

# Stakeholder Comment Summary

## MSB (MSB 18-03-01-A)

### Special Connections Reimbursement Rule

ATTACH THE STAKEHOLDER LOG.

COMMENTS WERE RECEIVED FROM STAKEHOLDERS ON THE PROPOSED RULE:

YES

NO

IF YES, PLEASE SUMMARIZE.

THE DEPARTMENT HAS WORKED WITH THE DEPARTMENT OF HUMAN SERVICES' OFFICE OF BEHAVIORAL HEALTH (OBH) TO IMPROVE THE REIMBURSEMENT STRUCTURE OF THE PROGRAM, AND OBH HAS APPROVED ALL CHANGES TO THE RULE. HISTORICALLY, PROVIDERS HAVE REPORTED THAT THE ADMINISTRATIVE BURDEN OF THE CURRENT BILLING STRUCTURE IS A BARRIER TO DELIVERING SERVICES. ADDITIONALLY, THE DEPARTMENT OUTREACHED ALL COLORADO SPECIALIZED WOMEN SERVICES PROVIDERS AND STAKEHOLDERS TO UPDATE THEM ON THE CURRENT PROGRESS AND FUTURE BILLING STRUCTURE. THE RESPONSES WERE ALL FAVORABLE OR INCLUDED QUESTIONS ABOUT HOW THIS WOULD BE IMPLEMENTED AND WHEN. ONE STAKEHOLDER WROTE, "THIS SOUNDS LIKE A GREAT EXAMPLE OF IMPROVING GOVERNMENT EFFICIENCY AND USING QUALITY IMPROVEMENT PRINCIPLES TO MAKE A CHANGE THAT ELIMINATES WASTE. I DON'T KNOW WHAT ANY POTENTIAL CONCERNS WOULD BE."

Title of Rule: Revision to the Medical Assistance Rule concerning Special Connections Reimbursement, Section 8.745  
Rule Number: MSB 18-03-01-A  
Division / Contact / Phone: Delivery System and Payment Innovation / Susanna Snyder / (303) 866-3154

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Currently section 8.745 limits the Department to reimbursing Colorado Department of Human Services, Office of Behavioral Health (OBH) for services rendered by Special Connections providers. We are updating the interChange system to allow for a specialty provider type that we can reimburse directly. We will remove the Office of Behavioral Health as the only provider whom we can reimburse and allow direct provider reimbursement.

We will also update the names of organizations, the list of supervising providers by referring to section 8.746, and definitions to be more person centered and clinically accurate

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or  
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

- 42 U.S.C. § 300x-21, Block Grants for Prevention and Treatment of Substance Abuse; and 42 U.S.C. § 300x-27, Treatment services for pregnant women
- 42 U.S.C. § 1396a(a)(10)(A)(i)(III), State plans for medical assistance with regard to pregnant women; and 42 U.S.C. § 1396(n)(1), Definition of "qualified pregnant woman."
- 42 U.S.C. § 1396a(e)(5) and (6), Continuous 60-day eligibility for women post-partum

4. State Authority for the Rule:

- C.R.S. §§ 25.5-1-301 through 303, (2018)
- C.R.S. §§27-80-112 through 15 (2018)

Initial Review

**06/08/18**

Final Adoption

**07/13/18**

Proposed Effective Date

**08/30/18**

Emergency Adoption

**DOCUMENT #03**

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## **REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Current and future Special Connections providers will be affected. This will reduce their time spent billing since they won't have to submit claims through both OBH and HCPF. By easing the administrative burden of billing for these providers, we hope to recruit more providers who can serve women who are pregnant or parenting and experiencing substance use disorders.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Providers currently submit claims to HCPF and invoices to OBH. Then, HCPF pays OBH, and then OBH staff reconcile the invoices from providers with what HCPF pays OBH. Then, OBH pays the providers. This is an unnecessary and inefficient process. Providers also report that this extra administrative step is a barrier to delivering services. We've lost several providers in the last decade. By reducing this barrier, we can recruit more providers serving women who are pregnant or parenting and experiencing substance use disorders.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The proposed rule will not result in any change to the net amount paid to Special Connections providers. The rates and claims criteria for the services covered under Special Connections will remain the same. The only difference will be that the providers will be paid directly by HCPF for those services, rather than through OBH.

Currently, the administrative cost to OBH is .05 of 1.0 FTE and the administrative cost to HCPF is .05 of 1.0 FTE to process the claims between the agencies. The proposed rule will free up that time and allow both FTE to focus more on program policy and administration.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

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The costs of this change are limited to the time spent building the change to our MMIS. After that, the costs saved will be realized by providers, OBH and HCPF. Inaction will lead to further administrative waste. An MMIS system change is required to enable direct payments to providers.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

This is a less intrusive and costly method than the previous system.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

Currently, the Department makes CORE payments to OBH, and OBH pays providers. This is not a sustainable solution.

1 **8.745 SPECIAL CONNECTIONS**

2 **8.745.1 DEFINITIONS**

3 A. Assessment means an evaluation that is designed to determine the level of substance use  
4 and the comprehensive treatment needs of a pregnant member with a substance use disorder.

5 ~~Assessment means an evaluation by a certified drug/alcohol treatment counselor that is designed~~  
6 ~~to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment~~  
7 ~~needs of a drug/alcohol abusing pregnant client.~~

8 B. Case Management means medically necessary coordination and planning services provided  
9 with or on behalf of a member who is pregnant or parenting (up to child's first birthday) with a  
10 substance use disorder. This includes treatment/service planning, linkage to other service  
11 agencies and monitoring.

12 ~~Case Management means services provided by a certified drug/alcohol treatment counselor to~~  
13 ~~include Medicaid and non-Medicaid service planning, linkage to other service agencies and~~  
14 ~~monitoring, and those actions necessary to obtain both Medicaid and non-Medicaid reimbursable~~  
15 ~~services for the eligible client with multiple treatment needs.~~

16 C. Individual/Family Counseling and Therapy means planned therapeutic activity or counseling  
17 and outlining the treatment/service plan of a member who is pregnant or parenting (up to child's  
18 first birthday) with a substance use disorder. Problem(s) identified by an assessment are listed in  
19 the treatment/service plan. The intended outcome is the management, reduction/resolution of the  
20 identified problem(s).

21 ~~D. Group Counseling means Drug/Alcohol Individual Therapy means substance abuse~~  
22 ~~counseling services provided by a certified drug/alcohol treatment counselor to a client in a~~  
23 ~~licensed drug and alcohol treatment program.~~

24 a planned therapeutic or counseling activity in a group setting with 2 or more pregnant and  
25 parenting (up to child's first birthday) women with substance use disorders (other than a family  
26 therapy session) in an effort to change the individual behavior of each person in the group  
27 through interpersonal exchange. Group services are designed to assist members with a primary  
28 substance use disorder in achieving their treatment goals.

29 ~~E. Drug/Alcohol Group Therapy means substance abuse counseling services provided by a~~  
30 ~~certified drug/alcohol treatment counselor to a group of not more than twelve clients in a licensed~~  
31 ~~drug and alcohol treatment program.~~

32 Enhanced Prenatal Care education means services to help a member develop health and life  
33 management skills.

34 ~~F. Residential Treatment means a Health Maintenance Group means services facilitated by a~~  
35 ~~certified drug/alcohol treatment counselor to help a client develop health and life management~~  
36 ~~skills.~~

1 structured treatment program to provide therapy and treatment toward rehabilitation. Residential  
2 Treatment Includes a planned program of professionally directed evaluation, care and treatment  
3 for the restoration of functioning for pregnant and parenting (up to child's first birthday) women  
4 with substance use disorders.

5 **8.745.2 DETERMINATION OF CLIENT ELIGIBILITY**

6 8.745.2.A. To receive an Assessment, the client shall be:

- 7 1. Medically verified to be pregnant.
- 8 2. Determined either presumptively eligible or eligible for Medicaid.
- 9 3. ~~Self-referred~~Self-referred or referred by a health care practitioner as being at risk  
10 of a poor birth outcome due to substance ~~abuse-use~~ during the prenatal period  
11 and in need of special assistance in order to reduce such risk.

12 8.745.2.B. To receive ~~drug/alcohol treatment~~substance use disorder services, the client  
13 shall meet the following conditions:

- 14 1. Received an Assessment and met the screening criteria as determined by the  
15 ~~Alcohol and Drug Abuse Division~~Office of Behavioral Health of the Colorado  
16 Department of Human Services.
- 17 2. ~~Be prior authorized by~~Received a prior authorization from the ~~Alcohol and Drug~~  
18 ~~Abuse Division~~Office of Behavioral Health of the Colorado Department of Human  
19 Services. ~~\_to receive services.~~

20 **8.745.3 PROVIDER ELIGIBILITY**

21 ~~8.745.3.A. The Alcohol and Drug Abuse Division of the Colorado Department of Human~~  
22 ~~Services shall be the only provider to receive reimbursement for Assessments and~~  
23 ~~drug/alcohol treatment services provided to Program enrolled clients.~~

24 ~~8.745.3.A~~ Eligible providers shall meet the following criteria:

- 25 1. Be enrolled as a Colorado Medicaid provider
- 26 2B. Contract with and obtain certification from the Office of Behavioral Health of the  
27 Colorado Department of Human Services as a substance use disorder treatment program  
28 for the delivery of these specialized substance use disorder services

29 ~~The Alcohol and Drug Abuse Division of the Colorado Department of Human Services shall~~  
30 ~~contract with certified and approved drug/alcohol treatment programs for the delivery of~~  
31 ~~services.~~

32 **8.745.4 REIMBURSABLE SERVICES**

1 8.745.4.A. Special Connections Program services are limited to services performed by or  
2 under the supervision of licensed clinicians or licensed health care practitioners as  
3 defined in 10 CCR 2505-10, Section 8.746.1. Reimbursable services are: :

4 1. One Assessment per pregnancy.

5 2. ~~Drug/alcohol Substance use disorder~~ treatment services including ~~cCase~~  
6 ~~mManagement, Drug/Alcohol Individual Therapy~~ ~~substance use disorder~~  
7 ~~individual and family counseling, Drug/Alcohol substance use disorder!~~ ~~gGroup~~  
8 ~~Therapy counseling, residential treatment and/or enhanced prenatal care~~  
9 ~~education~~ ~~Health Maintenance Group Services.~~

10 3. Urine screening and monitoring.

11 8.745.4.B. ~~All services must be prior approved by the Alcohol and Drug Abuse Division of~~  
12 ~~the Colorado Department of Human Services.~~ Services may be provided as outpatient or  
13 residential. Room and board are not covered services.

#### 14 8.745.5 REIMBURSEMENT

15 Reimbursement for services provided shall be the lowest of:

16 1. Submitted charges; or

17 2. Fee schedule as determined by the Department.

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