



Health First  
COLORADO™

Colorado's Medicaid Program

# Residential Provider Webinar

Presented March 23, 2023

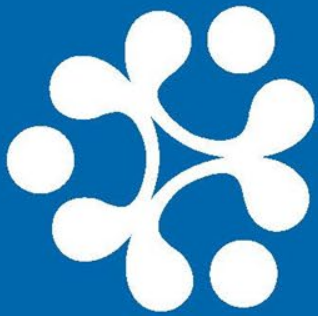
Christina Winship

State Plan Child Health Policy Specialist



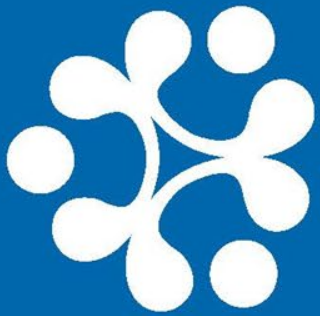
# Qualified Residential Treatment Programs (QRTPs)

Definition: a facility that provides residential trauma-informed treatment that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances.



# When is HCPF the payor for QRTP Services?

- When the child or youth is in the custody of
  - the Colorado Department of Human Services -Division of Child Welfare or
  - Division of Youth Service
- OR
  - the child is exempted from RAE coverage due to a non-covered diagnosis
    - ex: ASD, IDD



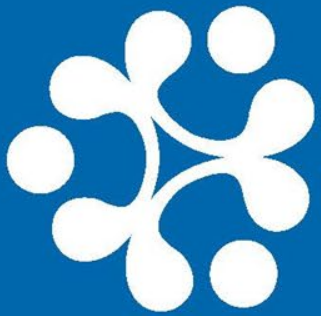
# QRTP Billing

## Daily Rate for clinical services.

The per diem rate includes medically necessary services included in the member's stabilization plan created by the QRTP in accordance Colorado Department of Human Services (CDHS) regulations, as well as services included in the member's individual child and family plan created by the QRTP in accordance with CDHS regulations.

These services include, but are not limited to:

- medication administration and oversight, and
- individual, group, and family therapy.
- Services included in the per diem rate may not be billed by outside providers.

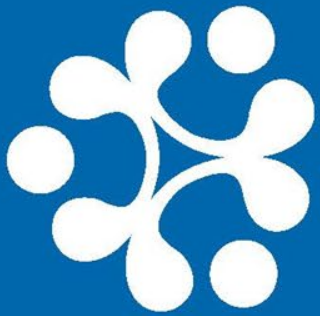


# QRTP Billing, continued

## Excluded services:

The following services are not covered for members in a QRTP:

- Room and board,
- Educational, vocational, and job training services, recreational or social activities, and
- Services provided to inmates of public institutions or residents of Institutions of Mental Disease (IMD). 10 CCR 2505-10 8.765. Youth in the custody of DYS, placed in a QRTP outside of a recommendation for QRTP level of care, are not covered.



# QRTP Billing, continued

The following days are not billable:

- The day of discharge.
- Days when the client is in detention.
- Days when the client receives none of the services included in the per diem rate due to elopement.

Days the client spends away from the facility, due to an M1 hold or a temporary pass, but still receiving covered services, are billable for up to 4 days.



# QRTP Billing, continued

## Services that may qualify for separate billing:

- Physical and dental health services,
- behavioral health services not included in the per diem rate, such as substance use disorder treatment

may be billed by an outside provider to the appropriate payor (RAE or the Department). 10 CCR 2505-10 8.765 and 10 CCR 2505-10 8.280.

NOTE: A RAE has responsibility to pay for SUD treatment even for youth in the custody of CW.

# Independent assessments

Q: When are they needed?

A: When HCPF is the payor OR the RAE needs an IA to determine medical necessity

## IA Timelines:

When necessary, the IA must be completed **within 14 days of placement** in a QRTP for children in DHS custody. RAEs require the IA to be completed within **10 days**. A QRTP facility may submit claims for members during the period allowed for completion of an Independent Assessment (IA).

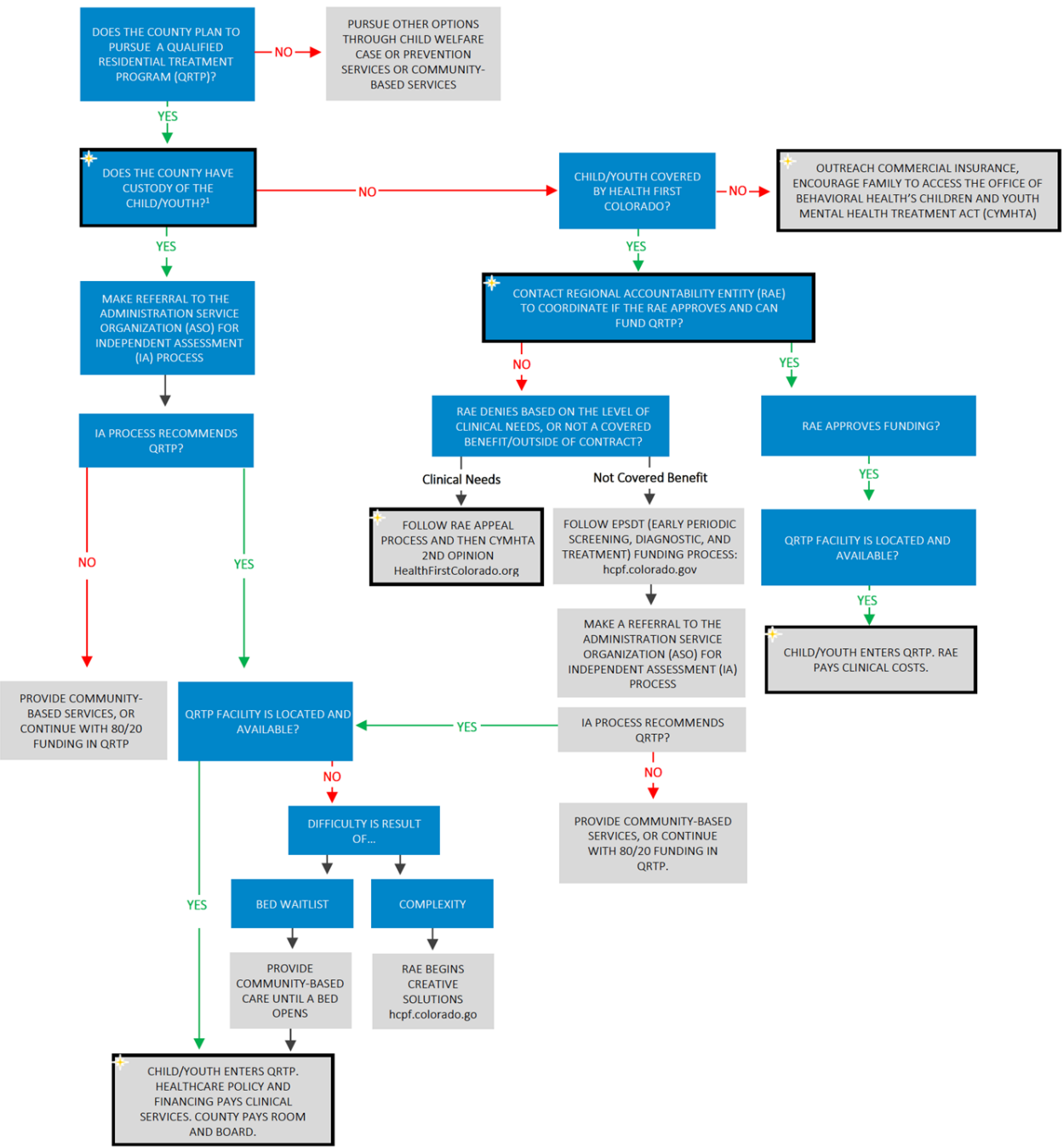
Children placed in a QRTP by the Division of Youth Services (DYS) are allowed **30 days** for completion of an IA.

## Who pays for the IA?

- Child is in the custody of DHS: the BHA/CDHS pays for the IA
- Child is in the custody of DHS: DHS pays for the IA
- Child is in the custody of their parent(s)/guardian(s): the RAE pays for the IA

If the IA, or the QRTP Review, determines that the member does not require QRTP-level treatment, the Facility may continue to submit claims while locating a new placement for the member. The Facility may claim the per diem for up to **30 days** after the IA or QRTP Review takes place.





Key items



# QRTP Lifetime Limits and Clinical Requirements

- Lifetime limits apply *only* to IV-E funding. HCPF does NOT have any lifetime limits on reimbursement for clinical services. However, a child in the custody of the county may reach their lifetime limit for maintenance payments, and lose their source of room and board funding, while HCPF is able to continue payment for clinical services.
- There are currently no clinical minimums. Providers must deliver the services delineated in the client's trauma-informed care plan.
- Facilities must provide discharge planning and family-based aftercare support for at least 6 months post-discharge;

# Examples- who pays for QRTP services

Diagnosis, who to bill, is an IA needed?

# QRTP Example 1: Chris, 14 y/o. In the custody of Boulder County.

Who to bill for QRTP services?: HCPF

Is an IA needed?: yes

Who pays for the IA: BHA/CDHS

Who pays room and board?: the county

QRTP Example 2: Hayden,  
15, the county is involved  
but does not have custody.  
Any/all diagnoses are RAE-  
covered.

Who to bill for QRTP services?: the RAE

Is an IA needed?: if the RAE cannot determine medical necessity

Who pays for the IA: if needed, the RAE

Who pays room and board?: A payor must be located. Momentum is the most common source.

# QTRP Example 3: Max, 17. No county involvement. ASD diagnosis.

Who to bill for QTRP services?: HCPF, assuming the RAE denies for non-covered diagnosis

Is an IA needed?: yes

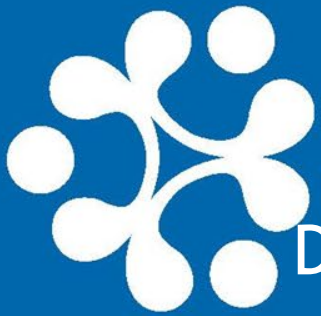
Who pays for the IA: the RAE

Who pays room and board?: A payor must be located. Momentum is the most common source.



# Psychiatric Residential Treatment Facilities (PRTFs)

Definition: a facility that is not a hospital and provides inpatient psychiatric services for individuals under age 21 under the direction of a physician.



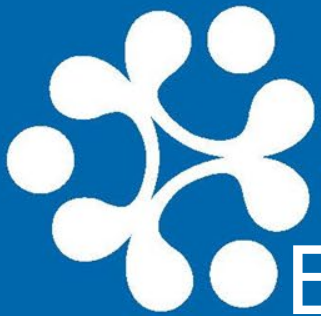
# PRTF Billing

Daily Rate for all clinical services INCLUDES room and board. Client is expected to receive 600 min/week of clinical services.

PRTF benefit shall include services as identified in the Plan of Care as well as other services necessary for the care of the client in the facility. These services include, but are not limited to:

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.



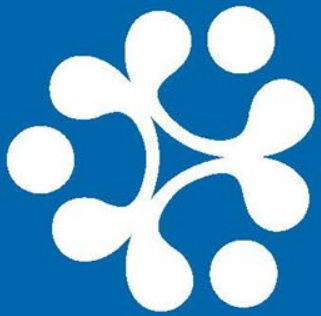


# PRTF Billing, Continued

## Excluded services:

The following services are not covered for members in a PRTF:

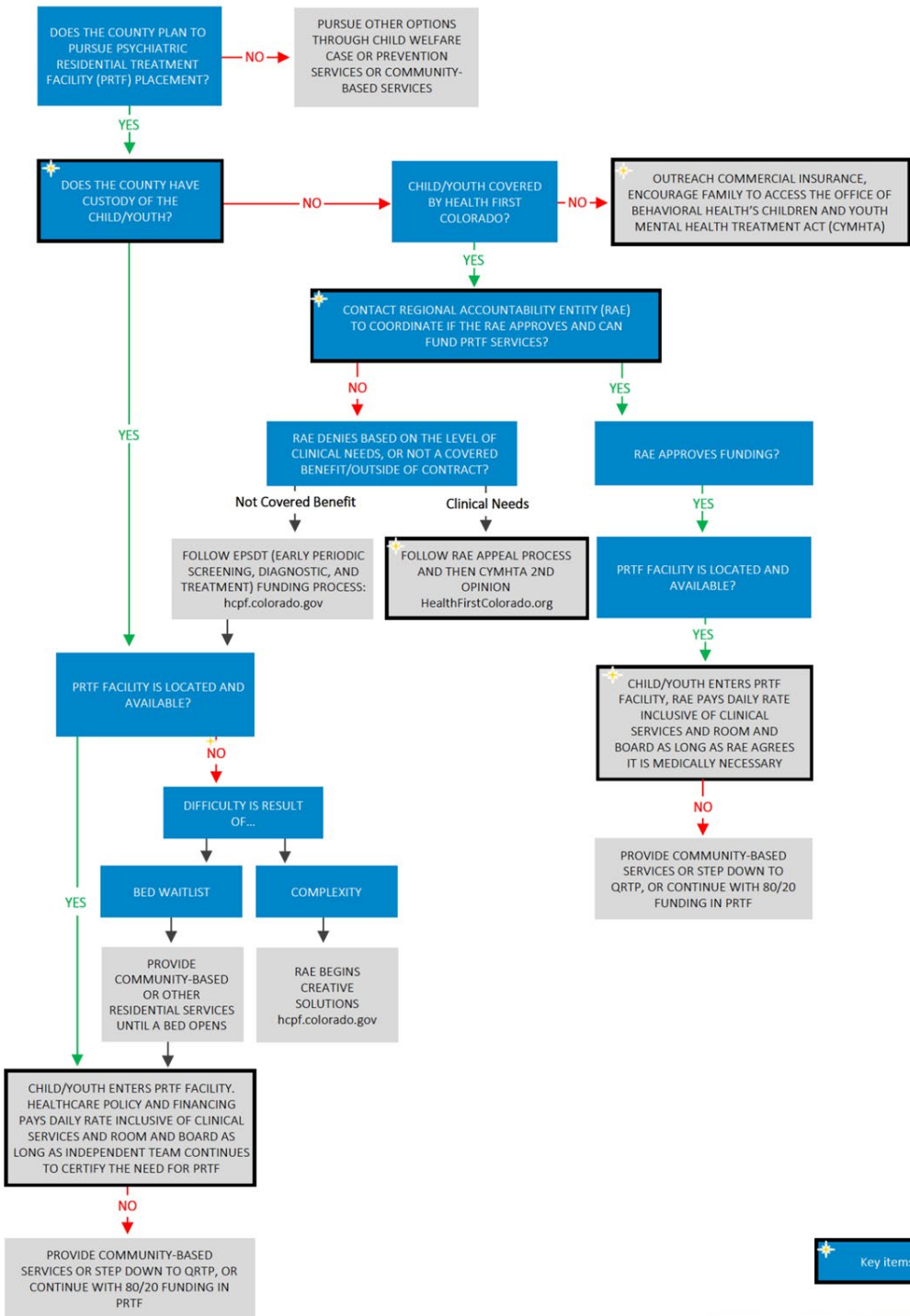
1. The day of discharge.
2. Leave days.
3. Days when the client is in detention.
4. Educational, vocational, and job training services, recreational or social activities



# PRTF Billing, Continued

## Services that may qualify for separate billing:

Physical and dental health services, may be billed by an outside provider to the appropriate payor (RAE or the Department). 10 CCR 2505-10 8.765 and 10 CCR 2505-10 8.280.



Key items

# PRTF Medical Necessity

**Independent Team** means a team certifying the need for PRTF services that is independent of the Referral Agency and includes a physician who has competence in the diagnosis and treatment of mental illness and knowledge of the client's condition.

The client must be certified to need PRTF level of care by an Independent Team. The Team shall certify that:

- Ambulatory care resources available in the community do not meet the treatment needs of the client.
- Proper treatment of the client's mental illness condition requires services on an inpatient basis under the direction of a physician.
- The services can reasonably be expected to improve the client's mental health or prevent further regression.

The **Certificate of Need** must be based a current valid Colorado Client Assessment Record (CCAR) that supports medical necessity.

RAEs are the final arbiter of medical necessity when the RAE is the payor.

# PRTF Examples- who pays

# PRTF Example 1: Bailey, 16. Denver County has custody.

Who to bill for PRTF services?: HCPF  
Room and Board: included in the daily rate

PRTF Example 2: Kendall, 14.  
County is involved, but does  
not have custody. Any/all  
diagnoses are RAE-covered.

Who to bill for PRTF services?: the RAE  
Room and Board: included in the daily rate

**PRTF Example 3: Jessie, 15.  
Parents maintain custody.  
Any/all diagnoses are RAE-  
covered.**

Who to bill for PRTF services?: the RAE  
Room and Board: included in the daily rate



# PRTF Example 4: Skye, 17. Parents maintain custody. IDD Diagnosis.

Who to bill for PRTF services?: HCPF, assuming the RAE denies for non-covered diagnosis

Room and Board: included in the daily rate

# Critical Incident Reporting

Required for all residential providers

- RCCF (CHRP)
- QRTP
- PRTF

Examples of critical incidents:

- Death
- Damage to Client's Property/Theft
- Abuse/Neglect/Exploitation
- Medication Management
- Criminal Activity
- Missing Person
- Serious Injury to Illness of Client
- Unsafe Housing/Displacement
- Other High Risk Issues

**Submit completed forms to Christina Winship**

# Medical Necessity

## Clinical Services vs. Placement

- Medicaid (RAE or the Department) can only pay for medically necessary services.
  - This is generally limited to clinical services. PRTF also allows for room and board, along with the clinical services.
- Medicaid does not and cannot pay for placement.
  - ex: IA says QRTP is the proper level of care, but a bed cannot be located, so the child is placed in a PRTF. Medicaid cannot pay for PRTF services.
  - ex 2: a child frequently elopes from foster care, but does not demonstrate a clinical need for PRTF or QRTP. Medicaid cannot pay for QRTP or PRTF services.
  - ex 3: IA says QRTP is the proper level of care, but the provider would like them to first receive treatment in a PRTF. Medicaid cannot pay for PRTF services.

# CORE Dollars

**Reminder: CORE dollars may NOT be used to reimburse for Medicaid-eligible services delivered to Medicaid clients.**

- Participating providers agree to accept the Colorado Medical Assistance Program payment as payment in full for benefit services rendered.
- Core Services program cannot pay for rate differences for Medicaid covered services.
- CORE can pay for services not covered by Medicaid, such as child welfare specific reporting or mileage for providers to go to a members home.
- The Core Services Program cannot fund Medicaid covered services to a service provider that chooses not to be a Medicaid provider.

# Resources

## Billing manuals

- <https://hcpf.colorado.gov/ptrf-manual>

## Fee schedule:

## Provider bulletins and emails to providers:

## Regulations:

(8.765)

## Funding Flowcharts

<https://co4kids.org/blog/new-flowchart-shows-funding-options-residential-treatment>

## Enrollment site:

## Critical Incident Reporting Form:

# Thanks for attending!

If all else fails: email Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us)

