

# Thank You

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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](mailto:COProviderRelations@BeaconHealthOptions.com)



# February Provider Support Call

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# Agenda

01

Welcome & Introductions

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02

Principles of Recovery & Psychiatric Rehabilitation

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03

Updates and Important Information

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04

Questions & Open Discussion

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Chapter

# 01

## Welcome and Introductions

Please enter your  
name and email in  
the Q&A box

Chapter

# 02

## Principles of Recovery & Psychiatric Rehabilitation

Crystal Asuncion  
Provider Relations Manager

# Definition

Working definition of recovery from mental disorders and/or substance use disorders:

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”  
(SAMHSA, 2010)

# Recovery Support Strategic Initiative

Through its *Recovery Support Strategic Initiative*, the Substance Abuse and Mental Health Services Administration (SAMHSA) has delineated four major dimensions that support a life in recovery:

- Health
- Home
- Purpose
- Community

# The Four Major Dimensions

## Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being





## **Home**

- A stable and safe place to live

## **Purpose**

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

## **Community**

Relationships and social networks that provide support, friendship, love, and hope

# Ten Guiding Principles of Recovery

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibilities
- Respect



## Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

# Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as people define their own life goals and design their unique path(s) towards those goals. People optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

# Recovery occurs via many pathways

People are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds— including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.

## Recovery occurs via many pathways (cont.)

Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families.

Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

# Recovery is holistic

Recovery encompasses a person's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary health care, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

# Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness.



## Recovery is supported by peers and allies (cont.)

Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

# Recovery is supported through relationship & social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks.

Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

# Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each person's unique needs.

# Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

# Recovery involves individual, family, and community strengths and responsibility

People, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, people have a personal responsibility for their own self-care and journeys of recovery. People should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. People in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

# Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery.

There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

# Special Considerations for Children and Adolescents

- Substance Abuse and Mental Health Services Administration. (2009). Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-occurring Mental Health Disorders. Rockville, MD: U.S. Department of Health and Human Services.

# Priorities for Youth Services and Supports

- Ensure ongoing family involvement
- Provide linkages to necessary services;
- Assure that the range of services and supports address multiple domains in a young person's life;
- Include services that foster social connectedness;
- Provide specialized recovery supports; and,
- Provide therapeutic/clinical interventions.



Go to [www.samhsa.gov/recovery](http://www.samhsa.gov/recovery) for more information on this topic or to read SAMHSA's Support Initiative.

Chapter

# 03

## Updates & Important Information

# COVID-19 Vaccination Information

## Stay up to date

<https://covid19.colorado.gov/vaccine>

Health First Colorado will even help members schedule a ride to the doctors appointment, or reimburse you for one, if needed. Visit

<https://www.healthfirstcolorado.com/newsroom/2023/04/20/health-first-colorado-announces-a-new-approach-to-address-the-mental-health-needs-of-coloradoans/>

In Northeastern Colorado you may also visit <https://www.nchd.org/covidvaxlink>

COVID-19 VACCINE DISTRIBUTION			
Winter ❄️		REVISED DATE: 02/04/2021	
PHASE: 1A	Highest-risk health care workers and individuals:	<ul style="list-style-type: none"> <li>People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period.</li> <li>Long-term care facility staff and residents.</li> </ul>	
1B.1	Coloradans age 70+, moderate-risk health care workers, and first responders:	<ul style="list-style-type: none"> <li>Health care workers with less direct contact with COVID-19 patients (e.g. home health, hospice, pharmacy, dental, etc.) and EMS.</li> <li>Firefighters, police, COVID-19 response personnel, correctional workers, and funeral services.</li> <li>People age 70 and older.</li> </ul>	
1B.2	Coloradans ages 65-69, pre-K-12 educators and child care workers in licensed child care programs, and continuity of state government:	<ul style="list-style-type: none"> <li>Child care workers in licensed child care programs, teachers (full-time and substitutes), bus, food, counselors, administrative, safety and other support services offered inside the school.</li> <li>Select members of the Executive and Judicial branches of state government. *note: members of the legislative branch have already received access to the vaccine</li> <li>People ages 65-69.</li> </ul>	
1B.3	Frontline essential workers and people age 16-64 with two or more high risk conditions:	<ul style="list-style-type: none"> <li>Frontline essential workers in food and agriculture, manufacturing, U.S. postal service, public transit and specialized transportation staff, grocery, public health, frontline essential human service workers, faith leaders, and direct care providers for Coloradans experiencing homelessness and essential frontline journalists.</li> <li>People 16-64 with 2 or more high risk conditions as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI <math>\geq 30\text{kg/m}^2</math>), pregnancy, sickle cell disease, solid organ transplant and people with disabilities that prevent them from wearing masks.</li> </ul>	
Spring ⚙️			
PHASE: 2	People age 60-64, people with high risk conditions, and the continuation of operations for state government and continuity of local government:	<ul style="list-style-type: none"> <li>People age 60-64.</li> <li>People 16-59 with 1 high risk condition as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI <math>\geq 30\text{kg/m}^2</math>), pregnancy, sickle cell disease, solid organ transplant. People with disabilities that prevent them from wearing masks.</li> <li>Local continuity of local government defined as executives of those branches of government and a limited amount of essential support staff needed to provide for continuity of government.</li> <li>Continuation of operations for state government is defined as those individuals defined by continuity of operations plans that each agency holds to continue to provide services.</li> <li>Adults who received a placebo during a COVID-19 vaccine clinical trial.</li> </ul>	
Summer ☀️			
PHASE: 3	General public:	<ul style="list-style-type: none"> <li>Anyone age 16 - 59.</li> </ul>	*Timeline subject to change based on supply chain. Prioritization subject to change based CDC guidance, data, science, availability.
<div> <div></div> - In progress           <div></div> - Upcoming phase         </div> <div>  Please note: As we move through phases, people in previous phases remain eligible.         </div>			

# Become a CARE Network Provider

## The Problem

Every year in CO, thousands of children are impacted by maltreatment.

## The Solution

A designated network of providers as part of the standardized and coordinated medical and behavioral health response to suspected cases of child maltreatment.

For more information and to Apply visit

[www.kempeCAREnetwork.org](http://www.kempeCAREnetwork.org)

For questions email

[CAREnetwork@UCdenver.edu](mailto:CAREnetwork@UCdenver.edu)



## THE PROBLEM

Every year in Colorado, thousands of children are impacted by maltreatment. Expertise to conduct medical evaluations and behavioral health screenings and assessments in suspected cases of child maltreatment is extremely limited.

## THE SOLUTION

A designated network of providers as part of standardized and coordinated medical and behavioral health response to suspected cases of child maltreatment.

## HOW CAN YOU BE PART OF THE SOLUTION?

*Become a CARE Network Provider! See below for provider details, requirements, and benefits.*

### ELIGIBLE BEHAVIORAL HEALTH PROVIDERS

- Licensed Psychologists (Psy.D, Ph.D)
- Licensed Behavioral Health Providers (LPC, LMFT, LCSW, APN)

### TRAINING REQUIREMENTS

- Complete two-day, virtual, New Provider Training.
- Complete web-based Mandatory Reporter Training.
- Complete a minimum of 6 hours of continuing education per calendar year through designated web-based CARE NETWORK ECHO sessions.
- Attend the 1-day, virtual CARE Network provider annual meeting.

### ASSESSMENTS AND SCREENINGS

CARE Network providers assess and screen patients who meet the following criteria

- Age 5 and under with suspected physical abuse or neglect
- Age 12 and under with suspected sexual abuse

### BENEFITS OF JOINING NETWORK

- Access to child abuse and neglect medical and behavioral health experts through ongoing training and mentorship, including individual case feedback, peer supervision, and ongoing support.
- Free continuing education credits for participation in ongoing training.
- Reimbursement per evaluation
  - \$600 per assessment

*\*Reimbursement covers non-clinical activities that are typically not billable through insurance and is subject to change based on available funding.*

### FOR MORE INFORMATION AND TO APPLY

[www.kempeCAREnetwork.org](http://www.kempeCAREnetwork.org)

### QUESTIONS? EMAIL

[CAREnetwork@UCdenver.edu](mailto:CAREnetwork@UCdenver.edu)

# Colorado's NPI Law Change Effective 1/1/2021

Who is impacted? Any organization health care providers (facilities, not individual providers)

What is needed? A unique NPI for every location and provider type → Email NPI's to [COProviderRelations@BeaconHealthOptions.com](mailto:COProviderRelations@BeaconHealthOptions.com)

What happens if we do not comply? Claims will be denied starting 1/1/21 if we do not have your unique NPI for each service location and provider type within that location.

What is the turn around time for NPI provider service location validations? Initial review of a Provider Maintenance to update an NPI could take up to 4-5 weeks. These requests cannot be returned for corrections, so if they are correct and complete, they are sent to QA Review status, which could take another 4 weeks. If they are not correct or complete, the request will be denied and the provider must re-submit the request. Gainwell is working to reduce the backlog over the next two months. For more information please visit the Colorado NPI Law webpage.

# CPT Coding Manual Changes

It is that time of year again! We have CPT coding changes taking effect on 1/1/2021 that we would like to share.

Please visit <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center>

Highlights of the changes are (these are just a few of the 4 pages of changes made in this iteration, Please review the list of changes and the new manual for any updates that impact service codes you bill) -

- Moved the home of the coding manual to under the ACC Behavioral Health Services section on the HCPF website ACC Phase II
- Deleted the “Telemedicine (Telehealth)” text box under Allowed Modes of Delivery in Section VIII. Procedure Code Page Outline & Deleted “Face-to-Face, Video Conf, Telephone” from the Mode of Delivery box on each Coding Page
  - This text box was no longer relevant with the expanded Telemedicine policy.
- Deleted HCPF and OBH social detox coding pages for S3005, T1007, T1019, and T1023

# SUD Service Providers- SUD Expansion Program

Beginning January 2021, Health First Colorado will add residential and inpatient SUD treatment and withdrawal management services to its continuum of covered SUD services. General information about the benefit is available in the [Ensuring a Full Continuum of Substance Use Disorder \(SUD\) Benefits Frequently Asked Questions document.](#)

For up-to-date information about the implementation of the benefit, visit the [Ensuring a Full Continuum SUD Benefits web page.](#)



# Stay Up To Date

Each week we provide a Newsletter including upcoming webinars or events, updates, and resources.



Be sure to check out the Inspire Wellness newsletter!!

Wed 1/6/2021 8:30 AM

Beacon Health Options <coproviderrelations@beaconhealthoptions.com>

NHP Weekly Provider Newsletter 1.6.2021

arbara



**Check out the latest news!**

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Time sensitive topics inside!

Click the link below to go to the newsletter.

**INSPIRE WELLNESS**

WE WISH YOU A HAPPY




*new year*

— 2021 —

**January 6, 2021**

Let's go!

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# Join Our Mailing List

It's easy to join our mailing list!

Just send your email address  
by text message:

Text

**BEACONHEALTH**  
to **22828** to get started.



Message and data rates may apply.

Chapter

# 04

# Questions & Open Discussion

# Thank You

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## Contact Us



 888-502-4189

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