

# Colorado Medicaid

## Community Behavioral Health Services Program

The Community Behavioral Health Services program, formerly known as the Community Mental Health Services program, is a statewide managed care program that provides comprehensive behavioral health services to all Coloradans with Medicaid. The State contracts with Behavioral Health Organizations (BHO) to manage or arrange these services in five (5) geographical regions statewide. Medicaid clients are automatically enrolled into a BHO depending on where they live in the state. Behavioral health providers must apply to become a network provider with the BHO in their area. If the BHO is not accepting new providers, behavioral health providers are limited to providing services to Medicaid clients with diagnoses that are not covered under the BHO contract or to clients that are not eligible for enrollment in the BHO. The BHOs contact information is located in the [Behavioral Health Organizations](#) section of the Department's website at [colorado.gov/hcpf](http://colorado.gov/hcpf).

## Program Benefits

The BHOs are responsible for the cost of medically necessary behavioral health services provided to enrolled clients with a covered diagnosis in their geographical area.

**Note: Colorado Medicaid does not pay Fee-for-Service (FFS) claims for behavioral health program covered services. The BHOs do not pay for unauthorized services.**

All covered behavioral health services for clients enrolled in the Community Behavioral Health Services program must be obtained through the BHO (with the exception of Medicare-covered mental health services provided to Medicare/Medicaid eligible clients and emergency care as listed below).

Refer to [Appendix T](#) in the Department's Provider Services [Billing Manuals](#) section to determine if a specific procedure or diagnosis must be provided through the BHO.

## Emergency Care

Non-network providers who render emergency mental health services must bill the BHO.

Non-network providers who render emergency substance use disorder services, on a UB-04 claim type, must bill Fee-For-Service to Medicaid.

The non-network provider and the BHO negotiate payment rates and billing procedures.

BHOs may deny payment for non-emergency services and follow up care provided without prior authorization from the BHO.

## Client Enrollment

With the exception of some select populations/individuals, all Colorado Medicaid clients are automatically enrolled in the Community Behavioral Health Services program. Exceptions can be found in the Code of Colorado Regulations under [10 CCR 2505-10](#) 8.212.

## Medicare-Medicaid Enrollees

Medicare-Medicaid enrollees may obtain Medicare-covered services from either BHO or non-BHO enrolled providers. The fiscal agent accepts and processes submitted Medicare crossover claims that must be billed Fee-For-Service to Medicaid.

If the mental health service is covered by Medicaid only, the Medicare-Medicaid enrollee must obtain the service from the BHO (with the exception of emergencies).