

Robin L. Slater, Clinical Director of Acute Services, The Center for Mental Health

I do have a suggestion for the EMT/NEMT rule change. Please consider including language for addressing transportation for those who are in a mental health emergency. I understand a mental health hold qualifies for medical necessity for a EMT, but an ambulance is the only transport vehicle that is approved for reimbursement for the transport. An ambulance is not consistent with best practices, being cognizant of Trauma Informed Care. Most mental health crisis don't require medical care during transport but rather human care from a BH specialist.

I propose that:

EMT transportation provider type be expanded in section 8.018.4 to include secured transport companies when it is determined to be a behavioral health emergency with no other medical concern and community health organizations who can provide secure transport.

NEMT and EMT is another option. Non-emergency medical transport and Emergency Medical Transport for those requiring medical observation during transport.

Sharon Raggio, President & CEO, Mind Springs Health & West Springs Hospital

Thanks for the opportunity to provide feedback on the transport rules. These are rules we have had much conversation about on the western slope, as some of the ambulance districts have basically stopped doing transports for people on an M-1 who need to go to a psychiatric hospital. The result has been that most of these transports are done by a security company with a Limousine License and training by us on working with people on an M-1. Of course, they are unable to bill Medicaid at the EMT rate and the NEMT rate does not come close to covering their costs (2 people doing the transport for safety reasons)

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Can:

1. EMT transportation provider type be expanded in section 8.018.4 to include secured transport companies when it is determined to be a behavioral health emergency with no other medical concern.
2. Or, a third and separate category be added to EMT/NEMT.

Transportation in an ambulance is not trauma informed care for a person in a mental health crisis nor is it suited for a mental health patient who is at risk for harm to self or others. Ambulances are fitted for emergency medical care, not for those who are experiencing a mental health emergency. I have heard testimonies how ambulance rides have added to the trauma of being on a hold and hospitalized involuntarily. I assume testimony from ambulance services would also confirm that the back of an ambulance may not be a safe environment for those who are thinking about harming themselves or others.

Can you also clarify language regarding if transport occurs at the EMT level, transport is to the closest hospital or specialty hospital? I understand the practice is to take people, say from the library, to the closest acute care hospital, as opposed to the closest psychiatric hospital. This practice just frustrates everyone as the acute care hospital then has to address someone who does not need an ER visit, has already been assessed, and is on an M-1. Lastly, please also add clarifying language to go to the closest psychiatric hospital that has a bed available. Our practice is to secure a bed and then transport the individual. Sometimes this does mean transporting to a psychiatric hospital that is not "the closest"

however one that has a bed available. As you know, there is a shortage of psychiatric hospital beds in our state. It becomes a problem to transport a psych patient to the closest psych hospital, who does not have a bed, when one a bit further has a bed and has accepted the admission.

Please help create a special set of rules for emergency psychiatric transport and help end the trauma and “hot potato” behavior that is occurring currently.

Moses Gur, Policy Associate, Colorado Behavioral Healthcare Council | CBHC

CBHC is the membership association for Colorado’s public behavioral health system; our membership consists of the 17 mental health centers, 5 Behavioral Health Organizations, 4 Managed Service Organizations, 4 Crisis Service Organizations, and 2 specialty clinics. We also provide a voice for the crisis system and for the four Crisis Services Organizations.

The nature of our members work requires flexibility to provide services that are often outside the realm of traditional medical care; for example, through our states b3 waiver, the mental health centers offer programs that support an individual’s whole person health and recovery while they engage in behavioral health treatment. Transportation for mental health emergencies has traditionally occurred through various methods, but the field is in agreement that ambulatory transport can often be a harmful and traumatizing experience. Our state recently awarded contracts for two regional pilots for transportation services in secure, unmarked vehicles for individuals experiencing a mental health crisis and other states are trying similar models (see an example from [Minnesota](#) here).

Although ambulatory transportation for individuals on an M-1 hold is a covered service, our mental health centers and crisis services organizations often opt to utilize a secure transportation company that can offer a more informed approach that doesn’t create a further traumatizing or stigmatizing situation for individuals in need.

CBHC would like to propose to open these coverage rules to allow behavioral health providers to utilize a trusted transportation company when an individual is experiencing a mental health crisis and in the absence of any medical concerns. We would recommend the following language as an addition in section 8.018.4:

- d. Secure Transportation Services equipped to transport individuals who are determined to be undergoing a behavioral health emergency with no medical concerns.

We believe this addition would help expand coverage for needed common practice across our state and also promote parity for individuals in need of services. We would be happy to work with you to help inform the Department and stakeholders on the type of transportation services that our members utilize, and also to seek stakeholder feedback from health first members who can testify to their experiences with an ambulatory transport during a behavioral health crisis. We hope that the Department will consider this option and look forward to continuing our engagement.

Additionally, we would like to request that the NEMT rules demonstrate a clear understanding that transportation for behavioral health services consumers for scheduled appointments or hospital discharge is covered. The Department did a great job of clarifying this in the October [Provider Bulletin](#) (Page 12), but believe that further clarification will help members and providers know of this benefit. We recommend adding, at the end of Section 8.014.4.B (1) (b) “including covered behavioral health services”.

Thank you for your consideration, and we look forward to hearing about the next opportunity to engage with the process.