

# CCBHC Prospective Payment System Subcommittee

July 16, 2025



**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Behavioral Health  
Administration

# Agenda

- Scope of Service
- Triggering Events
- Allowable Costs
- Reconciliation vs Rebasing

# Planning Grant Roadmap

12-month Process	Planning for CCBHC Implementation (January 2025 – December 2025)											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Steering committee(s)	Develop committee(s)		Maintain committees, subcommittees, and partnerships (e.g., state, clinics, associations) with regular meeting cadences, notes, and deliverables to ensure stakeholder and community engagement in the CCBHC demo									
Populations & service areas	Solicit input from focus populations, identify potential CCBHCs & their service areas					Identify population health needs and secure insight from those communities, work with providers to select initial sites and regions they will serve as CCBHCs						
CCBHC training & education	Identify and provide TA needs for providers (e.g., CCBHC-PPS, billing, quality measures) as possible											
Infrastructure for data quality	Identify data collection infrastructure needs and begin processes for quality measurement					Onboard and maintain technology platforms for clinic and state efforts to ensure accurate measurement of quality measures and population health needs						
Assess clinic & community needs	Launch and complete community needs assessments and clinic readiness assessments					Assure clinic community needs assessments and clinic readiness assessments are complete, accurate, and aligned for criteria and certification needs						
Scope of Services & Certification	Finalize Scope of Services and activities that will be included in certification & PPS rate				Formalize CCBHC criteria & Create certification process			Work with clinics to meet SAMHSA and state certification criteria, certify clinics, and plan for future certifications				
Establish CCBHC-PPS					Select CCBHC PPS		Establish a CCBHC-PPS system and work with clinics to help calculate a clinic-specific rate			Establish payment operations & review cost reports		
MS Approval for CCBHC											Prepare to apply for the Demonstration in 2026	

# Introductions

Thank you for your time today!

Share your name and who you represent in the chat!

# Summary of Past Meetings

PPS 1 Selected  
Next Steps



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# CSNP vs CCBHC Scope of Service

## CSNP

- Emergency and crisis behavioral health services
- Mental health and substance use outpatient services
- Behavioral health high-intensity outpatient services
- Care management
- Outreach, education, and engagement services
- Mental health and substance use recovery supports
- Outpatient competency restoration
- Screening, assessment, and diagnosis, including risk assessment, crisis planning, and monitoring to key health indicators

## CCBHC

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Psychiatric Rehabilitation Services
- Targeted Care Management
- Person- and Family- Centered Treatment Planning
- Community-Based Mental Health Care for Veterans
- Peer Family Support and Counselor Services
- Outpatient Primary Care Screening and Monitoring
- Screening Diagnosis, and Risk Assessment

## Potential Colorado Requirements:

- **All CSNP requirements plus:** Opioid Treatment Program (OTP)
- Additional Evidence Based Treatments



# Scope of Services Alignment

## 9 Required Services:

- Crisis services
- Outpatient mental health and substance use services
- Person- and family-centered treatment planning
- Community-based mental health care for veterans
- Peer family support and counselor services
- Targeted care management
- Outpatient primary care screening and monitoring
- Psychiatric rehabilitation services
- Screening, diagnosis and risk assessment

## Crisis services requirements include:

- Walk-In Crisis (WIC)
- Mobile Crisis Response (MCR)

## Additional services:

- Opioid treatment program (OTP)

Can be met via Designated Collaborating Organization (DCO) or Memorandum of Agreement (MOU) contracting

Ancillary service options (allowable, but not required)

- Current discussion of how best to approach



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# Scope of Services Alignment

Colorado's current PPS scope of services is well aligned with the CCBHC PPS required scope of services with the exception of Opioid Treatment Program services.

- Currently paid on a fee-for-service basis outside of PPS rate: OTP treatment
- Other forms of MAT
- Would need to be included in the CCBHC PPS

## Policy considerations:

- Need mechanisms to prevent double payment.
- That state continues to recognize access issues for members for MAT and specifically OTP statewide

**Discussion:** what additional policy considerations would you note?



# Triggering Events

Triggering events are services that produce a PPS payment for a given patient and date of service.

- Including more triggering events can reduce a provider's PPS rate because costs are spread over more encounters
- Having too few triggering events can result in unstable revenue streams

## Policy considerations:

- There are some scenarios where limiting triggering events could influence provider behavior, but these are limited given the state will be rebasing rates annually

## Current state policy direction:

- The state would use the current PPS list of triggering events with the addition of the code for MAT provision, ensuring payment is received when MAT is provided to a patient.

**Discussion:** what additional policy considerations would you note? What feedback do you have regarding the current direction?



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# Allowable Costs

Allowable costs refers to which costs can be reported on the cost report used to set the PPS rates.

- Prior year costs directly impact future year rates
- Option in CCBHC cost reporting to prospectively include some costs, but state has limited flexibility to do so outside of budget process

## **Policy considerations:**

- Option in CCBHC cost reporting to prospectively include some costs, but state has limited flexibility to do so outside of budget process

## **Current state policy direction:**

- Allowable costs consistent with current PPS + costs associated with MAT.
- Required to use CCBHC cost report which has different stratifications of cost categories than current reporting (requires provider reporting changes). Providers may have to complete two cost reports for the same year to support cost reconciliation processes and CCBHC rate setting

**Discussion:** what additional policy considerations would you note? What feedback do you have regarding the current direction?



# Reconciliation vs. Rebasing

- **Reconciliation retrospectively** compensates providers for differences between actual costs and service revenue.
- **Rebasing** updates PPS rates **prospectively** based on the most recently available data (prior year's cost report) rather than just trending forward by an inflation factor such as Medicare Economic Index (MEI).
- HCPF included a reconciliation process when first implementing PPS rates in Colorado to mitigate high levels of financial risk stemming from uncertainty.
- For CCBHC, the state would **rebase annually**, but not use a reconciliation process.



# Next Steps

Exit Survey: See chat for the link to today's exit survey.

Next meeting: August 20th at 2:00pm

Future topics:

- Cost Reporting Process

# Resources

HCPF Behavioral Health Benefits Inbox:  
[hcpf\\_bhbenefits@state.co.us](mailto:hcpf_bhbenefits@state.co.us)

HCPF Websites:  
[Behavioral Health \(calendar of stakeholder  
engagements\)](#)  
[CCBHC](#)  
[Newsletters](#)