

CCBHC Steering Committee

Agenda & Notes

Date: Mar 31, 2025

Attendees: CCBHC Planning Grant Committees - see Steering Committee tab

[Slides](#)

Agenda Items:

- 1) Meeting Expectations & Introductions
- 2) Planning Grant Goals and Road Map
- 3) Subcommittee Work Review
- 4) Committee Discussion
- 5) Q&A and Closing

Meeting Minutes:

The meeting opened at 3:00 pm.

Introduced committee members and staff. Presented slides (linked above) and opened for the steering committee's comments and discussion.

Nancy VanDeMark commented that the questions seemed premature. More information is needed to be able to comment. Melissa Eddleman responded that the intention behind the questions presented was to engage the group and help inform the planning.

Mindy Klowden commented about the PPS and the need for more information about which rate, CSNP vs CCBHC, would best serve the provider. ~~Also, what requirements would the state want?~~ [She indicated that CCBHC PPS addresses the required 9 services as well as all](#) of the other requirements that comprise the CCBHC model. Melissa Eddleman responded in agreement, the state is looking to bring these types of questions forward in a future technical assistance session supported by the planning grant.

Sara Reid posed the question of what CO will do if the CCBHC model is not adopted? She expressed concern about quality measures becoming less manageable due to the potential for more funding sources with different reporting requirements. She noted concern about what the payment alternative would be outside of the CCBHC PPS. What would CO do without the enhanced match from the federal government? She also expressed concern about where providers would fit in without the CCBHC criteria. Sara suggested these challenges would cause a burden and stress on providers. Melissa Eddleman shared that efforts are being made to build more accountability within the managed care structure.

Nancy VanDeMark voiced concern about duplication of effort in report quality measures, completing more than one cost report, and within the certification structure. She also inquired if there would be

any current reporting requirements that would be suspended upon CCBHC reporting adoption.

Lauren Snyder expressed a desire for local control within the CCBHC structure. She requested more information about how the comprehensive model is working, particularly the 'no right of refusal' aspect. She also inquired how CCBHC would work with CO's current payment model.

Mindy Klowden shared that other states, MI for example, with a similar payment model have implemented CCBHC. [Additional context provided by Mindy upon review: The discussion was specifically about if states that have capitated managed care for behavioral health have been able to do CCBHC. As you likely are aware 41 states have managed care in their Medicaid programs. I believe it was Lauren who commented that they thought it would be challenging to do CCBHC with capitated managed care. States can use the directed payment approach or they can pay wrap around payments to achieve the PPS. I mentioned MI because they, similarly to CO, have paid BH through a PIHP system in which BH is capitated and paid to a PIHP who then contracts with the providers. So, my reference to MI was to counter her point. I am not sure certain how Colorado determined to not go directly to the CCBHC PPS and instead stood up its own system, but I want to clarify that MI does not have a separate PPS like Colorado has with CSNP.](#)

The meeting wrapped at 4:02 pm.

Q&A: All questions were associated with technical issues.

Action Items:

- ☒ Complete minutes
- ☐ Post slides to the web page after an accessibility review (awaiting accessibility review)
- ☒ F/U email with subcommittee registration
- ☒ Update Panelist access list (Jagruti, HMA team)
- ☒ Draft agenda for April meeting.

Date: Apr 28, 2025

Attendees: CCBHC Planning Grant Committees

Slides: [Slides](#)

Agenda Items:

- Review & Approve Meeting Minutes
- HMA Planning Grant Participation
- Subcommittee Updates and Recommendations
- Steering Committee Discussion

Notes:

Meeting opened at 3:00 pm

Members shared the subcommittee they will join.

- **Melissa Eddleman** - HCPF and CCBHC planning grant Primary Investigator (PPS)
- **Thomas Miller** - BHA and leading certification design and planning (Cert)
- **Jagruti Shah** - Office of Civil and Forensic Mental Health (?)
- **Lauren Snyder** - Lake County Government (?)
- **Sara Reid** - Clinica & Mental Health Partners (Data & PPS)
- **Steven Szapor** - Denver Health and Hospital Authority (?)
- **Charles Davis** - Crossroads Turning Points (?)
- **Haley Leonard-Saunders** - current CSNP provider (?)
- **Nancy VanDeMark** - Advocate (PPS and All)
- **Meghan Francone** - Cascadia Management Groups (all)
- **Mindy Klowden** - Third Horizons (PPS)

QM Subcommittee	PPS Subcommittee	Cert & Provider Readiness Subcommittee	Not yet determined
Sara Reid	Melissa Eddleman	Thomas Miller	Jagruti Shah
Nancy VanDeMark	Mindy Klowden	Nancy VanDeMark	Lauren Snyder
Meghan Francone	Sara Reid	Meghan Francone	Steven Szapor
	Nancy VanDeMark		Charles Davis
	Meghan Francone		Haley Leonard-Saunders

The committee members were not able to open the meeting minutes as they were delivered. Review and acceptance of minutes tabled until May. March and April minutes will be included in the same document and shared again with a request for confirmation that they can be viewed before the next meeting.

Introduced HMA as planning and strategy support during the planning grant period. Lauren Niles introduced her self and shared HMAs was part of the planning grant application period. She voiced excitement for the work to come.

Reviewed Quality Measure Data Management subcommittee progress. Shared SAMHSA guidance: <https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/guidance-and-webinars>. Invited all to attend the next subcommittee meeting.

Presented PPS subcommittee's comparison of PPS-1 and PPS-3. Mindy questioned the need for a workgroup if the PPS has already been determined. Melissa stated this decision rests with this committee. Background: PPS-1 is the most similar to the system in place for CSNP providers. PPS-3 is untested by any state and requires a second cost report only for crisis services. Current cost-based CSNPs providers can't tell us the cost of the crisis services provided. PPS-3 would also pose additional administrative burden with that second cost report. Melissa shared that we plan to talk to New Hampshire about their PPS-3 to better understand why they selected this model. The group discussed crisis system in Colorado. Nancy agrees with the recommendation of PPS-1, knowing what goes into the cost report, and identified that there is more work to do to determine how PPS-1 would work. Melissa reports concerns about putting high-cost services in a separate PPS, creating instability with providers until there is a better understanding of cost reporting. Nancy wondered about the BHASO's role in crisis, and that the timing might not be correct. Steve said reconciliation is not allowed during the CCBHC demonstration. If there is uncertainty about PPS, that is a consideration. If we underpaid, the provider would carry the full risk. No motion was brought forward to vote on this topic today. Also shared that recommending standards of services in crisis services (deciding WIC or MCR) could be an option. To hold the crisis system harmless, one requirement could be to provide it yourself or DCO it.

Thom presented the Certification & Provider Readiness Subcommittee update. The certification work dovetails with CSNP and crisis discussion earlier. Nancy asked if the CSNP rule rewrite would better define the crisis system services. Current state has a broad definition of what the service entails. Clarification on crisis services specification is desired. There is a need to decide what exact services are offered by CSNPs (e.g. combining ATU/CSU or receiving center type service). A question was raised about what BHASOs need to do to ensure regional capacity. The safety net was new concept and we need to see what worked and what didn't. She also asked to keep payment in mind as certification develops. Other questions were posed like, if providers are required to do something, and how will that impact the provider payment? What does it mean to adopt the CCBHC model when we already have CSNPs?

Thom also shared the regulatory drafting team is largely onboarded. He expressed it is important to plan some time to allow providers time to determine if they will seek the CCBHC certification. Discussed how ASAM 4.0 is coming online, so BHA regulatory drafting is considering all changes. The intent is to put the reporting of quality measures in rule (for other provider types) and CCBHCs. The team is determining the certification and decertification criteria. Thom is actively recruiting for a BHA CCBHC admin to round out the team.

Mindy responds to the group with thanks and hope that the level of complexity doesn't become a reason not to proceed to demonstration. She stated the value in aligning with national standards is better than what we have now. She recognized the stress of federal and state work right now.

Melissa stated that we will apply for a demonstration. Data collection has been a challenge (e.g. paying providers for what they can do vs. paying them for what we want them to do). She also expressed concern if CCBHC is rolled out and we don't see more services but pay for more admin to collect data, what is the value? If you have to pay an external vendor to collect data, are we just paying for more administration? Where is the value for Coloradoans?

Nancy asked for each subcommittee assemble a chart or some document that contrasts what we are doing now with CSNP, PPS, CCBHC. She stated, I am not convinced that national models are always better. They can be better or they can be inflexible and create additional burden.

Q&A:

How to manage Quality Measure requirements and prevent provider burden?

Sara - align across different buckets of providers and how CCBHC providers as a collective voice could work with other funders to assure the same quality measures are requested across funders.

Stephen Szapor agrees with the comments and shared, Our provider burnout also comes from the SAMHSA changes and the need to update our EHR (EPIC). Thom expressed the need to better align regulations across the state. Charlie Davis asked for time to build out EHR system for data collection.

Which CCBHC PPS properly support the CCBHC requirements for service expansion? No comments

What challenges in certification or provider readiness should be anticipated? Mindy responded that the attestation documentation can be large - some program officers were adamant about getting everything, while others were less detailed. The challenge is to determine if the team wants to see the provider's policies, or if they simply have a policy. Charlie Davis: Meeting the expectation and offering the services comes back to the workforce - struggle to get the workforce needed, it's hard to maintain the service menu if there's only one provider in the area. Not a deep bench.

Haley Leonard says: Standardized formatting for collecting attestation docs was really helpful.

Lauren Snyder - angst around why and when BHA waivers are granted - if we are paying providers in a different way to provide the model, when does it get watered down by the waiver? At one point do you no longer have fidelity and quality, from a waiver being granted.

Sara - when leveraged correctly, the point of the PPS model is to support costs to grow the workforce - paid internship, etc)

Other questions posed but not discussed before the meeting ended at 4:02pm.

1. What is our plan if we are not selected for the Demonstration?
2. How should we approach strategizing funding after the Demonstration ends?

Shared in chat but not captured in notes above.

From Gwen Gaumond to Everyone:

BHASO Quality Measures (Clinic Collected) - I-SERV Submeasures 1 and 2

I-SERV Submeasure 3

Depression Remission at 6 months (DEP-REM-6)

Preventative Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

Screening for Social Drivers of Health (SDOH)

From Meghan Morrissey HCPF (she/hers) to Hosts and panelists:

Please note that HMA did just complete a crosswalk which we will be getting out to the committee

Action Items: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Participants need to re-register for the May Steering Committee due to the date change<input type="checkbox"/> Bios needed from committee members<input type="checkbox"/> Committee members need to select a subcommittee in which to participate<input checked="" type="checkbox"/> Minutes for both March and April will go out to the committee for approval in May due to an access issue.<input checked="" type="checkbox"/> Send HMA Crosswalk to SC & PG team members

Date: Template
Attendees:
Slides: (link here)
Agenda Items:
Notes:
Q&A:
Action Items: