

Update on Behavioral Health Services and Benefits

Health Care Policy & Financing

Presented by: Cristen Bates, MPH
Deputy Medicaid Director,
Director of the Office of Medicaid & CHP
Behavioral Health Initiatives and Coverage
&
Hannah Hall,
Criminal Justice Policy Advisor



Agenda

- ★ Medicaid Overview
- ★ What is a Waiver?
- ★ Services in a Carceral Setting
- ★ Permanent Supportive Housing

Colorado Department of Health Care Policy and Financing (HCPF)



Health First Colorado
(Colorado's Medicaid Program)



Child Health Plan *Plus*



Buy-In Programs



The Colorado Indigent Care Program



Long-Term Services and Supports



Dental Program

- >1.79M covered, or 1 in 4 Coloradans
- 43% of the state's children
- 43% of births
- \$15.4B Total Funds, \$4.5B General Funds, 96% to providers

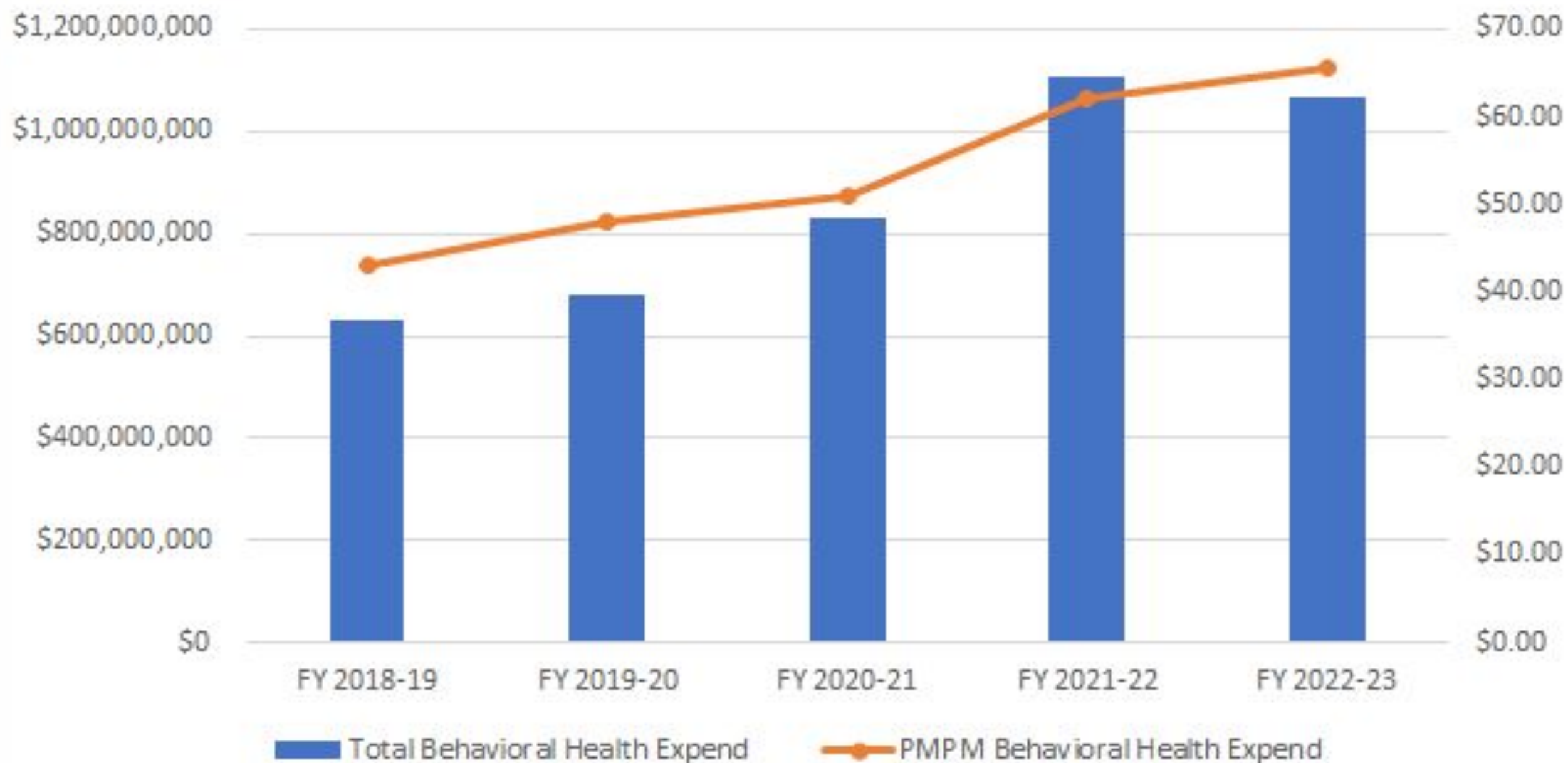
2023 Federal Poverty Levels (FPL)		
by Family Size:	Family of 1	Family of 4
Child Health Plan <i>Plus</i> *	\$38,637	\$79,500
Health First Colorado**	\$19,392	\$39,900

*Upper Limits Listed for pregnant people is 260% FPL for Colorado CHP+

**Some earning more still may qualify

Buy-in upper limit is \$65,616 for a Family of 1, 450% FPL

Behavioral Health Expenditure: Total and PMPM



Investing in BH Transformation & Expansion

- Medicaid BH invests \$1.23B annually, up >\$650M since FY19
- Prioritized \$138M ARPA funds to fund provider grants, permanent supportive housing, intensive outpatient services, crisis response, policy, provider training & technology
- Partnering w/ BHA on all fronts:
 - Regional Accountable Entity (RAE) / Behavioral Health Administrative Services Organization (BHASO) alignment
 - Rules & regulations, new provider definitions
 - Care coordination definitions & requirements
- Supporting design and funding for **Recovery Campuses** w/DOLA
- **Mobile Crisis and Secure Transport**, new and updated benefits live on 7.1.23



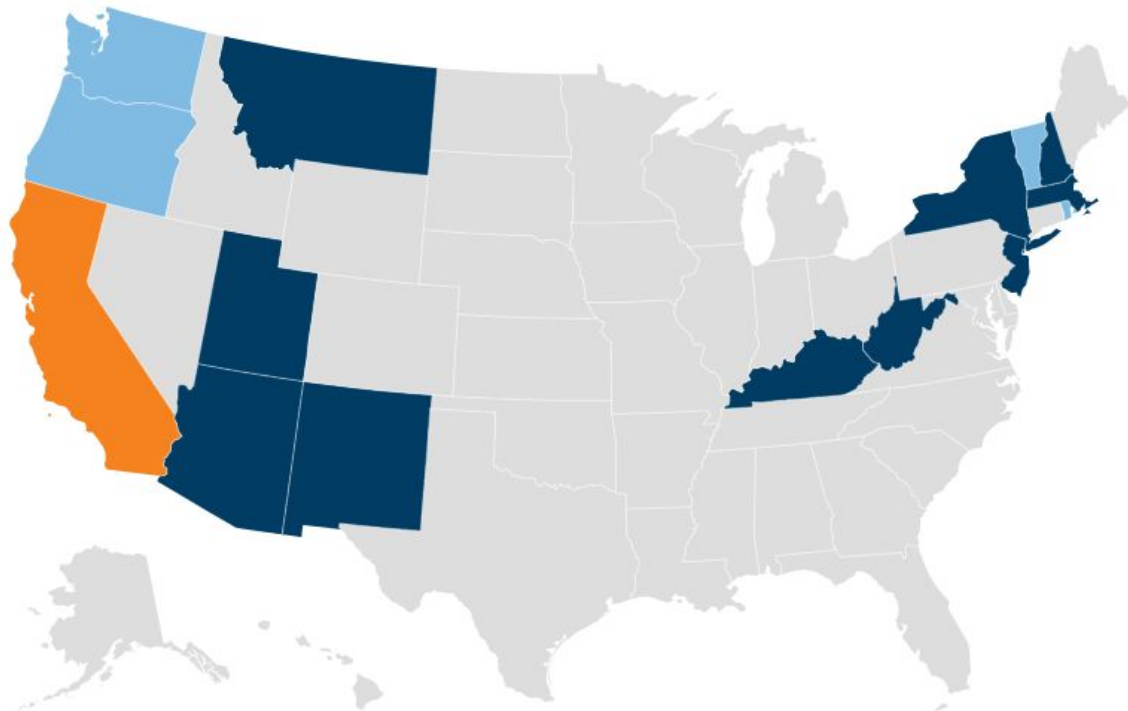
New Federal Guidance: 1115 Waivers

- “WAIVER” is a way HCPF receives approval from federal oversight to reimburse for services that may be difficult to cover due to cost, population, or federal policy limits
- CMS provides clear guidance on how to be approved
- **What kind of services is CMS approving?**
 - “Health Related Social Needs” aka Social Determinants of Health
 - Eligibility for new populations i.e. continuous coverage for children, those leaving incarceration
 - Permanent Supportive Housing Services
 - Services for incarcerated populations
- **Medicaid receives 50-90% match for state dollars**
 - New CMS regulations also provide some options to expand what designated state health programs “count” towards a state match
 - All dollars saved must go to expand access and care for Medicaid

14 Criminal Justice Waivers

Figure 4
Section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy,
as of June 5, 2023

Approved (inmates that meet health criteria) Pending (all Medicaid-eligible inmates) Pending (inmates that meet health criteria)



NOTE: In Massachusetts, adult inmates who meet health criteria and ALL youth inmates would be eligible for pre-release services. Map from [KFF's Section 1115 Waiver Policy Watch](#).
SOURCE: KFF analysis of Section 1115 waivers posted to Medicaid.gov. • [PNG](#)

KFF

CMS Requirements

Sent [letter to the states](#) April 2023

Benefits must include:

- Case management,
- MAT services and accompanying counseling, and
- 30-day supply of all meds
- 30-90 days prior to release

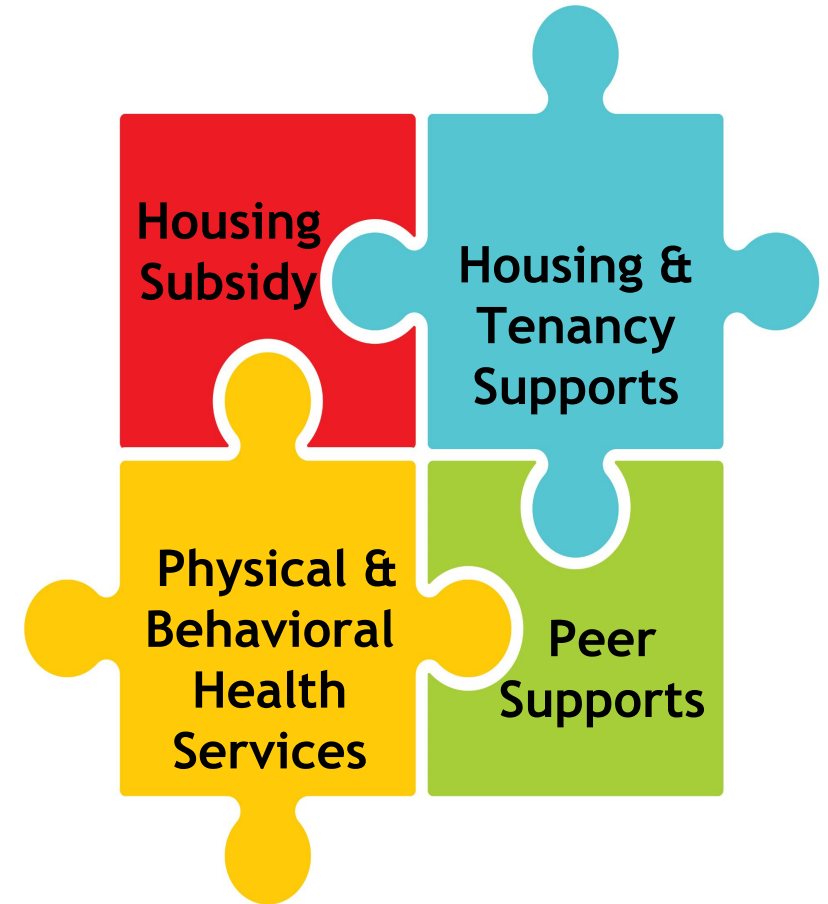
Eligible Facilities: jails, state prisons and youth detention facilities. States may take a phased approach to adding facilities.

SB 22-196 HCPF Studies a CJ Waiver

- Requires HCPF to determine whether the state should seek a CMS waiver to provide a set of benefits immediately prior to release from incarceration
- Benefits studied are:
 - Screening
 - Brief Intervention
 - Care coordination services
- Looking at jails and prisons for services “immediately prior to release”
- Report due to legislature October 1, 2023 to include findings, fiscal analysis, recommendations and budget neutrality assessment.
 - Including potential to offset costs from multiple state agencies: DOC, CDHS (JBBS & OCFMH) & HCPF
 - Costs are being assessed for a benefits package that includes minimum requirements from [SB22-196](#) & minimum requirements from CMS guidance

Health Related Social Needs: Permanent Supportive Housing

- 19 HRSN waivers, vary on topic
- Colorado has 3,000 Permanent Supportive Housing (PSH) units
 - 98% are Medicaid members
 - Majority in PSH have a BH diagnosis
- Statewide Supportive Housing Expansion pilot “SWSHE”
 - Already serving 500 people
 - Pilot ends 2024



Clinical Care PLUS Housing and Tenancy Supports

Pre-Tenancy Services

Services that assist individuals to prepare for and transition to housing.

This may include:

- Developing a community integration plan
- Assisting with the housing search
- Securing ID and other legal documents
- Arranging and supporting a move

Tenancy-Sustaining Services

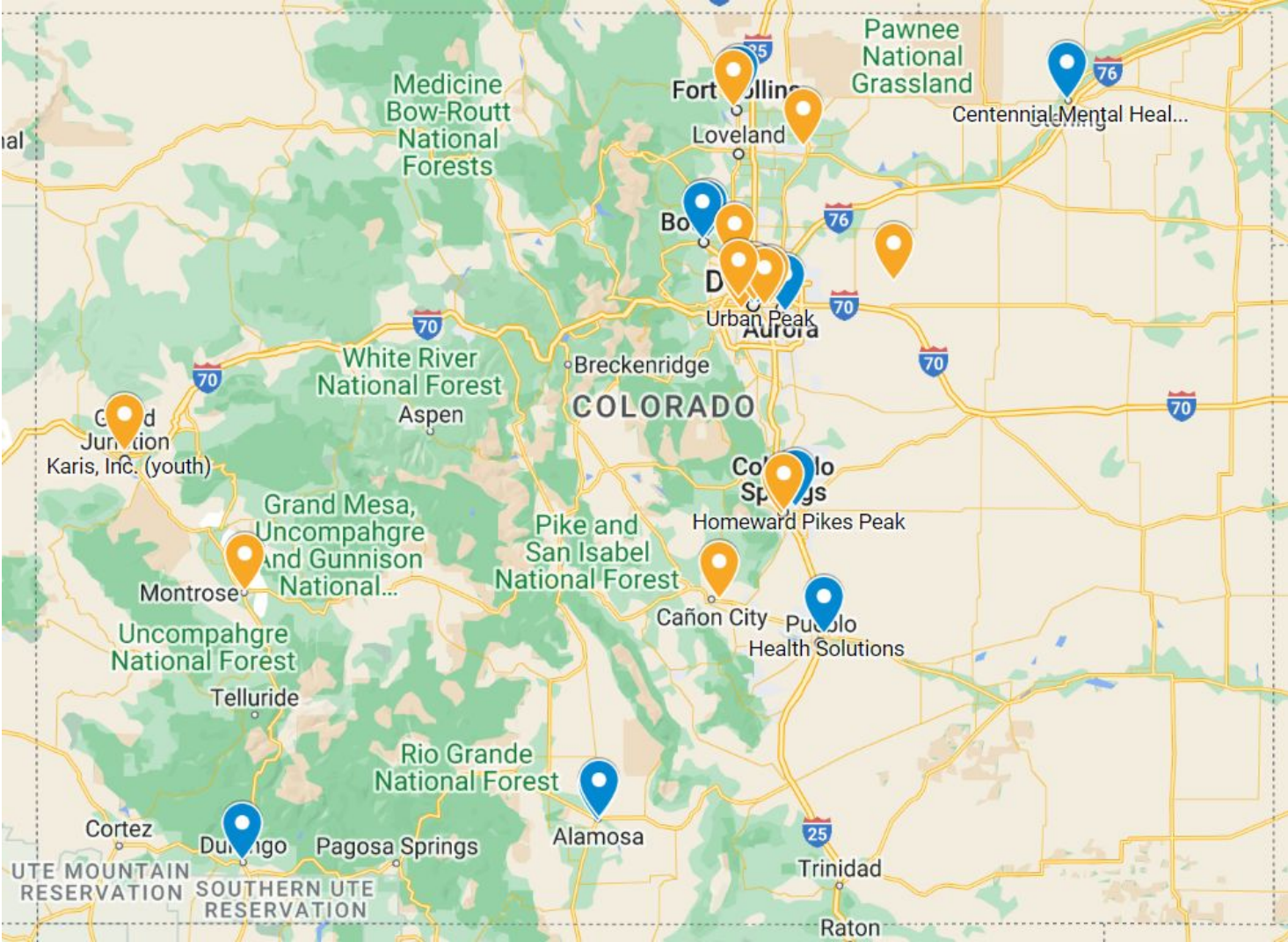
Services provided once an individual is housed to help the person achieve and maintain housing stability.

This may include:

- Training on the role, rights, and responsibilities of the tenant and landlord
- Providing early intervention for behaviors that may jeopardize housing

28 PSH providers involved in the pilot

Currently 560 individuals receiving wraparound services (including pre- & tenancy sustaining services)



Evidence Shows Extraordinary Impact

Denver Social Impact Bond, after two years in PSH showed significant results:

- Fewer ED visits and inpatient psych stays
- More primary care visits and more medications filled
- 65% reduction in use of detox services
- 40% reduction in arrests, 34% reduction in police contacts, shorter total time in jail



After 3 years, 77 percent remained housed

Medicaid is Key to Drawing Federal Funds, Sustainable Programs

Federal Limitations

- Supplementing Medicaid payments
- Sending Medicaid member to unlicensed or unenrolled providers
- Charging Medicaid members for covered services

Ideal Sustainability

- Medicaid get 50-90% match for all approved services
- Pilot and new programs should have a Medicaid path
- Duplicate programs make system more complicated, reduce total funds for care

Flexible, State-Only Programs

- Medicaid has gaps in coverage and access,
- Providers usually think this is easier, maybe right, but only in the short term
- Need to guard against duplicative billing and hold payer accountable

Contact Info

Cristen Bates, MPH

Deputy Medicaid Director & BHIC Office Director

Cristen.Bates@state.co.us

Iris Hentze, MPA

Senior Legislative Analyst

Iris.Hentze@state.co.us

Hannah Hall

Criminal Justice Policy Advisor

Hannah.Hall@state.co.us

