

**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
(Behavioral Health Community Programs *only*)**

FY 2014-15 JOINT BUDGET COMMITTEE HEARING AGENDA

**Tuesday, December 17, 2013
9:00 – 9:30 am**

INTRODUCTIONS AND OPENING COMMENTS

General Questions

- 1. Existing behavioral health capitation contracts will expire June 30, 2014. Provide an overview of significant changes that are reflected in the Department's request for proposals for the new contracts that will go into effect July 1, 2014. Please include a discussion of any changes related to: (a) the enhanced substance use disorder benefit; and (b) requirements or incentives for the integration of mental health, substance use disorder, and/or physical health services.**

RESPONSE:

There were three areas of significant change in the Department's request for proposal for the new contract period effective July 1, 2014:

1. Greater integration of behavioral and physical health care
 - In the request for proposal, bidders are required to assess their network's level of integration along a continuum utilizing three broad categories, "coordinated, co-located, or integrated." Bidders are also required to demonstrate how they will support provider development towards integration and to increase the number of locations that are fully integrated.
2. Incorporation of substance use disorder services
 - In 2013, the legislature approved funds for the Department to enhance its existing substance use disorder benefit by administering this benefit through the Behavioral Health Organizations, expanding limits on services, and adding two new significant services - Medication Assisted Treatment and Peer Advocate Services. The Department expects that by incorporating this robust benefit into the Community Mental Health Services program, improved health and recovery outcomes will result. Substance use disorder treatment is also available in Fee for Service for clients that are not eligible for services through the Behavioral Health

Organizations. The Fee for Service benefit includes the addition of Medication Assisted Treatment as well as expanded limitations on services.

3. Increase in care coordination

- The Department placed significant emphasis on care coordination throughout the request for proposal. Among other requirements, bidders will be required to:
 - i. Submit a directory and regional map of community partners that may offer necessary services or resources to their clients.
 - ii. Illustrate how they will foster consistent working relationships with the Department of Corrections; County Department of Human Services; State Institutions; hospitals, as well as other community partners and state agencies.
 - iii. Ensure that all children involved in the child welfare system receive an initial trauma screen.
 - iv. Demonstrate a willingness to attend quarterly meetings with long term care staff including nursing facilities and alternative care facilities, in order to address outstanding issues and client concerns.

2. **Please list: (a) the mental health diagnoses that are currently covered under the behavioral health capitation program; (b) the substance use disorder diagnoses that will be covered under the capitation program beginning January 1, 2014; and (c) the mental health and substance use disorder diagnoses that are not covered by the capitation program, but for which a client may receive behavioral health services that are funded through the Fee for Service Payments line item.**

RESPONSE:

- (a) Please see attachment (A) for a list of mental health diagnoses that are currently covered under the behavioral health capitation program.
- (b) Please see attachment (B) for a list of substance use disorder diagnoses that will be covered under the capitation program beginning January 1, 2014.
- (c) Please see attachment (C) for a list of behavioral health disorders not covered by the behavioral health capitation program. A client may receive services for behavioral health disorders not covered by the behavioral health capitation program through Fee for Service Medicaid.

3. **Is it currently possible for a Regional Care Collaborative Organization (RCCO) to receive the per-member-per-month capitation payment (rather than the behavioral health organization) for a client who is receiving behavioral health services through their primary health care provider? Will this be possible under the new behavioral health capitation program contracts that will go into effect July 1, 2014?**

RESPONSE:

Currently, it is not possible for a Regional Care Collaborative Organization (RCCO) to receive the per-member-per-month capitation payment (rather than the Behavioral Health Organization) for a client who is receiving behavioral health services from their primary health care provider. The payment to the Behavioral Health Organizations (BHOs) is a fully capitated payment that includes all costs associated with the planning, delivery, and administration of behavioral health services to Medicaid clients. As a result of having a capitated program, Behavioral Health Organizations are contractually at risk for all behavioral health services provided to Medicaid clients including hospitalizations and emergency room visits where the primary cause of the admission or visit was psychiatric in nature.

Although Behavioral Health Organizations (BHOs) receive capitation payments for all Medicaid clients, the Behavioral Health Organizations (BHOs) are required and encouraged to have provider networks that are inclusive of all different types of practices, clinics, providers, and specialties in order to serve the behavioral health needs of Medicaid clients. It is important to note, that although the Behavioral Health Organization (BHO) program is fully capitated, that doesn't preclude primary care providers from treating an individual with a mental illness or prescribing psychiatric medication during an office visit. Primary care providers can bill for this treatment on a Fee for Service basis using primary care codes.

The new contracts for the Behavioral Health Organizations (BHOs) will not allow the Regional Care Collaborative Organizations (RCCOs) to receive the per-member-per-month capitation payment because of the capitated nature of the program as described above. However, the Department is continually researching effective and alternative payment methodologies for our providers. As a long-term policy goal, the Department intends to further develop the Accountable Care Collaborative (ACC) Program by broadening the spectrum of provider types allowed to enroll as a Primary Care Medical Provider (PCMP). As solutions are developed to allow systematic support of new Primary Care Medical Provider (PCMP) types, behavioral health providers and other providers may have the opportunity to enroll as Primary Care Medical Providers (PCMPs). Alternatively, the Department is exploring a health homes program as authorized by the Affordable Care Act (ACA). This program would utilize enhanced federal funds to provide intensive care coordination activities for clients with Severe and Persistent Mental Illness (SPMI) or other chronic conditions.

4. **Please clarify the age ranges associated with each Medicaid eligibility category. Further, please discuss whether there are particular behavioral health conditions or diagnoses that tend to commence in childhood or young adulthood, or that may be treated more effectively in children or young adults.**

RESPONSE:

Aged, Blind, Disabled and Long Term Care Categories:

- SSI (Supplemental Security Income) Mandatory – All ages
- SSI (Supplemental Security Income) Related Categories:
 - * Pickle – All ages
 - Disabled Widow(er)s –Age 50 thru 64
 - Disable Adult Children – Age 18 and over
- OAP A (Old Age Pension A) – Age 65 and over
- OAP B – (Old Age Pension B) Age 60 thru 64
- OAP HCP-A – (Old Age Pension Health Care Program A) Age 65 and over
- OAP HCP – B –(Old Age Pension Health Care Program B) Age 60 thru 64
- Breast and Cervical Cancer Program (BCCP) – Women only age 40 thru 64
- 300% Institutionalized – All ages
- 300% on Home and Community Based Services (HCBS) waivers:
 - BI (Brain Injury) – Age 16 thru 64
 - CES (Children’s Extensive Support) – Birth thru age 17
 - CHCBS (Children’s Home and Community Based Services) – Birth thru age 17
 - CHRP (Children’s Habilitation Residential) – Birth thru age 18
 - CLLI (Children with Life Limiting Illness) – Birth thru age 18
 - CMHS (Community Mental Health Supports) – Age 18 and over
 - CWA (Children with Autism) – Birth thru age 5
 - DD (Developmentally Disabled) – Age 18 and over
 - EBD (Elderly, Blind and Disabled) – Age 18 and over
 - PLWA (Persons Living with AIDS) – All ages
 - SCI (Spinal Cord Injury) – Age 18 and over
 - SLS (Supportive Living Services) – Age 18 and over
 - CCT (Community Choice Transitions) – Age 18 and over who are eligible for the BI, CMHS, DD, EBD or SLS waivers.
- Medicare Savings Programs:
 - QDWI (Qualified Disabled Working Individuals) – All ages
 - QI – 1 (Medicare Qualifying Individual – 1) – All ages

- QMB (Qualified Medicare Beneficiary) – All Ages
- SLMB (Specified Low Income Medicare Beneficiary) – All ages

**MAGI Categories (Modified Adjusted Gross Income)

- Working Adults with Disabilities (Adult Buy-In) – Age 16 thru 64
- Children’s Buy-In – Birth thru age 18
- MAGI (Modified Adjusted Gross Income) Child – Birth thru age 18
- MAGI (Modified Adjusted Gross Income) Adult – Age 19 thru 64
- MAGI (Modified Adjusted Gross Income) Parent/Caretaker Relative – All ages
- MAGI (Modified Adjusted Gross Income) Pregnant – All ages
- MAGI (Modified Adjusted Gross Income) Legal Immigrant Pre-Natal – All ages
- Transitional Medicaid and 4 Month Extended Medicaid – All ages
- Foster Children – Up thru age 26
- Psych < 21 – Individuals under the age of 21 residing in a psychiatric facility

Other

- Children’s Health Plan + - Birth thru age 18 and pregnant women age 18 and over

* The Pickle Amendment is a law enacted in April 1977 which established a separate category of Medicaid for those individuals who lost Supplemental Security Income (SSI) or Old Age Pension Medicaid (OAP) due to a Title II Cost of Living Adjustment (COLA) or initial entitlement. Individuals who meet all eligibility criteria for this category of Medicaid will receive continuation of Medicaid coverage.

**Modified Adjusted Gross Income (MAGI) refers to the methodology by which income and household composition are determined for the MAGI medical assistance groups under the Affordable Care Act.

Regarding the second part of question 4:

Many developmental, emotional, or behavioral problems have been shown to originate in early childhood; however, most chronic mental health problems, such as major depressive disorder and schizophrenia, do not reveal themselves until late adolescence and young adulthood. Recent advances in neuroscience and child and adolescent development have identified the relationship between brain development and a child or adolescent’s environment, genes, and childhood experiences on the development of behavioral health problems. Poverty, parental stress, substance use, and violence in homes and communities have been proven to negatively impact a child’s social and emotional development.

Behavioral problems for young children are often classified as either relational (e.g. withdrawing from others, parent child relationship difficulties) or externalizing problems (e.g. excessive tantrums, hyperactivity). If left untreated, these disorders can lead to more serious public and health problems, including substance abuse, teenage pregnancy, delinquency, and crime. Research has shown that proper interventions, such as Early Intervention Services, delivered between the ages of birth and five years, can help reduce the long-term impact on the child and family, significantly improving a child's health and outcomes.

Senate Bill 13-200 (Expand Medicaid Eligibility)

5. **Overall, S.B. 13-200 is expected to reduce state General Fund expenditures in both FY 2013-14 and FY 2014-15. However, the appropriation clause in the act increased the General Fund appropriation for Behavioral Health Capitation Payments for FY 2013-14, and the Department has requested additional General Fund for this purpose in FY 2014-15. Please explain.**

SB 13-200 was, in total, General Fund-negative across all State departments. In Medicaid, however, there are General Fund increases to account for increases in caseload among existing populations. There are a large number of people in Colorado who are eligible under the State's existing Medicaid program (prior to the Affordable Care Act), but have not enrolled. As part of its calculations for the fiscal note for SB 13-200, the Department assumed that as a result of the mandate to obtain health care coverage under the Affordable Care Act, and increased awareness due to the Medicaid expansions, that many of these "eligible but not enrolled" (EBNE) individuals would apply for Medicaid. These individuals, when enrolled, would receive the standard federal financial participation rate of 50%; the state share would be General Fund.

Attachment A. – Mental health diagnoses covered by the behavioral health
capitation program

Mental health disorders (taken from the 2013 International Statistical Classification of Diseases)	
295	Schizophrenic disorders
295.0	Simple type
295.1	Disorganized type
295.2	Catatonic type
295.3	Paranoid type
295.4	Acute schizophrenic episode
295.5	Latent schizophrenia
295.6	Residual type
295.7	Schizoaffective disorder
295.8	Other specified types of schizophrenia
295.9	Unspecified schizophrenia
296	Episodic mood disorders
296.0	Bipolar I disorder, single manic episode
296.1	Manic disorder, recurrent episode
296.2	Major depressive disorder, single episode
296.3	Major depressive disorder, recurrent episode
296.4	Bipolar I disorder, most recent episode (or current) manic
296.5	Bipolar I disorder, most recent episode (or current) depressed
296.6	Bipolar I disorder, most recent episode (or current) mixed
296.7	Bipolar I disorder, most recent episode (or current) unspecified
296.8	Other and unspecified bipolar disorders
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Other
296.9	Other and unspecified episodic mood disorder
296.90	Unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
297	Delusional disorders
297.0	Paranoid state, simple
297.1	Delusional disorder
297.2	Paraphrenia
297.3	Shared psychotic disorder
297.8	Other specified paranoid states

297.9	Unspecified paranoid state
298	Other nonorganic psychoses
298.0	Depressive type psychosis
298.1	Excitative type psychosis
298.2	Reactive confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other and unspecified reactive psychosis
298.9	Unspecified psychosis
300	Anxiety, dissociative and somatoform disorders
300.0	Anxiety states
300.00	Anxiety state, unspecified
300.01	Panic disorder without agoraphobia
300.02	Generalized anxiety disorder
300.09	Other
300.1	Dissociative, conversion and factitious disorders
300.10	Hysteria, unspecified
300.11	Conversion disorder
300.12	Dissociative amnesia
300.13	Dissociative fugue
300.14	Dissociative identity disorder
300.15	Dissociative disorder or reaction, unspecified
300.16	Factitious illness with predominantly psychological signs and symptoms
300.19	Other and unspecified factitious illness
300.2	Phobic disorders
300.20	Phobia, unspecified
300.21	Agoraphobia with panic attacks
300.22	Agoraphobia without mention of panic attacks
300.23	Social phobia
300.29	Other isolated or specific phobias
300.3	Obsessive-compulsive disorders
300.4	Dysthymic disorder
300.5	Neurasthenia
300.6	Depersonalization disorder
300.7	Hypochondriasis
300.8	Somatoform disorders
300.81	Somatization disorder
300.82	Undifferentiated somatoform disorder
300.89	Other Somatoform disorder

300.9	Unspecified nonpsychotic mental disorder
301	Personality disorders
301.0	Paranoid personality disorder
301.1	Affective personality disorder
301.10	Affective personality disorder, unspecified
301.11	Chronic hypomanic personality disorder
301.12	Chronic depressive personality disorder
301.13	Cyclothymic disorder
301.2	Schizoid personality disorder
301.20	Schizoid personality disorder, unspecified
301.21	Introverted personality
301.22	Schizotypal personality disorder
301.3	Explosive personality disorder
301.4	Obsessive-compulsive personality disorder
301.5	Histrionic personality disorder
301.50	Histrionic personality disorder, unspecified
301.51	Chronic factitious illness with physical symptoms
301.59	Other histrionic personality disorder
301.6	Dependent personality disorder
301.7	Antisocial personality disorder
301.8	Other personality disorders
301.81	Narcissistic personality disorder
301.82	Avoidant personality disorder
301.83	Borderline personality disorder
301.84	Passive-aggressive personality
301.89	Other
301.9	Unspecified personality disorder
307	Special symptoms or syndromes, not elsewhere classified
307.1	Anorexia nervosa
307.2	Tics
307.20	Tic disorder, unspecified
307.21	Transient tic disorder
307.22	Chronic motor or vocal tic disorder
307.23	Tourette's disorder
307.3	Stereotypic movement disorder
307.4	Specific disorders of sleep of nonorganic origin
307.40	Nonorganic sleep disorder, unspecified
307.41	Transient disorder of initiating or maintaining sleep
307.42	Persistent disorder of initiating or maintaining sleep

307.43	Transient disorder of initiating or maintaining wakefulness
307.44	Persistent disorder of initiating or maintaining wakefulness
307.45	Circadian rhythm sleep disorder of nonorganic origin
307.46	Sleep arousal disorder
307.47	Other dysfunctions of sleep stages or arousal from sleep
307.48	Repetitive intrusions of sleep
307.49	Other
307.5	Other and unspecified disorders of eating
307.50	Eating disorder, unspecified
307.51	Bulimia nervosa
307.52	Pica
307.53	Rumination disorder
307.54	Psychogenic vomiting
307.59	Other
307.6	Enuresis
307.7	Encopresis
307.8	Pain disorders related to psychological factors
307.80	Psychogenic pain, site unspecified
307.81	Tension headache
307.89	Other
307.9	Other and unspecified special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
308.0	Predominant disturbance of emotions
308.1	Predominant disturbance of consciousness
308.2	Predominant psychomotor disturbance
308.3	Other acute reactions to stress
308.4	Mixed disorders as reactions to stress
308.9	Unspecified acute reaction to stress
309	Adjustment reaction
309.0	Adjustment disorder with depressed mood
309.1	Prolonged depressive reaction
309.2	With predominant disturbance of other emotions
309.21	Separation anxiety disorder
309.22	Emancipation disorder of adolescence and early adult life
309.23	Specific academic or work inhibition
309.24	Adjustment disorder with anxiety
309.28	Adjustment disorder with mixed anxiety and depressed mood
309.29	Other
309.3	Adjustment disorder with disturbance of conduct

309.4	Adjustment disorder with mixed disturbance of emotions and conduct
309.8	Other specified adjustment reactions
309.81	Post-traumatic stress disorder
309.82	Adjustment reaction with physical symptoms
309.83	Adjustment reaction with withdrawal
309.89	Other
309.9	Unspecified adjustment reaction
311	Depressive disorder, not elsewhere classified
312	Disturbance of conduct, not elsewhere classified
312.0	Undersocialized conduct disorder, aggressive type
312.1	Undersocialized conduct disorder, unaggressive type
312.2	Socialized conduct disorder
312.3	Disorders of impulse control, not elsewhere classified
312.30	Impulse control disorder, unspecified
312.31	Pathological gambling
312.32	Kleptomania
312.33	Pyromania
312.34	Intermittent explosive disorder
312.35	Isolated explosive disorder
312.39	Other
312.4	Mixed disturbance of conduct and emotions
312.8	Other specified disturbance of conduct, not elsewhere classified
312.81	Conduct disorder, childhood onset type
312.82	Conduct disorder, adolescent onset type
312.89	Other conduct disorder
312.9	Unspecified disturbance of conduct
313	Disturbance of emotions specific to childhood and adolescence
313.0	Overanxious disorder
313.1	Misery and unhappiness disorder
313.2	Sensitivity, shyness, and social withdrawal disorder
313.21	Shyness disorder of childhood
313.22	Introverted disorder of childhood
313.23	Selective mutism
313.3	Relationship problems
313.8	Other or mixed emotional disturbances of childhood or adolescence
313.81	Oppositional defiant disorder
313.82	Identity disorder
313.83	Academic underachievement disorder
313.89	Other

313.9	Unspecified emotional disturbance of childhood or adolescence
314	Hyperkinetic syndrome of childhood
314.0	Attention deficit disorder
314.00	Without mention of hyperactivity
314.01	With hyperactivity
314.1	Hyperkinesis with developmental delay
314.2	Hyperkinetic conduct disorder
314.8	Other specified manifestations of hyperkinetic syndrome
314.9	Unspecified hyperkinetic syndrome

Attachment B. – Substance use disorder diagnoses covered by the behavioral health capitation program

Substance use disorders (taken from the 2013 International Statistical Classification of Diseases)	
303.0	Acute alcohol intoxication
291.81	Alcohol withdrawal
291.0	Alcohol withdrawal delirium
291.0	Alcohol intoxication delirium
291.1	Alcohol induced persisting amnesic disorder
291.5	Alcohol induced psychotic disorder with delusions
291.3	Alcohol induced psychotic disorder with hallucinations
291.89	Other alcohol induced mood disorder
291.89	Other alcohol induced anxiety disorder
291.89	Other alcohol induced sexual dysfunction
291.82	Alcohol induced sleep disorders
291.9	Unspecified alcohol induced mental disorders
304	Drug dependence
304.4	Amphetamine and other psychostimulant dependence
305.7	Amphetamine or related acting sympathomimetic abuse
292	Drug-induced mental disorders
292.89	Other specified drug induced mental disorder
292.0	Drug withdrawal
292.81	Drug induced delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder
292.89	Drug induced anxiety disorder
292.89	Drug induced sexual dysfunction
292.85	Drug induced sleep disorder
292.9	Unspecified drug induced mental disorder
304.3	Cannabis dependence

305.2	Cannabis abuse
292.89	Other specified drug induced mental disorders
292.81	Drug-intoxication delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations
292.89	Drug induced anxiety disorder
292.9	Unspecified drug induced mental disorder
304.2	Cocaine dependence
305.6	Cocaine abuse
292.89	Drug induced anxiety disorder
292.89	Drug induced sexual dysfunction
292.85	Drug induced sleep disorder
292.9	Unspecified drug induced mental disorder
304.5	Hallucinogen dependence
305.3	Hallucinogen abuse
292.89	Other specified drug induced mental disorders
292.89	Other specified drug induced mental disorders
292.81	Drug induced delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder
292.89	Drug induced anxiety disorder
292.9	Unspecified drug induced mental disorder
304.6	Other specified drug dependence
305.9	Other, mixed, or unspecified drug abuse
292.89	Other specified drug induced mental disorders
292.81	Drug induced delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder

292.89	Drug induced anxiety disorder
292.9	Unspecified drug induced mental disorder
292.89	Other specified drug induced mental disorders
292.0	Drug withdrawal
292.81	Drug induced delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder
292.89	Drug induced sexual dysfunction
292.85	Drug induced sleep disorder
292.9	Unspecified drug induced mental disorder
304.6	Other specified drug dependence
305.9	Other, mixed, or unspecified drug use
292.89	Other specified drug induced mental disorders
292.81	Drug intoxication delirium
292.11	Drug induced psychotic disorder with delusions
292.12	Drug induced psychotic Disorder with hallucinations
292.84	Drug induced mood disorder
292.89	Drug induced anxiety disorder
292.9	Unspecified drug induced mental disorder

Attachment C. – Behavioral health diagnoses **not covered** by the behavioral health capitation program

Mental, Behavioral and Neurodevelopmental Disorders (taken from the 2013 International Statistical Classification of Diseases)	
290	Dementias
299	Pervasive developmental disorders
299	Autistic disorder
299.1	Childhood disintegrative disorders
302	Ego-dystonic sexual orientation
302.1	Zoophilia
302.2	Pedophilia
302.3	Transvestism fetishism
302.4	Exhibitionism
302.5	Trans-sexualism
302.6	Gender identity disorder in children
302.7	Psychosexual dysfunction
302.8	Other specified psychosexual disorders
302.81	Fetishism
302.82	Voyeurism
302.83	Sexual masochism
302.84	Sexual sadism
302.85	Gender identity disorder of adolescent or adults
302.9	Unspecified psychosexual disorder
306	Physiological malfunction arising from mental factors
306.1	Respiratory
306.2	Cardiovascular
306.3	Skin
306.4	Gastrointestinal
306.5	Genitourinary
306.5	Psychogenic genitourinary malfunction, unspecified
306.51	Psychogenic vaginismus
306.52	Psychogenic dysmenorrhea
306.53	Psychogenic dysuria
306.6	Endocrine
306.7	Organs of special sense
306.8	Other specified psychophysiological malfunction
306.9	Unspecified psychophysiological malfunction
307	Adult onset fluency disorder
310	Specific nonpsychotic mental disorders due to organic brain damage
310	Frontal lobe syndrome

310.1	Personality change due to conditions classified elsewhere
310.2	Postconcussion syndrome
310.81	Pseudobulbar affect
310.9	Unspecified nonpsychotic mental disorder following organic brain damage
315	Specific delays in development
315	Specific reading disorder
315	Reading disorder, unspecified
315.01	Alexia
315.02	Developmental dyslexia
315.3	Developmental speech or language disorder
315.31	Expressive language disorder
315.32	Mixed receptive-expressive language disorder
315.34	Speech and language developmental delay due to hearing loss
315.35	Childhood onset fluency disorder
315.4	Developmental coordination disorder
315.5	Mixed developmental disorder
315.8	Other specified delays in development
315.9	Unspecified delay in development
316	Psychic factors associated with diseases classified elsewhere
317	Mild intellectual disabilities
318	Other specified intellectual disabilities
318	Moderate intellectual disabilities
318.1	Severe intellectual disabilities
318.2	Profound intellectual disabilities
319	Unspecified intellectual disabilities

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**Tuesday, December 17, 2013
9:00 – 9:30 am**

INTRODUCTIONS AND OPENING COMMENTS

1. Existing behavioral health capitation contracts will expire June 30, 2014. Provide an overview of significant changes that are reflected in the Department's request for proposals for the new contracts that will go into effect July 1, 2014. Please include a discussion of any changes related to: (a) the enhanced substance use disorder benefit; and (b) requirements or incentives for the integration of mental health, substance use disorder, and/or physical health services.
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4. Please clarify the age ranges associated with each Medicaid eligibility category. Further, please discuss whether there are particular behavioral health conditions or diagnoses that tend to commence in childhood or young adulthood, or that may be treated more effectively in children or young adults.
5. Overall, S.B. 13-200 is expected to reduce state General Fund expenditures in both FY 2013-14 and FY 2014-15. However, the appropriation clause in the act increased the General Fund appropriation for Behavioral Health Capitation Payments for FY 2013-14, and the Department has requested additional General Fund for this purpose in FY 2014-15. Please explain.