The Child Mental Health Treatment Act



Today's Presentation:



- What the Child mental Health Treatment Act (CMHTA) really is
- How CMHTA helps non-Medicaid and Medicaid Children
- How to Access CMHTA
- How to appeal decisions
- Child Welfare and CMHTA





INTRODUCTION to CMHTA



What is the Child Mental Health Treatment Act?

- Other names: HB 1116 and SB 230
- 1. A treatment resource for families of eligible children
- 2. An alternative to unwarranted child welfare involvement
- 3. A family preservation and reunification program



At Minimum What Does the Child Mental Health Treatment Act Provide?

Non-Medicaid

Medicaid

Services:

Timely Assessment and Decision for Community and/or Residential Timely Assessment and Decision for Residential Treatment

Appeals:

CDHS Appeal Process

CDHS Appeal
Process in Addition
to the Medicaid
Process

Funding:

COLORADO
Office of Behavioral Health
Department of Human Services

CDHS Funding for Mental Health Services HCPF Funding for Mental Health Services



What CMHTA Can Provide:

- Non-Medicaid: Access to an assessment for, and possible approval of, community, residential, and transitional treatment services
 - Funded in part by Medicaid, General Fund, and Tobacco dollars
- Medicaid: Access to an assessment for residential services only
 - Funded by Capitated Medicaid
 - Non-Medicaid funding is not available to Medicaid children





Medicaid Eligible Children

For residential requests only

Colorado Medicaid (HCPF)
Definition of Medical Necessity
for Each Service



Each Behavioral Health
Organization Further Clarifies
Definition







Non-Medicaid

5. Has a Mental Illness 6. Family has Custody



1. Private insurance or non-insured

4. No funder for treatment

7. Without services the child is at risk of out of home placement

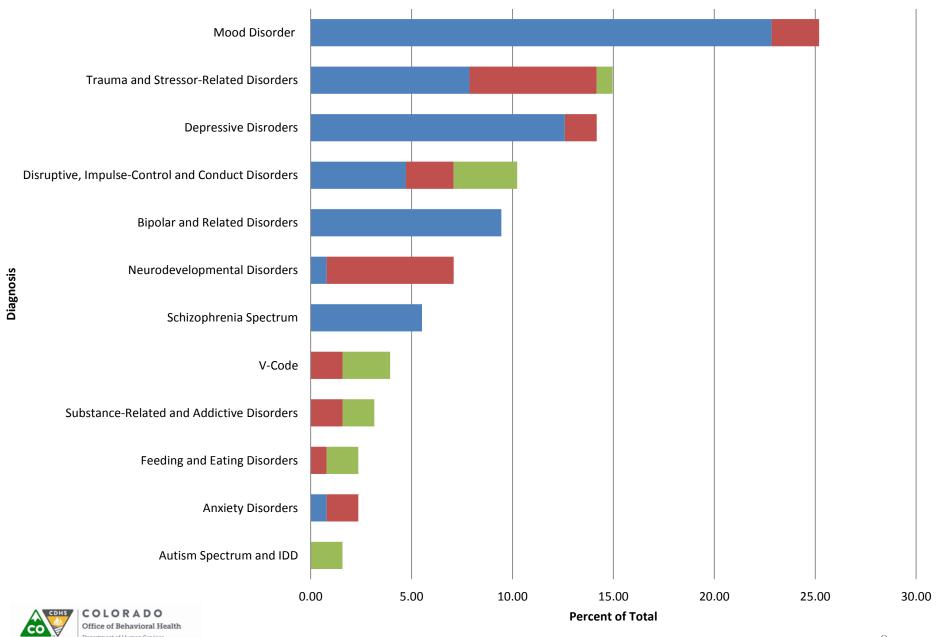
2. Birth to 17.99



3. Not Medicaid eligible

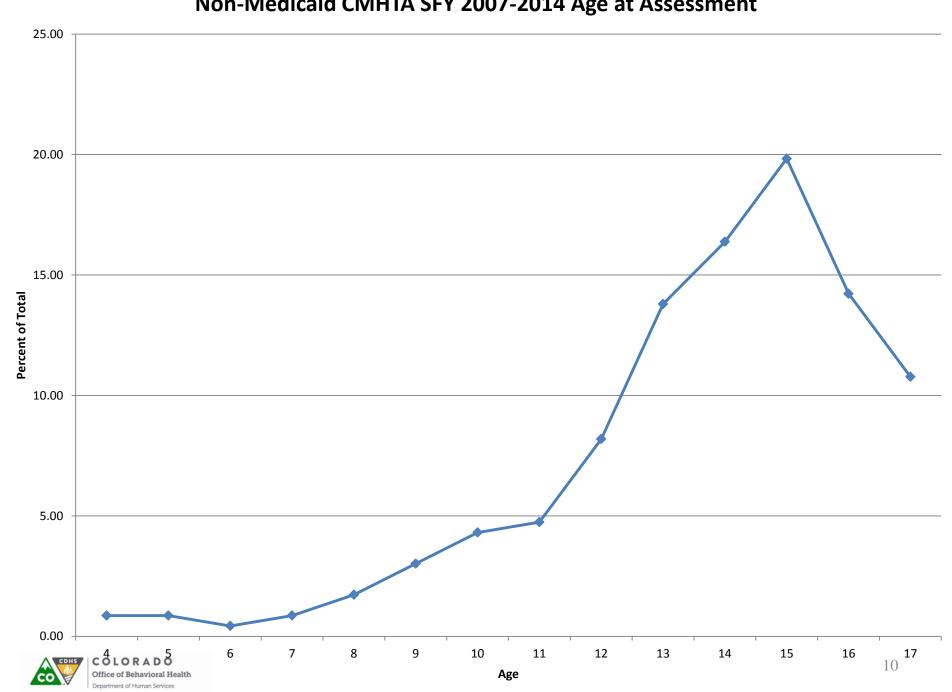


Non-Medicaid CMHTA Diagnosis SFY 2007-2014

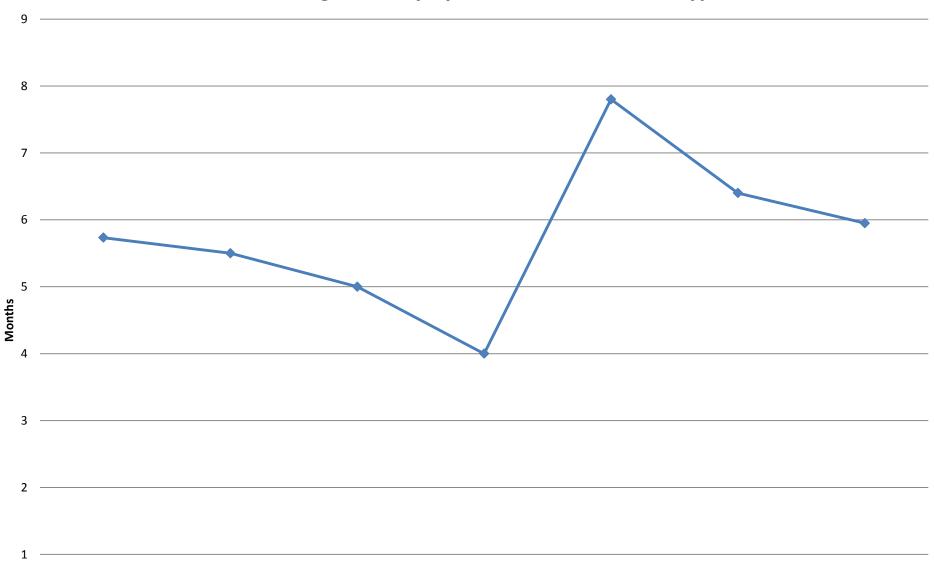


■ Primary ■ Secondary ■ Tertiary

Non-Medicaid CMHTA SFY 2007-2014 Age at Assessment



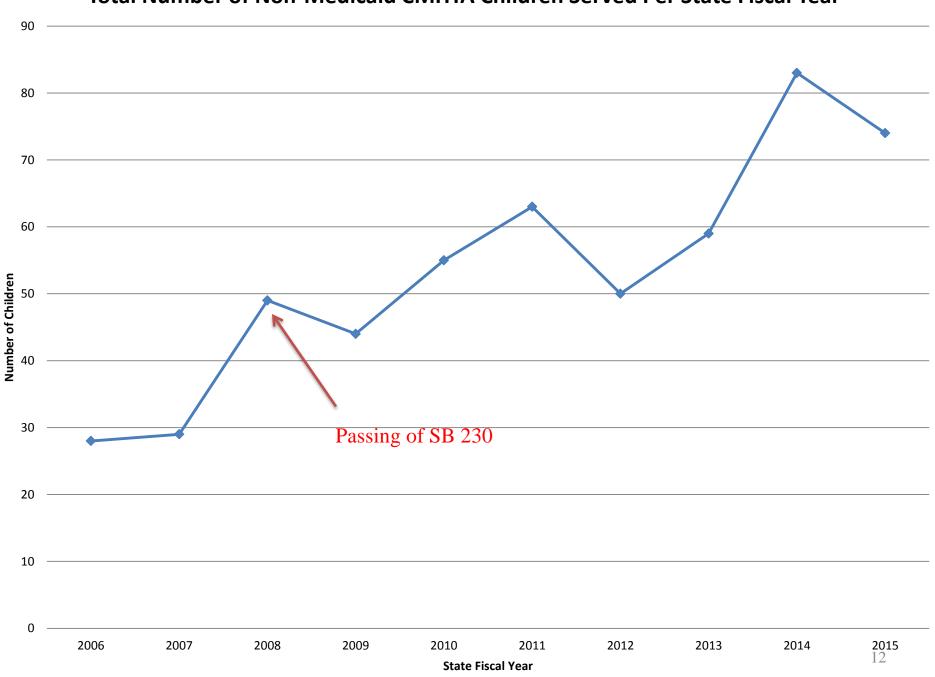
Median Length of Stay by SFY and Service Level Type





2008-2009

Total Number of Non-Medicaid CMHTA Children Served Per State Fiscal Year



Some of What's Covered for Non-Medicaid...

Non-Medicaid



tppt.com

ASSESSMENT











Points of Access

- Each Community Mental Health Center has a designated CMHTA liaison.
- Medicaid: can call Mental Health Center or BHO
- Only responsible person (parent) can request an assessment.







Assessment and Notification Time Frames

Situation	Time*
Emergent	Within 6 hours
Urgent	Within 24 hours
<u>Routine</u>	Within 3 days

*Notification may be extended to 14 days if the parent is in agreement



Non-Medicaid

Medicaid

Face to Face Mental **Health Evaluation**



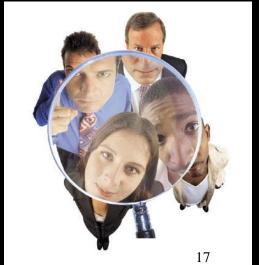
Assessment





Decision

Phone Consultation



APPROVAL

Now What?







Approved for Community Based Care (nonMedicaid)

- 1. Liaison helps find a provider
- 2. Services begin promptly
- 3. Family pays Parental Fee
 - 1. Based on monthly income and number of children in the home
- 4. CMHTA pays remainder of costs





Fee Structure

- Household income: \$55,000 per year
- Fee for Residential
 - -1 child living in the home: \$726 per month
 - -2 children living in the home: \$501 per month
 - -3 Children living in the home: \$425 per month
- Fee for Community based care
 - -1 child: 12% of total care, max of \$363
 - -2 children: 8% of total care, max of \$250
 - -3 Children: 7% of total care, max of \$212



Approved: Residential (non-Medicaid)

Non-Medicaid

- 1. Liaison helps find a provider
- 2. Child enters treatment center
- 3. Family applies for SSI
 - Once approved the child gets Fee-For-Service Medicaid
- 4. Parents pay fee agreement (starting the first month)
- 5. CMHTA pays remainder of costs
- 6. Link to residential providers:

http://www.colorado.gov/cs/Satellite/CDHSBehavioralHealth/CBON/1251641605227



CMHC Roles and Responsibilities Medicaid for non-Medicaid Children

- Assessments
- Determines families ability to pay and financial responsibilities
- Submit plan of care to OBH
- Provide necessary services
- Care management





Non-

Family Roles and Responsibilities







- Participate in all program aspects
- Pay providers according to Fee Agreement
- Residential:
 - Apply for SSI on child's behalf



Approved: Residential (Medicaid)

- 1. Liaison informs the BHO who then approves or denies
- 2. Child enters treatment center
- 3. BHO pays for costs



DENIAL



Denia Non-Medicaid



Denied

Family is denied services with CMHTA

Initial Appeal

 Family can appeal to the agency (CMHC/BHO)

Then family can appeal to the state

- Medicaid: CDHS and or/ALJ
- Non-Medicaid: CHDS





Supplemental Security Income (SSI) Denial (non-Medicaid Residential)

- Family can appeal with the Social Security Administration but CMHTA will no longer be able to fund residential treatment
- CMHTA will pay the first 30 days of treatment



HUMAN/SOCIAL SERVICES

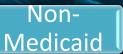


MH Agency County Medicaid Referrals

Medicaid

Referring Agency	Reason	Action
Community Mental Health Center (CMHC)	1. Suspected abuse or neglect	 DHS determines if an assessment is warrented Meets with family and CMHC within 10 days
County Department of Human Services (DHS) [19-3-308 (1.5) (b), C.R.S.]	 Family issues may be attributed to child's MH status rather than abuse and neglect, CMHTA services may be more appropriate 	 Parents still requests an evaluation DHS meets with family and CMHC within 10 days









Interagency Dispute Resolution

An agency requests state level mediation

May be in writing within 5 calendar days

Within 10 days, CDHS convenes a committee

Each side will present its position written or verbally

Committee
has 5
working
days to issue
its Decision

Decision is final





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