



# COLORADO

## Department of Health Care Policy & Financing

### Meeting Minutes

### Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

#### Virtual Meeting

August 6, 2025, 9:00 AM - 10:30 AM

## 1. Introductions

### Facilitators:

- Lexis Mitchell Health Care Policy & Financing (HCPF Liaison)

### Voting Members:

- Monique McCollum (Chair) Medicaid Member
- Deb Hutson Behavioral Health Administration
- Elizabeth Freudenthal Children's Hospital Colorado
- Charles Davis Crossroads' Turning Points, Inc.
- Marissa Gullicksrud Invest In Kids
- Nina Marinello SCL Health
- Amanda Jones Community Reach Center

## 2. Housekeeping

Lexis Mitchell introduced the subcommittee and informed attendees a quorum had been reached. Motion to approve June 2025 meeting minutes was made by Charles Davis, seconded by Monique McCollum. Vote carried: no objections, no abstentions. June 2025 minutes approved. Lexis Mitchell noted:

- Three open voting member seats available. Interested individuals may submit inquiries via [HCPF's form](#).
- [Legislative resource page](#) and stakeholder session recordings ([Essential Safety Net provider sessions](#)) are available on the HCPF website.
- Two upcoming supervision change stakeholder sessions scheduled for August 6 (1:00 PM) and August 18 (5:00 PM).

### **3. Behavioral Health Incentive Program (BHIP) - Nicole Tuffield & Zoe Pincus (HCPF):**

HCPF staff provided a structured overview of the Behavioral Health Incentive Program (BHIP), which leverages CMS administrative funding to drive performance improvement across Regional Accountable Entities (RAEs). BHIP is intended to incentivize RAEs using standardized, evidence-based measures that align with CMS Core Sets.

HCPF staff introduced the five incentive measures for Calendar Year 2026 and noted the connection to a national standard for each:

1. **Initiation/Engagement of Substance Use Disorder (SUD) Treatment** - engagement measure incentivized; 2024 state average of 47.5%, up from 36%.
2. **Follow-up after Hospitalization for Mental Illness (7-day)** - 2024 state average of 33%, up from 32%.
3. **Follow-up after ED Visit for Alcohol or Other Drug Abuse (7-day)** - 2024 state average of 31%, up from 24%.
4. **Follow-up after ED Visit for Mental Illness (7-day)** - 2024 state average of 49%, up from 44%.
5. **Screening for Social Drivers of Health (SDOH)** - adult-only measure (18+), tied to SAMHSA specifications and aligned with the CCBHC initiative.

Questions sparked a short discussion; HCPF acknowledged the points raised and that further technical guidance will be provided once it is available. Points of discussion included:

- Members noted limitations in the current measure set (e.g., screening-only requirement for SDOH, adult-only applicability).
- Questions were raised regarding data capture and reporting methodology under the new structure.
- Participants requested additional clarification on screening tools, reporting standards, and alignment with care coordination requirements.

Jennifer Holcomb emphasized BHIP's **narrow focus on behavioral health RAEs**, while broader ACC Phase III efforts will address integrated care.

### **4. ACC Phase III Enrollment & Attribution - Tim Gaub (HCPF)**

- Reviewed [ACC Phase III Regional Map](#):
  - RMHP absorbed portions of former Region 4 (SE counties).
  - NHP expanded into Baca, Bent, Crowley, Kiowa, Otero, and Prowers counties.
  - CCHA now Region 3 (merged former Regions 6 & 7).

- COA is Region 4 (Adams, Denver, Douglas; includes Denver Health Medicaid Choice members).
- Attribution Changes with Go-Live of ACC Phase III
  - Elimination of geographic and family attribution methodologies.
  - Three attribution paths: (1) PCMP utilization-based; (2) MCO enrollment (Denver Health or RMHP Prime); (3) “RAE-only” assignment (based on address, reassessed monthly until PCMP match).
  - Reattribution cycle reduced from 6 months → 3 months.
  - Member choice via enrollment broker remains paramount; HCPF working to improve direct selection via [PEAK portal](#).

## 5. Integrated Care Policy & Payment - Rachel Shuck (HCPF)

HCPF launched an [Integrated Care Sustainability Policy webpage](#), including policy documents, [FAQs](#), and billing guidance for Health & Behavior Assessment/Intervention (HBAI) and Collaborative Care Model (CoCM) codes.

- Psychotherapy codes (previously “six short-term behavioral health visits”) are now included under RAE capitation, with **no visit limit**.
- Claims must be billed through PCMPs; payments flow to the PCMP location of service, even if the rendering provider is a behavioral health specialist.
- Policy reflects Senate Bill [22-173/23-174](#) requirements for child and youth therapy services.

Attendees asked questions about payment routing and diagnosis requirement operationalization, as well as alignment between sustainability policy, statutory requirements, and RAE implementation.

Lexis Mitchell committed to adding SB23-174 alignment to a future agenda (Sept 2025).

## 6. Wrap up and next steps:

- a. Next meeting September 3, 2025