate 40 group homes or group residential services and supports (GRSS).

Intermediate Care Facilities (ICFs) for individuals with intellectual and developmental disabilities provide active treatment (AT), which is a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services, directed toward helping the member function with as much self-determination and independence as possible. All services are based on evaluation and are part of the AT coordinated by an interdisciplinary team [42 CFR § 440.150 Intermediate care facility (ICF/IID) services].

Group Residential Services and Supports (GRSS): Community Residential Home for Persons with Developmental Disabilities - a group living facility accommodating at least four but no more than eight adults, licensed by the state, where services and supports are provided to persons with developmental disabilities. See Developmental Disabilities Waiver (DD) definition [here](#).

Q3. What are *Home and Community Based Services (HCBS)* waivers?

A3. HCBS waivers are approval to cover supplemental services for Health First Colorado members that meet additional eligibility criteria. These benefits can help members remain in their home and community. HCBS Waivers have extra program rules, and all waivers have a distinct scope of coverage.

Case Management Agencies (CMA): CMAs support access to long term services and supports (LTSS) through HCBS waivers. CMAs coordinate services for members to be provided in the least restrictive setting possible with the goal of keeping them in their homes and communities as an alternative to institutional care.

CMAs will work with a member to determine benefits and services that best meet the behavioral health needs of a member.



Q4. What is a Pre-Admission Screening and Resident Review (PASRR)?

A4. Prior to, or upon admission to a NF or SNF, each member must participate in a level of care screening to determine the member'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 member is known or suspected to have a SMI during the "Level I" review a more in-depth evaluation is completed with the member 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 member's plan of care.

Regulations governing ACFs require a comprehensive pre-admission assessment of a member's physical, mental, and social needs, cultural, religious and activity needs, preferences, and capacity for self-care to determine if the member's needs can be met within the accommodations of the setting. The facility must have its own policy and procedure, or mechanism to determine if the care provided will meet the member's medically necessary needs. While a member in an ACF may receive covered services from a waiver, see below for ways a RAE can help coordinate outpatient behavioral health services.

Q5. What are Specialized Services?

A5. 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 apply to a member living in a **SNF** who is diagnosed with a SMI and 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 member 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 member to participate in an off-site day treatment program.
- **Substance Use Disorder Treatment:** focused support for a member with a chemical dependency.

Although all Health First Colorado reimbursed settings are required to provide assessed medically necessary services, a SNF cannot receive direct payment for specialized services (10 CCR § 2505-10-8.401.21). A member's treatment team at the SNF is responsible for locating outside providers to furnish specialized behavioral health services. SNFs may contract with the local Community Mental Health Centers (CMHC), CMAs 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.

Q6. How can a RAE support accessing specialized behavioral health services?

A6. Some providers may offer services on-site for members who cannot reasonably travel to a service delivery site for their services. RAEs can help find additional "potential" providers to offer 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 available providers within your region.

If the member can 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 for a care coordinator assignment and to support individual member needs.

Q7. What type of support can RAEs assist with for a member who has a diagnosis of dementia?

A7. Dementia treatment is not a covered diagnosis under the behavioral health benefit. If there is a co-occurring behavioral health diagnosis, such as depression, the treatment team would connect the member with behavioral health service providers for treatment of depression. If the treatment team cannot locate a provider for behavioral health services for the member in need, the treatment team can refer the member to a RAE care coordinator. The RAE will identify next steps for accessing behavioral health services based on provider availability.



Q8. What resources are available for a member in need of medication changes/management?

A8. All *LTCS* are responsible for managing medications administered to members, 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 for it to be administered to the member.

Members living in an *ICF* setting may utilize community providers for medication management and can access prescribed medications from a pharmacy of their choice.

Internal medical and pharmacy services are managed by a community provider for members in *GRSS* operated by *RCs*.

In general, medical and pharmacy services are managed by a community provider when a member is receiving waiver services from an *HCBS provider*. *HCBS* providers are responsible for managing a member's medication if this is identified as a need by the treatment team, including the member, and documented in a plan of care.

Q9. How can a RAE assist with accessing Health First Colorado Behavioral Health services?

A9. RAEs can assist providers in coordinating basic mental health and substance use care benefits for a Health First Colorado member anytime the need is identified. Providers/treatment teams may contact a RAE for assistance during and after admission.

There are no co-pays for Health First Colorado covered behavioral health services.

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

Q10. Where can *LTCS*, Regional Centers, and *HCBS* providers find providers that accept Health First Colorado?

A10. 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](#)

Q11. How can RAEs assist with care coordination?

A11. RAEs can provide consultation on member specific needs as it pertains to the Health First Colorado benefits. To prevent duplication of care coordination services, RAEs should work alongside the existing treatment team. A RAE care coordinator can provide the Health First Colorado expertise and collaborate with the treatment team around individual cases.

Examples of RAE care coordination support may include but are not limited to:

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

Qualified staff working in Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID) settings operated by the **Regional Centers** typically complete most care coordination efforts; however, RAEs may work alongside the ICF and HCBS teams at the Regional Center until the member lives in a community setting.

Q12. How can a RAE support a member in a behavioral health crisis?

A12. RAEs assist with connecting members 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 member, the persons to be notified, and the reports to be prepared. After the crisis has been resolved, if a member 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 member. 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.

- **Regional Center:** A RAE may help the treatment team identify additional available services and supports for a member with identified behavioral health needs following a crisis.
- **HCBS:** RAEs can assist with identifying existing services/providers available to the member. 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, which offers mental health, substance use, or emotional crisis help to those in need, as well as 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. Chat Online (4 pm to 12 am daily) at coloradocrisiservices.org.

Q13. What is dual eligibility?

A13. Members who are eligible for Medicare and Medicaid are considered dual eligible or Medicare-Medicaid enrollees. Medicare can support with care coordination for dual eligible members for services covered by Medicare.

LTCS, Regional Centers, and HCBS providers should note that Health First Colorado is always the payer of last resort; therefore, services for dually eligible members 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.

Q14. What transportation services are covered under Health First Colorado?

A14. LTCS, Regional Centers and HCBS providers can support Health First Colorado members access to the Non-Emergency Medical Transportation (NEMT) benefit 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.

PLEASE NOTE: HCBS waivers can include a transportation benefit called Non-Medical Transportation. This benefit is outside of Non-Emergency Medical Transportation (NEMT). Non-Medical Transportation services shall include, but not be limited to:

- Adult Day programs
- Shopping
- Activities that encourage community integration
- Non-Medical therapeutic sessions

Q15. How can a RAE care coordinator be contacted?

A15. The point of contact for each RAE can be found on HCPF's website here: [RAE Contact Information](#)

For more information contact

Kara.gehring@state.co.us

