



August 30, 2023

TO: State Board of Human Services

FR: COMBINE, contracted Medicaid mental health care independent providers

RE: Proposed BHE Licensing Rules heard September 8, 2023

COMBINE, representing over 900 independent mental health care clinicians contracted by the RAEs to provide care, commends the Behavioral Health Administration for their efforts in shaping Colorado's new behavioral healthcare rules. We value the collaborative spirit the BHA team has consistently displayed. The Independent Provider Network now provides more than ½ of all outpatient care for Medicaid mental health in Colorado.

Our solo and small providers operate under a regulatory regime that is comprehensive. We must comply with ethics codes from various organizations, the Mental Health Practice Act, requirements of our RAE contracts, and CMS rules. There is a robust grievance process facilitated by DORA.

Generally our constituency operates small clinics, falling below the threshold in the document that requires licensure when clinics have "10 or more full time licensed staff."

Some of our clinics however are involved in SUD treatment and are therefore under these rules, as well as clinics interested in providing services as Essential Safety Net Providers.

Some of our clinics are also growing, and are reluctant to grow past 9 full time licensed providers because of the extensive requirements and expense of preparing a BHE licensure application. COMBINE as an organization is committed to assisting these clinics in their applications and understanding of BHE licensure so that regulatory requirements are less of a challenge to growth.

Regarding the Rules promoted for first reading September 8:

2.5 A.1.e "ESTABLISHING AND MAINTAINING RELATIONSHIPS WITH AGENCIES, SERVICES, AND BEHAVIORAL HEALTH RESOURCES WITHIN THE COMMUNITY."

We are supportive of the intention as far as we understand. The act of establishing and maintaining relationships is vague, and we wonder if the BHA would like us to have written "memos of understanding" or some other evidence of relationships. We seek clarity.

2.5 I. 10 "THE BHE MUST ENSURE THAT ALL PERSONNEL RECEIVE THE FOLLOWING TRAINING" ... "UNDERSTANDING OF BASIC PHARMACOLOGY AND MEDICATIONS THAT ARE RELEVANT TO THE TREATMENT TYPE AND POPULATION SERVED BY THE AGENCY, INCLUDING BUT NOT LIMITED TO MEDICATION ASSISTED TREATMENT (MAT) SERVICES AND MEDICATIONS FOR OPIOID USE DISORDERS (MOUD).

Most of our clinics do not dispense, store, or prescribe medication. However our client population seeks medication from primary care providers or specialty care. 'Understanding' basic pharmacology implies that we must provide training for pharmacology so that our staff understands the basics of medication. This training will be expensive to provide depending on the level of understanding of basic pharmacology that the BHA expects.

2.10.A.1 (Admission) "CRITERIA TO ENSURE THE BHE, ENDORSEMENT, AND/OR LOCATION ONLY TREATS INDIVIDUALS FOR WHOM IT CAN PROVIDE IMMEDIATE ASSESSMENT AND TREATMENT BASED ON THE INDIVIDUAL'S NEEDS."

This requirement seems to rule out waiting lists, and we are confused by the wording and wonder what the underlying intention is. Many Medicaid clients are refused care due to unavailability of care, and would like to be placed on waiting lists. Not all clinics operate waiting lists, but many do.

2.12.2.B.8 Initial Assessment; "ASSESSMENT OF NEED FOR MEDICAL CARE (WITH REFERRAL AND FOLLOW-UP AS REQUIRED);
"

We would like to understand what the BHA means by "assessment," as we do not have medical staff. Is it sufficient to ask the client if they need medical care? We can observe the client and speak to what's obvious, however we cannot practice out of our scope.

4.3.3. C. Service Provisions

"WHEN REFERRAL(S) ARE NEEDED TO BEST MEET THE INDIVIDUAL ASSESSED NEEDS, REFERRAL(S) MUST BE PROVIDED IN COLLABORATION WITH THE INDIVIDUAL AND THEIR CHOICE(S) FOR REFERRED SERVICES..."

This requirement is often not possible to meet, in our experience. Provider initiated termination, usually because the client's needs are outside of the scope of the provider, or for lack of progress, is often fraught and clients may not collaborate or discuss choices.

We appreciate the opportunity to participate in this process and we look forward to a mutual understanding.

In regards,

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