



**C O L O R A D O**

Department of Health Care  
Policy & Financing  
Behavioral Health  
Administration

# CCBHC PPS Accountability Guidelines

*Draft January 2025*

## Purpose

The Prospective Payment System (PPS) Accountability Guidelines (formerly known as Guardrails Plan) establish an accountability framework to ensure Colorado's Medicaid behavioral health PPS models are financially sustainable, transparent, and compliant with federal and state requirements, while supporting access to care and priority populations.

These guidelines are not intended as a rate reduction or savings plan. The guidelines are intended to protect the state from paying for unsupported, unreasonable, or unallowable costs, particularly as provider costs continue to increase. They also support limiting reimbursement to prudent, reasonable, and allowable costs in compliance with CMS cost accounting principles. The accountability guidelines, specifically the review metrics, ensure appropriate use of funds, use data to determine areas of risk, and support mitigation of that risk.

## Background

Colorado launched a PPS for Comprehensive Safety Net Providers (CSNPs) on July 1, 2024, and is incorporating lessons learned into the CCBHC PPS model.

## Guidelines

### Standard Data & Dashboards

Tools used to support routine monitoring of PPS trends, including:

- Encounter growth over time
  - Monitor inconsistencies in provider billing i.e. a sharp increase may suggest a “spreading visits,” which is when members are asked to come into the office more frequently for individual appointments on separate days rather than combining all visits on the same day.

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- Types and intensity of services
- Follow-up after hospital or crisis care
- Emergency department and inpatient use
- Access differences by region and population

## Cross-Agency Review Forum

Regularly meeting forum of HCPF/BHA, RAEs/BHASOs, and providers to:

- Review PPS data and trends as a group
- Identify solutions early and collaboratively
- Support system accountability

## Transparency in Cost Reporting & Rebasing

Promote transparency by:

- Explaining how PPS rates are updated over time
- Abiding CMS cost accounting principles
- Publishing costs included in rate setting
- Showing how workforce shortages and geographic differences are considered
- Reviewing allowable costs; examples include:
  - Reviewing salary of senior executives for appropriateness based on federal grant guidelines indicating that salaries of over \$338,550 for non-clinical work is not appropriate. Any additional salary over this limit is disallowed.
  - Examining technology purchases, such as the cost of implementing a new HR system.

## Equity & Case-Mix Monitoring

The HCPF will:

- Track how the PPS affects providers serving people with higher needs
- Examine differences by population, community, and geography
- Identify early signs of unequal impacts, particularly for providers serving high-acuity members, and Colorado's established priority populations

## Future Payment Model Adjustments

As the model matures, the HCPF may:

- Explore payment tiers to mitigate access risks for more resource-intensive services
- Reduce the incentives and consequences of maximizing revenue by billing more low-cost services
- Make gradual changes with stakeholder input

To provide feedback

[Submit Feedback Form](#)

For more information contact

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