Feb 2022 Legislative, Administrative, Litigation Agenda

{Update July 2022, strikethroughs on completed items}

COMBINE (Colorado Medicaid Behavioral Health Network) organizes mental healthcare providers across licensures that contract with RAEs and other administrative service organizations that contract providers for SUD/MH care.

Our membership comprises solo and small practitioners and directors of clinics operating outside of the CMHC systems. Our mission is for a diverse, sustainable, and competent Medicaid mental healthcare workforce.

While cultural competency can be taught and impacts of differing social locations between therapist and client always exist, a diverse workforce is required to meet the needs of our diverse population. Rates of enrollment in Medicaid are higher for BIPOC than the Euro-American population. GLTBQ+ therapists are needed to meet with GLTBQ+ clients. Men are under-represented in the counseling workforce and are needed to address men in family, couple, and individual therapy. Therapists with lived experience as deaf/hard of hearing and other disabilities are in short supply.

Top Concerns

Amend HB19-1269 to include Private Right of Action (update Woodrow says '23)
$ Family Therapy (90847) rate must equal or exceed Individual Counseling (90837)
$ > 90 minute Family Sessions may bill for Extended Session code (99354)
Title 10 offers protections versus delayed payment, extend to 25-5
~~Colorado Access allows pre-licensure (update 2/6 Bremer promises a process, DOI for privates?)~~
RAEs are changing "supervision" requirements to exceed DORA requirements, reducing available workers.
Network Adequacy, Financial (MLR), Care Coordination Reporting (accuracy and transparency)
BIG interim study committee on Network Adequacy definitions in telehealth/compact world
Network Adequacy is defined in multiple places (DOI/commercial, RAE contracts, "universal contract")
Student loan forgiveness should include mental health workers, not just SUD (fix CO Health Service Corp rules)

~~Currently active in 2022 Session~~

~~Recoupment~~ SB22-156
~~Prior Authorization (no AI, gold card, min. durations, response times, appeal, public criteria, 3rd party review, CMHCs not exempted when IPN must)~~ SB 22-156
Wages (set minimum using MPRRAC, maybe pass-throughs, etc) HB 22-1268 is now "audit/action plan"
CJ - Commercial insurance covers court mandated counseling
CJ - Pre-release Medicaid enrollment, placement with counseling pre-release (check CJ bill, may have passed)
CJ - prohibit use of access to counseling as behavioral control
$ BHE licensing fees, HCPF enrollment fee (HB22-1001 - reduce fees for businesses did not help)
$ Support for BH Ombudsman office, more FTE
$$ Restore student loan reduction for providers serving underserved populations.
HB22-1050 "International medical graduates" could include mental healthcare professionals.
Contracting Time (rumored, extend same protections afforded Medical to 25-5 MH)

(support) Interstate Compact
Age of Consent, 12 year olds are allowed care w/o parent permission - extend to RAE switching
~~(support) All Payers Claims Database access to rates, increase 'scholarship' fund~~ (This passed, SB 22-51)

Wages and Reimbursement Concerns

CPT code and reimbursement for time spent developing support materials for interventions

Clarifications needed from HCPF
Establishing that HCPF's role is to protect the IPN from RAE predations.
~~Duration and process of HCPF 'validation' contracted to Gainwell~~
Medicaid members may switch RAEs at will. Nobody is 'trapped'.
~~Dual Enrollees; Medicaid is the payer of last resort, and Medicare denies LPC care.~~
Receiving fees for denied care should not be criminal. (AG ?)
Payer mix in case loads.
~~Impacts of F64 Gender Dysphoria on claim cycle.~~
RAEs, HCPF must notify members and member's providers when RAE is changed.
Single application for RAEs.
Concurrent processing of validation and RAE application.
Federal waiver for no-show/late cancel fees.
90876 Neurofeedback is allowed for interns but not LPCC
Intervention Development to be within scope for Case Management (T1017) or H0032

DORA Concerns
Fix patchwork policy allowing graduate school students to apply for LPCC, LSW.
LPCs may sign notes for LSW, LCSWs may supervise LPCCs (MFTs ?) (administrative supervision)
$ Recruit Medicaid providers through DORA interactions, licensure process

OBH Concerns
$ HB 1287 'Registry' expand to all providers, up-to-date availability, ping providers, app/website

Early Childhood
$ Track preschool expulsion, refer to care
$ Establish statewide ACES screening, like eyesight and dental screening for kids

Workforce Pipeline
$ Subsidize graduate education (parity with GME) for under-represented students

Other DEI
Sb21-181 Address Health Disparities could include emotional disorders

Parity

BIG Institute an administrative process to hear Parity concerns. (NY, Mass. examples)
BIG Prohibit Tiered Rates Based on Terminal Degree (no 'degree' penalty) LITIGATE/ legislate

HCPF allows 365 days for filing claims for Medicaid medical, RAEs for MH (90-120 days)
$ Parity education mandatory for DOI, HCPF, RAE relevant employees, contractors
“Extension codes” are allowed for medical, not for MH.
Public notice on RAE/ HCPF websites of violations and improvements.
Remove “1 intake per year” Anthem benefit limit. (Parity)

Ethics Concerns
Exiting department execs prohibited from lobbying for two years.

Long Term
Develop process to identify talented youth, similar to athletic tracking, STEM tracking.
Develop preventative curriculum for relationship competence, mental health basics
$$$ Expand Medicaid buy-in to all Coloradans.
$ Educate Medicaid members that there is a BH benefit (drives demand, which needs a supply)