COLORADO
Behavioral Health
Administration

** October 2022 **
Finance and Data Protocol
Number 1 Amendment 8
Special Studies Codes & Program Eligibility

Fiscal Year 22/23
July 1, 2022 – June 30, 2023

Changes:
- References of OBH have been changed to BHA.
- Removed aggregate reporting template that is no longer used. Added the Contractual Metrics Workbook in its place.
- Updated section on Medicaid Eligibility and Retro-Eligibility Verification for clarity.
- Removed Lawful Presence requirements due to legislative changes in C.R.S. 24-76.5-103.
- When SAFETYNET client encounters count without a CCAR. Removed this section. Please see the latest CCAR User Manual for CCAR data submission requirements.
- SCHOOL: Reinstating the SCHOOL special studies code will allow us to flag school-based services so that they can be REMOVED from the annual consumer satisfaction survey or have the surveys mailed to the school. This is a privacy consideration.
- CHP+: Reinstating the CHP+ special studies code. We continue to receive data for CHP+ clients and are reinstating the code for tracking once BHA encounters are processed with the MMIS.
- EMERSERV: New special studies code to capture data related to the statutory requirement of a CMHC to provide emergency services.
- For Mind Springs/West Springs Hospital new special studies code added = LICHOSPALTSAFETYNET.
- SCONNECT - added women within 1 year postpartum to eligibility.

Table of Contents

Finance & Data Protocol - Protocol #1, Amendment #8 Special Studies Codes & Eligibility

Background/Purpose

The Behavioral Health Administration (BHA) launched on July 1, 2022 and is committed to co-creating a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans. The BHA is excited to work with diverse communities and stakeholders across Colorado to build a system of accountability that will create a foundation of behavioral health services built on trust.

This protocol is intended to provide Behavioral Health Administration (BHA) contractors with direction for the assignment of special studies codes to client-level encounter data that is submitted to the BHA. It also includes eligibility requirements for each special studies code. Special studies codes are specific codes that correspond to a BHA program or funding stream that are important for the BHA research, contract performance and/or reporting activities.

A.   Encounter Format
1. Encounter records must include an indication as to which BHA program or funding stream, if any, funded that service. Special studies codes provide that indication and may include services that are funded by the BHA or by other entities.

2. The special studies code must be placed in the Encounter record in the NTE (Note) segment. Each Encounter record may have only one special studies code.

3. The "NTE" segment has two required fields.
    ●   The first field is the Note Reference field. This field must always be marked ADD, which denotes additional information.
    ●   The second field is called the Description field. This field is an 80-character text field with the special studies code placed in the first leftmost characters of the field (left justified).
    ●   An example of the code would look like this **NTE*ADD*SAFETYNET~**

4. The BHA has three types of Encounter files for data submission, and one aggregate data reporting workbook:
    ●   .nm1 (Non-Medicaid file) - This file type is used to report services provided to non-Medicaid clients – including the Uninsured/Underinsured, other BHA funded clients, self-pay, 3rd party insurance, Medicare, and all other payer sources.

- .hip (Medicaid file) - This file type is used to report services provided to Medicaid clients when the service rendered is covered by Medicaid. This file should include all Medicaid services.
- .ffs (Medicaid file) - This file type is used to report services provided to Medicaid clients when the service rendered is not covered by Medicaid.
- .xlsx (Excel Contractual Metrics Workbook) - The Contractual Metrics Workbook is the tool to measure Contractor's progress towards goals set in Contractor's Annual Work Plans. The Mid-Year Review of the Contractual Metrics Workbook evaluates whether services levels are consistent, penetration level is adequate, programs are accessible and available, and that services are being adequately provided across all five statutory categories. The Contractor may be directed to adjust their Monthly Payment or reallocate funds as needed if performance does not meet contract standards, or if the Contractor's interim forecasts indicate an impaired ability to meet at least 75% of the Patient Target, or if service quality is found to be unsatisfactory.

B.   **Medicaid Eligibility and Retro-Eligibility Verification**

- Contractors must verify if a client is Medicaid eligible. Medicaid eligibility designation takes precedence over BHA eligibility designation.

- If the client is found to be Medicaid eligible and not yet enrolled, the Contractor must assist the individual to enroll in Medicaid.If a client is Medicaid eligible and Medicaid covers the services, Medicaid must be billed for those services and a copy of those encounters must be submitted to the BHA on the .hip file type.

- Refer to each special studies code in this protocol to determine which special studies codes must be included on the Medicaid Encounter submission to the BHA.

- Retro-Eligibility: If an encounter is submitted to apply toward BHA funding, but the client is later determined to be eligible for Medicaid retroactively, then a void or correction record must be submitted to the BHA to apply toward Medicaid funding instead.

- At no time shall an Encounter for the same service be submitted more than once unless it is to submit a void or replacement record.

C. Medicaid Encounters that Require Special Studies Codes

Medicaid Encounters that are to be submitted with a special studies code are:

1. Those services that are delivered to Medicaid eligible clients that are not covered by Medicaid and are subsequently covered by the BHA. (.ffs file type)
2. Those services that are delivered to Medicaid eligible clients enrolled in a BHA capacity-based funded program, or those that are part of the crisis system, and the service is paid for by Medicaid. (.hip file type)

D. Billing Guidelines

Each entity that contracts with the BHA is expected to monitor compliance with applicable billing submission rules. No contractor shall submit or authorize a claim for reimbursement in violation of applicable laws and regulations. Such a claim will be considered a false claim and may be subject to disciplinary and/or legal action.

Contractors and their employees will refrain from any of the following practices and work to identify and correct instances in which mistakes have occurred in the following areas:

- Billing for items or services not rendered or not provided as billed;
- Submitting services that are not reasonable and necessary;
- Failure to properly use coding modifiers, when required;
- Falsely indicating that a particular health care professional attended a procedure;
- Misrepresenting non-covered treatments as medically necessary covered treatments for purposes of obtaining payment;
- Failing to refund credit balances; and
- Up-coding (billing for more expensive services or procedures than were actually provided or performed).
- Refer to the current edition of the Uniform Service Coding Standards Manual for details on CPT/HCPCS code usage.

E. Selecting a special studies code when multiple may apply

1. Special studies codes must be applied based upon the program or funding stream that corresponds to the service being delivered.

2. If the client is enrolled in multiple programs simultaneously, select the program/special studies code that corresponds most to the service being delivered and reported with each encounter record.

3. Uninsured/Underinsured (SAFETYNET, INDORT, INDRES, INDRESA, INDSUD) funding is the payer of last resort.

F. **General Guidelines for Data Submissions**
   Mental Health (MH), Substance Use (SU) and Crisis

1. Because of the variances in individual contractor contracts with the BHA, it is possible there will be some scenarios that will fall outside the general guidelines in this protocol. The BHA will work with contractors who identify these situations to develop submission procedures.

2. Encounters for clients served by capacity model programs, regardless of Medicaid status, must have the special studies code for that program on all Medicaid and non-Medicaid encounter records as prescribed by this protocol.

3. Special studies codes must only be used for services, and not for the purchase of supplies, unless otherwise noted for that code.

4. Uninsured/Underinsured category special studies codes (SAFETYNET, INDORT, INDRES, INDRESA, INDSUD) must not be included on Medicaid .hip file encounter records.

5. Medicaid clients must have their Medicaid identification number included on their client level data system records.

6. SU and Crisis services client level data submissions are required by contract for all clients, regardless of payer source.

7. MH services client level data submissions for all publicly funded clients are required by contract.

8. While MH services client level data submissions are preferred for self-pay and commercially insured clients, aggregate data may be submitted detailing the number of individuals served and the volume and value of services delivered to that population. Use the template provided by the BHA for these data submissions.

9. MH and SU client level data must include the special studies code on all file types as detailed in this document. BHA-funded capacity model program special studies codes are to be submitted on all file types (.hip, .ffs and .nm1). All other BHA funded programs and uninsured/underinsured encounters are to be submitted on all non-Medicaid file types (.nm1 and .ffs).

10. Crisis services client-level data must include the special studies code on all file types for crisis system services. (.hip, .ffs and .nm1)

11. Encounter records for DUI modalities are allowed, but are not required.

4

G. Data Submission Requirements

See the current CCAR and DACODS User Manuals for detailed data submission requirements. Additional information regarding specific program requirements is indicated in Section H below.

H. Special Studies Codes

1. Assertive Community Treatment (ACT)

ACT is a specialized, intensive, community-based evidenced based treatment model that serves adults with severe and persistent mental illness who are the highest utilizers of hospital and criminal justice systems with the goal of decreasing hospitalizations, involvement with criminal justice, and to live more successfully in the community. ACT utilizes a creative, multidisciplinary, and community-based approach to work to engage adults including: clinical case management, housing support, individual and group therapy, psychosocial rehab, and collaboration with external resources.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- Clients served must be enrolled in services with the ACT team.

2. Additional Family Services (AFS)

Clients referred to treatment by a local county department of human services child welfare are eligible to receive Additional Family Services (AFS) funds for the purpose of maintaining a child in the home or to facilitate the child's return home. The family is not required to have an open child welfare case. These services are provided in order to prevent deeper involvement with the child welfare system.

This funding is from the State General Fund and Federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funding. AFS dollars are available only through contracts with the Managed Service Organizations (MSOs).

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The AFS special studies code must be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files)

- The family must have come to the attention of the local county department of human services and a child must be at risk for out-of-home placement.
- Written confirmation that the county department of human services is making the referral to treatment is required.
- The funds are not to be used for ongoing abstinence monitoring without treatment.
- Current and active treatment plans must be in place during the period of time that services are provided.
- Signal providers: Please work with Signal to determine when county codes need to be included with this special studies code.

3. Child Health Plan Plus (CHP+)

Child Health Plan *Plus* (CHP+) is public low-cost health insurance for certain children and pregnant women. It is for people who earn too much to qualify for Health First Colorado (Colorado's Medicaid program), but not enough to pay for private health insurance.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is not required.
- The special studies code must be included on the non-Medicaid 837 records submitted to OBH. (.nm1 files)
- Children age 18 and under and pregnant women age 19 and over.
- Applicants with household income under 260% of the Federal Poverty Level (FPL). See the CHP+ Income Chart for details.
- Colorado Residents
- Client not eligible for Health First Colorado.
- Clients do not have other health insurance.
- Clients served meet all other eligibility criteria outlined by CHP+.
- Necessary documentation is determined by the county human services office.

4. Circle Program (CIRCLE)

The Circle program is a 90-day residential treatment program for adult clients with co-occurring diagnosis.

Eligibility/Documentation Requirements:
- Clients must have a co-occurring diagnosis.
- A DACODS, or other BHA prescribed data system record, for intensive residential treatment is required.
- An Encounter is required. This capacity program special studies code must be included on all Medicaid and non-Medicaid Encounter records submitted to the BHA. (.nm1, .ffs and .hip files)

5. Local County Department of Human Services (CORE)

Clients referred to treatment by a local county department of human services are eligible to be treated using CORE funds for the purpose of maintaining a child in the home or to facilitate the child's return home. The family is not required to have an open child welfare case and the services are provided in order to prevent deeper involvement with the child welfare system.

Eligibility/Documentation Requirements:
This funding comes from the State General Fund and is accessible only through contracts with the county departments of human services.

- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The special studies code must be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files)
- The family must have come to the attention of the local county department of human services and a child must be at risk for out-of-home placement.
- Written confirmation that the county department is making the referral to treatment is required.
- The funds are not to be used for ongoing abstinence monitoring without treatment.
- A current and active treatment plan must be in place during the period of time that services are provided.
- Signal providers: Please work with Signal to determine when county codes need to be included with this special studies code.

6. Crisis Mobile (CRISMOB)

This special studies code will be used for mobile crisis and assessment services that are paid for in any part with state crisis system funding.

Eligibility/Documentation Requirements:
- An Encounter is required for each mobile event. This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- This emergency service is open to the general public, regardless of payer source.
- The contractor(s) will maintain client information and make it available for review by the BHA.
- NOTE: Additional eligibility and documentation requirements may be required in the crisis contract. See your current contract for more information.

7. Crisis Respite (CRISRESP)

This special studies code will be used for crisis residential, respite, or admission activities to a CSU that are paid for in any part with state crisis system funding.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- An Encounter is required.
- This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- This emergency service is open to the general public, regardless of payer source.
- The contractor(s) will maintain client information and make it available for review by the BHA.
- This code is not for use with non-Crisis System funded ATUs and CSUs.
- NOTE: Additional eligibility and documentation requirements may be required in the crisis contract. See your current contract for more information.

8. Crisis Stabilization CSU (CRISSTAB)

This special studies code will be used for Crisis Stabilization Services that are paid for in any part with state crisis system funding.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- This emergency service is open to the general public, regardless of payer source.
- The contractor(s) will maintain client information and make it available for review by the BHA.
- NOTE: Additional eligibility and documentation requirements may be required in the crisis contract. See your current contract for more information.

9. Crisis Walk-In Center (CRISWALK)

This special studies code will be used for crisis walk-in center activities that are paid for in any part with state crisis system funding.

Eligibility/Documentation Requirements:
- An Encounter is required. This capacity program special studies code must

be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- This emergency service is open to the general public, regardless of payer source.
- The contractor(s) will maintain client information and make it available for review by the BHA.
- NOTE: Additional eligibility and documentation requirements may be required in the crisis contract. See your current contract for more information.

10.   Children and Youth Mental Health Treatment Act (CYMHTA/CMHTA)

The Children and Youth Mental Health Treatment Act (CYMHTA) (C.R.S. 27-67-101, et. seq.), also called House Bill 18-1094, allows for families to access mental health treatment services for their child or youth. CYMHTA is an alternative to child welfare involvement when a dependency and neglect action isn't warranted. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance.

Eligibility/documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- An Encounter is required. The CYMHTA (or CMHTA) special studies code must be submitted on all non-Medicaid Encounter records submitted to the BHA. (.nm1 files ONLY).
- Clients must have a mental health diagnosis.
- Clients must be at risk of out-of-home placement.
- Clients must not be eligible for Medicaid.
- Clients must enter the program prior to their 18th birthday.
- Clients do not have a pending or current dependency and neglect action with child welfare.

11.   Withdrawal Management (DETOX)

Withdrawal management services.

Eligibility/Documentation Requirements:
- Clients must have a DETOX admission and discharge record in a withdrawal management facility with one of the following modalities:
  o   Ambulatory Medical DETOX
  o   Medically Managed Inpatient DETOX
  o   Residential (non-hospital) DETOX
- The capacity program special studies code must be submitted on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files).

12.   Division of Vocational Rehabilitation (DVR)

This special studies code is reserved for contractors who have a formal contract with the Colorado Division of Vocational Rehabilitation. Examples of services under this program may include:

1. Intake
2. Eligibility assessment
3. Job development
4. Up to 90 days of continuous employment (successfully closed).

Eligibility/Documentation Requirements:
- The special studies code must be submitted on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files).
- Eligibility requirements and documentation requirements are detailed in the DVR contract.

13.   Division of Vocational Rehabilitation Extended (DVRE)

This code is for extended DVR services which are payable by the BHA. This requires two contacts a month with the client (on the job, unless the client chooses otherwise) and one contact with the employer (also unless the client chooses otherwise). DVRE services are meant to be delivered after successful DVR closure and are often provided by clinical staff.

Eligibility/Documentation Requirements:
- This special studies code shall be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files)
- Clients must be successfully discharged from DVR.
- Contractor must maintain source documents providing proof of referral and discharge from DVR.

14.   Emergency Services (EMERSERV)

In providing comprehensive mental health care and treatment services to individuals, CMHCs are statutorily mandated to provide:

1. Inpatient services;
2. Outpatient services;
3. Partial hospitalization;
4. **Emergency services**; and
5. Consultative and educational services (C.R.S.§ 25-1.5-103**). (**Statute # will change in FY24.)

Emergency Services refer to mental health and substance use services that are necessary to stabilize individuals experiencing a behavioral health emergency. The

Contractor has the flexibility to provide emergency services to individuals as appropriate in the communities served.

Safety Net Services for Emergency Services include coordination with social service providers, treatment/service planning, family support, wrap around services social determinants of health support, telehealth capacity, supportive/transitional services, hospital alternative services, 24/7 response capacity, mental status evaluations, IP placement, 24/7 crisis hotline coverage, urgent psychiatric evaluation and/or stabilization, and community crisis debriefing. The budgeted amount for Outpatient Safety Net Services listed in Exhibit B is earned according to the terms of Appendix 1 to Exhibit B in exchange for making available the full list of Safety Net Services for its catchment area. Safety Net Services need not be directly paid or managed by the Contractor; however the Contractor must assure access to these Safety Net Services via agreement with other providers for individuals in its catchment area requiring this service.

Eligibility/Documentation Requirements:
- A CCAR, DACODS or other BHA prescribed data system record is not required.
- The special studies code must be submitted on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files).
- The Contractor shall submit a summary description in its Work Plan of the programs that will offer Emergency Services in accordance with Appendix 1 of the CMHC Contract.
- The Contractor shall submit to BHA data pertaining to the programs implemented in accordance with the directions in the CMHC Contract.

15. Forensic Community Based Services (FCBS)

This program provides evaluation, treatment and other services to the statewide forensic population. Forensic clients are individuals who are diagnosed with mental health disorders, involved in the criminal justice system, and are either currently incarcerated or living in the community. In order to best serve this population, the BHA's Forensic Services team works across all settings, including the Mental Health Institutes, jails, and the community.

Forensic Community Based Services is the program at BHA responsible for oversight of persons found Not Guilty by Reason of Insanity (NGRI) who are placed in the community while still under the authority of the State of Colorado, Department of Human Services. The program proactively works with the Contractor to facilitate community reintegration using comprehensive and evidence-based services in the least restrictive environment, while meeting the need for public safety.

All referrals to FCBS are generated by the Colorado Mental Health Institute (CMHI) inpatient treatment team. FCBS clients have been adjudicated as NGRI and have progressed to the status of Community Placement or Conditional Release, allowing for follow-up treatment in the community.

Treatment services will account for and align with all requirements for Community Placement or all conditions outlined in the Conditional Release Order, as well as all criminogenic risk factors identified in the formal risk assessment conducted at the CMHI and prioritized by FCBS. FCBS-involved clients will be assigned to Assertive Community Treatment, unless a clinical justification is made by the Contractor and agreed upon by both the Contractor and the FCBS Director/designee.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- The special studies code must be submitted on the CCAR and non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files).
- When serving clients who are conditionally released or on community placement from the CMHI at Pueblo and Fort Logan or directly by court order, the Contractor shall comply with the most current version of the "Procedures for Community Treatment for Persons Adjudicated Not Guilty by Reason of Insanity and Followed by Forensic Community-Based Services (FCBS)," which is also referenced in the CMCH Contract.
- When a client is approved for Community Placement, or advances to Conditional Release from the CMHI, the client will be referred by the CMHI and/or FCBS to the Contractor serving the catchment area to which the client is discharged.
- FCBS-involved clients will be assigned to Assertive Community Treatment, unless a clinical justification is made by the Contractor and agreed upon by both the Contractor and the FCBS Director/designee.
- BHA will conduct annual fidelity reviews using the current version of the FCBS Procedure Manual, C.R.S. § 16-8-115, 2 CCR 502-1 Behavioral Health Rules, and applicable Federal regulations.
- A guide for the Contractor is provided in Appendix C of the current FCBS Procedure Manual.
- See the CMHC contract for more information regarding program and contractor requirements.

16. Hospital Alternatives (HOSPALT)
Hospital Alternatives provides intensive community-based adult/older adult services for individuals who may have been previously considered for services through the Colorado Mental Health Institute at Fort Logan. Clinical staff provide services that allow individuals to receive high dose treatment and to live in various environments. This program provides enhanced services to avoid frequent hospitalizations,

emergency room visits, crisis team involvement, homelessness, criminal justice involvement, substance use and an on-going inability to meet basic needs.

This special studies code will be used for Hospital Alternative programs. It shall be included on all Medicaid and non-Medicaid 837 records submitted to OBH. (.nm1, .ffs and .hip files)

A significant number of these persons will have comorbid medical issues requiring careful care coordination.

Eligibility/Documentation Requirements:
- A CCAR or COMPASS Encounter is required.
- Clients must be enrolled in services with a hospital alternatives program to avoid placement in a Colorado Mental Health Institute.
- Clients have been diagnosed with severe and persistent mental illness requiring enhanced services.
- Clients served by this program must receive this special studies code on all 837 records, regardless of payer source since this program is reimbursed based on the capacity model of reimbursement.

17. Individual Placement and Support (IPS)

Individual Placement and Support is a program that helps people with mental illness and/or substance use disorders find and keep jobs, while at the same time providing employers with access to motivated employees. Community mental health centers and local businesses are partnering to provide real, meaningful jobs to people with mental illness.

Eligibility/Documentation Requirements:
- A CCAR or other BHA prescribed data system record is required.
- The special studies code must be submitted on all service provided by the IPS Employment Specialist - both Medicaid and non-Medicaid - (.nm1, .ffs and .hip files).
- Clients must be enrolled with the IPS team and have the desire to work.
- Clients served by this program must receive this special studies code on all encounter records, regardless of payer source since this program is reimbursed based on the capacity model of reimbursement.

18. Jail Based Behavioral Health Services (JBBS)

The Jail Based Behavioral Health Services Program has been operational since October 2011 with funding from the Correctional Treatment Cash Fund pursuant to C.R.S.18-19-103 (5)(c)(V). The goal of the JBBS Program is to provide appropriate

behavioral health services to inmates while supporting continuity of care within the community after release from incarceration.

To carry out the JBBS program, sheriff departments may partner with local community provider(s) who can demonstrate the ability to provide services within the jail, and the capacity to provide or link individuals released from jail to free or low cost services in the community. This approach should result in shorter jail sentences and decreased recidivism through better identification and treatment of behavioral health needs.

Eligibility/Documentation Requirements:
- A CCAR, DACODS or other BHA prescribed data system record is required.
- This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- Clients served by this program must be booked into a participating jail. See this page for the most current list of participating jails: ([https://www.colorado.gov/pacific/cdhs/jail-based-behavioral-health-servi ces](https://www.colorado.gov/pacific/cdhs/jail-based-behavioral-health-servi))
- The contractor will maintain JBBS referrals and make them available for review by the BHA.

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19. Licensed Hospital Alternatives (LICHOSPALT)

This is an exclusive special studies code for West Springs Hospital, a licensed free-standing psychiatric hospital. West Springs Hospital utilizes the BHA "licensed inpatient facility" funding stream and the "hospital alternative" funding stream to support the physical and programmatic capacity of this facility for the benefit of the community.

Eligibility/Documentation Requirements:
- A CCAR or other BHA prescribed data system record is required.
- This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- Contractor must document costs and services associated with professional services and facility charges for clients in a licensed inpatient facility.
- The client must be either uninsured or underinsured, meaning that they have insufficient health care coverage and disposable income to pay for these services. See the specific section on uninsured/underinsured clients for more details.

20. Licensed Hospital Alternatives Safety Net (LICHOSPALTSAFETYNET)

This is an exclusive program for West Springs Hospital observation services utilizing

the BHA licensed inpatient, residential and hospital alternative funding streams to support the physical and programmatic capacity of this facility for the benefit of the uninsured/underinsured community. Clients of this program are not Medicaid eligible.

Eligibility/Documentation Requirements:
- A CCAR or other BHA prescribed data system record is required.
- This special studies code must be included on all non-Medicaid 837 records submitted to the BHA. (.nm1 and .ffs)
- Contractor must document costs and services associated with professional services and facility charges for clients in a licensed inpatient facility.
- The client must be either uninsured or underinsured, meaning that they have insufficient health care coverage and disposable income to pay for these services. See the specific section on uninsured/underinsured clients for more details.

21.   Licensed Inpatient (LICINP)

This is exclusively for use by the Licensed Inpatient Facility funded by the BHA for Axis Health System to track clients going into Acute Treatment Unit (ATU) – regardless of the uninsured/underinsured status of the client.

Eligibility/Documentation Requirements:
o An encounter is required. The special studies code must be included on all Medicaid and non-Medicaid 837 records submitted to the BHA, regardless of payer source since this program is reimbursed based on the capacity model of reimbursement. (.nm1, .ffs and .hip files) for the following:
- Professional services that are provided within the ATU;
- Facility charges related to placement;
- Situational specialty services, attach to daily census records;
- Residential and IP placement charges for professional services rendered at the facility during a placement;
- Clients served by this program must receive this special studies code on all 837 records,
o Contractor must document costs and services associated with professional services and facility charges for clients in a licensed inpatient facility.

22.   DOC Division of Parole Services (PAROLE)

Use this special studies code when the Department of Corrections, Division of Parole Services or TASC is the primary payer for substance use services. The services that may be reimbursed are completely subject to the contractor's contract with Parole or TASC. Only Department of Corrections-approved treatment providers are eligible for their funding.

15

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- This special studies code must be included on all non-Medicaid Encounter records submitted to the BHA. (.nm1 and .ffs)
- Eligibility requirements are determined by the Department of Corrections, Division of Parole Services, or TASC.
- Documentation requirements are determined by the Department of Corrections, Division of Parole Services, or TASC.

23. Probation Services (PROB)

This special studies code identifies services that are being reimbursed primarily by the Judicial District, Office of Probation Services. The local judicial district and State Office of the Court Administrators establish which services may be reimbursed. Only BHA licensed SUD providers may provide SUD treatment services.

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- This special studies code must be included on all non-Medicaid Encounter records submitted to the BHA. (.nm1 and .ffs)
- Eligibility requirements are determined by the Judicial District Office of Probation Services.
- Documentation requirements are determined by the Judicial District Office of Probation Services.

24. Ascent (Previously: First Episode Psychosis, Ra1se) (RAISE)
The Ascent Program (previously First Episode Psychosis and RAISE Early Treatment Program) provides treatment for young people experiencing the early stages of schizophrenia and related illnesses.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- A DACODS is required for clients also receiving SUD services.
- This special studies code must be included on all Medicaid and non-Medicaid Encounter records submitted to the BHA. (.nm1, .ffs and .hip)
- Clients must be between the age of fifteen (15) and twenty-nine (29).
- Eligible clients have experienced or are experiencing their first episode of psychosis.
- Contractor will maintain client information and make it available for review by the BHA.

25. Uninsured/Underinsured MH Clients (SAFETYNET)

General BHA funding for services is intended for SED/SMI lower income clients who need mental health services, those who do not qualify for Medicaid, and/or lack the ability to pay. The client must be either uninsured or underinsured, meaning that they have no, or insufficient, health care coverage and disposable income to pay for behavioral health services.

- Encounter documentation must meet the standards for the codes as noted in the applicable Uniform Coding Services Manual.
- Source documentation of the service provided must be kept on file for inspection by the State.

SED and SMI are defined by SAMHSA as:
SMI is a diagnosable mental, behavioral, or emotional disorder that an adult has experienced in the past year that causes him or her serious functional impairment that substantially interferes with or limits at least one major life activity. Examples include schizophrenia, bipolar disorder, and major depression, as well as other disorders that cause serious functional impairment.

SED is a diagnosable mental, behavioral, or emotional disorder in children and youth experienced in the past year that resulted in functional impairment that substantially interfered with or limited the child's or youth's role or functioning in family, school, or community activities.

See: https://www.samhsa.gov/dbhis-collections/smi

This special studies code will be used when the client meets the BHA's contractual uninsured/underinsured criteria and there is not another special studies code category that the client can be assigned. The SAFETYNET code replaces the following retired special studies codes: INDIGENT, INDIGENT2 and NTINDIGENT.

Client eligibility for uninsured/underinsured status will be verified annually by the CMHC, MSO, RAE or ASO, depending on the entity submitting data.

The following Eligibility/Documentation Requirements apply to all Uninsured/Underinsured clients.
See - INDORT, INDRES, INDRESA and INDSUD

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required.
- The SAFETYNET special studies code must be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files).

- The client must be identified as one of the following:
  - o Child SED (target status A), previously INDIGENT
  - o Child not-SED (target status B), previously NTINDIGENT
  - o Adolescent SED (target status C), previously INDIGENT
  - o Adolescent not-SED (target status D), previously INDIGENT2
  - o Adult SPMI (target status E), previously INDIGENT
  - o Adult SMI (target status F), previously INDIGENT
  - o Adult not SMI/SPMI (target status G), previously INDIGENT2
  - o Older Adult SPMI (target status H), previously INDIGENT
  - o Older Adult SMI (target status I), previously INDIGENT
  - o Older Adult not SMI/SPMI (target status J), previously INDIGENT2
- The client must be uninsured or underinsured. Underinsured clients have insurance coverage that does not cover the services provided, or have Medicare-only coverage (including Qualified Medicare Beneficiary - QMB).
- Clients with dual Medicare and Medicaid eligibility are not eligible to receive uninsured/underinsured mental health services (dual eligibility Qualified Medicare Beneficiary - QMB+).
- Clients receiving services not covered by Medicare Parts A, B, and C are eligible to receive uninsured/underinsured mental health services.
- Uninsured/Underinsured funds may be used to cover deductibles, copays and out-of-pocket expenses for these clients, as well as CHP+ clients.
- Low income clients that have Medicare or a commercial insurance plan but the provider they are seeing is not a paneled provider with their payer are eligible to use uninsured/underinsured funds for mental health services.
- The client's household income may not exceed 300% of the United States Department of Health and Human Services (HHS) Poverty Guidelines for the 48 Contiguous States.
- Note: The income requirements do not apply to the priority populations outlined in MSO contracts.
- The contractor shall use the most current United States Department of Health and Human Services Federal Poverty Guidelines for determining eligibility.
- Implementation of the most current Federal Poverty Level (FPL), which is published annually in January, must be used at the start of the fiscal year as of July 1st each year and apply to the entire fiscal year.
- The contractor must have a documented process for Medicaid eligibility verification prior to consideration of billing the BHA for services.
- The contractor must implement a process to verify and document that no other insurance or payer source covers the service (CHP+ or private insurance) prior to consideration of billing the BHA for services.
- The contractor must maintain relevant source documentation such as assessments, treatment plans, diagnosis information that is congruent with the CCAR, DACODS, or other BHA prescribed data system records that are submitted to the State.

- Please refer to the contract for additional information regarding Uninsured/Underinsured clients.

Income Documentation requirements for Uninsured/Underinsured Clients

A. The BHA contractor must maintain on file current client income documentation as shown in the table below. Proof of income, or an affidavit or attestation, must be collected by the 3rd visit with the client.

Income Type	Supporting Documentation Required
Wages/Tips/Salary	Paystubs
Unemployment Compensation	Award letter or statement
Self-Employment Income	Prior year income tax return
Worker's Compensation	Award or determination of benefits letter
SSDI or SSI	Benefit letter, statement of benefits received, notice of award
Alimony	Court Decree
Rental Income	Copy of lease
Trust Fund	Letter from trustee

B. The income documentation must be collected again if one of the following events occurs at any point during the client's episode of care:
   • Family income has changed significantly; or
   • The number of dependents in the family has changed; or
   • Information provided was not accurate.
The income documentation does not need to be collected each state fiscal year if no changes have occurred.

C. Electronic forms of income documentation are acceptable.

26. Uninsured/Underinsured SU Clients (IND-)
This uninsured/underinsured category may be used when the client meets the BHA's contractual uninsured/underinsured criteria and there is not another special studies code to which the client can be assigned.

Eligibility/Documentation Requirements:

- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The special studies code must be included on all non-Medicaid Encounter records submitted to the BHA. (.nm1, and .ffs)
- The client must be either uninsured or underinsured, meaning that they have insufficient health care coverage and disposable income to pay for these services. See the specific section on uninsured/underinsured clients for more details.
- Please refer to the contract and the Uninsured/Underinsured MH Clients (SAFETYNET) section of this document for additional information regarding client eligibility and documentation requirements.

a. INDORT
This program is for uninsured/underinsured clients at a BHA licensed Opioid Medication Assisted Treatment facility that administers Methadone. These facilities are more commonly referred to as Opioid Treatment Programs.

Additional Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required with an OTP level of care at a BHA facility licensed for medication assisted treatment.

b. INDRES
This special studies code is used for services funded under the Uninsured/underinsured residential budget line.

Eligibility/Documentation Requirements:
- The client must have a DACODS, or other BHA prescribed data system record, with a residential treatment modality:
    o Intensive Residential Treatment (IRT)
    o Transitional Residential Treatment (TRT)
    o Therapeutic Community (TC)

c. INDRESA
This special studies code is used for services funded under the Uninsured/underinsured residential budget line for Adolescents. This code is limited to programs that are licensed by CDHS as Residential Child Care Facilities (RCCF) and as a substance use treatment agency treating youth. The mental health treatment portion of services must be covered by Medicaid.

Additional Eligibility/Documentation Requirements:
- The client must have a DACODS, or other BHA prescribed data system record, with a residential treatment modality:
    o Intensive Residential Treatment (IRT)
    o Transitional Residential Treatment (TRT)

  o Therapeutic Community (TC)
- The client must be aged 12 to 18.

d. INDSUD

This special studies code is used for services funded under the uninsured/underinsured budget line for outpatient substance use clients.

- The client must have a DACODS, or other BHA prescribed data system record, with an outpatient treatment modality:
  - o Day Treatment
  - o Differential Assessment
  - o Intensive Outpatient
  - o Minors in Possession
  - o Traditional Outpatient

27. School Based Mental Health Specialist Program (SCHOOL)
Effective July 1, 2022 we have reinstated this special studies code. This gives us the ability to flag consumer satisfaction surveys that are usually mailed to a client's home, to instead go to the client's school for privacy issues.

The School-Based Mental Health Specialist Program provides high-quality behavioral health outreach, care coordination, consultation, and collaboration between community mental health centers and school districts. The School-Based Mental Health Specialist works on broad systemic issues within schools and school districts and works closely with internal and external stakeholders.

Eligibility/Documentation Requirements:
- This special studies code must be included on all Medicaid and non-Medicaid 837 records submitted to the BHA. (.nm1, .ffs and .hip files)
- Settings and/or facilities serving the school-based population (grades K-12) are eligible for consultation and technical assistance services. This includes providing services to any child or school staff within a school setting and/or facility.
- Children who have been enrolled in a Community Mental Health Center and served as part of the School-Based Services Program must meet criteria identified for uninsured/underinsured. Please refer to the section on SAFETYNET and to the contract for additional information regarding Uninsured/Underinsured clients.
- Family members with a qualifying child (grades K-12) who are uninsured, or have insurance coverage that does not include mental health benefits, or have Medicare only are eligible. Dual eligibility with Medicaid is not allowed.

28. Special Connections (SCONNECT)

Special Connections is a program for pregnant women, or women within one year postpartum, on Health First Colorado (Colorado's Medicaid Program) who have alcohol and/or drug abuse problems. Special Connections helps women have healthier pregnancies and healthier babies by providing case management, individual and group counseling, and health education during pregnancy and up to one year after delivery. Special Connections services are in addition to the prenatal care a woman receives from her doctor or nurse-midwife.

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The special studies code must be included on all Medicaid and non-Medicaid Encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- Clients must be eligible for Health First Colorado.
- Clients must have been pregnant, or are within one year postpartum
- Clients must be at risk of having an unhealthy pregnancy and unhealthy baby because of alcohol and/or drug abuse problems. (A risk screening is done by a Special Connections provider to see if a woman meets the risk criteria.)

29. Offender Behavioral Health Services - Treatment (SB97)

The goal of the Offender Behavioral Health Services (formerly known as SB97) is to address Colorado's continued growth in the demand for community-based services for juveniles and adult individuals with mental health problems and substance use disorders involved in local and state criminal justice systems.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required if the client is receiving MH treatment services.
- A DACODS, or other BHA prescribed data system record, is required if the client is receiving SUD treatment services.
- An Encounter is required. The capacity program special studies code SB97 must be submitted on all Medicaid and non-Medicaid Encounter records submitted to the BHA. (.nm1, .ffs and .hip files).
- Clients have been diagnosed with mental illness and are involved in local and state criminal justice systems.

30. Senate Bill 16-202 Increasing Access (SB202)

SB 16-202 Increasing Access to Effective Substance Use Disorder Services Act. This special studies code will be used for services provided through the funds provided by this bill.

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- Client has an Substance Use or Co-Occurring Diagnosis and does not have insurance to pay for treatment.
- The special studies code must be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files)

31.   System of Care COACT (SOC)

System of Care is an approach to serve children with serious behavioral health issues and their families. A main feature of this initiative is the use of an evidence based practice: wraparound. The approach is characterized by the development of family goals. The family then assembles a team to help accomplish the goals. The team works across numerous child-serving systems such as mental health, juvenile justice, child welfare and schools. The approach also includes community support.

Eligibility/Documentation Requirements:
- A CCAR, or other BHA prescribed data system record, is required. The special studies code must be included on the CCAR record.
- An Encounter is required. The special studies code must be included on all Medicaid and non-Medicaid 837 records submitted to the BHA. (.nm1, .ffs and .hip)
- Children and youth ages birth to 21 years will be identified as eligible for high-fidelity wraparound based on having a diagnosable mental health disorder and The Contractor will collect and enter all required data on individual children and youth served through this contract in order to meet federal requirements and allow Colorado to better understand needs and outcomes associated with System of Care work.
- Children and youth with either residence or placement in, or those who are homeless and located within, the following counties shall be served: Baca, Bent, Prowers, Otero, Kiowa, Crowley, Fremont, Custer, Costilla, and Las Animas.
- Medicaid eligibility rules will govern if Medicaid covers the services.

32.   Strategic Individualized Remediation Treatment (STIRRT)

Strategic Individualized Remediation Treatment is a residential 21-day intensive program for offenders.

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)

- Clients must be referred to treatment from the criminal justice system.
- Referral source must be documented in the client's treatment record.

33. Strategic Individualized Remediation Tx Continuum of Care (STIRRTCC)

Strategic Individualized Remediation Treatment Continuum of Care is a short-term residential treatment and outpatient treatment program for both men and women, 18 years of age or older, involved in the criminal justice system and at risk of returning to jail or prison due to technical violations of probation, parole, or other conditions of release.

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. The special studies code must be included on all non-Medicaid encounter records submitted to the BHA. (.nm1 and .ffs files).
- Clients must be referred to treatment by the STIRRT residential treatment program.
- Clients must be 18 years of age or older and involved in the criminal justice system and at risk of returning to jail.
- Referral source must be documented in the client's treatment record.

34. State Targeted Response / State Opioid Response (STR)

The STR special studies code is used for both State Targeted Response and State Opioid Response grant data.

The STR grant is a formula grant from Substance Abuse and Mental Health Services Administration (SAMHSA), aimed to address the opioid crisis by:
- expanding access to treatment,
- reducing unmet treatment need, and
- reducing opioid overdose related deaths through the full continuum of SUD services (prevention, treatment, recovery).

The MSO system is involved in several priority activities that are funded by the grant:
- Expanded access to MAT
- Residential treatment for homeless clients with the expectation to start MAT
- Support and implementation of CRAFT or Celebrating Families – family support services
- Hiring Peer Recovery Navigators for MAT engagement
- Purchase and distribution of naloxone kits

While the STR program officially ended in April, 2019 there is still data coming in for program wrap-up and care coordination, as well as the State Opioid Response (SOR) Grant coming online.

State Opioid Response Grant

Strategies that were implemented with the STR funds will continue with SOR. Most of the initiatives started in STR are continuing in SOR and many have been expanded. The primary objective for both STR and SOR is to increase availability and access of treatment resources for opioid use disorder (OUD).

Eligibility/Documentation Requirements:
- A DACODS, or other BHA prescribed data system record, is required.
- An Encounter is required. This capacity program special studies code must be included on all Medicaid and non-Medicaid encounter records submitted to the BHA. (.nm1, .ffs and .hip files)
- Clients must have an opioid use disorder.
- Clients must be uninsured/underinsured.
- Clients served by this program must receive the special studies code submitted on all encounter records, regardless of payer source since this program is reimbursed based on the capacity model of reimbursement.

I. Retired Special Studies Codes

- ADOLRES
- AHFEM
- AIM (use ACT to fidelity)
- ATXRES
- BGPOP
- BRIDGES
- CHP+
- CJDIV
- CTFHAVEN
- CMINDIGENT
- CRTSP
- DHOH
- FLEX
- HIV
- HOSPALT
- ICCM
- INDIGENT (use SAFETYNET)
- INDIGENT2 (use SAFETYNET)
- MJFUNDS (use SB202)

- NTINDIGENT (use SAFETYNET)
- PATH
- PROUDCAR
- SLVC
- SOCCW
- SOCIND
- SOCOCO
- SSC
- STARTC
- STIRRTMDRX
- STIRRTTRANS
- SWS
- SYNOP
- TSCM
- UPARENT
- WRAP
- WRES
- WTXRES