

Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please email
COProviderRelations@BeaconHealthOptions.com



February SUD Expanded Benefit Provider Forum

Agenda

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Questions & Open Discussion

Chapter

01

Welcome and Introductions

Welcome!

Please enter your name, organization, and email
In the Q&A box



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Chapter

02

ASAM Dimensions

Andrea Schmidt, LCSW, LAC

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Narrative Example

ABC Treatment requests authorization for 7 days DOS 1/8/21 to 1/14/21. Client admitted to ASAM 3.5 LOC on 1/8/21.

Dimension 1: Risk low. Client is a 47 yo married, unemployed, Caucasian male who lives with his wife and son (age 16) in Canyon City, CO. He admitted to 3.7 WM at QRS Hospital on 1/3/21, a result of making statements to his wife while intoxicated that he planned to shoot himself with his gun. Client has a 20-year drinking hx with early onset at age 13 with heavy use and disease progression at age 27. Client drinks 2 pints of whiskey/daily to blackout. No other illicit drug use. By history, client experiences withdrawal symptoms to include AVH, disorientation, fatigue, nervousness, anxiety, depression, vomiting, diarrhea, and SI. No prior SA tx. Dx: F10.20 severe, F41.1, and F32.9. On 1/8/21, client's UDS was negative for all substances. Also on this date, client's BAL 0.0. Client's date of last use 1/3/21. Vitals as of 1/8/21 WNL. PAWS as of 1/8/21: mild tremors, moderate anxiety, moderate agitation, mild sensory issues, mild bone and joint aches, and cravings 8/10. Appetite at 25% of baseline. Client sleeps 4 to 5 hrs/night with difficulty going and staying

Dimension 2: Risk low to moderate. Client endorsed an hx of hypertension and knee problems related to his work as a painter and has been Rx Neurontin to address chronic pain and Amlodipine for hypertension. Client has Hepatitis C, but does not demonstrate any acute sx's at this time.

Dimension 3: Risk moderate to high. Client has an hx of depression and anxiety dating back to 2009. He was seeing a psychiatric nurse practitioner who at that time dx him with Bipolar DO and meds. were prescribed at this time. He reported over his lifetime 3 IP psychiatric hospitalizations primarily related to endorsing SI when intoxicated with the most recent on 1/3/21. Client met with the MD on 1/9/21 and there are no acute symptoms, therefore, there is no current dx of Bipolar DO or recommended meds., however, client will continue to be evaluated. MAT was reviewed and client declined. MD recommended an SSRI, however, client reports ongoing anxiety and remains leery of taking additional medications. Rx meds.: Amlodipine 5 mg qam, Bupropion ER 150 mg bid, Gabapentin 300 mg bid, Trazadone 50 mg qhs. Client's appearance is adequate, speech pressured, mood anxious and affect congruent, speech is circumstantial, however, goal directed. Thoughts obsessive, cognition distracted. Judgment and insight poor. No SI/HI or psychosis. Client is able to manage ADLs. PHQ9 17, GAD 12.

Dimension 4: Risk moderate to high. Client is attending all assigned groups and individual sessions and is currently in the Contemplation SOC. Client recognizes his drinking is problematic and impacts his ability to work, results in marital conflict with his wife, and his relationship with his son is strained. Client reports financial problems, as his wife is the sole income earner. Client continues to be educated on the psychosocial problems of addiction. Client needs to work on his commitment to himself and develop plans to manage chronic pain, personal and external pressures. He will be educated on how drinking exacerbates mh sx's. The client identifies improving relationships with his wife and son, and resuming work as a painter as external motivators. Client describes internal motivation as wanting long-term life changes and sobriety. Client is working on tolerating anxiety that results from creating negative situations in his life, developing skills to deactivate alcohol cravings while postponing instant gratification. Client will work on impulsiveness, and how the short-term feeling good when drinking leads to long-term adverse consequences.

Dimension 5: Risk high. Client's will work on developing the skills needed to learn to identify/recognize relapse triggers and the dangers of high-risk situations; such as avoidance, defensive behavior, and excessive worrying. Client needs to work on developing the necessary refusal skills and delay impulses to drink. He has little understanding of how his drinking exacerbates depression and anxiety. Client's personal relapse prevention plan will be completed within the week, and this plan will be tailored to the client's recovery needs. ASAM 3.5 LOC is recommended as without the structure of a clinically managed high-intensity residential tx setting, the client is at high risk for returning to his same patterned drinking

Dimension 6: Risk high. There is no drinking or illicit drug use in the client's home however, this is where he primarily drinks alone. Client's wife will not allow him to return home upon discharge from tx as she requires demonstrated sobriety. Tx team recommends that client dc to sober living to further develop and implement skills to remain sober. Client is considering sober living, however, is not agreeable currently. Client will continue working on developing a sober support system outside of the tx environment. Client will attend 12-Step meetings, complete step work, obtain and work with a sponsor.

Chapter

03

Updates & Information

REMINDER! Current Clinical Information

Please ensure the clinical information you are submitting for authorizations includes current clinical information.

Current clinical is defined as within **3 days**

PROVIDER ACTION NEEDED: Provider Bed Count Data Collection

In order to update rates for the SUD benefit for the coming year, the Department has begun the rate setting process. Obtaining accurate counts of the number of SUD treatment and withdrawal management beds across the state is a critical component of rate setting. The Department is requesting provider assistance in updating bed counts at each facility.

Victoria Laskey reached out to all providers in January to request updated information on program capacity. If you have not completed the survey for your program, [ewform](https://docs.google.com/forms/d/e/1FAIpQLSdrl8CoeTMP4VylxWInqu3qs_kjs_sbSIHU04Fx_EL5_T0ILw/vi
<a href=)

MAT Toolkit

The Centers for Medicare and Medicaid Services (CMS) requires that all providers receiving Medicaid reimbursement for residential and inpatient SUD services offer Medication Assisted Treatment (MAT) onsite, or facilitate access to MAT offsite.

The Department has partnered with the Office of Behavioral Health (OBH) at the Colorado Department of Human Services to develop a [MAT Toolkit for providers incorporating MAT into their programs](https://drive.google.com/file/d/1vAcsES96vAG9JTj2gawjJokbTgSidM2q/view).

<https://drive.google.com/file/d/1vAcsES96vAG9JTj2gawjJokbTgSidM2q/view>

Chapter

04

Upcoming Events

HCPF Provider Office Hours

The Department of Health Care Policy and Financing, in conjunction with its partners at the Colorado Office of Behavioral Health, Regional Accountable Entities, and Managed Services Organizations, will host a series of 60-minute Provider Office Hour sessions, where residential and inpatient SUD treatment providers may ask questions and receive support on issues relating to the SUD benefit expansion.

To submit a question or for more information visit

<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

FIRST Wednesday of the month

Meeting link:

meet.google.com/ypv-vtau-kfp

Call-in number: (419) 812-2582

PIN: 931 626 035#

January 6, 10:30 - 11:30 a.m.

February 3, 2:00 - 3:00 p.m.

March 3, 2:00 - 3:00 p.m.

THIRD Wednesday of the month

Meeting link:

meet.google.com/jsw-mjwf-khk

Call-in number: (916) 836-2601

PIN: 951 467 943#

January 20, 2:00 - 3:00 p.m.

February 17, 2:00 - 3:00 p.m.

March 17, 2:00 - 3:00 p.m.

Join Us Next Month!

The 3rd Tuesday of the month

March 16th at 10am

Upcoming Trainings

SUD Residential Treatment, Health First Colorado Providers

March 2

RAE 2 Northeast Health Partners – 1pm-4pm <https://www.surveymonkey.com/r/8JHWRLF>

RAE 4 Health Colorado, Inc – 9am-12pm <https://www.surveymonkey.com/r/8CCYGB5>

Mental Health and SUD Outpatient Documentation Training Health First Colorado Providers

March 11

RAE 2 Northeast Health Partners – 1pm-4pm <https://www.surveymonkey.com/r/8RRXFMS>

RAE 4 Health Colorado, Inc – 9am-12pm <https://www.surveymonkey.com/r/8S6PLXD>

SUD Inpatient Treatment, Health First Colorado Providers

March 18

RAE 2 Northeast Health Partners – 1pm-4pm <https://www.surveymonkey.com/r/8QGX5TV>

RAE 4 Health Colorado, Inc – 9am-12pm <https://www.surveymonkey.com/r/8S722B9>

All of these trainings will cover

Standards that apply to the programs treatment documentation.

Review of the audit tool and discussion of how standards apply to each section.

Adverse Incident and Quality of Care issues reporting.

New Beacon Providers

If you are a New Provider to the Beacon network we will hold a separate training to go over the fundamentals of the Beacon Provider portal, Provider Connect, and billing processes.

Join us February 23rd → To register email

COProviderRelations@BeaconHealthOptions.com

For self service information prior to that training please visit

The RAE website → Provider tab → *Are you a newly contracted provider? Click here!* section at the top of the

HOME / PROVIDERS

Providers

Upcoming Events / Get Involved! +

Are you a newly contracted provider? Click here!

Chapter

05

Questions & Open Discussion

Thank You

Contact Us



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