

## FACTS

### FREQUENTLY ASKED BENEFIT QUESTIONS

Prescription Drugs	BHI <u>is not responsible</u> for the cost of prescription drugs, including those received in the emergency room. BHI <u>will be responsible</u> for ensuring that medicaid recipients obtain necessary prescription drugs from a medicaid enrolled pharmacy.
Residential Child Care	BHI <u>will not be responsible</u> for the cost of room, board or mental health services for children/adolescents in residential child care facilities or residential treatment centers unless a specific contract exists with the TRCCF or PRTF <u>and</u> the service has been preauthorized by BHI.
Recipient Co-payments	BHI will not assess any charges to recipients.
Coordination of Services with Medical Providers	BHI will promote coordination with the consumer's primary care physician and/or Health Maintenance Organization (HMO). If consumer has medical benefits through a physical health HMO, BHI will contact the Managed Care Section of the Medical Program to refer the consumer.
EPSDT	Early & Periodic Screening, Diagnosis and Treatment. Medicaid providers are required by the State of Colorado to coordinate with the EPSDT program by obtaining results of screens, referring consumers who need screens to their PCP/Pediatrician and considering results of screens in service planning. This pertains to all consumers age 1-21.
Coordination With Human Services Providers	BHI will develop and implement procedures for coordinating the mental health services provided to a recipient with services provided by other human services agencies including: <ul style="list-style-type: none"><li>• county social services department;</li><li>• child welfare agencies;</li><li>• Residential Child Care Facilities;</li><li>• organizations providing services to older adults;</li><li>• schools;</li><li>• judicial/legal systems;</li></ul>

- advocacy organizations
- agencies providing substance abuse services;
- agencies providing translation/interpretation services;
- agencies providing services to deaf and hard of hearing consumers; and
- any other agencies providing human services to Medicaid recipients in need of mental health care.

## Enrollment Exclusions

Specifically excluded are:

- Qualified Medicare Beneficiaries only (QMB-only)
- Qualified Working Disabled Individuals (QWDI)
- Qualified Individuals 1 (QI 1)
- Special Low Income Medicare Beneficiaries (SLMB)
- Undocumented Aliens
- Program of All-inclusive Care for the Elderly (PACE)
- Individuals who are inpatient at the Colorado Mental Health Institute at Pueblo (Institute) who are:
  - Found by a criminal court to be Not Guilty By Reason of Insanity (NGRI).
  - Found by a criminal court to be Incompetent to Proceed (ITP), or
  - Ordered by a criminal court to the Institute for evaluation (e.g., competency to proceed, sanity, conditional release revocation, pre-sentencing).

## Benefit Limits

Inpatient – Inpatient care is limited to 45 days per State Fiscal Year, except for days used at the Colorado Mental Health Institutes at Fort Logan or Pueblo for consumers ages 21 – 64 years. For youth up to the age of 21 years, medically necessary inpatient days beyond 45 will be authorized per EPSDT regulations.

Outpatient – Outpatient benefits are limited to 35 individual and individual brief visits per State fiscal year. This limit does not apply to the following services: case management, family therapy, group therapy and services related to medication evaluation and management by a prescribing professional. For youth up to age 21, medically necessary outpatient psychotherapy visits beyond 35 per year will be authorized per EPSDT regulations.