



COLORADO

Department of Health Care
Policy & Financing

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Behavioral Health Administration Community Services High-Level Program Group FAQ

Frequently Asked Questions

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A new High-Level Program Group (HLPG) has been added to the Colorado Benefits Management System (CBMS) for Behavioral Health (mental health and substance use services). The new HLPG “Behavioral Health Administration Community Services” was set up for uninsured and under-insured individuals in Colorado with behavioral health needs. The HLPG policy went into effect on July 1, 2023. This HLPG encompasses two new aid codes. Within PEAK and PEAKPro, the HLPG is listed as Behavioral Health Administration Community Services

What is the Behavioral Health Administration (BHA)?

The Behavioral Health Administration (BHA) is the state administration responsible for ensuring easy access to high-quality mental health and substance use disorder services for all people in Colorado, regardless of where they live or their ability to pay.

BHA impacts the behavioral health system in many ways. These include:

- Continuously improving access to and quality of affordable behavioral health care;
- Reducing stigma so that the people of Colorado feel confident and comfortable seeking support and/or treatment for their mental health and substance use disorder;
- Providing ways to find care;
- Engaging with a diverse community groups and providers to expand services;
- Recruiting and retaining the workforce to support the people of Colorado.

What is the “Behavioral Health Admin” High-Level Program Group?

This new HLPG is listed as “Behavioral Health Admin” within CBMS. The Behavioral Health Admin HLPG allows individuals to seek mental health and substance use disorder services from Behavioral Health Administration Service Organization (BHASO)-contracted providers.

This HLPG includes a range of services and programs available to different populations. These populations include both uninsured and underinsured individuals.

Currently individuals cannot be simultaneously assigned to both Medical Assistance and BHA HLPGs in CBMS. For those with Medicaid benefits, the Medical Assistance HLPG will continue to offer coverage for behavioral health services. In contrast, assignment to the BHA HLPG is not a guarantee of services. Services are dependent on the availability of BHASO contracted providers, provider-evaluated eligibility, and the services providers offer. For more information on the BHA and the services they fund, please visit the BHA's official website.

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

No, BHA is not part of the Medical Assistance HLPG. This is a new High-Level Program Group in CBMS. The BHA HLPG was implemented on July 1, 2023.

Which department is overseeing the new BHA High-Level Program Group?

The new BHA high-level program group (HLPG) is administered by BHA. The Colorado Department of Health Care Policy & Financing's (HCPF's) role is to support BHA's operations. More specifically, HCPF will support BHA's use of existing IT systems.

Who may be eligible for BHA Community Services?

As of July 1, 2023, anyone who is not eligible for Medical Assistance (MA) HLPG, may still seek BHA-funded behavioral health services. Beginning July 1, 2025, Behavioral Health Administrative Service Organizations (BHASOs) will go live. These BHASOs will fund all programs associated with the BHA HLPG and maintain regional networks of behavioral health care providers that serve people across Colorado. The BHA HLPG is not a benefit plan in the same sense as Medicaid. It is not an entitlement program or insurance-type plan. In other words, the BHA HLPG does NOT guarantee certain benefits. Instead, the HLPG is used to help connect registered individuals with income and non-income based behavioral health services in their communities. Availability of services varies by community and BHA funding in a given year." To access BHA Community Services, individuals should contact the BHASO in their region for a referral to providers and programs.

Additionally, some MA recipients with specific aid codes can still seek BHA-funded services. The following MA Aid Codes do not include coverage for behavioral health services:

- QDWI
- QI-1
- SLMB
- QMB
- Family Planning

- Family Planning Presumptive Eligibility
- OAP HCP A+B

Individuals with these aid codes will be able to seek mental health and substance use services directly from BHA providers.

How can people access BHA Community Services?

Beginning July 1st of 2025, individuals seeking services for mental health, substance use disorder, and behavioral health crises can reach out to their local Behavioral Health Administrative Service organizations (BHASOs). Click [here](#) for more information about BHASOs.

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

Yes, there is a third-party vendor, Denver Health CMAP (Colorado Medical Assistance Program). They will manage BHA-only cases in intake, ongoing, and RRR mode and assist BHA providers with technical questions. Individuals seeking care need to direct questions to their BHA-contracted provider. [Providers are listed on this website](#).

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

Counties and medical assistance (MA) sites are responsible for managing combination (combo) cases. Combo cases are cases where a person has applied for multiple HLPGs, which could include the BHA HLPG. Counties and medical assistance (MA) sites will process PEAK applications that have failed Real Time Eligibility (RTE) and report changes from the PEAK inbox. They will continue to manage the ongoing and RRR combo cases. Additionally, if an individual seeks BHA support at a county office, the county will help the individual apply with BHA.

Counties and eligibility sites should assist people in submitting their PEAK application, or direct them to the online PEAK application, depending on that county site's capabilities. There are no different nor additional questions if the BHA HLPG is selected in addition to the MA application. If the individual registers only for the BHA HLPG, the individual's case will move to the CMAP's PEAK inbox. From there it will be assigned to CMAP for ongoing management as needed if RTE did not apply.

Who are BHA providers?

Starting July 1, 2025, all BHA funded services will be contracted through regional Behavioral Health Administrative Services Organizations (BHASOs). Not all behavioral health providers are part of the BHASO Colorado LIFTS (Lifting Individuals and Families To Services) Network of providers. For more information about contacting a BHA provider, please refer individuals seeking behavioral health support to their regional BHASO listed [here](#).

What can individuals learn about BHA support through PEAK?

First, PEAK allows individuals to apply for Medical Assistance. Individuals will no longer be able to apply for MA and BHA Community Services simultaneously via PEAK. BHA will no longer be seen in PEAK's "Add program(s)" or "Suggested benefits" pages. If an applicant is denied MA, PEAK will prompt them to register with the BHA through an Express Application. PEAKPro users will continue to have the ability to apply for MA and BHA Community Services simultaneously.

Individuals will also be presented with information about the BHA. Individuals registering with the BHA will receive their notices through their PEAK account. Individuals can learn about accessing BHA support by working with a BHA-contracted provider.

Assignment to the BHA HPLG does not guarantee any benefit plan, nor does it guarantee services. Instead, assignment to the BHA HPLG creates a state ID for the individual if they do not already have one. This allows eligibility workers and BHA-contracted providers to rule out Medicaid services before considering BHA-funded programs. Medicaid services are generally more robust and preferable. In contrast, BHA programs continue to operate at a program-specific and provider-specific level. Learn more on the BHA website.

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. Individuals seeking support must contact a BHA provider to verify which services are available to them. For more information on BHA programs and services offered, please refer these individuals to BHA's official website.

- X1 - Means Tested- income must be at or under 300% federal poverty level. 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 criteria is used to assign this aid code.
 - Minimum essential data is required to register as an individual seeking behavioral health care. This includes name, date of birth, gender, and address.

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

No, the BHA HPLG is separate from Medical Assistance and its federal requirements. It's funded through the state General Fund and is overseen by BHA. HCPF's (the agency that

administers the state's Medicaid program) role will be to support BHA operations through CBMS. Individuals seeking care with the BHA will be registered in CBMS.

What are the notable differences between MA Modified Adjusted Gross Income (MAGI) eligibility and BHA HLPG criteria?

BHA HLPG processing within CBMS is modeled after MA MAGI eligibility with some significant differences. Out-of-state residents can receive BHA services. 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. If income cannot be verified for X1 BHA Means-tested Aid Code, the individual may still be assigned to X2 BHA Non-Means tested Aid Code.

Can the BHA HLPG be assigned retrospectively?

Yes, the BHA HLPG can be assigned retrospectively. This is possible upon request only during the initial submission of the application and only for that current application. Retrospective assignment will not be granted for any dates prior to the go-live date of July 1, 2023. This retrospective assignment applies to BHA services provided by BHA-contracted providers. Case workers should expect the same data entry process used in CBMS for MA's retro requests.

How are other HLPGs impacted by BHA HLPG?

An individual cannot be assigned to both MA and BHA HLPGs in CBMS. Medical Assistance eligibility will always take priority over the BHA HLPG. No other HLPG will be impacted by having BHA on the case.

Are verifications required for assignment to the BHA HLPG?

Officially, no verifications are required by BHA to seek 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 individual may still be assigned to X2 BHA Non-Means tested Aid Code. For some BHA programs, the financial criteria may be waived by a BHA provider if the person seeking services is within a priority population. The individual should be referred to a BHA provider regardless of the X1 or X2 eligibility determination from CBMS.

What if someone with an active MA case seeks care via the BHA HLPG?

County caseworkers and eligibility site workers should run EDBC and authorize both MA and BHA HLPGs in Case Wrap-up. The individual will not be assigned both HLPGs in CBMS. If the BHA HLPG is denied, their MA will remain active. MA eligibility review may be triggered if the individual registering for BHA support reports information (e.g., change in income) that is inconsistent with Medicaid eligibility. Where possible, please remind MA members that they are eligible for behavioral health services through their Health First Colorado

(Colorado's Medicaid program) benefits. They should contact their provider or regional organization for additional help.

Several Medical Assistance Aid Codes do not include behavioral health service coverage. These Aid Codes will include:

- QDWI
- QI-1
- SLMB
- QMB
- Family Planning
- Family Planning Presumptive Eligibility
- OAP HCP A+B

Individuals with these aid codes will be able to seek mental health and substance use services directly from BHA providers.

Should eligibility sites "pend" the MA application until the BHA HLPG is assigned or denied?

No, the goal is always for the Medical Assistance application to be processed first. Medical Assistance will always take priority over BHA. Individuals will no longer be able to apply for MA and BHA Community Services simultaneously via PEAK. If an applicant is denied MA, PEAK will prompt them to register with the BHA through an Express Application. Since the BHA HLPG does not have any predefined benefits, it is more beneficial to any individual to secure Medical Assistance. PEAKPro users will continue to have the ability to apply for MA and BHA Community Services simultaneously.

How does the BHA HLPG impact county metrics?

There are no timeliness metrics defined for BHA so there will be no impact to county metrics, as long as other programs are processed according to their timeliness guidelines.

If asked, what should an eligibility site tell a person who is assigned to the BHA HLPG about BHA Community Services?

If a person asks you about the BHA HLPG, please encourage them to go to bha.colorado.gov/get-behavioral-health-help or ownpath.co. Additional information on BHA Community Services programs can be found on the County Caseworker Guidance on BHA Community Services.

How should eligibility sites register an individual seeking BHA support who is also active on a non-Medicaid HLPG?

Our recommendation is always to encourage the individual to apply for Medical Assistance. If an individual is denied Medicaid, then they will be given the opportunity to register for BHA funded services. If the individual initially only tries to register for the BHA HLP, county caseworkers should strongly recommend the individual apply for Medical Assistance, as that is the more definitive and comprehensive benefits program.

What are the differing roles and responsibilities between the BHA 3rd Party Vendor, currently Denver Health CMAP (Colorado Medical Assistance Program) and eligibility sites? What constitutes a "combo case" relative to a "BHA-only case"?

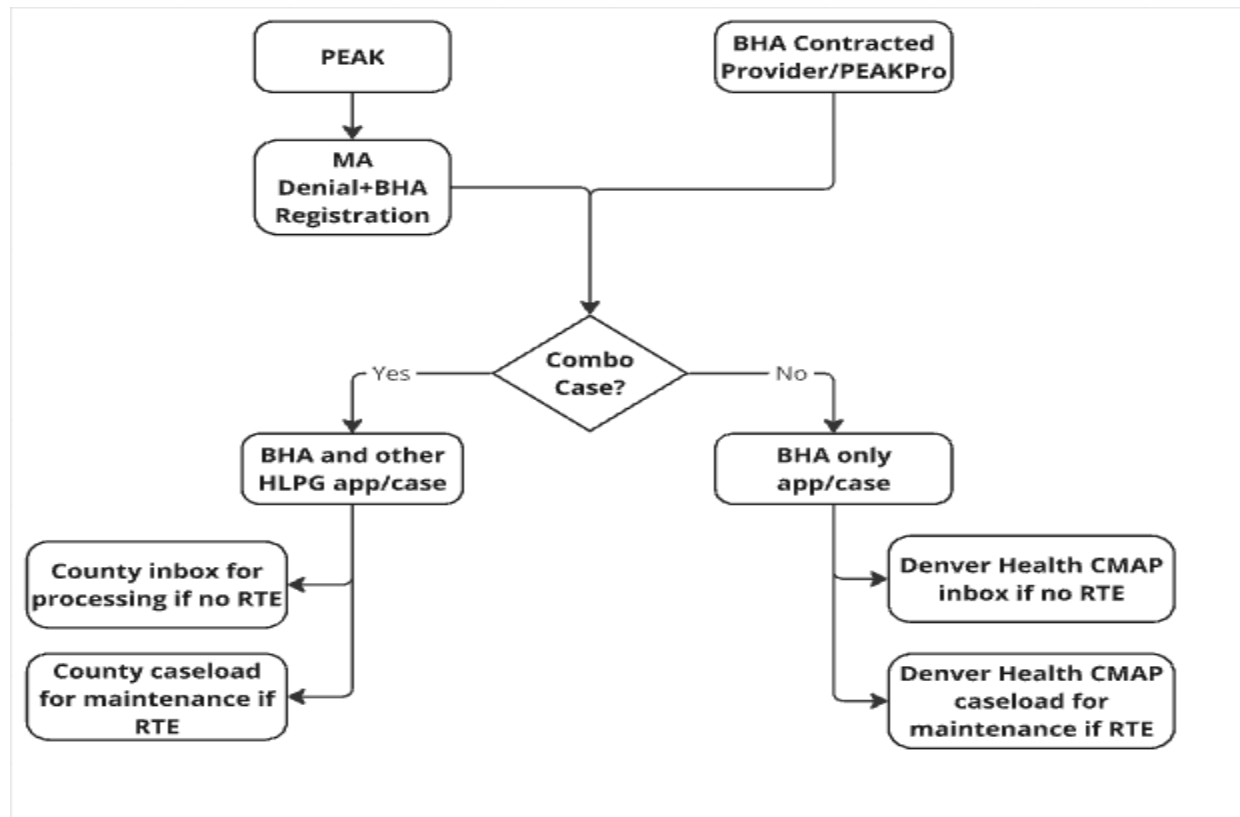
Eligibility sites may assist any individuals who are inquiring into any available HLP, which may include the BHA HLP. The suggestion for any individual seeking the BHA HLP is to (1) recommend that they also apply for Medical Assistance or (2) recommend that they first contact a BHA provider.

CMAP will handle case maintenance for BHA-only applications and ongoing cases that receive RTE or not. A BHA-only case is someone who only has the BHA HLP and no other HLPs (e.g., Health First Colorado, SNAP). A combo case has BHA HLP and at least one other HLP. Eligibility sites will continue to manage combo cases.

What is the level of effort expected to maintain a BHA "combo case"?

Maintaining a BHA combo case should require the same effort as an MA HLP combo case. Like an MA HLP combo case, a BHA combo case will be active for another non-Medicaid HLP. The Staff Development Division (SDD), in conjunction with HCPF and BHA, is working to create training material to better inform eligibility workers on case maintenance for combination cases that involve the BHA HLP.

Does BHA have a flow chart demonstrating how all of this is connected and who is responsible for what actions when processing BHA requests?



The flowchart begins with the question of how the individual pursues BHA services. The two options are via PEAK or via BHA Contracted Provider using PEAKPro. If the individual is using PEAK, they will need to apply for MA first. An MA denial is required before the individual gets the opportunity to register for BHA Community Services. The second option is to pursue services with the assistance of a BHA contracted provider using PEAKPro. This method still allows for the simultaneous application of both MA and BHA Community Services, without the requirement for an MA denial. From there, processing the person's information is dependent on whether the person inquired about one or multiple HPLGs. The person's information goes to the PEAK Inbox for processing if Real Time Eligibility (RTE) does not apply. If RTE does apply, it will go to the county caseload for case maintenance. If the person inquired about only one HPLG and RTE does not apply, it will go to the PEAK Inbox and be assigned to Denver Health CMAP for manual processing. It will go to Denver Health CMAP caseload for maintenance if RTE applies and the person is only registering with the BHA.

Who are the points of contact from both the BHA and HCPF for the CBMS/PEAK and the BHA HPLG?

Because of the variety of questions eligibility sites may have, please direct questions about the BHA HPLG hcpf_medicaid.eligibility@state.co.us, which will then direct your question to the appropriate person. Questions about BHA community services will be directed to relevant BHA staff members, whereas questions about CBMS functionality when processing BHA HPLG applications will be directed to relevant technical staff.

For more information contact
hcpf_medicaid.eligibility@state.co.us