

Welcome

We will start promptly at 11:00 a.m.

We are Recording



Avoid sharing protected health information

Use the Chat



We are managing questions in the chat panel

ASL Interpretation



Listening by Phone



Press *6 to unmute your line or *9 to raise hand

Closed Captioning



Click the Live Transcript icon at the bottom of your screen

Recording & Slides



Shared via email

State of Colorado Mobile Crisis Response (MCR) Benefit

November 15 Statewide Stakeholder Wrap-Up Meeting

*Meeting will be recorded and shared
ASL Interpreters are pinned*



COLORADO
Department of Health Care
Policy & Financing



COLORADO
Behavioral Health
Administration

Agenda

- Welcome and Introductions (5 mins)
- Mobile Crisis Response (MCR) Benefit Overview and Notable Questions/Comments/Changes(30 mins)
- Regional Breakout Discussion (25 mins)
- Breakout Comments and Questions (25 mins)
- MCR Implementation Timeline and Next Steps (5 mins)



Introductions



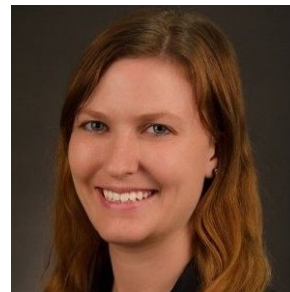
Emily Holcomb
Mobile Crisis Policy Advisor
Colorado Department of
Health Care Policy and
Financing (HCPF)



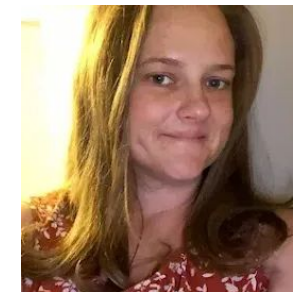
Megan Lee
Manager of Crisis Services
Colorado Behavioral Health
Administration (BHA)



John Lentz
Wraparound Services
Unit Supervisor
Colorado Department of
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Meghan Morrissey
Behavioral Health Secure
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Meredith Davis
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Mobile Crisis Response (MCR) Overview



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Mobile Crisis Response (MCR) Overview

- Colorado is committed to operating a statewide crisis system that serves all Coloradans. As such, new MCR crisis services will be available on a statewide basis to any individual in crisis regardless of their health insurance status.
- The Colorado Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA) are working in collaboration to enhance the Colorado mobile crisis response system, building on the work of existing mobile crisis partnerships.
- HCPF and the BHA are planning to establish a new mobile crisis response (MCR) benefit under Medicaid aligned ARPA requirements and national evidence-based and leading state best practices.
- HCPF and the BHA are taking advantage of a new federal option under the American Rescue Plan Act (ARPA) of 2021 that offers states enhanced federal Medicaid funding for up to three years for community-based mobile crisis services that meet federal requirements.
- The initial MCR benefit design is also informed by a comprehensive assessment of the current Colorado crisis system and significant stakeholder input. Stakeholder feedback on the proposed MCR benefit design will be integrated into the final design.
- Currently, HCPF and BHA are planning for a July 2023 launch of the new MCR benefit.



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Goals of New MCR Benefit

- Improve the quality and consistency of mobile crisis services for Coloradans experiencing a mental health or substance use disorder crisis.
- Reduce unnecessary emergency department visits, inpatient hospitalizations and arrests of individuals experiencing a behavioral health crisis.
- Enhance efforts to connect individuals who have experienced a crisis to ongoing community-based mental health services.
- Strengthen provider capacity and expertise to ensure mobile crisis response services work effectively, including for members of targeted populations.
- Increase awareness of the MCR services and how to access them.
- Integrate the MCR benefit into other state crisis investments and initiatives, including rollout of 988.

MCR Service Definition Overview

- HCPF and BHA have worked in partnership to develop a draft MCR service definition, which outlines the MCR service description and new MCR provider requirements.
- The MCR service definition aligns with federal requirements under ARPA, CMS guidance and national, evidence-based best practices for mobile crisis services.
- To read the draft service definition, visit: <https://bit.ly/3rfmeRv>
- Visit the Behavioral Health Administration website: <https://bit.ly/3tusndP>



MCR Service Definition Components

This service definition outlines key components that comprise the new MCR benefit and is intended for use by mobile crisis response teams that are eligible for reimbursement for services to Medicaid members.

- Engagement with Community Partners
- Dispatch integration
- Mobile Crisis Response Activities
 - Initial Face-to-Face Risk Assessment: Brief Intervention, Stabilization, and De-Escalation
 - Crisis and Safety Planning
 - Immediate Follow-Up Activities: Face to Face or Telephone, Coordination with and Referrals to Health, Social, and Other Services and Supports

MCR Service Definition Components

- Maintaining Relationships with Community Partners
- Staffing Requirements
 - Team Requirements
 - Team Members
 - Roles of Select Team Members
 - Training Requirements
- 24/7/365 Availability, Timeliness, and Place of Service Standards
- Use of Telehealth
- Coordinate Secure Transportation (if needed)



MCR System Design

BHA

- Contract with ASOs and CCS Statewide Hotline
- Develop/adjust ASO and CCS budgets
- Conduct provider readiness reviews and manage provider training
- Determine number of mobile crisis teams to ensure 24/7/365 coverage and timely response

HCPF

- Contract with RAEs
- Develop/adjust Medicaid mobile crisis rates and billing guidance
- Secure CMS approval for new MCR benefit under Medicaid
- Develop and submit budget request to State legislature

CCS Statewide Hotline/988

- Serve as centralized statewide crisis line
- Screen crisis calls for level of need and dispatch mobile crisis providers
- Provide data on calls and response time to ASOs and BHA

ASOs

- Contract with crisis providers
- Ensure network adequacy
- Pay for non-Medicaid mobile crisis services
- Submit aggregate measures to BHA

ASO/RAE Partnership:

- Share data (i.e., key measures, encounter information)
- Share provider performance issues

RAEs

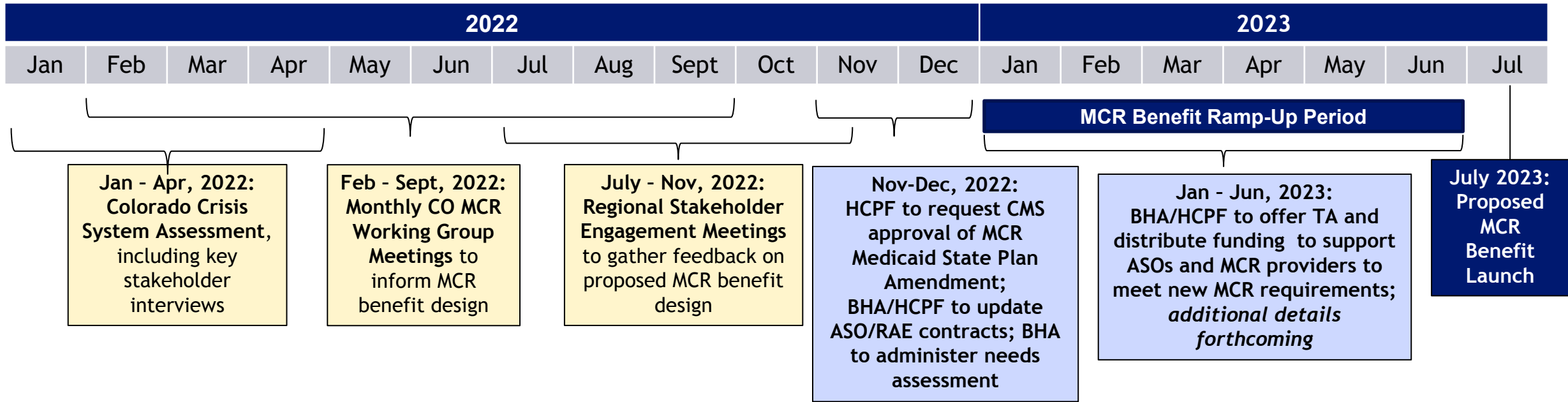
- Contract with providers for Medicaid beneficiaries
- Pay for Medicaid mobile crisis services
- Ensure network adequacy for Medicaid beneficiaries
- Submit encounters and claims to HCPF

MCR Providers

- Provide mobile crisis services to all individuals in service area
- Contract with ASO(s) to offer mobile crisis response services
- Complete all required mobile crisis training, readiness review
- Submit mobile crisis encounter information to ASOs and RAEs
- Submit Medicaid claims to RAE(s)
- Submit data to CCS Statewide Hotline/988 via mobile dispatch portal

MCR Implementation Timeline

All dates are subject to change.



HCPF and BHA have developed a draft MCR service definition based on ARPA requirements, other state best practices, and feedback from key stakeholders and a CO MCR Working Group. Additional stakeholder feedback on the draft MCR service definition and is currently being collected through a series of in-person and regional stakeholder meetings. Stakeholder feedback will be incorporated into the final MCR benefit design.

What we have heard

Overall: The benefit makes sense and will be a good addition to our crisis services in Colorado. The requirements align with much of what is happening, how we will actually prepare for and launch the benefit is where most questions lay

- Implementation
 - Meeting benefit requirements - funding and TA
 - Network adequacy - ASO and RAE responsibility
- Messaging
 - Relationship to existing crisis services in Colorado
 - Dispatch
 - Dispatch coordination between ASO and providers
 - Assessments - shortening on scene
 - Safety
- Workforce and team requirements
 - Training and credentialing
 - Change in clinical lead of crisis intervention
- Collaboration
 - HCPF and BHA
 - ASO/RAE



Breakout Rooms

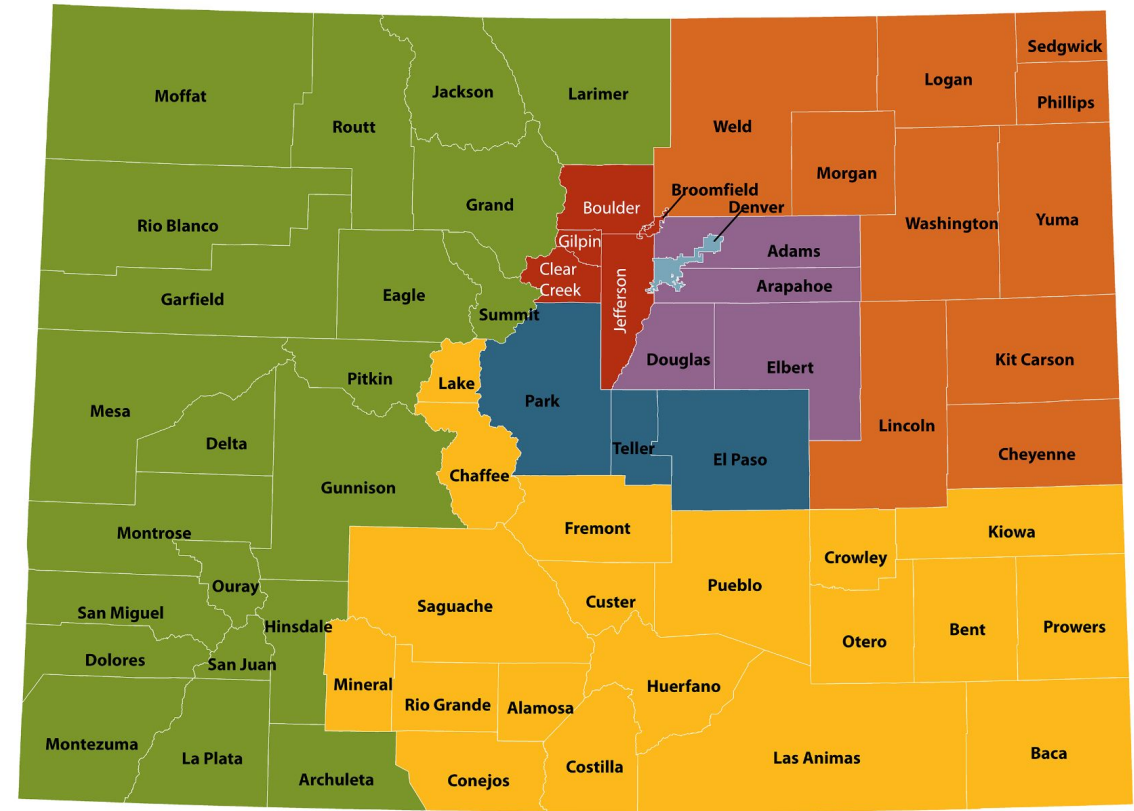
Rooms will open for RAE regions 1-7 to talk about the MCR Benefit Design (map linked in chat).

Join your room, chat if you need help getting there or knowing your region.

After the breakout and summaries, we will open for questions from all.

Close at 12:00

Regional Accountable Entity (RAE) Regions in ACC Phase Two



- | | | | | | |
|----------|-----------------------------|----------|------------------------------------|----------|------------------------------------|
| Region 1 | Rocky Mountain Health Plans | Region 4 | Health Colorado Inc | Region 7 | Colorado Community Health Alliance |
| Region 2 | Northeast Health Partners | Region 5 | Colorado Access | | |
| Region 3 | Colorado Access | Region 6 | Colorado Community Health Alliance | | |



Breakout Rooms

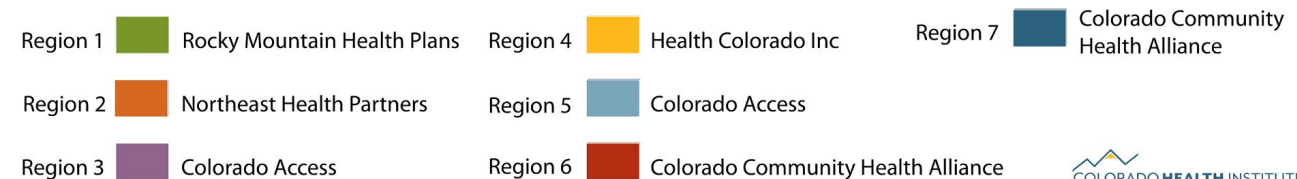
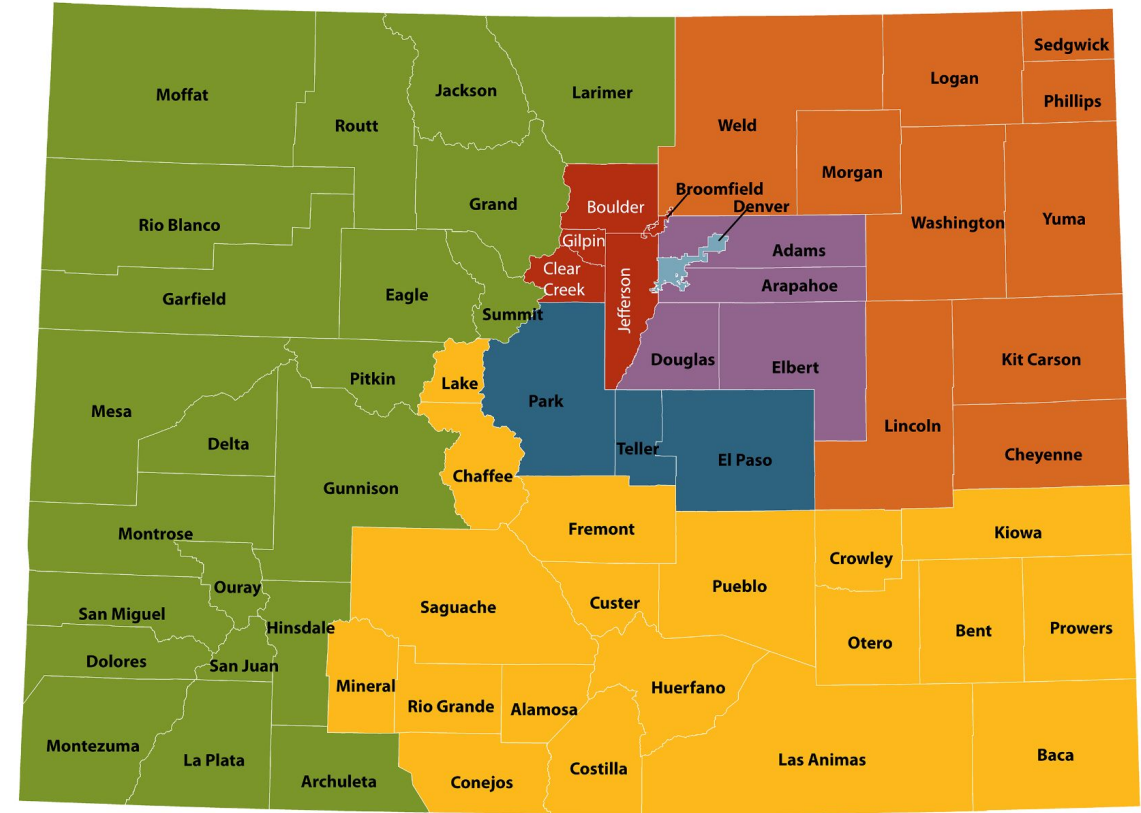
Join the best fit for your work, chat if you need help

Assign 1 person to provide a short summary of the conversation and answer the following questions in the group:

1. What are your remaining questions?
2. What are your remaining major concerns about the benefit design?
3. What parts are you most excited about?

Please note key questions or major remaining areas where clarification and additional information is needed.

Regional Accountable Entity (RAE) Regions in ACC Phase Two



Discussion

1. Share a summary of your regions conversation
 - a. What are your remaining questions?
 - b. What are your remaining major concerns about the benefit design?
 - c. What parts are you most excited about?
2. Open discussion until 12:25
 - a. If we don't get to your comment, ensure it is recorded by typing in chat

**Type comments,
or raise hand to
ask out loud**

Meeting is being recorded, slides and recording will be distributed after.

Additional Stakeholder Feedback Opportunities

Technical Assistance Virtual Schedule - Join to discuss the how of implementation and receive support from the Behavioral Health Administration and Health Care Policy and Financing:

1. First Thursday of the month 11-12 pm: General Stakeholders starting 12/1. This meeting will include full updates and if you can only attend one meeting a month, we recommend this one
2. Second Thursday of the month 11-12 pm: Designed for ASOs & RAEs starting 12/8
3. Third Thursday of the month 11-12: Designed for Client/Member & Community starting 11/17
 - a. Our first meeting will be general focus, restarting client focus at the second meeting
4. Fourth Thursday of the month 10-11 am: Designed for Providers & Potential Providers
 - a. Due to Thanksgiving, the first meeting will be off cycle on November 29th at 10-11am, restarting sequence on December 22nd.

*Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify the Emily at least one week prior to make arrangements

Additional Stakeholder Feedback Opportunities

The Behavioral Health Administration will be launching a needs assessment to gather information that will inform capacity building funding prior to launch.

To submit questions or additional feedback, a stakeholder feedback form is available here: <https://bit.ly/3yoI9ZM>

Please take a moment to give us feedback on this meeting:
<https://www.surveymonkey.com/r/GenARPA>

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Contact Information

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