

# Health Care Policy & Financing Medicaid System of Care

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# Medicaid System of Care (M-SOC)



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# What is System of Care:

## The whole is greater than the sum of parts

### Care coordination in Current System



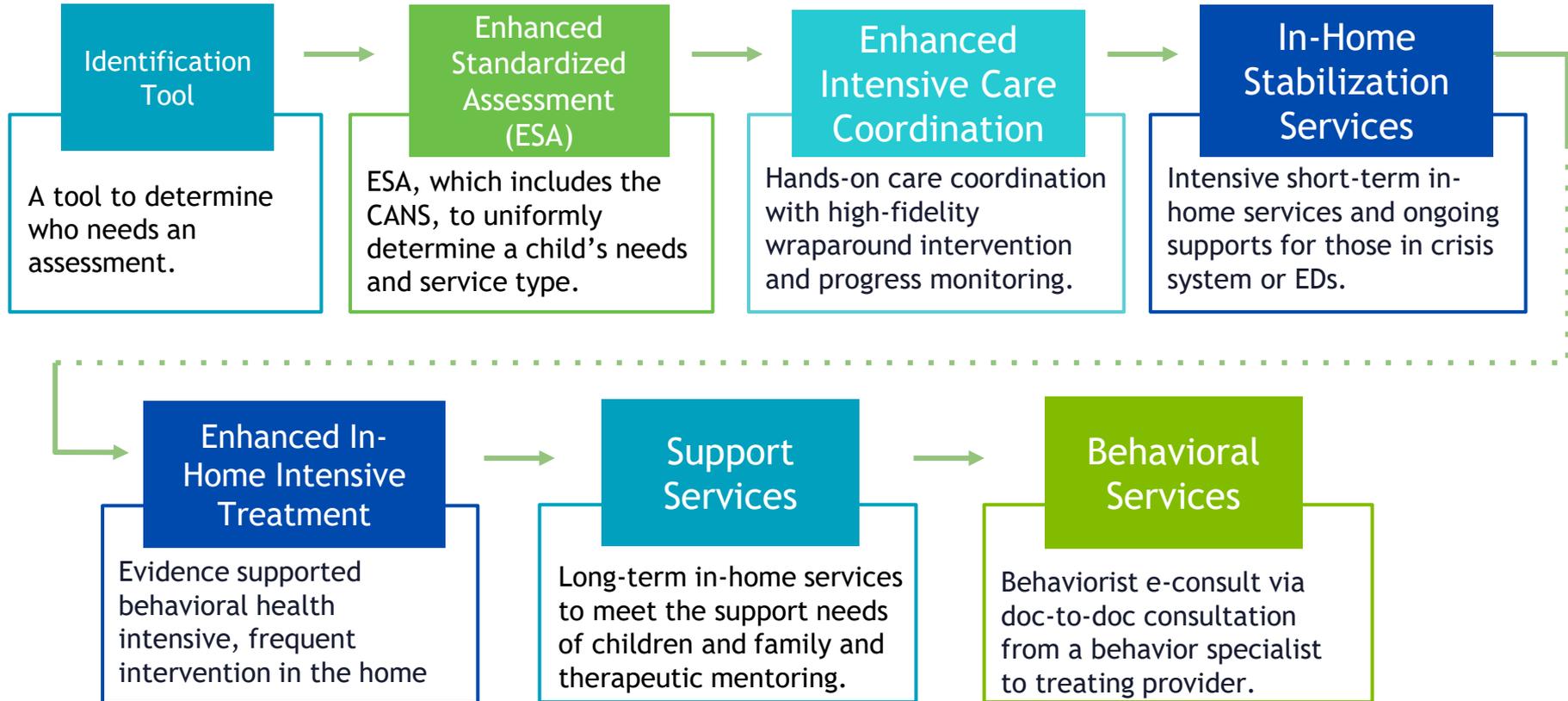
Well intended, but has minimal quality outcomes for children with complex needs

### Care coordination in System of Care



Have hands-on and in-depth coordination of intensive treatment and support services = strong quality outcomes

# Settlement Agreement: Medicaid System of Care



# Medicaid System of Care (M-SOC) Phase 1



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# Acronyms

BHA - Behavioral Health Administration

CANS - Child and Adolescent Needs and Strengths tool

CYMHTA - Children and Youth Mental Health Treatment Act

ESA - Enhanced Standardized Assessment

FFT - Functional Family Therapy

FFPSA - Family First Prevention Services Act

HCPF - Colorado Department of Health Care Policy and Financing

HFW - High Fidelity Wraparound

ICC - Intensive Care Coordination

NWIC - National Wraparound Implementation Center

M-SOC - Medicaid System of Care

MST - Multisystemic Therapy

PRTF - Psychiatric Residential Treatment Facility

QRTP - Qualified Residential Treatment Program

RAE - Regional Accountable Entity

SOC - System of Care

WCC - Workforce Capacity Center



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# Phase 1

## Concept

- Use the existing services available through the behavioral health capitation and work with state partners to use a region specific approach to increasing workforce and a workforce capacity center for provider capacity building and quality.

## Start Date:

- July 1, 2025

## Funding:

- SB19-195 and HB24-1038
- Services will be billed under BH capitation
- Funding needed to increase workforce capacity and quality via:
  - SOC Certified Intensive Care Coordination Provider
  - Workforce Capacity Center to train workforce

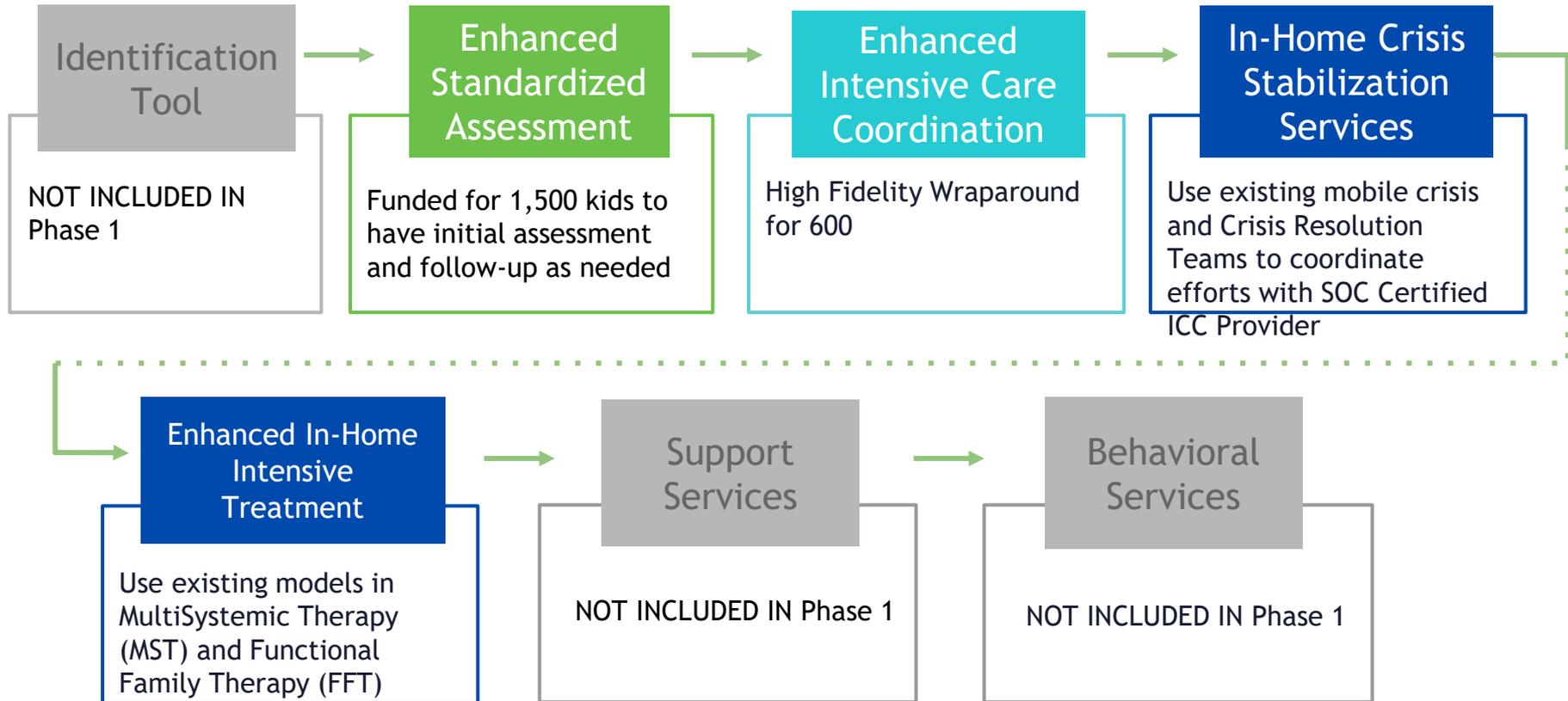


# Population

- Medicaid Members between the ages of 11 and 17 years of age who are eligible for either Enhanced MST or Enhanced FFT in accordance with model fidelity guidelines, and
- Is either:
  - Anticipated to be discharged from QRTP or PRTF
  - In out of state residential treatment facility upon discharge back home to Colorado, or
  - In an Extended Stay as defined by C.R.S. 27-50-101(13.5)



# Phase 1 for Medicaid SOC **Services** (*already funded*)



# Definitions

- **Enhanced Standardized Assessment (ESA)** is a comprehensive, clinical assessment completed by a behavioral health provider to assist in determining appropriate treatment/service recommendations for children, youth, and families. The ESA also includes the use of the CANS and CANS Decision Support Matrix.
- **Child and Adolescent Needs and Strengths tool (CANS)** is a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The CANS is a multipurpose information integration tool that is designed to be the output of an assessment process.
- **CANS Decision Support Matrix** is the development of specific algorithms for levels of care including residential treatment (QRTP and PRTF), intensive community services, and Intensive Care Coordination. Algorithms can be localized for sensitivity to varying service delivery systems and cultures.



# Enhanced Standardized Assessment

Enhanced Standardized Assessments (ESA) for FFPSA, CYMHTA, and under the RAEs all include:

- The ESA is conducted by a licensed or licensure candidate behavioral health professional.
- The ESA is a comprehensive, clinical assessment completed by a behavioral health provider to assist in determining appropriate treatment/service recommendations for children, youth, and families.
- The ESA includes a collection of biopsychosocial information, the use of the CANS tool and CANS Decision Support Matrix (future state).
- All assessors must be trained in the ESA and certified in the CANS



# Enhanced High Fidelity Wraparound

- An Intensive Care Coordination intervention
- HCPF, in partnership with the BHA, is looking at adopting the National Wraparound Implementation Center (NWIC) model
- System of Care Certified Intensive Care Coordination Provider
- Member engagement
- Creating the care plan
- Liaisons with the QRTP/PRTF providers and the youth's home community



# Enhanced High Fidelity Wraparound

- Ongoing utilization of the CANS tool
- HFW facilitator will serve as point of contact across all agencies on the care plan delivery
- Average duration of HFW intervention is 12 months
- Overlap between QRTP and PRTF of one month to support transition home
- HCPF is exploring a monthly encounter rate to support the evidenced informed practice and complexity of our children and youth.



# In-home Crisis Stabilization Services

- Leverage existing Crisis Services
- Have the M-SOC team be able to “dispatch” Mobile Crisis Response in accordance to the family’s individualized safety plan



# Enhanced MST and Enhanced FFT

- HCPF has developed a monthly encounter rate for MST and FFT services that support the requirements of an evidenced based practice and takes into account the complexity of our children and youth
- The M-SOC population identified under Phase 1 supports the needs of Colorado's highest acuity children and youth with the most intensive Evidenced Based In-Home services network currently established in Colorado
- Building off of existing provider network for Intensive Home-Based Treatment



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# RAE Roles as it relates to M-SOC

## w/ Family

1. Continue to assist along the way
2. Provide care coordination, before and after HFW
3. Be a member of HFW team
4. Arrange for services when ready to discharge from M-SOC
5. Pay for services
6. Assist in coordination w/ physical health services

## w/ Providers

1. Utilization Management
2. Identify families for M-SOC
3. Serve as step up into M-SOC and as step down into traditional care
4. Create provider network
5. Receive and pay claims
6. Coordinate with physical health providers



# Workforce Capacity Center

Certification and Credentialing

Provider Training/Technical Assistance

Fidelity Monitoring

## **Certification/Credentialing**

This work will require new provider types or an expansion of skill sets of existing provider types that require an agency to certify qualifications of providers.

## **Training / TA**

Some provider types require to be trained in order to deliver services in the proper manner.

## **Fidelity Monitoring**

For certain services to be effective, they require fidelity to the model, an agency will need to sample and ensure fidelity.



# Stay Connected

- [Improving Intensive Behavioral Health Services for Medicaid \(IBHS\)](#)  
3 Advisory Committees which are open to the public
- [Settlement Agreement Announced in Lawsuit Involving Intensive Behavioral Health Services](#)
- [Subscribe](#) to the Medicaid System of Care Newsletter
- If you have questions, [HCPF\\_MSOC@state.co.us](mailto:HCPF_MSOC@state.co.us)



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# Discussion & Questions

# Thank you!