



Health First COLORADO™

Colorado's Medicaid Program

Residential Provider Webinar

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Players and Payors

- **Health Care Policy & Financing, aka HCPF:**
We administer Health First Colorado (Colorado's Medicaid program), Child Health Plan Plus, and other health care programs. HCPF is the payor for most physical health services. HCPF *may* be the payor for residential services rendered to a pediatric Medicaid member. HCPF sets rates for residential services that are published in an online fee schedule.



Players and Payors

- **Regional Accountable Entity aka RAE: CO**

Medicaid members have their behavioral health services paid for by their RAE. RAEs are managed care entities responsible for covering behavioral health benefits for nearly all HFC members. The RAE *may* be the payor for residential services rendered to a pediatric Medicaid member. Providers must contract with each RAE. Each RAE negotiates its own terms and rates for residential services.



Players and Payors

- **Colorado Department of Human Services (CDHS):** provides services to stabilize the family situation and strengthen the family's capacity to care for their children. When safety is not possible within the family, services focus on the child's need for a stable, permanent home. CDHS *may* be the payor for the room and board component of residential care.



Players and Payors

- **Colorado Behavioral Health Administration (BHA):** ensures all people in Colorado have access to quality mental health and substance use disorder services, regardless of where they live, or ability to pay. BHA *may* be the payor for the room and board component of residential care.



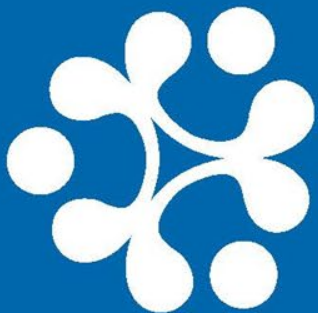
When HCPF is the Payor

This presentation speaks to the requirements and processes when HCPF is the payor



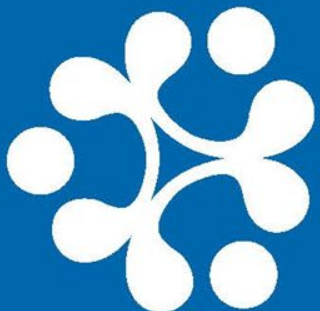
Qualified Residential Treatment Programs (QRTPs)

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 Services (DYS)
 - This population will transition to the RAE for residential coverage 7/1/2026
- OR
 - the child is exempted from RAE coverage due to a non-covered diagnosis
 - ex: ASD, IDD



QRTP Billing: Daily Rate for clinical services

Per diem rate includes medically necessary services included in 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 per diem may not be billed by outside providers.

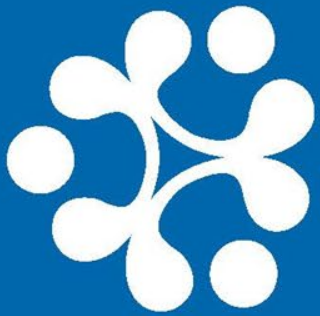


QRTP Billing, continued

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.

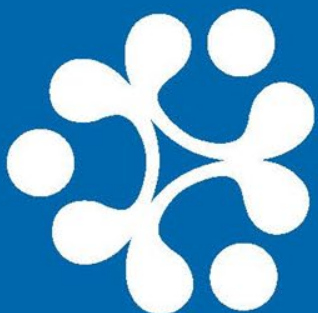


QRTP Billing, continued

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.

Enhanced Standardized Assessments (ESAs)

The ESA is a comprehensive, clinical evaluation completed by a behavioral health provider to gather biological, psychological, and social factors that impact a young person's thoughts, feelings, and behaviors. It helps identify the underlying causes of the behaviors and symptoms a young person is experiencing and assists in determining appropriate treatment/service recommendations for children, youth, and families. The ESA includes a thorough clinical narrative that informs the CANS.

Q: When are they needed?

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



ESAs- a Note about children in child welfare custody

The Family First Prevention Services Act (FFPSA) is a federal law that allows local child welfare agencies to use federal funding to pay for services that keep kids safe and growing up in their families. If a youth is in child welfare custody, an FFPSA-compliant ESA must recommend QRTP level of care.

- This is not a Medicaid requirement, but HCPF continues to collaborate with partners in child welfare to align processes as much as possible.
- FFPSA-compliant ESAs must be completed via a referral process through the Behavioral Health Administration (BHA), include a court summary document, and conclude with a multidisciplinary Family and Permanency Team Meeting (FPTM).

Child and Adolescent Needs and Strengths (CANS)

Definition: CANS Tool is a multi-purpose, scaled, numerical rating tool. It was developed to support decision making, ensure quality and consistency of level of care and service planning, and assist monitoring service outcomes. The CANS helps identify and describe the immediate strengths and needs of the child/youth and family to inform the individualized service plan and ongoing treatment needs. The CANS tool is typically updated by the clinical team throughout the course of treatment.

Child and Adolescent Needs and Strengths (CANS) Decision Support Matrix

Definition: The CANS Decision Support Matrix is a tool that uses information from a completed CANS to recommend levels of care such as residential treatment (QRTP and PRTF), intensive community services, and Intensive Care Coordination. The Algorithms used to make the recommendations are adapted to match the Colorado delivery system, providers and culture. The CANS Decision Support Matrix will increase consistency across the different entities using the ESA. Successful roll out of the CANS Decision Support Matrix depends on acquiring additional financial and technology resources.

ESAs Cont.

ESA Timelines:

When necessary, the ESA must be completed **within 14 days of placement** in a QRTP or a PRTF for children in DHS custody.

(RAEs require the ESA to be completed within **10 days**.) When HCPF is the payor, a QRTP/PRTF facility may submit claims for members during the period allowed for completion of an Enhanced Standardized Assessment (ESA).

Children placed in a QRTP by the Division of Youth Services (DYS) are allowed **30 days** for completion of an ESA. DHS must complete an ESA before placing in a PRTF.

ESAs: finding a new placement

QRTP: If the ESA, 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 ESA.

Utilization Management (UM)

- Initial 30 days of treatment approved if the ESA supports the QRTP or PRTF level of care
- Continuing stay reviews every 30 days thereafter
- If QRTP or PRTF no longer medically necessary, provider can receive reimbursement during transition period while medically necessary step down services are located

QRTP Lifetime Limits & 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 ESA needed?

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

Who to bill for QRTP services?: HCPF

Is an ESA needed?: yes

Who pays for the ESA: 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 ESA needed?: if the RAE cannot approve

Who pays for the ESA: if needed, the RAE

Who pays room and board?: BHA

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 ESA needed?: yes

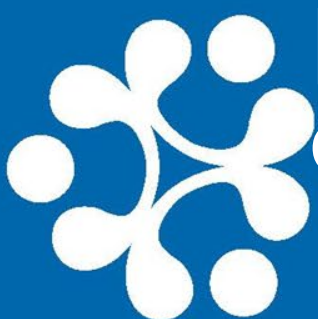
Who pays for the ESA: the RAE

Who pays room and board?: BHA



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.

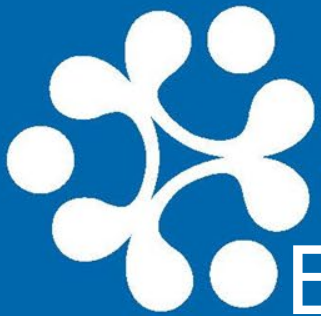


PRTF Billing:

Daily Rate for all clinical services
Client must 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:

- Individual therapy, Group therapy, Family, or conjoint, therapy conducted with the client present, unless client contact with family members is contraindicated.
- Emergency services.
- Medication Management Services.
- Room and Board.

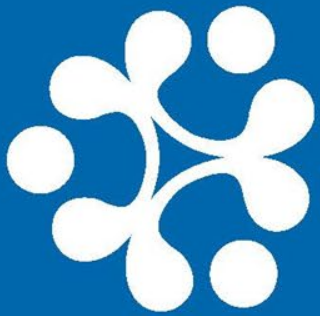


PRTF Billing, Continued

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.

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.

PRTF Medical Necessity, cont.

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.

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

ESAs Cont.

ESA Timelines:

When necessary, the ESA must be completed **within 14 days of placement** in a QRTP or a PRTF for children in DHS custody.

RAEs require the ESA to be completed within **10 days**. A QRTP/PRTF facility may submit claims for members during the period allowed for completion of an Enhanced Standardized Assessment (ESA).

Children placed in a QRTP by the Division of Youth Services (DYS) are allowed **30 days** for completion of an ESA. DHS must complete an ESA before placing in a PRTF.

ESAs: finding a new placement

PRTF: If the ESA, determines that the member does not require PRTF-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 **16 days** after the ESA.

Utilization Management (UM)

- Initial 30 days of treatment approved if the ESA supports the QRTP or PRTF level of care
- Continuing stay reviews every 30 days thereafter
- If QRTP or PRTF no longer medically necessary, provider can receive reimbursement during transition period while medically necessary step down services are located

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, regardless of payor

- 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

Critical incidents must be submitted to online portal:

https://hcpfcc.com/Webforms/s/critical-incident-report?language=en_US

Medical Necessity

Clinical Services vs. Placement

- Medicaid (RAE or HCPF) 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 1: ESA 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: ESA 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.

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)

Enrollment site:

Critical Incident Reporting Form:

UM Memo: <https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-032%20Utilization%20Management%20and%20Assessment%20Requirements%20for%20Qualified%20Residential%20Treatment%20Providers%20%28QRTP%29%20and%20Psychiatric%20Residential%20Treatment%20Facilities%20%28PRTF%29.pdf>

Thanks for attending!

If all else fails: email Christina Winship at
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