



COLORADO

Department of Health Care Policy & Financing

Meeting Minutes

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

Virtual Meeting

November 5, 2025, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

• Lexis Mitchell	Health Care Policy & Financing (HCPF Liaison)
• Daniel Darting (Chair)	Signal Behavioral Health

Voting Members:

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

2. Housekeeping

Lexis Mitchell introduced the subcommittee and the agenda items. A quorum was reached at the start of the meeting, and the meeting minutes were voted on for approval. Monique McCollum called for the minutes to be motioned for approval, Amanda Jones motioned to approve with Monica Lintz seconding - there were no objections.

3. Colorado System of Care (CO-SOC) - Stacey Davis (HCPF)

Stacey introduced the [Colorado System of Care](#) and highlighted the Year 1 priorities of targeting the high-acuity population and preparing for a full build-out over the next 6 years. She outlined a Year 1 operating model centered on enhanced intensive care coordination using the National Wraparound Implementation Center (NWIC) high-fidelity wraparound model;

leveraging the BHA crisis continuum rather than duplicating it; and expanding intensive home-based treatment (IHBT) via enhanced Multisystemic Treatment (MST) and enhanced Families First Therapy (FFT) - IHBT is a framework broader than MST/FFT, and Colorado will define a state IHBT framework beyond the initial ‘enhanced’ MST/FFT models. The initial target population is Medicaid members ages 11-17 who (a) are discharging from QRTP/PRTF, (b) are returning from out-of-state residential placements, or (c) meet the extended-stay inpatient definition, with the program’s goal of safe return to a family-setting (broadly defined to include kinship, foster, legal guardian, or biological family). For Year 1, RAEs identify and refer eligible youth; providers are not expected to source the cohort.

The Enhanced Standardized Assessment (ESA) will include the Child and Adolescent Needs and Strengths (CANS) tool, and a decision support matrix will be rolled out but is funding dependent.

Colorado will establish a Workforce Capacity Center (in partnership with Colorado State University) to certify NWIC coaches, monitor fidelity, and support implementation. Each RAE has a dedicated system-of-care manager; RAEs will continue to authorize services, join the wraparound team, and support transitions from QRTP/PRTF. NWIC-trained coaches; 1 supervisor per 6-8 facilitators; each facilitator 8-10 families.

Wraparound facilitators serve as the cross-agency point of contact and liaison with QRTP/PRTF and the home community; HCPF funds up to 30 days of overlap to support the transition home.

HCPF, RAEs and facilities are working collaboratively to identify and support provider sustainability (e.g., credentialing, funding, and program design). For example, HCPF is implementing a Medicaid billing flag to streamline enhanced codes/rates for approved system-of-care providers.

HCPF will continue provider forums with NWIC, publish a system-of-care handbook, and use [newsletters](#) and open advisory committees to guide phased expansion. Additionally, the [Settlement Agreement](#) and [Implementation Plan](#) are available on the [CO-SOC webpage](#).

4. Re-Entry Services and Supports - Hannah Hall (HCPF)

Hannah introduced the topic and presented Colorado’s 1115 waiver expansion to cover pre-release services in carceral settings despite the Medicaid “inmate exclusion.” Starting 90 days prior to release, Medicaid may cover medication-assisted treatment (MAT) (medications plus counseling) and targeted case management, with a 30-day supply of prescriptions at release. Eligibility mirrors Medicaid/CHIP; there are no added criteria beyond incarceration status and proximity to release.

She explained that implementation will occur through a phased approach by facility readiness, a federal requirement. The targeted start date for state-run facilities (DOC, Division of Youth Services detention/commitment) is January 1, 2026, while local jails and tribal detention centers are projected to begin January 1, 2027 (go-lives will be staggered as facilities pass readiness assessments).

Hannah shared that Colorado received \$4.6M over 4 years (first \$1.2M has been awarded) to (1) build billing infrastructure for DOC and jails; (2) expand health information exchange participation, emphasizing bi-directional exchange; and (3) provide technical assistance so jails can meet Medicaid standards and readiness. HCPF will submit non-competing continuations annually to be awarded the remaining funds on a year-by-year basis, and any savings realized by the program will need to be reinvested into this target population (i.e., realized savings cannot be used for other state budgetary purposes).

Monica Lintz thanked the state for investing in a structured rollout and flagged a core worry among jail partners about how billing will work. Hannah Hall acknowledged that many jails are asking the same question and noted HCPF is procuring a vendor to design the reimbursement process and deliver training. She emphasized that statutory dates trigger HCPF's obligation to offer services, not an instantaneous expectation for every facility.

Charles Davis asked about whether this effort expands behavioral health in jails and how it impacts capacity. Hannah clarified that Medicaid coverage under pre-release is limited to MAT and targeted case management within the 90 days prior to release (i.e., covering most jail stays given average lengths of stay of 40-45 days. Hannah shared that HCPF expects future use of reinvestment dollars to broaden parameters, rather than expand covered benefits, which will strengthen behavioral health supports over time. Addressing the workforce aspect of the question, Hannah shared that HCPF's near-term focus is enabling state-operated services to bill Medicaid (shifting allowable costs off state-only funds); longer-term work will address community provider linkage and capacity so people can continue care after release.

5. Department of Corrections (DOC) Metric Update - Matthew Pfeifer (HCPF)

Matt reported continued progress on the statewide RAE incentive metric: Percentage of individuals released from DOC who receive at least one capitated Behavioral Health (BH) service or short-term BH visit within 14 days of release. With claims run-out considered, the rolling rate through March 2025 was 44.16% (target FY24-25 was 34.28%); the 30-day view exceeds 50%. Matt described the automated delivery of daily rosters from DOC to HCPF and that HCPF provides these to RAEs to support timely outreach.

Matt then explained that equity monitoring shows historically lower engagement among non-white men, but that recent months indicate narrowing gaps across broad demographic categories.

6. Wrap up and next steps:

Next meeting December 3, 2025

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 at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.