



H. B. 99-1116

Child Mental Health Treatment Act

Handbook



Colorado Department of Human Services
Revised January, 2002

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I. Introduction

H.B. 99-1116, the Child Mental Health Treatment Act, went into effect on July 1, 1999. The main purpose of the law is to provide access to residential treatment for children with significant mental health needs without requiring court involvement.

In order to be eligible, children must have a mental illness and require Residential Treatment Center (RTC) level of care. In instances where a child is on probation, mental health must be the primary reason for placement.

If parents/legal guardians think their child needs residential treatment and the child does not have Medicaid, they should:

Contact the Community Mental Health Center (CMHC) in their area (see list on page 13). The local CMHC will assess the child and determine the appropriate level of care for the child, which may include residential treatment or other services.

Funding available through the bill can support residential treatment services for eligible children. Parents may also have significant financial responsibility in accessing this benefit. This responsibility would be initiated through initial placement in the program, ongoing placement when a child is determined to need residential treatment, and would increase significantly if the child was not found eligible for Supplemental Security Income (SSI). State funding for services through H.B. 99-1116 is dependent on available appropriations.

If parents/legal guardians think their child needs residential treatment and the child has Medicaid, they should:

Call the number listed for mental health services on the Medicaid Authorization Card (MAC). Children that are eligible for Medicaid are covered under the Medicaid Capitation Program continue to be the responsibility of the respective Mental Health Assessment and Services Agency (MHASA) for treatment and room and board costs when residential treatment services are determined to be necessary.

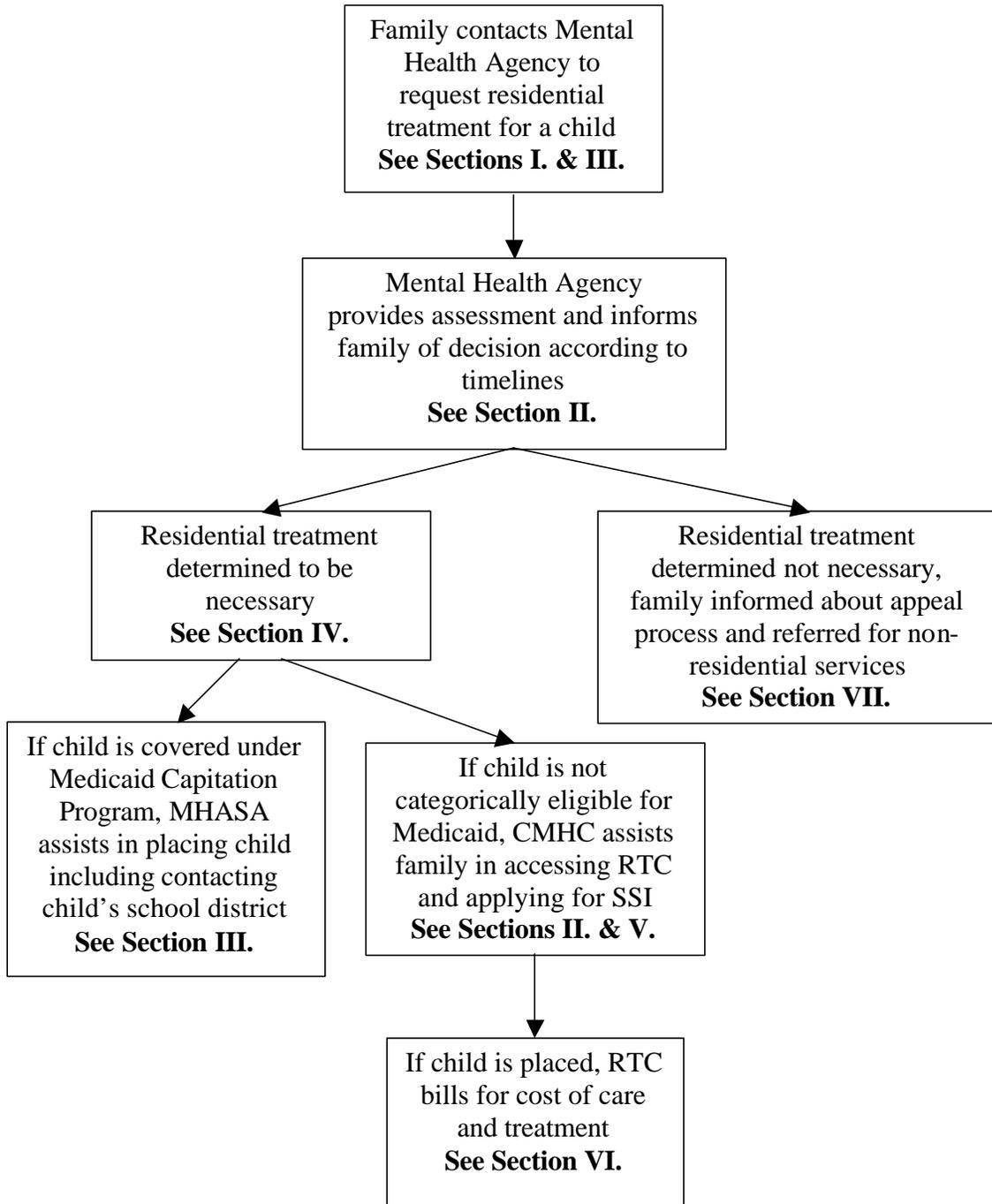
All families, regardless of their child's Medicaid eligibility, have access to an appeal process through the bill if residential care is denied. If the appeal is not resolved at the community mental health center or MHASA level, a parent may request a review at the State level by a licensed psychologist or licensed physician. The bill also provides a process for resolving disputes between county departments and mental health agencies.

Mental health agencies are required to report to the county department of social services any suspected child abuse or neglect. If this is reported as part of an assessment for residential treatment under H.B. 99-1116, this report must be followed within 10 days by a meeting of the family, the mental health agency, and the county department.

This handbook is designed to provide information concerning all aspects of the Child Mental Health Treatment Act. This includes information for families, parental responsibilities, community mental health centers, mental health assessment and service agencies, residential treatment centers, Supplemental Security Income (SSI) eligibility, and dispute resolution. The handbook is designed for use by a number of audiences. Its purpose is to provide information on how to access residential services through this important law. However, the handbook might not provide the answer to every specific situation. Persons with questions are encouraged to contact either their community mental health center (CMHC) listed on page 13 or mental health assessment and service agency (MHASA) listed on page 14.

The following flow chart describes the main steps involved in H.B. 99-1116 and the corresponding section of the handbook.

**Main Steps in the Process of Accessing
Residential Treatment Services through H.B. 99-1116
& Corresponding Handbook Sections**



II. Family Involvement

Parents or guardians of a child with mental challenges may find that the severity of the child's symptoms are more than they can handle at home. If this is the case, a family may need to consider residential treatment. Residential treatment is a term that describes a facility where a child will go to live while receiving intensive mental health treatment. A **Residential Treatment Center (RTC)** is a facility certified by the state to provide 24-hour intensive treatment. Many private insurance policies will not pay for RTC treatment and few families can afford it out of pocket. Supplemental Security Income (SSI) and the Medicaid program can contribute to the cost of an RTC stay.

Like most legislation, H.B. 99-1116 involves many details and may appear complex. To obtain a copy of the legislation or additional information on these details, contact your Community Mental Health Center or any of the advocacy resources listed in this guide. The treatment staff and advocacy services listed below can help you through the process step by step.

H.B. 99-1116 is a law which:

- Provides parents the option of residential services for mental health treatment without going through the local county social service agency or the courts to receive services.
- Helps pay for the cost of RTC treatment.
- Establishes a parental fee when the child is not covered under the Medicaid Capitation Program.
- Provides procedures for resolving placement disagreements.

H.B. 99-1116 does not:

- Guarantee a child will be eligible for an RTC. This still requires a mental health assessment that finds an RTC is necessary to address the child's needs.
- Guarantee to pay all RTC treatment cost. Eligibility for **Disability** and **Medicaid** is a separate evaluation. A child's psychiatric illness must be severe enough to qualify for **Disability** benefits.
- Guarantee an RTC of choice. RTCs are not required to admit any individual; they may choose whom they admit, or the RTC may be full.
- Exclude social service involvement if abuse or neglect issues are present.
- Ensure support for residential treatment for children on probation when the reason for placement is not mental health-related.

Successful Partnerships

The service providers and state agencies involved with H.B. 99-1116 agree that successfully accessing residential treatment requires a partnership. The partners include:

- Parent(s) or Legal Guardian(s)
- Community Mental Health Center
- Mental Health Assessment and Services Agency
- Residential Treatment Center
- School District
- Social Security Administration
- Medicaid
- Colorado Department of Human Services

The above partners will almost always be involved. In some instances, and depending on the circumstance, additional partners will include local county social services and the juvenile justice system.

Parental Responsibilities

The responsibilities of the parent or guardian under H.B. 99-1116 are significant. Managing and coping with a child's mental health challenges is highly stressful by itself. You will now be asked to take a very active role in obtaining the necessary services (RTC) and benefits (Social Security Income and Medicaid) for your child. You are your child's best advocate. Consider yourself the key partner in this process. Your involvement will help the treatment process, and many parents or legal guardians find that close involvement actually helps empower them to cope and manage their feelings.

Record Collection

The collection of records and having them in one place is crucial to making access to treatment run smoothly. Treatment providers use records for assessment and treatment planning. The Social Security Administration will also require extensive records for the **Disability and Medicaid** application. The quicker the records get into the hands of the service providers the sooner you will get results. The more complete these records are, the better chance you will have success in obtaining the services you seek. The following is recommended:

- Create a file for your child's records. An expanding pocket folder or ring binder works well. Make a list of every key service provider including doctors, psychologists, clinicians, therapists, service agencies, hospitals, and schools your child has seen or attended. Include phone numbers and addresses. If you don't have the phone numbers and addresses, start collecting them now.
- Request specific records from each of the sources on your list. Some of the common terms for the documents you need are assessments/evaluations, psychosocial assessments, psychiatric assessments, psychological assessments, admission summaries, discharge

summaries, treatment summaries, history, medication history, treatment history, diagnosis, treatment plans, service plans, and Individual Education Plan (IEP).

- From now on, always ask for copies of treatment records or services and keep them in your file. Records kept in one place become increasingly important over time. If your child's illness requires treatment over a period of years, your ability to provide quick access to the records can be invaluable.
- Request to review your child's treatment records from doctors, hospitals, therapists, social workers, schools, etc. Make your request in writing. All facilities are required to have a procedure for allowing access to medical/treatment records.
- Read the record. You will have to go to the facility where the record is kept. If it is impractical for you to go to the facility to read the record you will have to make your request through the mail. Try to be specific about the request and use the terms listed above.
- If you are denied access to the records you must be given the reason in writing. Ask to speak to the facility's consumer representative or contact one of the advocacy resources listed in this guide. You may be asked to pay for copies of records. If you are asked to pay, speak with the Medical Records Director and ask to have them provided as a courtesy. If they refuse, request to speak to the supervisor of the Medical Records Director. If they still refuse, express your disappointment and pay the fee. Make at least two copies of all the information. You will very likely be giving copies to a provider or agency as part of their evaluation.
- Go to appointments or evaluations equipped with your file. Don't leave your file. Ask the person you are seeing to make copies or leave your second copy. Remember that time is often critical. If records are requested through the mail it may take two or three weeks to get them. Providing records on the spot is a powerful way to advocate for your child.

Appointments and Follow Through

Once an appointment is made, make sure you keep it. Community mental health centers and the Social Security Administration have many no-shows for appointments. If an emergency does occur, call to cancel the appointment and then reschedule.

You must make an appointment with the Social Security Administration (SSA) for an evaluation for your child. This appointment is part of the evaluation for disability. This appointment is scheduled by calling the designated SSA contact in your region. The community mental health center can provide you with a list of these contacts.

Make notes of all appointments, including name, phone number, and date. Keep this information in your file. At the end of each appointment or evaluation ask what happens next, who will be involved in what happens next, and when will this happen. Make notes and keep them in your file. If the 'next step' doesn't happen, follow up by calling your contacts at the respective agencies.

Advocacy and Support

The paperwork involved can be challenging, not to mention the stress of still managing the situation at home. Ask for help with specific tasks or for support. Consider talking to other family members or friends. If you are employed, speak with your supervisor or personnel department to find out if you can take time off. Many companies have policies concerning leave for family medical needs. Supportive counseling can also be helpful. If you have insurance you may wish to consult your plan for such services or you may have access to an “Employee Assistance Plan.” Below is a list of organizations that can provide additional information on support and advocacy.

Mental Health Advocates

Every Community Mental Health Center (CMHC) and Mental Health Assessment and Services Agency (MHASA) has a Consumer and Family Advocate, Office of Consumer Affairs, or a Consumer Representative. CMHCs are regulated by the State of Colorado Mental Health Services (MHS). You can contact the MHS advocate at 303-866-7400.

The Mental Health Ombuds Program of Colorado is an organization independent of the CMHC and MHS. It provides information and individualized advocacy to consumers and families. The Ombuds Program is prepared assist you through the process. They can be reached at 303-813-1173 or toll free at 1-877-317-9900.

The National Alliance for the Mentally Ill is a national resource, support, and advocacy organization with local chapters through Colorado. They can be reached at 303-321-3104.

The Federation of Families for Children’s Mental Health is a statewide advocacy and support organization with local chapters in Colorado. They specifically advocate for children’s mental health services. They can be reached at 303-572-0302.

Request For Residential Services

To access services through H.B. 99-1116, contact your:

- local Community Mental Health Center (CHMC) if your child is **not eligible** for Medicaid. See page 13 for a list of CMHCs.
- local Mental Health Assessment and Services Agency (MHASA) if your child **is eligible** for Medicaid. The MHASA will be identified on the child’s **Medicaid Authorization Card (MAC)**. See page 14 for a list of MHASAs.

Request an appointment for an assessment for residential treatment. Explain the situation to the CMHC or MHASA over the phone. Be specific that you are requesting residential services. If the situation is an emergency you should be given an appointment immediately. If the situation is urgent the CMHC or MHASA must still give you an appointment within 24 hours. For routine situations, defined as all other situations, an evaluation shall be completed within three (3) days of the initial assessment request.

Evaluation and Assessment

An evaluation is done by the CMHC when the child is not Medicaid eligible and is required to determine if residential placement is necessary. Ask for written copies of each of these assessments and add them to your file. The assessment involves three areas:

- *Clinical Assessment:* A clinician will interview your child and gather information from you. Based on this information the clinician will form an opinion on the severity of the problem, the diagnosis, and how best to treat the problem.
- *Individual Need Assessment:* This determines what services the child will need, how the services will be delivered, and whether the services can be delivered in the child's home.
- *Colorado Client Assessment Record (CCAR, pronounced "see-car"):* This is standardized evaluation form addressing your child's functional abilities, living skills, and the severity of symptoms.

The assessment described above will be used to determine if residential treatment is needed. The decision will be based on the following considerations:

- There is a diagnosis of mental illness and the mental illness is the likely cause of the presenting problems.
- 24-hour supervision by treatment staff is needed and it cannot be provided in the home.
- Other treatment options were tried and they were not effective, or it is reasonably expected that other treatment options would not work.
- There is reason to believe symptoms and the severity of the illness will improve as a result of residential treatment.
- There are no immediate safety concerns requiring more intensive treatment, such as hospitalization, and the child can be safely treated in an RTC.

If you are not in agreement with the results of the evaluation you have the right to appeal the decision. Should this occur, ask the CMHC for specific information on the appeal process. They are required to inform you about the details of the appeal steps. You may want to consult with other advocacy services, specifically Mental Health Services at 303-866-7400 and the Mental Health Ombuds Program at 303-813-1173, toll free at 1-877-317-9900. At your request, either of these agencies can assist you.

Residential Treatment Center Placement

If the determination of the assessment is that Residential Treatment Center (RTC) treatment is needed, the community mental health center (CMHC) will assist in the admission process. The CMHC cannot guarantee admission to an RTC. Each RTC can decide whom they will admit. You can ask for a list of RTC facilities from the CMHC and you may want to call them for information about their programs. The date of admission does not have to be immediate. This will depend on the severity of the illness, bed availability at the RTC, and family preference. Make sure that you are referred to a private, non-public RTC. SSI and Medicaid will not pay for care in a public RTC for this program.

Questions To Ask the RTC

- When is treatment planning done? If you cannot attend at certain times, request alternatives.
- Ask for program description materials and a schedule of therapy and activities.
- What are the visitation and communication guidelines?
- How does the privilege system work?
- What are the discipline procedures?
- What are the guidelines and procedures for seclusion or time-out, and restraint?
- What is the communication process between staff and parents?
- If you call the RTC and leave a message for a staff member, how quickly will they return the call?
- How often will the staff contact you to update you on progress and who will be the staff member to do this?
- Meet as many staff as possible, learn their names and write them down in your file.
- When you visit the facility ask various staff about the program as well as how your child is progressing. Often the staff who will spend the most time with your child is not the designated therapist or case manager

Disability and Medicaid

The disability determination process is complex. The CMHC staff and Advocates listed in this guide can explain this information in detail. Also, please see section V. Supplemental Security Income Eligibility section.

Disability Application

If the CMHC assessment results determine that RTC placement is needed, immediately call the designated person at your local Social Security Administration office and request an appointment. This appointment will be to determine if your child qualifies as being disabled as a result of mental illness. If you are told that you are not eligible for disability due to your income, tell them to check the June 1999 program (SSIT 99-13). A copy of this circular is available through your community mental health center.

The application and disability determination process is lengthy and can be complex. Write down the history of your child's problems before the appointment. Be specific with dates and descriptions of his or her behavior. You will be required to fill out forms related to your child's problems. You may find it helpful to discuss the questions with other family members, treatment staff, or an Advocate. What you write on these forms will have a major impact on the final disability decision.

Remember the file you have been building and the copies of records you've made? This is the information Social Security will need. Bring a copy of the entire file to the appointment. The CMHC staff can also help you in contacting the Social Security Administration if you request their assistance.

Make a note of the name and phone number of the Social Security Technician who is working with your disability claim. Place a follow up call to the Technician to find out if they have all the information that is needed. Don't wait for them to contact you for additional information. Always follow up with the same technician and ask about your claim's progress.

The Disability application process can be completed in one month if you are prepared for the meeting with complete information. However, it is not uncommon for the process to take 2 to 6 months, and even longer if there is a denial and the appeal process is used. **BE PERSISTENT!** After every contact with the technician always ask what should happen next and when you will hear from them. Make notes in your file on these contacts.

Denial of Disability and Appeals

If your claim is denied, you have the right to appeal the decision. Ask social security for the appeal information. Again, be persistent, note who you speak with and when.

Claims are often denied because there is missing or incomplete information. You can prevent this by providing copies of your records and filling out all forms completely. **Don't give up!** There is a high rate of success for those who complete the appeal process.

When you apply for **Disability benefits (SSI and Medicaid)**, it is not guaranteed that you will receive these benefits. It is possible you will be denied the benefits and will not be successful on appeal. In most cases your child will be placed in the RTC before the SSI eligibility is approved.

Should the Disability ultimately be denied, the RTC will hold you responsible for the cost of the RTC stay. If you are denied disability benefits the State is responsible for contributing to the first 30 days of placement and you will be responsible for any remaining placement days not covered. To minimize this risk it is important that you provide complete information to Social Security as discussed, and seek support or advice from advocates and other parents.

Education at the RTC

Your child has the right to continued education through the Public Schools. In most situations the RTC will provide education in an on-grounds school. As soon as the decision is made to proceed with RTC placement the CMHC must contact the school district contact person for H.B. 99-1116. Ask the CMHC staff who the school contact is for your area. Even though the CMHC staff will contact them, make a note of who this person is and follow up by contacting them directly. The school will have a staffing on your child's educational needs. Find out when it is and attend. If a staffing or IEP meeting has not been scheduled, request one. Get a copy of the education plan and place it in your file.

Financial Responsibilities

If the child is determined eligible for SSI:

The cost of an RTC is paid from several sources:

- 1) *Private Insurance* - if available and the plan contributes toward such services.
- 2) *SSI cash benefit* - the cash benefit is signed over to the RTC by the parent. The SSI payment is used to help pay the cost of the RTC.
- 3) *Parent Co –Pay* - this is based on a sliding fee scale set by the State of Colorado, Child Support Guidelines. Depending on the parent's income, a fee is paid by the parent to the RTC. The RTC will review the fee agreement with you and tell you the amount of your contribution. You pay this directly to the RTC.
- 4) *State Mental Health Services* - for remaining room and board cost.
- 5) *Medicaid* - for the treatment cost.

If the child is determined not eligible for SSI

- 1) *Private Insurance* - if available and the plan contribute toward such services.
- 2) *State Mental Health Services* - will contribute to the cost of room and board and treatment for the first 30 days of placement.
- 3) The parent or legal guardian is responsible for all remaining costs for the residential placement.

III. Mental Health Agencies

Community Mental Health Centers (CMHCs)

Under the H.B. 99-1116 program, community mental health centers (CMHCs) serve as the single point of access for children who are not categorically eligible for Medicaid and at risk of out-of-home placement as defined in the bill. To facilitate the implementation of H.B. 99-1116, each CMHC has identified a specific contact person who has primary responsibility for the program.

Community Mental Health Centers are responsible for:

- receiving calls and referrals from families and agencies (e.g., law enforcement, county departments of social services/human services);
- evaluating the child for residential treatment;
- assisting the family with an application for Supplemental Security Income (SSI) through the Social Security Administration (SSA);
- notifying the child's school district H.B. 99-1116 of the impending residential placement;
- assisting the family in locating a residential treatment facility that will accept the child or obtaining non-residential treatment, as needed;
- providing on-going service coordination during the child's residential treatment; and
- providing follow-up services when the child is discharged, with consideration for the availability of funding and the requirement for the parents to pay for services under the Center's sliding fee scale.

CMHCs will ask parents or legal guardians to sign a disclosure of financial risk form informing them of their potential responsibilities under H.B. 99-1116.

The following is a list of the Community Mental Health Centers in Colorado:

<u>Community Mental Health Centers (CMHCs)</u>	
Adams CMHC 303-853-3500 Adams County	Mental Health Corporation 303-504-6500 Denver County
Arapahoe MHC 303-779-9676 Arapahoe, Douglas Counties	Midwestern Colorado MHC 970-252-3200 Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel Counties
Aurora CMHC 303-617-2300 Adams, Arapahoe Counties	North Range Behavioral Health 970-353-3686 Weld County
MHC of Boulder County 303-443-8500 Boulder County	Pikes Peak MHC 719-572-6100 El Paso, Park, Teller Counties
Centennial MHC 970-522-4549 Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma Counties	San Luis Valley CMHC 719-589-3673 Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache Counties
Colorado West Regional MHC 970-945-2241 Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Summit, Rio Blanco, Routt Counties	Southeastern CO MHC 719-384-5446 Baca, Bent, Crowley, Kiowa, Otero and Prowers Counties
Jefferson Center for MH 303-425-0300 Clear Creek, Jefferson, Gilpin Counties	Southwest Colorado MHC 970-259-2162 Archuleta, Dolores, La Plata, Montezuma, San Juan Counties
Larimer County MHC 970-498-7610 Larimer County	Spanish Peaks MHC 719-545-2746 Huerfano, Las Animas, Pueblo Counties
	West Central MHC 719-275-2351 Chaffee, Custer, Lake Counties

Mental Health Assessment and Service Agencies (MHASAs)

Under the H.B. 99-1116 program, Mental Health Assessment and Service Agencies (MHASAs) serve as the single point of access for children who are categorically eligible for Medicaid and at risk of out-of-home placement as defined in the bill. To facilitate the implementation of H.B. 99-1116, each MHASA has identified a specific contact person who has primary responsibility for the program.

Mental Health Assessment and Service Agencies (MHASAs) are responsible for:

- receiving referrals from Medicaid eligible families and agencies (e.g. law enforcement, county department of social services/human services);
- providing an assessment to determine the need for services including, but not limited to residential treatment services;
- locating and providing residential treatment when this has been determined necessary;
- providing on-going service coordination during the child’s residential treatment; and
- providing post-residential services, if necessary.

The following is a list of the MHASAs:

<u>Mental Health Assessment and Service Agencies (MHASAs)</u>	
Access Behavioral Care 303-394-6701 Denver	Northeast Behavioral Health 970-353-3686 Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma, Larimer, Weld
Behavioral HealthCare, Inc. 303-617-2323 Adams, Arapahoe, Douglas	Pikes Peak–Options Colorado Health Networks 719-572-6155 El Paso, Park, Teller
Jefferson Center for Mental Health 303-425-0300 Clear Creek, Gilpin, Jefferson	SyCare–Options Colorado Health Networks 719-587-0899 Baca, Bent, Crowley, Kiowa, Otero, Prowers, Huerfano, Las Animas, Pueblo, Chaffee, Custer, Fremont, Lake, Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache
Mental Health Center of Boulder County 303-443-8500 Boulder	West Slope–Options Colorado Health Networks 970-945-2241 Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, Summit, Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel, Archuleta, Dolores, La Plata, Montezuma, San Juan

IV. Residential Treatment Centers (RTCs)

The following steps need to take place in order for **Non-Medicaid eligible children to access RTC Services under H.B. 99-1116.**

Admission

- The child has been referred by the Community Mental Health Center (CHMC) as needing residential placement.
- The child has filed for Supplemental Security Income (SSI). The child must be projected to be out of home for a minimum of one month in order to be determined a household of one and for the parent's income not to be considered in the financial determination. See section V. Supplemental Security Income (SSI) Eligibility for additional information.
- The RTC should determine if the family has private insurance. Medicaid is always the payer of last resort. In other words, in order for Medicaid to pay for residential care, private insurance benefits, if available, must be exhausted first before Medicaid can be billed.
- Prior to Medicaid eligibility being determined, any health care expenses should be handled by the family or through their private insurance coverage. This includes admission physicals, emergency and routine medical care. Once Medicaid eligibility is established, medical care should be billed first to the family's health insurer and on services not covered, they may be secondarily billed to Medicaid. Medicaid is always the payer of last resort.
- The provider can assist the family by providing detailed assessment reports and encouraging the gathering of as much collateral information (prior treatment reports, school reports and Individual Educational Plans (IEPs), records from hospitalizations and former therapists, etc.) as possible.
- The RTC is responsible for assessing the parental fee to assist in the payment of room and board expenses. The fee is based on the Child Support Guidelines (CRS14-10-115).

The guidelines can be accessed online via the Colorado State Home Page at:

<http://www.state.co.us>

1. click on Government section,
2. click on Legislature;
3. then click on Colorado Revised Statutes;
4. then click on the Search option: Search by number, and then enter 14-10-115.

The parental fee is collected by the RTC on a per month basis until the completion of the placement, if the child is determined eligible for SSI.

Education - Services and Funding: Following the CHMCs determination of residential treatment necessity, the CMHC will contact the appropriate school district liaison or administrative unit to provide notification of the pending placement and obtain information regarding educational needs and placement options which might meet those needs. Since the CHMC must determine the need for residential placement and the family cannot access the H.B. 99-1116 process independently by making a unilateral private placement, the child's placement is considered a public placement.

The contact from the CHMC to the home school district meets the notification requirement consistent with the Interagency Agreement between the Colorado Department of Education and the Department of Human Services. As a result, the facility's on-grounds school or the school district that provides the services will be able to bill the Colorado Department of Education (CDE) for the Per Pupil Operating Revenue (PPOR).

If the student is a special education student, the home district will be billed for excess costs. The typical procedures for requesting records and establishing an excess cost contract should be followed. SSI eligibility is not a factor in determining whether a placement is considered public or private and therefore has no bearing on responsibility for educational services.

If the student is determined not eligible for SSI, the facility/district will still be able to bill PPOR. Further, the home school district will still be responsible for excess costs as long as the student remains in the placement, is receiving education/special education services, and nothing has occurred which would change the status or type of the placement (public vs. private).

Placement Review

Voluntary Application for Mental Health Services, C.R.S. 27-10-103, is necessary to protect the child from unnecessary placement in a RTC. A minor who is fifteen years of age or older or a parent or legal guardian of a minor on the minor's behalf may make voluntary application for twenty-four-hour placement for mental health treatment in a facility.

Initial Placement Review

- Prior to determination of eligibility by SSI, the RTC will be responsible for conducting C.R.S. 27-10-103 reviews for the need of continued of placement.
- Every two months the need for continued placement must be reviewed and recommended by an independent professional person (defined as a licensed physician or psychologist).
- The review will be conducted by an independent professional who is not a member of the minor's treating team; or if the minor, his or her physician, and the minor's parents or guardian do not object to the need for continued placement, the review may be conducted by internal professional. An independent professional person (defined as a licensed physician or psychologist) must recommend the admission.
- Every six months the review required must be conducted by an independent professional that is not a member of the child's treatment team.
- The review must meet all applicable C.R.S. 27-10-103 guidelines.

Utilization Review - Once the child is determined eligible for SSI, the Mental Health Assessment and Service Agency (MHASA) is responsible for ensuring that all subsequent C.R.S. 27-10-103 reviews occur. This process will also serve as a utilization review process for the State.

Discharge Planning and After Care Services

- Community Mental Health Centers can be utilized for after care services at the family's discretion. Services provided at the CMHC are based on a sliding fee scale.
- Families can decide to contract for services through the treatment facility or private practitioners; however, through this option the family is financially responsible.

V. Supplemental Security Income (SSI) Eligibility

A child who is not categorically eligible for Medicaid at the time that Residential Treatment Center (RTC) placement is required, must become SSI eligible in order to qualify for benefits through H.B. 99-1116 beyond the first calendar month of residential treatment. The SSI application is essential because if the child qualifies for SSI, the child will also be eligible for Medicaid. Medicaid eligibility is necessary for the State to contribute to RTC costs beyond the first calendar month.

In order to gain SSI eligibility, certain criteria must be met. Financial and medical requirements are two main parts of the SSI eligibility determination.

In order to meet SSI financial eligibility criteria, the child must be absent from the home, or expected to be absent from the home, and not have excessive income (call the Social Security Administration at 800-772-1213 to find out the limit). The absence from the home must be longer than a “temporary absence” which means that the child cannot return home in the calendar month he or she left home or during any time in the following calendar month. For example, if a child leaves home on November 15, he or she must be absent from the home for the remainder of the month of November, and for the entire month of December. If the child is still absent from the home on January 1, then he or she may meet the financial eligibility criteria for SSI.

In order to meet the SSI disability eligibility criteria, comprehensive documentation from the child’s providers is essential. Disability Determination Services is responsible for disability determination based on SSI criteria.

If the child is found eligible by the CMHC to be eligible for RTC care, the RTC used must be a private, non-public RTC. If the RTC is public (e.g., owned and operated by a county or State agency) the child will not be eligible for SSI.

If SSI eligibility is determined, Medicaid eligibility will begin the first day of the month following the calendar month of placement. Provider reimbursement will be retroactive to the date of Medicaid eligibility.

If SSI eligibility is determined, the child is eligible for the first SSI grant beginning with the month following the month of eligibility. The payment is retroactive.

Once the child returns home he or she will lose SSI and Medicaid eligibility unless the parent’s financial status has changed and the family income is low enough to qualify for SSI.

Assisting With Eligibility Determinations: The determination of Supplemental Security Income (SSI) eligibility can only be made by the Social Security Administration (SSA). Therefore, referral to SSA is necessary and should occur as early as possible. An application may be initiated as early as the start of the calendar month in which the child is planned to enter placement. The determination will rely heavily upon documentation of the disability and level of functioning. The provider can assist the family by providing detailed assessment reports and

encouraging the gathering of as much collateral information (e.g., prior treatment reports, school reports and IEPs, records from hospitalizations and former therapists, etc.) as possible.

SSI Denials

If the child is determined not eligible for SSI, the parent is financially liable for the cost of care beyond the first 30 days of residential treatment.

VI. Financial Aspects

General

H.B. 99-1116 makes provisions for the State to participate in the costs of care for children placed in RTCs for the treatment of mental illness. The bill requires the family to apply for mental health services with the appropriate mental health agency. If the mental health agency determines that residential services are appropriate, the State is authorized to contribute a portion of the costs of care for the minor child. The State's share of the cost of care is the portion of the expenses not covered by private insurance, Medicaid, the family's share based on a sliding scale, and the SSI grants less the personal needs allowance.

The costs of care include the room and board charges and the treatment costs.

Room and Board

1. The RTC must first bill any private insurance available to cover the costs.
2. The RTC should take assignment of the child's SSI grant, taking out the personal needs allowance (\$30), which goes to the child. The balance of the grant is applied to the room and board charge for the stay in the RTC.
3. The RTC determines parents' support payments, using the Child Support Guidelines (C.R.S. 14-10-115).
4. The RTC bills the State Mental Health Services any balance due (the difference between room and board charges, and 1., 2. and 3. above)
5. The RTC charges are based on their rate submittal to the State Child Welfare for fiscal year 2000.

Treatment

1. The treatment rate is determined by the CCAR completed by the CMHC as part of the assessment. The rate will be at either the B or C level established by the State.
2. The State will pay for the first 30 days of treatment if the CMHC determines that the child needs RTC level of care. The family is liable for all costs after the first 30 days if the child is found not eligible for SSI. If the CMHC does not determine that the child needs RTC level of care, the family will be responsible for all cost. For the first calendar month or when Medicaid eligibility is established, the treatment costs will be billed to the State. The CMHC will have the parents sign a statement of full disclosure of the financial risk and the parent's liability for the costs of room and board and treatment prior to the admission of the child to the RTC.

3. Once SSI/Medicaid eligibility is established, the RTC will bill Medicaid through the regular billing procedures. The child becomes eligible for Medicaid on the first day of the calendar month following the calendar month of admission.
4. Timely filing of Medicaid claims by RTC providers is extended when there is retroactive eligibility. The provider is permitted a maximum of 120 days from the date the retroactive eligibility was entered into the system by the county Department of Social Services technician. Counties provide a hardcopy backdate letter to providers to be referenced when billing. Please see Colorado Department of Health Care Policy and Financing Staff Manual, Volume 8, Medical Assistance, 8.043.02B., for the specific rules that must be followed.

Once SSI eligibility is determined, Medicaid will pay for the RTC treatment costs from the first day of the second calendar month of care, until the completion of RTC placement. Timely filing of Medicaid claims is extended when there is retroactive eligibility. The provider is permitted a maximum of 120 days from the date the retroactive eligibility was entered into the system by the county Department of Social Services technician. Counties provide a hardcopy backdate letter to providers to be referenced when billing. Please see Colorado Department of Health Care Policy and Financing Staff Manual, Volume 8, Medical Assistance, 8.043.02B for the specific rules that must be followed.

Billing Procedures

All billings to the State should be directed to:

William Bane, M.S.W.
Colorado Department of Human Services
Children's Health and Rehabilitation Services
3824 W. Princeton Circle
Denver, CO 80236

The billing must include the following information:

1. Client Name
2. Medicaid ID when issued
3. Number of days of care
4. Room and Board Rate (see # 5 under Room and Board)
5. Treatment Rate (see # 1 under Treatment)
6. Gross billing
7. Amount billed to private insurance

8. Amount paid by SSI (see # 2 under Room and Board)
9. Amount paid by Medicaid
10. Amount billed to parents
11. Net billing to State

VII. Dispute Resolution

Two types of dispute resolution processes are included in the rules for H.B. 99-1116, Child Mental Health Treatment Act. One covers disputes between parents and mental health centers concerning denial of residential treatment. The other pertains to disputes between local mental health agencies and county departments of social services about responsibility for providing residential treatment. The following briefly describes each of these processes.

Dispute Resolution for Denial of Residential Treatment

Under this process, parents may file a grievance with the local mental health agency and, if unresolved at that level, with the State. This process includes timelines for providing the assessment based on the child's needs, and for the appeals at the local and State levels.

Key aspects are:

1. Assessment and decision by the mental health agency (CMHC or MHASA) are provided and communicated within the time framework determined by child's need, defined as emergency, urgent, or routine situations.
2. Opportunity for parent to indicate that they agree or disagree with the decision.
3. Implementation of grievance process at the local level if the parent disagrees with decision, within prescribed timeline.
4. Opportunity for the parent to appeal at State level if the matter is not resolved at the local level, with prescribed timelines for this process.

The outcome of the State level review constitutes final agency action, except when it involves a Medicaid eligible child.

Dispute Resolution for County Departments and Mental Health Agencies

The following describes the process for resolving, at the state level, disputes between county departments and local mental health agencies under H.B. 99-1116. The state dispute resolution process is to be used only after locally established resolution processes have been exhausted. The state dispute resolution committee will include members who represent a mental health agency, a county department and the Department of Human Services.

1. Within five (5) days of either agency recognizing a dispute exists and the local established processes have been exhausted, one or both of the agencies will request that the dispute resolution process will be conducted. The request must be made in writing and directed to:

Office of Field Services
Attn: Ron Eicher
1575 Sherman St.
Denver, CO 80203-1714
Fax: 303-866-3905

2. Within ten (10) days of receiving the dispute resolution request, the committee (Cross-Systems Dispute Resolution Committee – H.B. 99-1116 sub-committee) will meet in order for each agency to present their position to the committee. The committee has the right to request information from any person(s).
3. After the committee has received all the information and both agencies have been heard, the committee will issue its determination in writing to the disputing agencies within five (5) days. The committee's determination constitutes final agency action.

Appendix
Sample procedures and forms used by Behavioral HealthCare Inc. (BHI) in assisting families regarding H.B. 99-1116

The following steps need to take place for **Non-Medicaid eligible children**:

1. A family or agency contacts the CMHC to request residential services for a child.
2. The CMHC provides a copy of the **Informed Consent** regarding financial responsibility and **A Parents' Guide To H.B. 99-1116** to the parent(s).
3. Establish a fee for your services with the family, if they are new to the Community Mental Health Center.
4. Have the family sign the release of information forms for any past services.
5. The CMHC completes an assessment to determine if residential services are necessary, including obtaining all pertinent documents from any current or previous treatment providers for the child. If, at any point, the CHMC has reasonable cause to know or suspect that a child has been subject to abuse or neglect the center immediately contacts the appropriate county department of social services/human services.

An assessment and decision regarding requests for residential treatment shall be performed by the CHMC within the following time periods after a request for residential treatment has been made:

- a) Emergency situations, defined as a condition which appears to require unscheduled, immediate or special mental health intervention in response to a crisis situation involving the risk of imminent harm to the person or others: Evaluation shall be completed within six (6) hours of the initial assessment request.
 - b) Urgent situations, defined as a condition which appears to, if not addressed within twenty-four (24) hours, be likely to escalate to an emergency situation: Evaluation shall be completed within twenty-four (24) hours of the initial assessment request.
 - c) Routine situations defined as all other situations: Evaluation shall be completed within three (3) days of the initial assessment request.
 - d) The CHMC decision shall be communicated orally and in writing to the parent or guardian within the time allowed above for the completion of the evaluation. Oral notice shall be face to face with the parent or guardian when possible.
 - e) The written decision shall contain notice of the applicable criteria for residential treatment, the factual basis for any denial, the alternative services being offered including a time limited plan for assessing the need for residential treatment.
6. If the residential services are denied, the CHMC informs the family of the dispute resolution process.

7. If the assessment determines the child does need residential treatment, inform the family and have them sign releases to let you talk to Residential Treatment Centers they are considering asking for services.
8. If residential services are required the CHMC contacts the H.B.99-1116 school district liaison to establish educational need, including special education services.
9. Assist the family in contacting the Social Security Administration (SSA) to begin the process of applying for Supplemental Security Income (SSI) for their child. The goal of this last step is to have the child become eligible for Medicaid so that fee-for-service Medicaid can pay the treatment costs while the child is in residential treatment.
10. Remind the parents of their financial responsibilities described on the Informed Consent regarding financial responsibility.
11. Complete a CCAR (new or update) and mark H.B.99-1116 in the bottom special studies box using the first 6 boxes starting on the left. Keep careful records of what you did and when, as you are required to provide detailed information about these cases to the State.
12. Community Mental Health Centers are responsible for providing case management and continued stay reviews for residential treatment services during the course of the child's stay in the RTC.
13. Community Mental Health Centers coordinate post-residential follow-up services as needed and requested, including transition to the child's school and community. This is in accordance with the Center's available funding and fee policies.

For Children Covered By Medicaid Before the Request For Residential Treatment Services

- A. Please note that if the child has another insurance carrier, that carrier may have responsibilities to provide care. If Medicaid covers the child, then the MHASA (Mental Health Assessment and Service Agency) may be responsible for necessary residential treatment unless there are abuse, neglect, or juvenile justice issues that make placement the responsibility of Social Services or DYC (Division of Youth Corrections). The MHASA should evaluate whether the child needs residential treatment and present the results of the evaluation to the parents. If there are abuse and neglect issues, inform the parents that you will be supplying that information to Social Services, and make your report to Social Services. If the child requires residential treatment solely because of delinquent behavior, inform the parents of that and convey the information to the child's probation officer, if he or she has one. (A Release of Information is required.)

If the child requires residential treatment because of mental illness, the MHASA will be responsible for locating and paying for residential treatment, coordinating treatment in the RTC, and providing follow-up care when the child is discharged. The RTC must be a private, non-public facility. For example, the RTC used under this program cannot be one that is owned and operated by the State or a county.

- B. If the child does not require residential care, present the MHASAs criteria for residential care and the reasons that the child does not meet these criteria (verbally and in writing). Also present treatment alternatives to the parent and inform them of their right to appeal this decision.

- C. If the parents wish to appeal the decision regarding residential treatment, complete your MHASAs appeal procedure within two days. If the appeal upholds the denial of residential care, the person or group rendering the second opinion will again present the criteria for residential placement and the reasons for denial, and will present the parents with the opportunity to appeal to the State.

Listed below is an example of procedures and forms used at the BHI (Behavioral HealthCare, Inc.) Centers (Aurora, Adams, and Arapahoe).

A PARENTS' GUIDE TO H.B. 99-1116

You have requested residential services for your child who is not currently eligible for Medicaid coverage. This is an outline of the steps that the mental health center will take for you and a description of the steps that you will need to take for yourself. This is a new and complex process, so please feel free to ask questions at any time.

What the Mental Health Center will do:

1. We will assign a therapist to assess your child and your family's needs and strengths to determine if residential treatment is necessary. We will complete this evaluation as quickly as possible. If this evaluation raises questions about possible abuse or neglect, we will make a referral to the local Department of Social Services as required by State law.
2. We will share the results of the assessment with you. If residential treatment is not appropriate in our opinion, we will inform you of what services we believe would be of greatest benefit and assist you in locating those services. We will also inform you of how to appeal this decision, if you disagree.
3. If residential services are determined to be necessary, we will assist you in locating such services for your child. We will also contact your school district to alert them to the possible placement of your child so that they can determine if your child is eligible for payment of excess educational costs by the school district. We will also assist you in contacting the Social Security Administration (SSA) to apply for Supplemental Security Income (SSI) for your child once he or she is placed in residential care.
4. We will be available to work with your child and your family when your child is discharged from residential care, if you wish to work with us.

What you will need to do:

1. Help us complete the evaluation by keeping appointments and helping us obtain all past records concerning your child's difficulties. This will include signing appropriate releases of information so that we can obtain records and share information with other agencies to help obtain appropriate services.
2. Work with your school district and the Social Security Administration to obtain educational and Medicaid funding for your child.
3. Pay our fees (based on a state-mandated sliding fee scale) for the services that we provide in completing the assessment, providing services other than residential services to your child and family, and providing follow-up care to your child and family after discharge from residential care.

The mental health center cannot guarantee that:

1. a residential treatment center will agree to admit your child even if residential care is necessary for your child;
2. your local school district will approve payment of excess educational costs, even if residential treatment is necessary;
3. your child will become eligible for Medicaid, even if residential treatment is deemed necessary by the mental health center; or
4. you will not be responsible for a sizeable bill for residential treatment for your child, if SSI and Medicaid funding is not made available.

Parent Response To Evaluation For Residential Treatment For A Child

I, _____, understand that my request for residential treatment for _____ is being denied at this time that that alternative services are being offered.

I wish to appeal this decision and hereby request an internal clinical review of this decision from The Mental Health Center to be completed within two working days.

I agree with the plan for alternative services and do not wish to appeal this decision.

I withdraw my request for services from The Mental Health Center at this time.

Parent Signature

Date

Date: _____

Colorado Department of Human Services
Mental Health Services
Thomas J. Barrett, Ph.D., Director
3824 W. Princeton Circle
Denver, CO 80236

Dear Dr. Barrett:

I, _____, am hereby requesting a third party clinical review of the need for residential services for _____ under the rules for the implementation of Colorado House Bill 99-1116 (Child Mental Health Treatment Act). The Community Mental Health Center / Mental Health Assessment and Service Agency (MHASHA) has denied my request for residential treatment at this time. I (do, do not) _____ request and authorize an extension of the time permitted to complete the evaluation from three (3) working days to six (6) working days.

I am enclosing my name, address and phone number so that you may reach me as quickly as possible.

Sincerely,

Parent's Name _____ Home Phone _____
Address _____ Work Phone _____

COLORADO DEPARTMENT OF HUMAN SERVICES

OFFICE OF HEALTH AND REHABILITATION SERVICES
George Kawamura, Manager

Mental Health Services
3824 West Princeton Circle
Denver, CO 80236
Phone (303) 866-7400
TDD (303) 866-7471
FAX (303) 866-7428

Thomas J. Barrett
Director

Colorado Department of Human Services
Mental Health Services
Thomas J. Barrett, Ph.D., Director
3824 W. Princeton Circle
Denver, CO 80236

CONSENT TO RELEASE INFORMATION

I, _____, understand that in order for the Colorado Department of Human Services, Mental Health Services, to perform an evaluation for residential treatment as provided by H.B. 99-1116 (Child Mental Health Treatment Act), that confidential clinical information about _____ must be utilized. Therefore, for the purpose of this evaluation and for the duration of this appeal including any necessary follow-up, I authorize the _____ Community Mental Health Center / MHASA and any previous mental health service providers to release or re-release information obtained or generated by them concerning _____ to Mental Health Services or its designee. This release covers medical, psychological, diagnostic, evaluative and treatment information to the extent necessary for the state level clinical review to evaluate the need for residential treatment services for _____.

I also authorize Mental Health Services or their designee to share the results of their evaluation with the mental health agency, if necessary to thoroughly evaluate this appeal.

I understand that I may revoke this consent to release information at any time, however, in that event, it may not be possible to continue with the clinical review. This consent shall be effective for the duration of the appeal and any necessary follow-up or for one year from the date signed, whichever is sooner.

A copy or fax of this release may be used in lieu of the original.

DATE: _____

Signed: _____

Relationship to child: _____

Disclosure of Financial Risk for Parents and Guardians
H.B. 99-1116, Child Mental Health Treatment Act

H.B. 99-1116, Child Mental Health Treatment Act provides access to residential treatment for children with mental health needs without requiring court involvement. Funding is available for children who are not Medicaid eligible at the time residential treatment is needed.

- There are various costs related to residential treatment for children. These include treatment, room and board, and education. Funds available through H.B. 99-1116 will assist with the costs of room and board and treatment, but I remain responsible for some of the costs. Insurance and other benefits will be applied first to the cost of care. Medicaid is the payor of last resort and will be provided if my child is found to be eligible for Supplemental Security Income (SSI) and other insurance coverage is not available.
- My ability to pay will be calculated using the “Colorado Child Support Guideline” and the “Schedule of Basic Child Support Obligations,” in Section 14-1-115, C.R.S. The residential treatment center will determine the cost of care for children in this program. The following are examples of child support costs for one child, based on various combined monthly adjusted gross incomes of both parents: \$1,000/\$198; \$3,000/\$434; \$5000/\$665; \$7,000/\$865.
- The charge to me will be the balance of the cost of care after insurance and other benefits have been deducted, or the ability to pay, whichever is less. If I do not cooperate in making insurance and other benefits available, I will be billed for the amount equal to the dollar value of the insurance or benefits in addition to the lesser of the balance of the cost of care or the ability to pay. If the dollar value of insurance and other benefits cannot be determined, I will be billed the full cost of care.
- If I request, and it is determined that my child requires, placement in a Residential Treatment Center (RTC), Colorado Mental Health Services, through H.B. 99-1116, will contribute to the costs for the first thirty (30) days. This support will continue beyond the first 30 days if my child is eligible for Supplemental Security Income (SSI).
- Education costs for children served through H.B. 99-1116 will be covered through State and local education funds.
- If my insurance company refuses to pay, I will use the appeal process available through the insurance company.
- It is my responsibility to apply to the Social Security Administration (SSA) for Supplemental Security Income (SSI) in the month my child enters residential treatment and to gather and provide the necessary records. If my child is determined to be eligible for SSI, Medicaid will pay the treatment costs beginning the calendar month after my child enters placement.

- I will assign the residential treatment center as the representative payee for the SSI grant to help cover the cost of the room and board. If the room and board costs are greater than the SSI grant, I may be responsible for a portion of the difference.
- If SSI eligibility is denied, I may want to request an appeal of the decision – which takes additional time. I will gather records to expedite the process if an appeal is filed.
- The requirements to qualify for SSI are strict and the mental health center has no part in the qualifying process. Mental health center records will be, with my permission, included in the assessment for SSI eligibility. It generally takes a minimum of 60 days to make a determination on the SSI application.
- If my child is found not eligible for SSI, I will be responsible for **all costs** related to room and board, and treatment for the residential placement, beyond the initial thirty-day period.
- There will be charges on a sliding fee scale basis to me if any available insurance does not pay for services provided by the mental health center. Such services may include those provided during the assessment and pre-placement phase, services (e.g., case management) provided during the portion of the RTC stay not covered by Medicaid, and post-residential follow-up services.
- If I fail to comply with any of the responsibilities outlined above (e.g., applying for SSI or supplying information to determine my payments under Child Support Guidelines), I will become fully responsible for unpaid costs of my child’s residential treatment.

My signature indicates my understanding of the information provided in this document.

Parent or Guardian

Date

Witness

Date

January 11, 2000