

PROVIDER HANDBOOK



COLORADO

Department of Corrections

Division of Adult Parole



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It is the mission of the Colorado Department of Corrections to protect the citizens of Colorado by holding offenders accountable and engaging them in opportunities to make positive behavioral changes and become law-abiding, productive citizens.

PROGRAM SUMMARY AND VISION

The Division of Adult Parole supports the greater Department of Corrections mission by providing access to services in the community to address identified treatment needs. In order to better engage participants in the treatment process, we are moving to a client choice model for all community treatment provider referrals. It is important to recognize the value of empowering individuals with personal choice in selecting providers upon release from incarceration or when entering treatment while under parole supervision in the community, just as they would if seeking treatment independently. To do this we must move from traditional models of contract-driven treatment referrals to building relationships with providers and provider networks already present across the state.

Goals:

- Increase efficiency in referral process for clients to receive timely assessment and access to treatment.
- Provide additional scheduling flexibility to providers with most referrals being sent prior to a client's release from prison.
- Encourage providers to complete their own assessments to determine level of service needs.
- Improve provider support through validation of active Medicaid enrollment upon any request for payment from DOC gap funds.
- Promote continuity of care post sentence discharge by aligning the process to access treatment during parole supervision to existing care models in the community.
- Encourage wraparound treatment support by linking supervising community parole officers directly with treatment providers.

PROVIDER ENROLLMENT

The treatment agency submits the ATP Agency Enrollment Request form. Once received and verified, a Certification of Enrollment will be sent to the treatment agency. They will be added to CWISE for billing purposes, referrals and entering treatment notes.

Provider enrollment requests will need to indicate whether the provider accepts Medicaid clients, requires fee for services billing, or can accommodate either method of reimbursement/payment. Will also need to provide what private insurance they accept, if any. Will need to include their Health First Colorado ID if applicable.

To get CWISE access: the name of the person needs to be sent to the Coordinator. The Coordinator will send the request to CWISE and notify the agency of the login information.

New providers may enroll at any time during the year. Existing providers will be required to re-enroll every June for the fiscal year July-June. Both processes will include credential verification based on services offered. Providers will be required to indicate the treatment services available through their agency and adhere to evidence-based treatment practices.

The Division of Adult Parole reserves the right at any time to verify that an agency and/or therapist is in good standing with OBH, DORA, SOMB and DVOMB.

Insurance required by treatment agencies per OBH: Property Liability insurance (Code of Colorado Regulations 2 CCR 502-1 Behavioral Health 6) and Professional Liability (malpractice) insurance.

REFERRAL PROCESS AND TIMELINES

The Department will generate referrals to treatment providers in one of three ways:

- Referral is generated prior to client release from incarceration in accordance with defined needs and area specific risk assessment.
- Referral is generated in response to non-compliance behaviors as part of intervention efforts.
- Clients in the community feeling at-risk of return to non-compliant behaviors without professional treatment and support requests referral from their supervising officer.

Clients will be asked to select a primary and secondary option for their treatment provider referral. If they do not have a preference, a provider will be selected on a rotational basis among those in the service area with preference given to Medicaid providers if the treatment referral is for services covered by Medicaid. This will provide an avenue for equitable referrals when justice involved don't have a personal preference or "client choice" in who they receive services.

*Pre-release referrals with the client's projected release date and Medicaid eligibility information will be forwarded to providers by Treatment Coordination Case Managers between 14-21 days from the client's projected release date to the community. Providers will be expected to respond within 3 business days to the referral with either a scheduled assessment/intake appointment or a deferral and explanation of why they are not able to accommodate the client. Assessment/intake appointments will need to be within 14 days of the client's release to the community. If deferred, Treatment Coordination Case Managers will follow internal processes to identify and complete referral to secondary provider choice or rotational provider from the area.

*Intervention and client-initiated referrals from the community will be forwarded to providers by Treatment Coordination Case Managers immediately upon receipt from supervising parole officers. The same provider timelines for response and scheduling intake/assessment appointment will be expected. The process for obtaining client choice of providers and rotational provider referral if no client choice is provided will apply as well.

REFERRAL PROCESS AND TIMELINES

American Society of Addiction Medicine (ASAM, if Medicaid) or Standardized Offender Assessment-Revised (SOA-R, if not Medicaid) level of treatment needs, treatment goals/case plan, and follow-up treatment appointments will be determined by provider and forwarded to supervising officer with signed Release of Information to initiate multidisciplinary staffing and feedback for supervising officer's case management support and copy Treatment Coordination Case Manager.

TREATMENT SUPPORT/COMMUNICATIONS PLAN

For both pre-release and existing parolee treatment requests Treatment Coordination Case Managers will manage initial referrals to treatment providers for assessment and intake as per process. Once treatment needs are determined by the provider and returned to the supervising officer and Treatment Coordination Case Manager, additional referrals in CWISE will be generated for ongoing treatment by the Treatment Coordination Case Manager.

If in treatment and the client needs a change that requires specialized programs (such as Domestic Violence, Anger Management, Cognitive Behavioral, or Trauma care) the Community Parole Office will send a request for referral to the Treatment Coordination Case Manager for entry into CWISE.

Requests for Intensive Residential Treatment (IRT)/Strategic Individualized Remediation Treatment (STIRT)/ Residential Dual Diagnosis Treatment (RDDT)/Circles will be forwarded to Treatment Coordination Case Managers from either the Community Parole Officer or Treatment Providers along with a copy of most recent assessment (SOA-R or ASAM), what referral is being requested and pertinent information regarding criteria met for program. Treatment Coordination Case Managers will collaborate with Parole Mental Health coordinating medication continuity, MAT, or detox as necessary.

Treatment Coordination Case Managers will coordinate waiting lists/bed vacancies and manage bed capacity reports for Residential Treatment (IRT/STIRT/ddt/Circles). Once the treatment program nears completion, Treatment Coordination Case Managers will collaborate with residential providers to coordinate aftercare and ongoing access to appropriate levels of treatment with outpatient community providers.

GAP FUNDING PROCESS

Treatment Coordination Case Managers will be responsible for receiving requests for billable services and ensuring other payment options or insurance reimbursement has been explored prior to authorizing payment from DOC 'gap' funds.

Those who are providing services through Medicaid will bill them for reimbursement of services. Any requests for gap funding to cover services will be reviewed and authorized by Treatment Coordination Case Managers. Requests for gap funding when Medicaid is available to cover services provided will be declined and providers referred to contact Medicaid for reimbursement.

Those that are providing services through DOC billable will submit their bill through the CWISE system.

All treatment provider agencies will enter client contacts into CWISE (face-to-face for billable and case management for Medicaid).

| Service | Type | Cost |
|---|----------------------|-----------|
| Abel Screens/Affinity Evaluation | Evaluation | \$ 250.00 |
| Anger Management Group | Group | \$ 55.00 |
| Anger Management Individual | Individual | \$ 55.00 |
| Anger Management Intake | Intake | \$ 80.00 |
| Books and material | Cognitive Behavioral | \$ 20.00 |
| Dialectic Behavior Therapy (DBT) | Group | \$ 40.00 |
| Dialectic Behavior Therapy Intake | Intake | \$ 40.00 |
| Domestic Violence Group Therapy Intake | Intake | \$ 80.00 |
| Domestic Violence Group Therapy | Group | \$ 55.00 |
| DUI Level II Education | DUI Class | \$ 27.50 |
| DUI Level II Therapy | DUI Therapy Group | \$ 27.50 |
| Emergency Crisis Evaluation | Evaluation | \$ 100.00 |
| Gang Intervention Group Therapy | Group | \$ 55.00 |
| Gang Intervention Therapy Intake | Intake | \$ 80.00 |
| General Mental Health Group | Group | \$ 55.00 |
| General Mental Health Intake | Intake | \$ 80.00 |
| Marriage and Family Group Intake | Intake | \$ 80.00 |
| Marriage and Family Group Therapy | Group | \$ 55.00 |
| Mental Health Evaluation | Evaluation | \$ 160.00 |
| Moral Reconciliation Therapy (MRT) | Group | \$ 25.00 |
| Moral Reconciliation Therapy (MRT) Intake | Intake | \$ 40.00 |

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| Plethysmograph Evaluation | Evaluation | \$ 300.00 |
| Polygraph | Evaluation | \$ 250.00 |
| Psychiatric Evaluation | Evaluation | \$ 200.00 |
| Psychiatric Monitoring | Individual | \$ 80.00 |
| Psychological Testing | Evaluation | \$ 750.00 |
| Psychosexual Evaluation | Evaluation | \$ 750.00 |
| Seeking Safety | Group | \$ 40.00 |
| Seeking Safety Intake | Intake | \$ 40.00 |
| Sex Offender Treatment Group | Group | \$ 65.00 |
| Sex Offender Treatment Individual - Dev Disabled | Individual | \$ 65.00 |
| Sex Offender Treatment Individual | Individual | \$ 65.00 |
| Sex Offender Treatment Intake | Intake | \$ 80.00 |
| Sexually Violent Predator Evaluation | Evaluation | \$ 350.00 |
| Short-term Intensive Treatment Intake | Intake | \$ 80.00 |
| Short-term Intensive Treatment Individual | Individual | \$ 85.00 |
| Strategies for Self-Improvement and Change (SSIC) | Group | \$ 25.00 |
| Strategies Self Improvement Intake | Intake | \$ 40.00 |
| Substance Abuse Assessment | Individual | \$ 100.00 |
| Substance Abuse Intake | Intake | \$ 40.00 |
| Substance Abuse books and materials | Substance Abuse | \$ 20.00 |
| Substance Abuse Enhanced Outpatient Program (EOP) | Group/Individual | \$ 27.50 |
| Substance Abuse Individual Session | Individual | \$ 55.00 |
| Substance Abuse Intensive Outpatient Program (IOP) | Group/Individual | \$ 27.50 |
| Substance Abuse Weekly Outpatient Group | Group | \$ 27.50 |
| Thinking for a Change (T4C) | Group | \$ 25.00 |
| Thinking for a Change (T4C) Intake | Intake | \$ 40.00 |
| Trauma Recovery and Empowerment Program | Group | \$ 40.00 |
| Trauma Recovery and Empowerment Intake | Intake | \$ 40.00 |

CONTACTS

ATP/Treatment Coordination Case Manager Coordinator: Robyn Beaudry (303) 763-2462

Parole Office Main Numbers:

Alamosa: (719) 589-1980

Aurora: (303) 366-3669

Broadway: (303) 763-2420

Canon City: (719) 269-5851

Colorado Springs: (719) 633-1469

Craig: (970) 824-6633

Durango: (970) 259-1536

Englewood: (303) 761-2670

Ft. Collins: (970) 223-2232

Grand Junction: (970) 255-9126

Greeley: (970) 356-0839

La Junta: (719) 383-0404

Longmont: (303) 678-9941

Montrose: (970) 249-8627

Pueblo: (719) 546-0009

Rifle: (970) 625-6156

Sterling: (970) 522-7815

West Denver: (303) 777-5765

Westminster: (303) 426-6198

CONTACTS

Reg 1 Rocky Mountain Health Plans

Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit counties.

Provider Relations Contacts

Western Slope providers: 970-244-7798

Front Range providers: 303-689-7372

Provider Customer Service: 970-248-5036 or 800-854-4558

Member Services: 888-282-8801

Email: customer_service@rmhp.org

<https://www.rmhp.org/>

Reg 2 Northeast Health Partners

Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma counties

Provider Contacts Claims: 800-888-3944 (toll free)

Provider Email: coproviderrelations@beaconhealthoptions.com

Member Services: 888-502-4189

Care Coordination Line: 888-502-4190

Email: northeasthealthpartners@beaconhealthoptions.com

<https://www.northeasthealthpartners.org/>

Reg 3 and 5 Colorado Access

Adams, Arapahoe, Denver, Douglas, and Elbert counties

Provider Contacts: 844-430-6684 or 720-744-5667

Provider Email: ProviderRelations@coaccess.com

Member Customer Service: 303-368-0037 or 855-267-2095

Email: customer.service@coaccess.com

<http://www.coaccess.com/>

CONTACTS

Reg 4 Health Colorado

Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache counties

Provider Contacts Claims: 800-888-3944

Provider Email: coproviderrelations@beaconhealthoptions.com

Member Customer Service: 888-502-4185

Care Coordination: 888-502-4186

Member Email: healthcolorado@beaconhealthoptions.com

Reg 6 and 7 Colorado Community Health Alliance

Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park, and Teller Counties

Same contact numbers for Providers and Members:

Region 6 (Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties)

Local: 303-256-1717

Region 7 (El Paso, Park and Teller counties)

Local: 719-598-1540

Regions 6 and 7

Toll free: 1-855-627-4685 or 1-844-235-2387

<https://www.cchacares.com/>

Health First Colorado: (303) 866-2993

Department of Regulatory Agencies (DORA): (303) 894-7855

Colorado Division of Insurance: (303) 894-7499

Office of Behavioral Health (OBH): (303) 866-7400

CONTACTS

Sex Offender Management Board (SOMB): Erin Austin (303) 239-4499 / erin.austin@state.co.us

Domestic Violence Offender Management Board: Carolina Thomasson, LPC, CAC III, ADS (303) 239-4536 / carolina.thomasson@state.co.us

CWISE Issues (new login/reset password/IT issues/billing questions): Robyn Beaudry (303) 763-2462 / robyn.beaudry@state.co.us or Heather Salazar (303) 763-2461 / heather.salazar@state.co.us

ATP Agency changes (staff, services and locations): Robyn Beaudry (303) 763-2462 / robyn.beaudry@state.co.us

PROVIDER FAQ'S AND NEXT STEPS

Continuity of Care once client discharges parole?

Our goal is continuity of care from facility to parole to the community after discharge. By setting up a client choice process we are supporting the justice involved individuals personal preference in hopes they build a solid therapeutic relationship with their provider and continue that treatment when needed after they discharge. This is the other reason we want to align our process with HCPF and the RAE's, so that there is a funding source (Medicaid) available for those who need it beyond their parole supervision.

Staffing treatment updates or collaborating on treatment progress with parole?

We are moving towards a multidisciplinary team approach that supports the justice involved individuals success in the community. The more the treatment team communicates with the parole team, the more we can support each other and the justice involved in their treatment goals.

Gap funding denial – requests to reconsider?

Since this is a new process for our providers and a greater focus on providers utilizing Medicaid as a primary avenue for reimbursement, we will work with our partnering providers to help resolve denial reasons with the Regional Accountable Entity's (RAE's). We are dedicated to working with Health Care Policy and Financing (HCPF) and the RAE's to resolve trends or barriers to providing services and reimbursement to our justice involved population. We will review each case individually while also taking into consideration the individual agencies ability to seek Medicaid reimbursement successfully.

Schedule for regional town halls/provider Q&A sessions?

During this COVID-19 crisis, we will field question and comments via email. Once this crisis is over, we will work on setting up town hall meetings with those interested in attending.