



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE BEHAVIORAL HEALTH HOSPITAL ENGAGEMENT FORUM

Virtual attendance only

May 12, 2023
10:00 a.m. - 11:00 a.m.

1. Call to Order

Sandra Grossman called the meeting to order at 10:04 a.m.

2. Welcome and Introductions

3. Billing Guidance on Mobile Crisis Response

Meredith Davis and Megan Lee presented on the billing guidance for Mobile Crisis Response (MCR). A background and billing guidance for the hospitals to deliver the crisis services, internally, were provided on the MCR benefit. The Department of Health Care Policy & Financing (HCPF) and the Behavioral Health Administration (BHA) are collaborating to design and launch this benefit via the American Rescue Plan Act. MCR is delivered by a multi-disciplinary mobile crisis response team with specialized crisis training and expertise set by federal requirements. MCR is not replacing or stopping other crisis services but is a continuum of other crisis services. A requirement for a provider or agency is that they must have received a BHA endorsement by meeting all standards. Regarding staffing requirements, staff must be multidisciplinary professionals and paraprofessionals with BHA crisis training. Additionally, teams must include a licensed behavioral health clinician, peer support professional, and staff with training in child, youth and family crises. Lastly, the team must also have access to community providers during or immediately after a crisis who serve people with intellectual and developmental, serious emotional disturbances, substance use disorders, traumatic brain injuries, individuals who are Deaf/Hard of Hearing or Deaf-Blind, other cognitive needs/neurodiversities. Providers will be able to begin to enroll as a Medicaid provider on June 1, 2023, for a July 1, 2023, launch if they are approved by the BHA.

Information was provided about the billing process for crisis services. For hospitals that do not have staff who are able to respond to behavioral health crises at their facility, hospitals should contract with external behavioral health providers to provide these services to members. Providers can include Community Mental

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



Health Centers, Federally Qualified Health Centers or independent licensed behavioral health providers. A contracted provider must have appropriate training and credentials to assess, triage, and resolve crisis situations; be responsive to a crisis situation in a timely manner; and to coordinate care for members needing additional services outside of the crisis event. Providers must be contracted with the Regional Accountable Entities (RAEs) to bill for crisis services.

There was a comment that the benefit does not feel like it's capturing the full extent of what hospitals are having to incur with reimbursement and billing. Furthermore, a hospital with a smaller ED that is not able to provide behavioral health services has had difficulties. It was also added that a patient needing a higher level of care hasn't been able to be admitted for inpatient stays due to a lack of beds available. In response, further discussion about this to occur within HCPF with their hospital billing team.

It was noted by HCPF that in addition to the MCR benefit going live on July 1, there is a new behavioral health secure transportation benefit also going live on July 1. Each of the counties are required to provide licensure and oversight for secure transport providers that are specially aimed at providing supportive transportation for individuals with behavioral needs who are in crisis and need a higher level of care. More information on this benefit can be found [here](#). A question was asked about HCPF supporting the counties to help fulfill this role. In response, there is a clause in the CDPHE rule that allows for reciprocity, that would allow the counties to band together to create a process. There has also been additional support provided.

There was a question about the long-term goal of HCPF and the BHA regarding this effort. A focus is to standardize a process that had been used inconsistently across the state, and to use state-only funds and federal funds more appropriately. Additionally, the goal is to reduce reliance on emergency departments and law enforcement for mobile crisis. The goal is to get additional services into the community to meet individuals where they are so that they don't have to be admitted into a hospital. It is wanted to be able to provide safety in the community, in the home, and to connect individuals to outpatient services and walk-in services. It was also noted that a benefit of the MCR benefit is to do an on-sight medical assessment. MCR teams are allowed to also include EMTs in addition to clinicians. EMTs would be allowed to do a detox assessment.

For any Medicaid billing related questions about billing or codes, you may contact hcpf_bhcoding@state.co.us.



4. Wrap Up and Housekeeping

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Sandra Grossman at sandra.grossman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

