



COLORADO
Department of Health Care
Policy & Financing

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Colorado Statewide Standardized Utilization Management (SSUM) Guidelines for Youth Under 21 Years Old

Effective July 1, 2023

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1. Summary for Families and Guardians

The Department of Health Care Policy & Financing (HCPF) and Regional Accountable Entities (RAEs) are working together to create behavioral health utilization guidelines for Health First Colorado (Colorado's Medicaid program) members under 21 years of age. Health First Colorado members under 21 have comprehensive prevention, diagnostic and treatment services under Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)). The RAEs are regional organizations that help connect you with the health care you need. RAEs use the guidelines in this document along with national utilization management (UM) standards to make decisions about the most appropriate behavioral health care for members under 21. The information after this introductory section provides more details for each setting/service your RAE must follow. Contact your RAE for help if you have questions about the language or definitions.

Important information about behavioral health care

- **Treatment should match needs.** In general, youth should receive behavioral health care in the least restrictive environment possible. Care decisions should include information about:
 - Severity of symptoms
 - Safety for members, families and providers
 - Certain circumstances that could affect treatment. Contact your RAE for more information.
- **Care over cost.** RAEs may consider costs when making care decisions only when two alternative treatments are equally effective.
- **Collaboration.** The guidelines in this document can help you and your child's provider understand behavioral health services that may be available. Decisions about the best services should include input from you, your family, and treatment providers currently involved with your family.
- **Medical Necessity.** Health First Colorado must follow rules for medical necessity. Medical necessity means the care and services provided must be reasonable, necessary, and/or appropriate for the situation based on evidence-based clinical standards of care. The guidelines in this document align with the rules of medical necessity that the RAEs must follow.
- **You are not alone!** You don't have to navigate the behavioral health system by yourself. RAEs are responsible for helping members find appropriate care. Reach out to your RAE for help. You can find your RAE's contact info at <https://www.healthfirstcolorado.com/health-first-colorado-regional-organizations/>.

Behavioral health Settings/Services

Summaries of different behavioral health services are immediately below. Full descriptions are available beginning on page 7. Each type of service has criteria that will be considered

for admission, care, length of treatment, and eventual discharge from the service. The services are in order from most restrictive to least restrictive. Members will be placed in the least restrictive environment they qualify for.

Crisis Stabilization Unit (CSU)

Content to be added at a future date.

Psychiatric Inpatient Hospitalization

Content to be added at a future date.

Psychiatric Residential Treatment Facility (PRTF)

PTRFs are residential facilities that help members ages 3 - 21. Youth in this setting have a diagnosed mental health condition. This setting cannot serve members with a primary substance use diagnosis. Members receiving care in a PTRF may need new medications, or a medication change that could not occur safely at home or through an outpatient provider. Some members receiving treatment in a PTRF may need seclusion or restraint temporarily during an emergency safety situation.

Services

The following services are provided at a PRTF. Other services may be available. Youth will receive services based on their individual needs. The services on a member's care plan are reviewed at least every 30 days to see if there is need for a change.

- Individual therapy
- Group therapy
- Family therapy with the member, unless member contact with the family is not recommended
- Emergency services
- Medication management
- Room and board

Qualified Residential Treatment Program (QRTP)

QRTPs are residential facilities that help members ages 5 -18. Youth in this setting have a diagnosed mental health and/or substance use disorder diagnosis . This setting is **not** for youth who have acute mood disorders or severe suicidal and/or homicidal thoughts.

QRTPs provide trauma-informed treatment for serious emotional or behavioral conditions. Behavioral health providers lead the care, rather than medical doctors. Family members will be involved in treatment if appropriate. QRTPs are required to provide up to 6 months of community-based services to the youth and family after they leave the QRTP. QRTPs can help parents and guardians maintain custody of children.

Services

The following services are provided at a QRTP. Other services may be available. Youth will receive services based on their individual needs:

- Individualized support and services 24 hours a day
- Psychiatric services
- Mental health services (individual, group, and family therapy)
- Case management
- Family engagement
- Intensive case management to coordinate services in the QRTP and in preparation for discharge from the QRTP

Intensive Community-Based Services

Content to be added at a future date.

Outpatient Services

Content to be added at a future date.

Next steps for you and your family

Don't forget: You are not alone! You don't have to navigate the behavioral health system by yourself. [Contact your RAE](#) for help.

If you would like to read the full definition of medical necessity and the criteria RAEs use to make care decisions, the information is below.

2. Introduction and Purpose

Due to the lack of uniform statewide standards of utilization management for members under age 21, the Department of Health Care Policy and Financing (HCPF) has been working with the Regional Accountable Entities (RAEs) to create guidelines that can serve families and providers in identifying appropriate levels of care and which align with state medical necessity criteria. The definition of Medical Necessity below includes criteria that must be considered under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The RAE is responsible for arranging for appropriate services regardless of diagnosis or the Medicaid party responsible for reimbursing the services. This document will continue to be edited/added to as the RAEs work to create guidelines for each level of care.

These Level of Care (LOC) guidelines were developed by the RAEs as a companion to national utilization management (UM) standards used by the RAEs to authorize behavioral health services. These guidelines are explicitly for youth who have Health First Colorado Medicaid, which is where RAEs have decision-making for approving treatment services. These guidelines are designed to assist referring providers, parents/guardians and custodians in assessing a youth's clinical presentation when seeking or referring a youth to the appropriate level of care. This document should be a guideline for facilitating access to the treatment setting and interventions based on a youth's severity of illness and intensity of service need. The level of treatment intervention should match the needs of the youth. In general, youth should receive treatment in the least restrictive level of care that is warranted by the severity of presenting symptoms, degree of functional impairment, and environmental circumstances. RAEs may factor costs into decision-making only when two alternative treatments are equally effective.

3. Medical Necessity Definition

Because Medicaid can only pay for medically necessary services, a RAE is required to make a Medical Necessity Determination when processing a request for authorization of any service. So even though a provider makes a recommendation for a specific service or treatment modality, or a clinician makes a recommendation for care based on a diagnosis and clinical interview/assessment (i.e. Independent Assessment), a RAE is required to consider the below seven (7) criteria when approving or denying payment for the service. The RAE will review a member's diagnosis, presentation, and supporting documentation to determine if the requested service meets the definition of medical necessity. These SSUM Guidelines should be used by providers to inform an appropriate referral and make clear the factors that RAEs will be using to determine if a requested service is medically necessary.

This definition of Medical Necessity aligns with the language in RAE contracts and the Colorado Behavioral Health Uniform Services Coding Standards (USCS) manual that details services covered by the RAEs. RAEs must use this definition of Medical Necessity.

According to 10 CCR 2505-10 section 8.076.1.8, a service is considered medically necessary when it:

1. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all. For members under 21, per section 8.280.4E, this includes a reasonable expectation that the service will assist the member to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living.
2. Is provided in accordance with generally accepted professional standards for health care in the United States.
3. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
4. Is not primarily for the economic benefit of the provider or primarily for the convenience of the member, caretaker, or provider.
5. Is delivered in the most appropriate setting(s) required by the member's condition;
6. Is not experimental or investigational; and
7. Is not more costly than other equally effective treatment options.

4. Crisis Stabilization Unit (CSU)

Content to be added at a future date

5. Psychiatric In-Patient Hospitalization

Content to be added at a future date

6. Psychiatric Residential Treatment Facility (PRTF)

Description

A PRTF is defined by the Colorado Code of Regulations (10 CCR 2505-10 8.765.2). PRTFs provide services to youth from age 3 up to the age of 21 with a psychiatric diagnosis by treating these issues and restoring the youth to their best possible functional level. Youth who require PRTF level of care have a higher acuity than those youth who require a Qualified Residential Treatment Program (QRTP). Treatment in a PRTF is under the direction of a physician and decisions are made by an interdisciplinary team (IDT). Those on the IDT who certify the need for PRTF level of care includes a psychiatrist or doctoral level psychologist, and a licensed physician as well as a licensed clinical social worker, a registered nurse, a certified occupational therapist and a licensed psychologist. Services at a PRTF may be similar to other levels of care. The distinction lies in the medical background of the treatment providers and the intensity of services provided.

Purpose of Care

Youth in this level of care (LOC) have a diagnosed psychiatric disorder and that diagnosis is the primary reason for treatment in the PRTF. This setting is not intended to treat a primary substance use disorder (SUD). The youth's behavior is at a severity level that may indicate a need for psychiatric medications that are not already in place, a significant change in psychiatric medications that could not occur safely in an outpatient setting, and/or the youth may potentially require seclusion or restraint in an emergency safety situation (ESS).

Per CFR Section 441.152 all admissions to a PRTF require a "certification of need" by the IDT that states the following:

1. Ambulatory care resources available in the community do not meet the treatment needs of this individual.
2. Proper treatment of this individual's psychiatric condition requires services on an inpatient basis under the direction of a physician.
3. Services can reasonably be expected to improve the individual's condition or prevent regression so that services will no longer be needed.

NOTE: *Where the Interdisciplinary Team (IDT) at the PRTF must certify a youth meets*

criteria for this level of care, the RAE still maintains Medical Necessity decision-making. Where the PRTF clinical staff is responsible to identify diagnoses, determine treatment goals, and assess engagement/ progress in treatment, the RAE continues to assess if a member needs that level of care compared to the availability and potential effectiveness of supports/services available outside of this LOC. A medical necessity determination is based on the definition included at the front of this document and has a distinct and separate scope from the clinical certification by the IDT.

Services

The following services are provided at the PRTF level of care. Other services may be available. The services on a client's plan of care are reviewed at least every 30 days to determine if there is any need for change.

1. Individual therapy
2. Group therapy
3. Family, or conjoint, therapy conducted with the client present, unless client contact with family members is contraindicated
4. Emergency services
5. Medication Management Services
6. Room and Board

***Education requirements can be found at CCR 7.714.6. These services are not covered under a RAEs authority.**

Expected Outcomes

The following outcomes can be expected as a result of receiving services in a PRTF:

The goals and objectives outlined on the Plan of Care have been met in the assessment of the IDT.

Admission Criteria

All of the following are necessary for admission to a PRTF:

- The youth must be diagnosed with a psychiatric disorder.
- The youth is not sufficiently stable to be treated outside of a supervised 24-hour therapeutic environment.
- Less restrictive interventions have been considered and/or deemed inappropriate.
- The IDT of the PRTF agrees that the youth meets the Certification of Need requirements.
- The youth's presentation meets the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

Exclusionary Criteria

Any of the following criteria are sufficient for exclusion from treatment in a PRTF:

- The youth is under 3 years of age or 21 years or older.
- The intensity/acuity of the youth's symptoms require a more intensive LOC.
- The youth can be safely maintained and their psychiatric disorder can be effectively treated at a less intensive LOC.
- The youth has medical conditions or impairments that would prevent beneficial utilization of services.
- The primary problem is social, economic (i.e., housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this LOC, or admission is being used as an alternative to detention.
- The youth's presentation does not meet the Certification of Need requirements
- A minor's (under 18 years old) caregiver does not voluntarily consent to admission or treatment.
- The youth's presentation does not meet the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

Continued Stay Criteria

All of the following criteria are necessary to continue treatment in a PRTF:

- The youth's treatment does not require a more intensive LOC, and no less intensive LOC would be appropriate.
- Treatment planning is individualized and appropriate to the youth's changing condition with realistic and specific goals and objectives.
- Treatment planning should include active family and/or other support systems;
- An integrated program of therapies, activities and experiences designed to meet the treatment objectives in being provided in accordance with CFR 441.155.
- Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved OR adjustments to the treatment plan to address lack of progress are evident.
- Care is rendered in a clinically appropriate manner and focused on the youth's behavioral and functional outcomes, as described in the discharge plan.
- Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment, as required by the treatment plan.
- When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- There is documentation of active discharge planning.
- There is a documented active attempt at coordination of care with the outpatient provider and the PCP (primary care physician), when appropriate.
- The youth's presentation continues to meet the definition of Medical Necessity as

detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices..

Discharge Criteria

Any of the following criteria are necessary for discharge from a PRTF:

- The youth's documented treatment plan goals and objectives have been substantially met.
- The youth meets criteria for an alternative LOC.
- The youth, family, guardian or custodian is not following the program's rules and the program has documented attempts to encourage compliance.
- The youth, family, guardian or custodian is not participating in treatment and the program has documented attempts to encourage participation.
- The youth is not making progress toward treatment goals. PRTF is not required to maintain the youth's current level of functioning.
- Parent/guardian consent for treatment is withdrawn and it is determined that the caregiver has the capacity to make an informed decision regarding discontinuation of services and does not meet criteria for the inpatient LOC.
- Support systems which allow the youth to be maintained in a less restrictive treatment environment have been thoroughly explored and/or secured.
- The youth's presentation no longer meets the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

7. Qualified Residential Treatment Program (QRTP)

Description

A QRTP is defined by Colorado Revised Statute §26-5.4-102(2). This 24-hour, supervised, residential level of care provides trauma-informed treatment designed to address serious emotional or behavioral disorders or other disturbances. As appropriate, QRTP treatment will involve participation of family members, including siblings, in the youth's treatment. Treatment in QRTPs is under a behavioral health model of trauma-informed care led by behavioral health clinicians rather than a medical model led by medical doctors. If the youth is in the Department of Human Services custody, securing an Independent Assessment and authorization for QRTP services is the responsibility of the Department of Human Services.

Purpose of Care

Youth in this level of care (LOC) have a diagnosed behavioral and/or emotional disorder and that diagnosis is the primary reason for treatment in the QRTP. Receiving needed residential treatment services is expected to prevent a higher LOC such as a Psychiatric Residential Treatment Facility (PRTF) or inpatient treatment, in addition to preventing

parental relinquishment of custody.

The purpose of residential treatment is to build strengths and resiliency in the youth and parent/guardian, to participate in treatment planning with the residential treatment facility, and to prepare the family for successful reintegration with the youth upon discharge from the facility. In residential treatment, routine case management includes weekly communication in treatment. The compiled information from these meetings is intended to assist with recovery planning for the youth at the residential treatment facility, as well as with planning outpatient services that will be provided to the youth and family upon discharge. QRTPs are required to provide up to 6 months of post-discharge community-based services to the youth and family.

Intensive Case Management (ICM) is available as an adjunct service in residential treatment. ICM utilizes the wraparound planning process to coordinate services in residential treatment and provide supports to the youth and family in preparation for discharge.

Services

The following services will be provided at a QRTP. Youth will receive services based on assessment and determination of identified individual needs:

- Individualized support and services twenty-four (24) hours a day
- Psychiatric services
- Mental health services (individual, group, and family therapy)
- Case management
- Family engagement

***Education requirements can be found at CCR 7.714.6. These services are not covered under a RAEs authority.**

Expected Outcomes

The following outcomes can be expected as a result of receiving services at a QRTP:

- The youth and/or caregiver will report increased individual and caregiver strengths.
- The youth and/or caregiver will report improved stability in areas of life domain functioning, youth risk behaviors, and youth emotional/behavioral functioning, including reduced risk of out-of-home placement or juvenile justice involvement.
- The youth and caregiver will be reunited and will utilize the skills learned as a result of residential treatment services and family therapy.
- The youth and caregiver will be connected with natural and community support systems and will be motivated to utilize outpatient services.

Admission Criteria

All of the following are necessary for admission to a QRTP:

- The youth exhibits symptoms consistent with a covered behavioral health diagnosis, which requires and can be expected to respond to therapeutic intervention.
- The youth is not sufficiently stable to be treated outside of a supervised 24-hour therapeutic environment.
- The youth demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication adherence training such that reintegration into the family unit or a foster home is a realistic goal.
- The family situation and functioning levels are such that the youth cannot currently remain in the home environment and receive community-based treatment.
- Less restrictive interventions have been considered and/ or deemed inappropriate;
- The parent/guardian agrees to participate fully in all recommended aspects of the treatment program.
- The youth's presentation meets the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

Exclusionary Criteria

Any of the following criteria are sufficient for exclusion from treatment at a QRTP:

- The youth is under 5 years of age or over 18 years of age.
- The youth exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which require a more intensive LOC.
- The youth's parent/guardian does not voluntarily consent to admission or treatment.
- The youth can be safely maintained and effectively treated at a less intensive LOC.
- The youth has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.
- The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this LOC, or admission is being used as an alternative to incarceration.
- The youth's presentation does not meet the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

Continued Stay Criteria

All of the following criteria are necessary to continue treatment at a QRTP:

- The youth's treatment does not require a more intensive LOC, and no less intensive LOC would be appropriate.
- Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives.
- Treatment planning should include active family and/or other support systems.
- All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
- Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved OR adjustments to the treatment plan to address lack of progress are evident.
- Care is rendered in a clinically appropriate manner and focused on the youth/adolescent's behavioral and functional outcomes, as described in the discharge plan.
- Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment, as required by the treatment plan.
- When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- There is documentation of active discharge planning.
- There is a documented active attempt at coordination of care with the Behavioral Health Provider and the PCP (primary care physician), when appropriate.
- The youth's presentation continues to meet the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

Discharge Criteria

Any of the following criteria are necessary for discharge from a QRTP:

- The youth's documented treatment plan goals and objectives have been substantially met.
- The youth meets criteria for an alternative LOC.
- The youth, family, guardian or custodian is not following the program's rules and the program has documented attempts to encourage compliance.
- The youth, family, guardian, or custodian is not participating in treatment and the program has documented attempts to encourage participation.
- The youth is not making progress toward treatment . QRTP is not required to maintain the youth's current level of functioning.
- Parent/guardian consent for treatment is withdrawn, and it is determined that the caregiver has the capacity to make an informed decision regarding discontinuation

- of services and does not meet criteria for higher LOC.
- Support systems, which allow the youth to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
 - The youth's presentation no longer meets the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices.

8. Intensive Community-Based Services

Content to be added at a future date.

9. Outpatient Services

Content to be added at a future date