COLORADO
Department of Health Care Policy & Financing

Meeting Minutes
Behavioral Health and Integration Strategies (BHIS) Subcommittee
Department of Health Care Policy & Financing (HCPF)

Virtual Meeting

September 3, 2025, 9:00 - 10:30 A.M.

1. Committee Member Introductions:

Facilitators
Daniel Darting (Chair), Signal Behavioral Health
Lexis Mitchel (Liaison), HCPF

Voting Members
Amanda Jones, Community Reach Center
Deb Hutson, Behavioral Health Administration
Marisa Gullicksrud, Invest in Kids
Elixabeth Freudenthal, Children's Hospital Colorado
Monique McCollum, Medicaid member

2. Housekeeping: 9:05-9:10 A.M.

a. Meeting Minutes

After a quorum was reached, Daniel Darting called the group to approve the August 2025 BHIS minutes. Amanda Jones motioned to approve; Monique McCollum seconded the motion. Committee members voted to approve the August 2025 Meeting Minutes. There were no objections or abstentions. August 2025 meeting minutes were approved by voting members.

3. BHIC Updates: 9:10-9:40 A.M.

Jennifer Holcomb and Melissa Edelman provided an update on Behavioral Health Initiatives and Coverage (BHIC).

a. ASAM 4

The discussion focused on the transition to the fourth edition of the ASAM criteria, originally scheduled for July 2026 but now delayed until July 2027. The delay is meant to give providers more time to adapt facilities, staffing, and plans. CMS will be holding a national forum in October to address challenges states face with ASAM 4 implementation. HCPF has already provided technical assistance to withdrawal management providers to help with transition planning.

Concern (Marisa Gullicksrud): Asked whether ASAM 4 applies to both SUD and mental health.

Answer (Jennifer Holcomb): ASAM criteria apply specifically to substance use disorder (SUD) treatment, not mental health services.
Follow-up (Daniel Darting): Clarified that organizations licensed for SUD must comply, even if serving broader behavioral health needs.

Jennifer Holcomb also updated the group that Colorado has received CMS approval for its Serious Mental Illness (SMI) Demonstration implementation plan, allowing Medicaid to cover inpatient psychiatric stays beyond the federal 15-day limit (up to 30 days, and in some cases 60).

Concern (Daniel Darting): Asked about budget impacts of extending lengths of stay.
Answer (Melissa Eddleman): Data show longer stays are less common but usually tied to complex cases.
Answer (Steven Ihde): Extended stays will receive federal match and were already included in budget projections.

b. Draft Supervision Policy

Jennifer and Melissa also shared progress on the draft supervision policy. Stakeholder sessions have been completed, and revisions are underway. A final version will be posted by the end of September, with the policy going into effect in January 2026. The intent is to strengthen supervision standards for unlicensed and pre-licensed providers while ensuring Medicaid billing integrity and consistency statewide.

Concern: Some providers were confused about overlap with DORA requirements and worried the policy could create workforce burdens.
Answer (Melissa Eddleman): The policy is not duplicative but rather ensures Medicaid quality standards. It seeks to balance supervision requirements with workforce growth. Early rollout was rushed, but HCPF is committed to clearer communication and statewide consistency.

c. RAE Policy Transmittal: Medicaid Sustainability memo here

Jennifer and Melissa reviewed the Behavioral Health Sustainability Memo, which outlines strategies to maintain services amid federal and state budget challenges. The timeline of changes included reductions to peer support funding and 988 services beginning in July 2025, new inpatient payment policies coming in October, and peer credentialing requirements set for January 2026. Additional measures, such as utilization limits and directed payment reviews, are under consideration for 2026 and beyond. Longer-term

initiatives include submission of the CCBHC demonstration application in 2026 and inpatient model and ASAM 4 implementation in 2027.

Concerns were raised about how "guardrails" would be applied and whether they signaled potential service or payment cuts.

Concern (Elizabeth Freudenthal): Guardrails sound like "payment cuts" and there is worry about reduced access; asked about stakeholder opportunities for the inpatient DRG model.
Answer (Steven Ihde): Guardrails are designed to ensure appropriate payment and prevent misuse, not to cut services. They protect program integrity and ensure funding leads to quality outcomes.
Answer (Melissa Eddleman): Stakeholder engagement is essential, and forums will begin in October.

Concern (Douglas Muir): Providers must be engaged in shaping inpatient models to ensure quality outcomes and financial sustainability.
Answer: HCPF acknowledged this, pointing to existing and upcoming inpatient and hospital engagement forums where providers can participate.

4. Evaluation Plan vs. Commitment to Quality and Performance Standards: 9:40-10:00 A.M.

Matthew Pfeifer (HCPF) presented on accountability measures in ACC Phase 3, breaking them down into three components: quality measures and KPIs, the Commitment to Quality program, and the ACC evaluation plan.

Quality measures include RAE incentives, primary care clinical measures, and the Behavioral Health Incentive Program (BHIP). National benchmarks are being emphasized to reduce disputes about metrics and focus instead on performance improvement. Smaller practices may participate in practice transformation tracks when patient populations are too small for reliable measurement.

Concern (Elizabeth Freudenthal): Asked if proposed budget cuts from the Governor include BHIP incentives.
Answer (Matthew Pfeifer): Details are still under review, but reductions may affect incentive funding.

Concern (Monique McCollum): Asked how metrics (e.g., diabetes type, chlamydia screening) are defined.
Answer: Definitions come from national stewards; HCPF aligns with those standards.

Concern (Marisa Gullicksrud): Asked if BHIP measures are consistent across RAEs.
Answer: Yes, all RAEs must use the same BHIP metrics.
Concern (Amanda Jones): Asked when the social drivers of health screening measure will be implemented.
Answer: A consolidated "quality guide" is being finalized and will be released soon, pending CMS input.
Concern (Elizabeth Freudenthal): Raised issue of integrating data from universal health-related social needs screenings across providers, noting patient fatigue with repeated screenings.
Answer (Matthew Pfeifer): HCPF does not yet have a plan but will raise the issue with the quality team. The committee agreed to revisit this as a future agenda item.

The Commitment to Quality program was explained as a set of ~50 baseline administrative performance standards (e.g., timely claims, staff training, post-discharge outreach). RAEs not meeting these standards must reinvest profits into program improvements.

Finally, the ACC evaluation plan was introduced as a longer-term tool for assessing the overall impact of the program on member health, access, and system performance. This plan will allow Colorado to evaluate outcomes in ways tailored to its population and geography.

5. Wrap up and next steps: 10:00-10:05 A.M.

Next meeting October 1, 2025

HCPF will share links to hospital and inpatient forums and encourage broader provider participation.

The subcommittee will continue monitoring state budget decisions that may impact behavioral health incentive programs.

Reasonable accommodations will be provided upon request. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Lexis Mitchell at 303-866-6116 or Lexis.Mitchell@state.co.us or the 504/ADA Coordinator or hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.