Medicaid Updates in the Children and Youth Space

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Medicaid & CHP Behavioral Health Initiatives & Coverage (BHIC)

COLORADO
Department of Health Care
Policy & Financing

System of Care Structure

The whole is greater than the sum of parts

CC in Current System

CC in System of Care

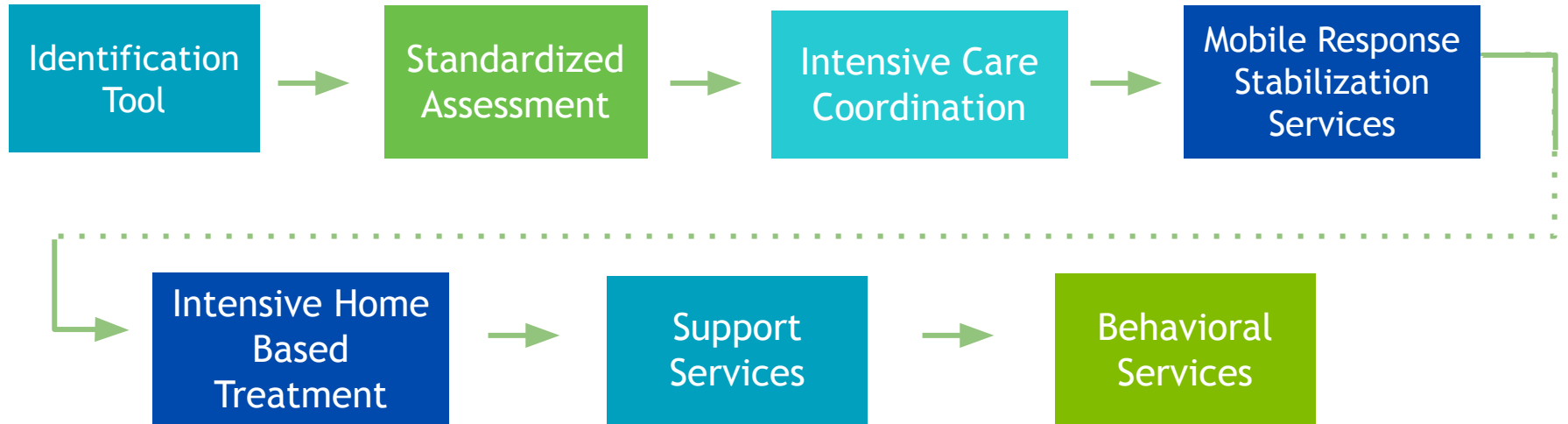

Well intended, but has minimal quality outcomes for children with complex needs
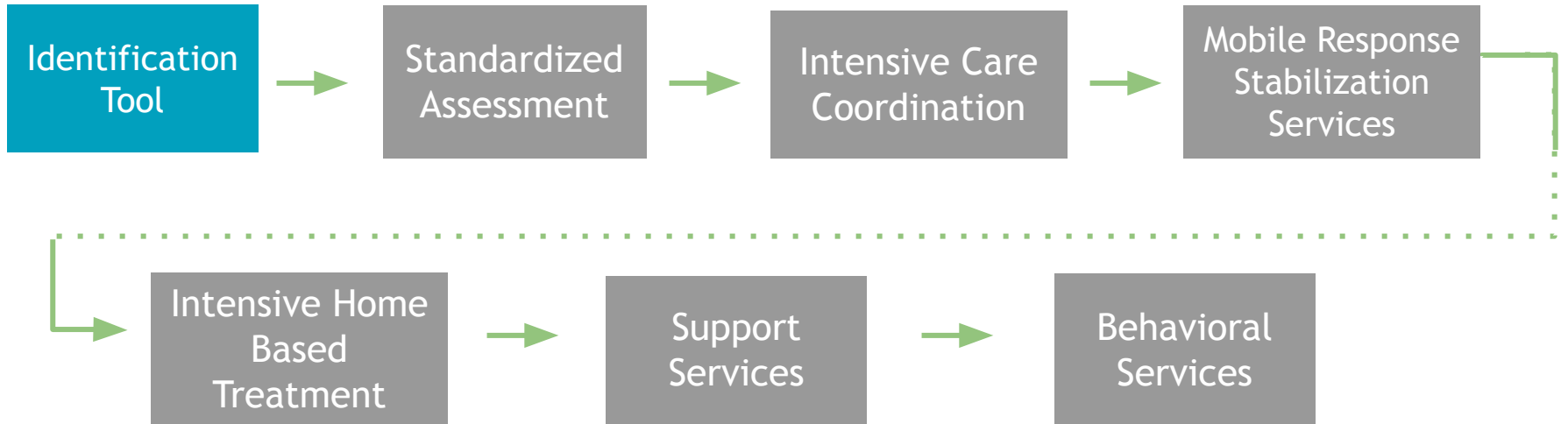
HFW/ICC have hands-on and in-depth coordination of intensive treatment and support services = strong quality outcomes

System of Care Has 7 Key Parts

Identification Tool → Standardized Assessment → Intensive Care Coordination → Mobile Response Stabilization Services → Intensive Home Based Treatment → Support Services → Behavioral Services

Part 1: Identification Tool

Identification Tool → Standardized Assessment → Intensive Care Coordination → Mobile Response Stabilization Services → Intensive Home Based Treatment → Support Services → Behavioral Services
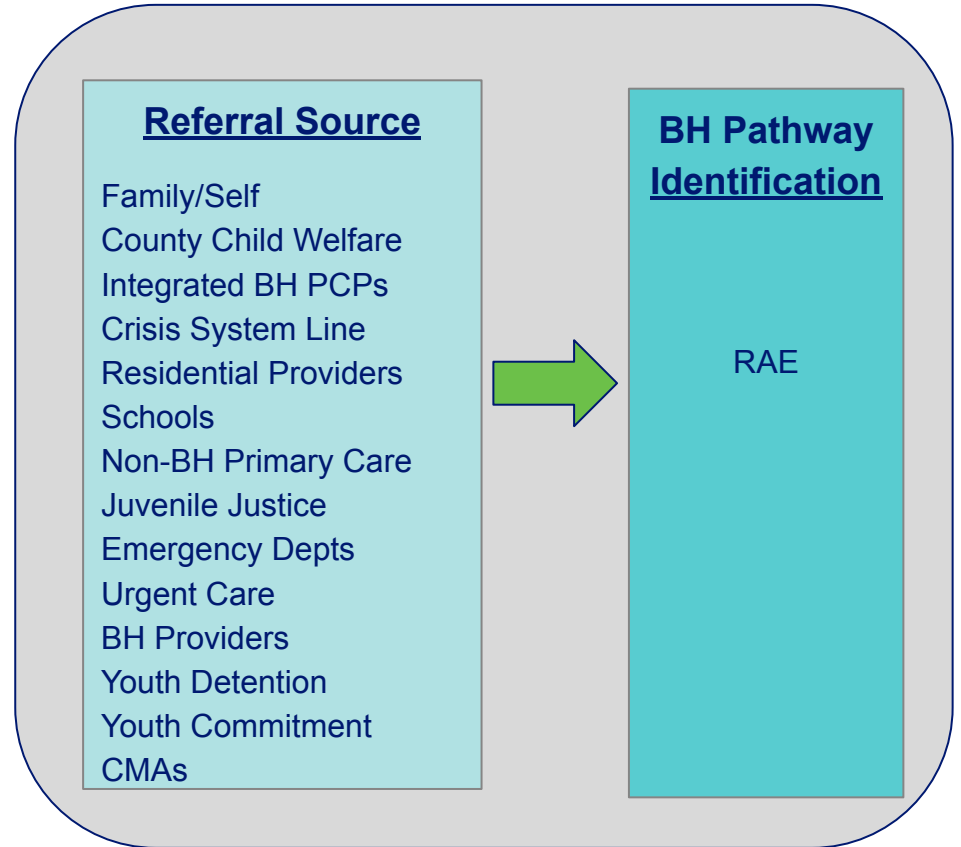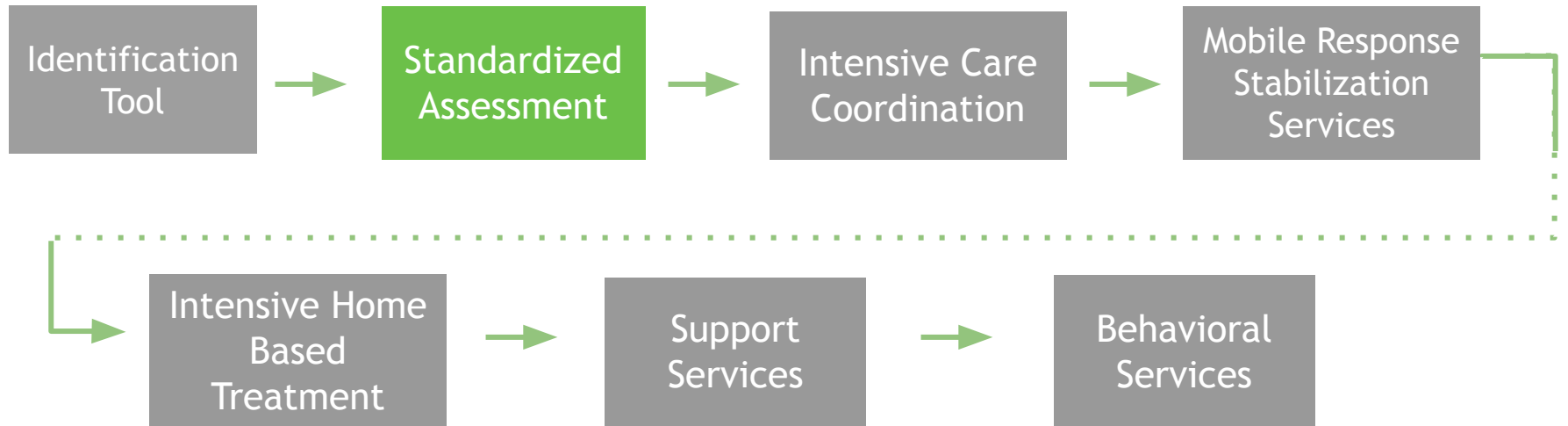
Part 1:

Identification Tool

Identification tool will allow RAE to identify those families that will benefit from receiving the standardized assessment. Referrals for Identification Tool can come from many sources.

The RAE will use a standardized tool to create pathway to a full assessment to determine the child and families' treatment needs.

Referral Source

Family/Self
County Child Welfare
Integrated BH PCPs
Crisis System Line
Residential Providers
Schools
Non-BH Primary Care
Juvenile Justice
Emergency Depts
Urgent Care
BH Providers
Youth Detention
Youth Commitment
CMAs

BH Pathway Identification

RAE

Part 2: Standardized Assessment

STANDARDIZED ASSESSMENT

This assessment will inform treatment decisions, the development of care plans, identify the specific needs of the family, and identify those families that will benefit from MSOC. Provides key information to all agencies and providers involved in working with the family.

Apply Standardized Assessments across the state that include biopsychosocial and CANS.

Assessors

Community Service Agencies

BHASO Independent Assessors

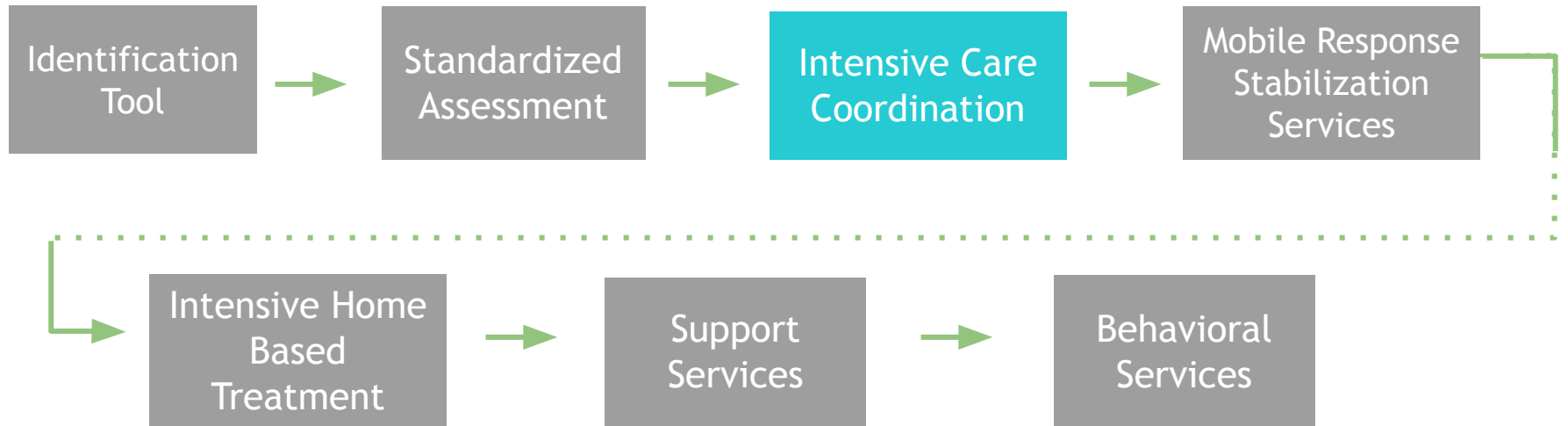Crisis Stabilization Units

Certified BH Provider

Part 3: Intensive Care Coordination

Identification Tool → Standardized Assessment → Intensive Care Coordination → Mobile Response Stabilization Services

Intensive Home Based Treatment → Support Services → Behavioral Services

Intensive CARE COORDINATION

Intensive Care Coordination (ICC) is the tier of care coordination that requires a more intense approach beyond general population care coordination practice. It should be delivered via a high fidelity wrap model or intensive treatment facilitation.

Community Service Agencies (CSA) are entities that provide ICC and coordinate the intensive behavioral health service providers and support service providers. CSA's will serve as the care coordination point agency on dually/multi- involved youth.

CSA Functions

1. Member engagement
2. High Fidelity Wrap w/ Family Peer Supports OR Intensive Treatment Facilitation
3, Material Goods (flex $)
4. Determine CHRP referrals
5. Create Care Plan
6. Match w/ all services and supports defined in care plan.
7. Identify SDoH Needs and refer to human services as appropriate
8. Liaison to residential treatment facilities
9. Serves as point across all agencies on care plan delivery

ITF vs HFW

	Intensive Treatment Facilitation	High Fidelity Wraparound
Caseload	1 to 15	1 to 10
Duration	Short-term	Short-term
Contact Method	In-person / virtual	In-person / virtual
Multi-Team Leader	Yes, targeted parties one-on-one	Yes, all parties as a collective team
Treatment/Care Planning	Yes	Yes

Part 4: Mobile Response Stabilization Services

Mobile Response Stabilization Services
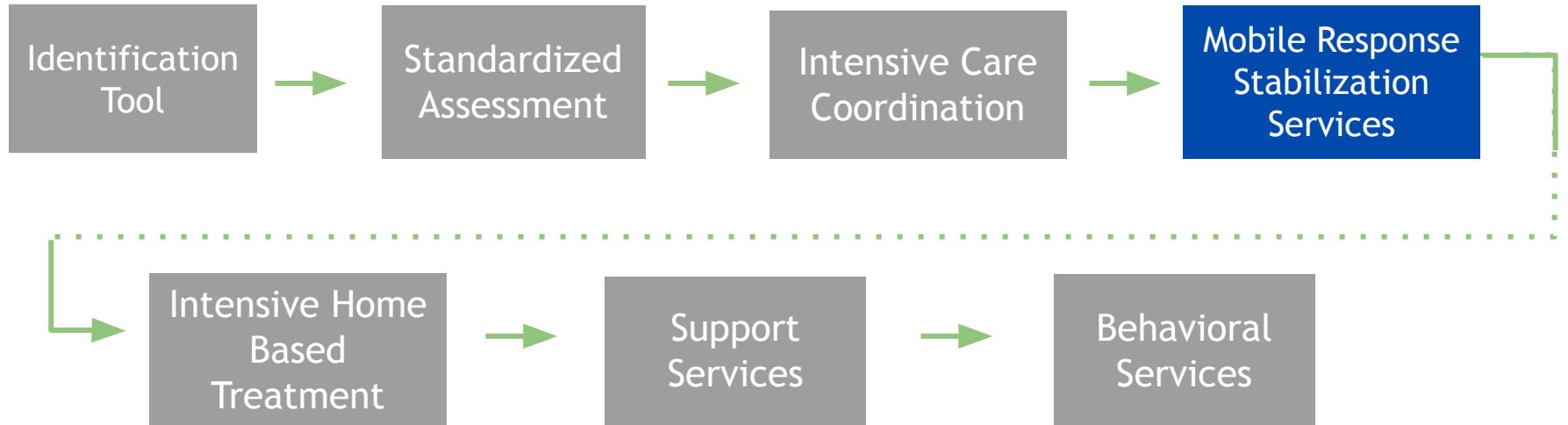
	System of Care Involved
In-Home Crisis Stabilization Services	
Mobile Crisis Response	
Crisis Stabilization Units	
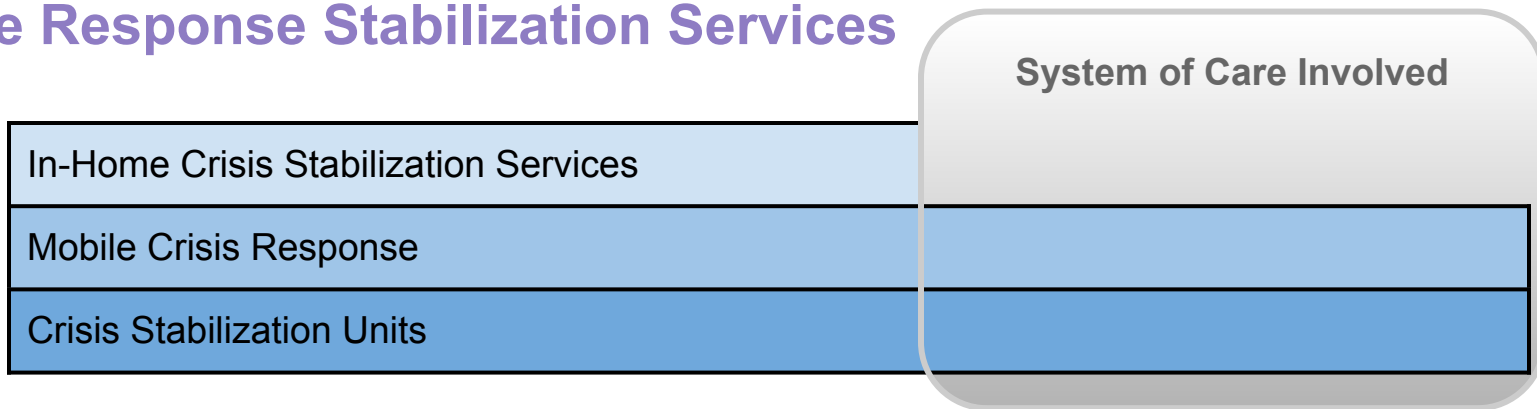
In-home CSS
Intensive, short-term in-home services to prevent out of home placement until in-home treatment team begins.
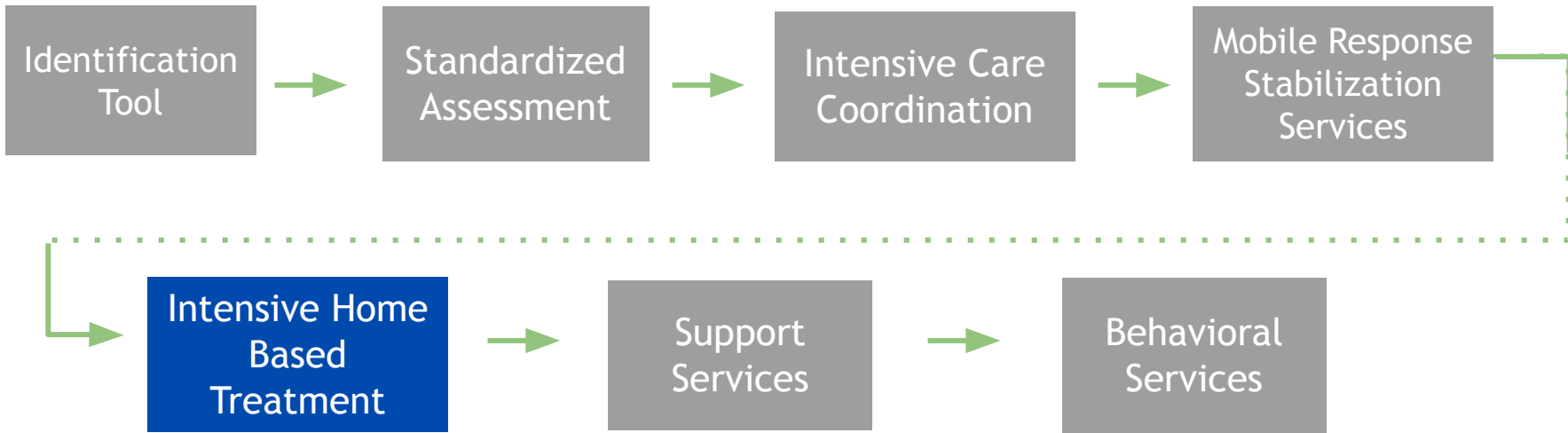
Mobile Crisis
1. Mobile teams to address crisis for families 24/7.
2. Mobile teams dispatched by IBHT providers during treatment.

CSU
Intensive, short-term beds to assist in stabilization and return child home.

Part 5: In-Home Intensive Treatment

Identification Tool → Standardized Assessment → Intensive Care Coordination → Mobile Response Stabilization Services

Intensive Home Based Treatment → Support Services → Behavioral Services

Intensive Home Based Treatment

Intensive Home Based Treatment consist of a few select state approved models in which services are frequent and hands-on with both the family and child or youth. Providers are to be trained and credentialed. Colorado plans to develop for its own in-home intensive behavioral health treatment model.
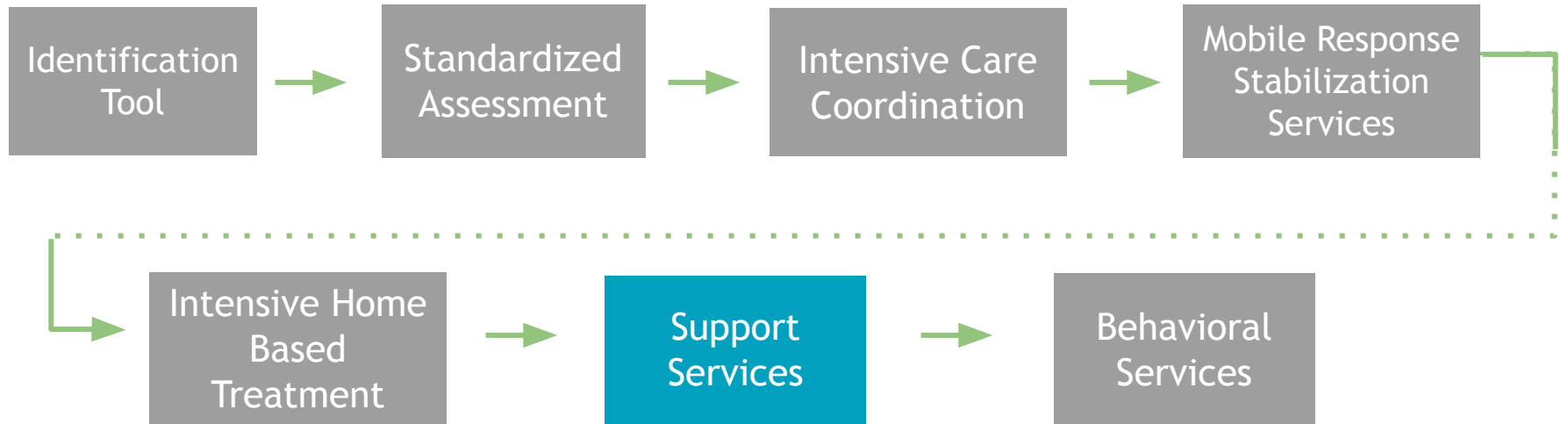
Intensive Home Based Treatment
(certified provider)
———————————
MultiSystemic Therapy
Functional Family Therapy
Colorado Model (tbd)

Part 6: Support Services

SUPPORT SERVICES

Support services are supplemental services that are needed for the child and family to successful engage in treatment and increase the effectiveness of the clinical intervention.

Respite Services are providers who afford family members an opportunity to have time independent of a young person with intensive needs and allows those care-takers an opportunity to partake in activities outside of the home.

Therapeutic Mentoring is a paraprofessional who mentors/coaches a youth in their community environment and assists in the application of the techniques they have learned in therapy to real life settings.

Part 7: Behavioral Consultation Services

Identification Tool → Standardized Assessment → Intensive Care Coordination → Mobile Response Stabilization Services

Intensive Home Based Treatment → Support Services → Behavioral Services
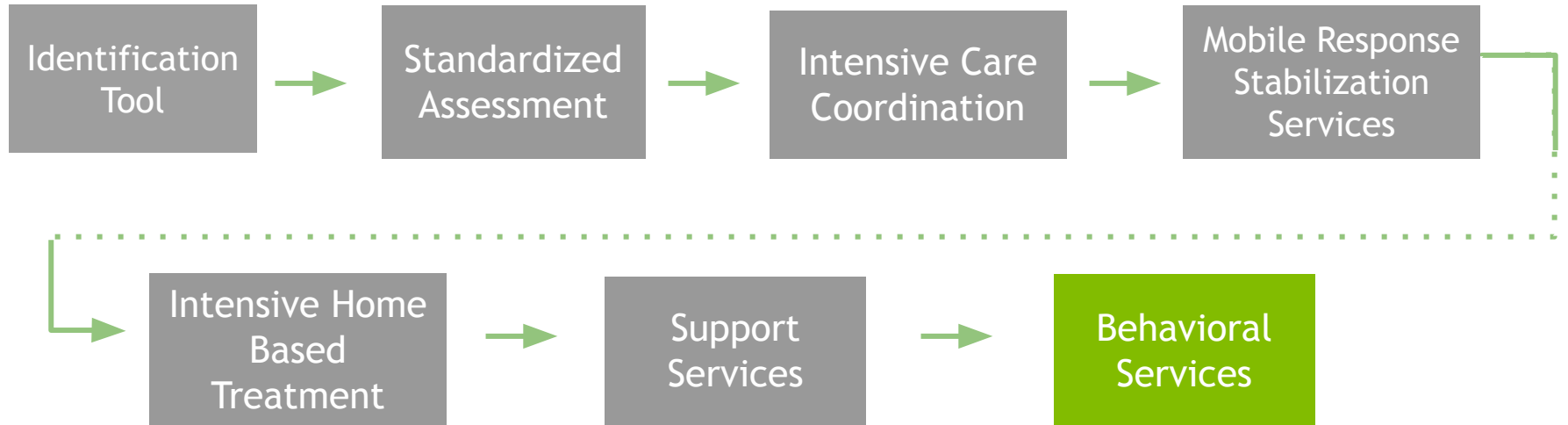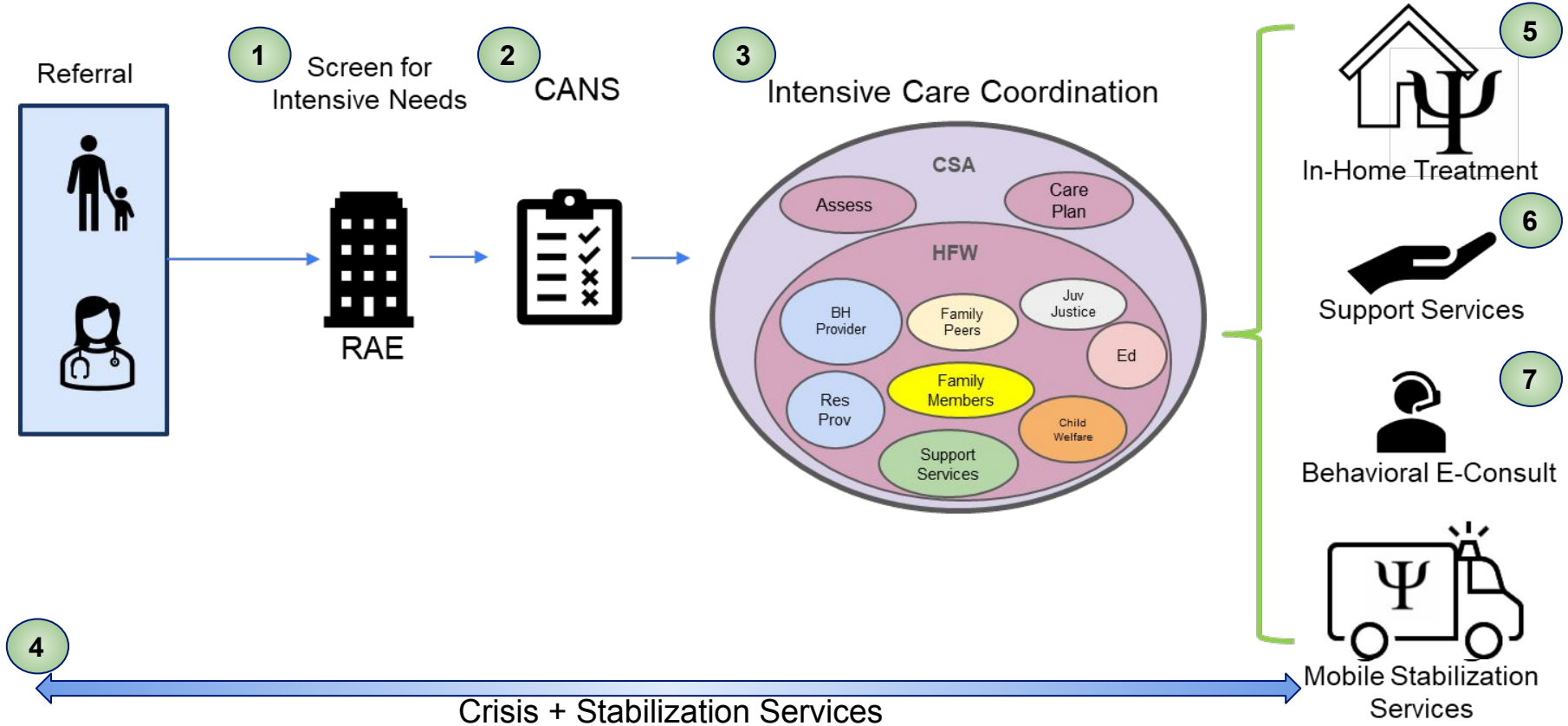
BEHAVIORAL SERVICES

Behavior Consultation

In-home Behavioral Health Treatment team can utilize the expertise of a behavior specialist via e-consultation. The behavioral specialist will assist treatment providers in applying behavioral strategies in the child and families' treatment plan.

Doc-to-Doc Behavioral Management eConsult

Medicaid System of Care Flowchart

Community Service Agency (CSA) Role

RAE OVERSIGHT

RAE PROVIDER NETWORK

CSA

Assess

Care Plan

HFW

BH Provider

Family Peers

Juv Justice

Res. Prov

Family Members

RAE

Support Services

Child Welfare

Educ
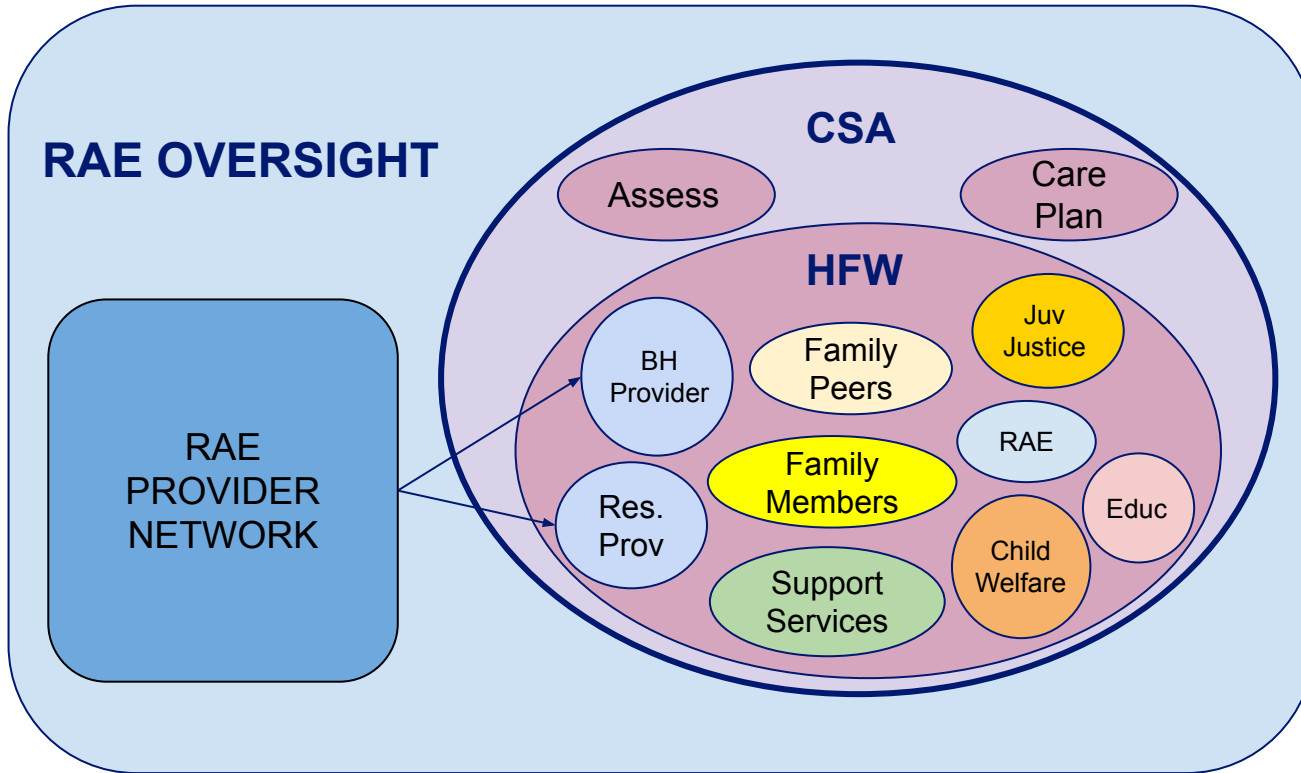
1. Member engagement
2. High Fidelity Wrap w/ Family Peer Supports
3. Intensive Tx Facilitation
4. Material Goods (flex $)
5. Determine CHRP referrals
6. Create Care Plan
7. Match w/ all services and supports defined in plan.
8. Identify SDoH Needs and refer as appropriate
9. Conduit to residential
10. Serves as point across all agencies on care plan

RAE Roles as it relates to System of Care

w/ Family

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

w/ Providers

1. Utilization management
2. Identify families for System of Care
3. Serve as step up into ICC 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.

MSOC Rollout Phases

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Population enrolled*	<1,000	TBD	TBD	TBD	Full Go-live
# of service types during phase (of 7)	3	5	6	7	7
Start Date	7/2025	7/2026	7/2027	7/2028	7/2029

*Population by year is to be determined through further planning and identification of need.

Phase 1 for Medicaid SOC Services

Identification Tool	Standardized Assessment	Intensive Care Coordination	Stabilization Services
	Funded for 1,500 kids to have initial assessment and follow-up as needed	High Fidelity Wraparound or Intensive Treatment Facilitation for 600 kids	Coordinate with existing mobile crisis and Crisis Resolution Teams

In-Home Intensive Treatment	Support Services	Behavioral Services
Use existing models in MultiSystemic Therapy and Functional Family Therapy	NOT INCLUDED IN Phase 1	NOT INCLUDED IN Phase 1

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Phase 1 for Medicaid SOC Workforce

Identification Tool

NOT INCLUDED IN Phase 1

Standardized Assessment

Train 100 providers and monitor fidelity and quality

Intensive Care Coordination

Train ~70 providers and supervisors and monitor fidelity and quality

Stabilization Services

Develop additional training

In-Home Intensive Treatment

Contract with MST & FFT vendors to train 54 providers and monitor fidelity and quality

Support Services

NOT INCLUDED IN Phase 1

Behavioral Services

NOT INCLUDED IN Phase 1

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Project Webpage

Check the webpage
regularly for updates!

Additional Key Efforts

ARPA Investments

Department has two related ARPA funded projects:

- $5.1M for Behavioral Health Transition Supports to increase the workforce capacity to help children and youth transition from institutions back to the community.

- $17M of microgrants for High Intensity Outpatient Treatment to increase capacity in the number of providers who can offer intensive treatment services to children and youth.

SB 19-195: System of Care Bill

- 4 FTE for Department to manage system of care related work

- $9.3M for High Fidelity Wraparound Services

Refresher: High Fidelity Wraparound (HFW) is a team-based, collaborative planning process for developing and implementing individualized care plans for children with behavioral health challenges and their families. HFW is an evidence-based process driven by 10 principles, four phases and a theory of change.

HB 24-1038: High Acuity

Standardized Assessment

Intensive Care Coordination

CHRP Support Services

Treatment Foster Care

Residential Incentives

Residential Quality & Oversight

Residential Workforce

Room & Board Alignment
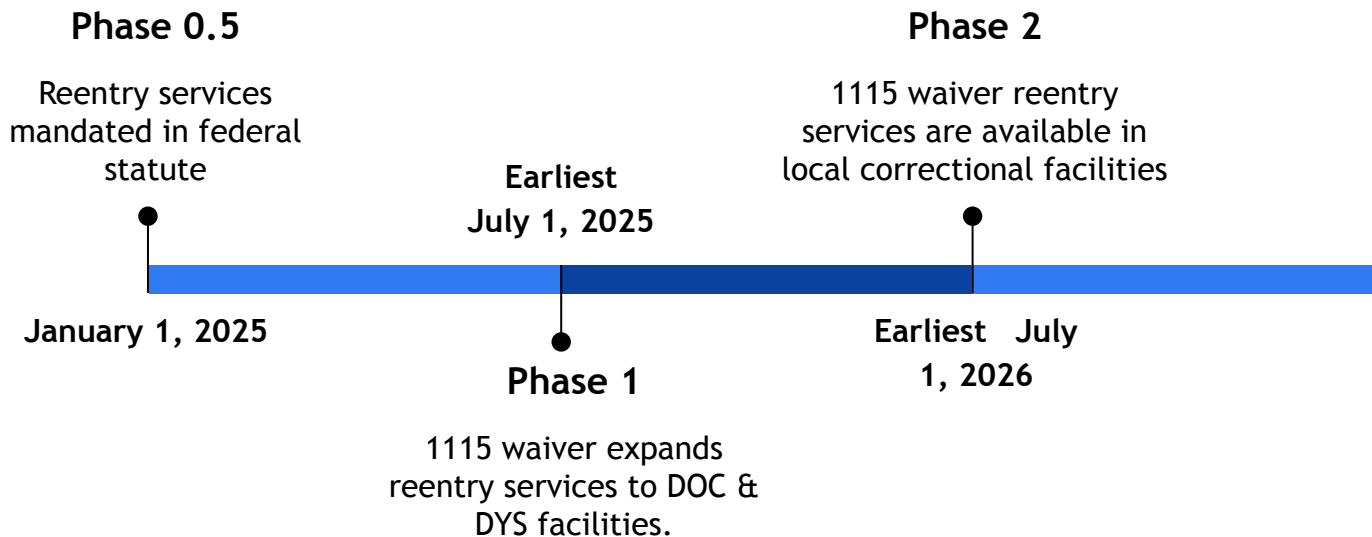
Reentry Services

	Phase 0.5 Consolidated Appropriations Act of 2023, Sec. 5121 (CAA 5121)	Phases 1 & 2 1115 Reentry Waiver Services
Eligible Population	Post-adjudication Medicaid or CHP+ eligible juveniles (individuals under age 21 or under age 26 for former foster care)	All Medicaid eligible individuals
Eligible Settings	Any correctional facilities	Starting with DOC and DYS facilities, with plans to phase in local jails
Time frame	30 days prior to release	90 days prior to release
Covered Services	• Targeted case management services (30 days prior to release and 30 days following release) • Screenings & Diagnostic services (30 days prior to release or as soon as possible upon release)	• Medication-Assisted Treatment (medications and counseling, including long acting injectables) 90 days prior to release • Care Coordination, physical and behavioral health assessments 90 days prior to release • 30 day supply of prescription medications upon release

Juvenile Justice Work

In 2025, the Department will begin covering Reentry Services for Medicaid & CHP+ youth.

Phase 0.5

Reentry services mandated in federal statute

Phase 2

1115 waiver reentry services are available in local correctional facilities

Earliest July 1, 2025

January 1, 2025

Phase 1

1115 waiver expands reentry services to DOC & DYS facilities.

Earliest July 1, 2026

Thank You