

CCBHC Steering Committee Minutes October 27, 2025

Agenda

1. Rollcall
2. Review & Approve September Meeting Minutes
3. Last Quarter Plan/Timeline Review
4. Subcommittee Updates
5. Recommendations & Decision Items
6. Public Comment

Rollcall

Present: Melissa Eddleman, Thomas Miller, Sara Reid, Steven Szapor, Haley Leonard-Saunders, Meghan Francone, and Mindy Klowden.

Absent: Charles Davis, Jagruti Shah, Nancy VanDeMark, and Lauren Snyder

Review & Approve September meeting Minutes

Minutes were emailed to members last week for review. No corrections submitted via email. No corrections verbalized at the meeting. Mindy Klowden moved to accept minutes as written, and Meghan Francone seconded.

Yay: ME, TM, SR, MK

Nay: none

Minutes accepted as written.

Last Quarter Plan

Presented the fourth quarter plan. The state is requesting a no-cost extension from SAMHSA. This will allow more time to complete goals and does not come with additional funding. Also shared the end-of-year stakeholder plan to move some November meetings earlier in the month and not hold meetings in December related to competing priorities. A stakeholder meeting will be planned for January to discuss and announce next steps in the CCBHC project.

Timeline Review

Shared the anticipated timeline for demonstration. If demonstration is awarded, acceptance will be determined. Demonstration begins July 2027 which will run until June 2030. Two - four phase one clinics will be provisionally onboarded in April 2026 with additional clinics onboarded annually as they are ready.

Subcommittee Updates

Quality Measure and Data Collection

Sandra from Carina presented the 9 provider survey responses. Recommendations include direct database connections wherever possible to reduce provider burden which would require identifying measure-related data in the warehouse and creating a plan if data is not available in warehouse.

Certification & Provider Readiness

The Certification team shared the Service Areas Guidance will distribute the Service Areas Analysis document to the committee with the goal to clarify how to use service area analysis to inform the required Community Needs Assessment. They also expressed gratitude for the thoughtful review of the DCO guidance document. To revise the document and share once complete.

Prospective Payment System

The Prospective Payment System team focused on DCO relationships and PPS guardrails this month. We compared current CSNP to future CCBHC requirements related to their DCO relationships across billing, cost reporting, and other operational accountabilities and found the requirements are generally the same, which should facilitate a more seamless transition for future CCBHCs.

This team also reviewed existing guardrails in place and guardrails used by other states and similar payment models (e.g., FQHC PPS) and found this to be ongoing work with more information coming as the demonstration plan comes together.

Recommendations or decisions

None

Q&A/Public Comments

Comment (Frank): Thanks to Vicente and others for the work on DCO guidance. Does the state need additional feedback or support on the services area analysis?

Response (Vicente): Thank you. We plan on discussing that as well as opportunities for efficiencies around the CNA. Will also try to incorporate helpful tools in the form of checklists.

Question (Pat): Can some speak to frontier communities and how might it look? How do dual eligible members manage the challenges in rural areas? What about telehealth cuts? What about low Medicare funding? Grandparents raising grandchildren are receiving notices that kids may no longer be covered.

Response (Melissa): The CCBHC model is designed to support both urban and rural areas. Telehealth remains available in Colorado through waivers. Use the RAEs as a resource when funding gaps are found. Rural area concerns are not a unique issue but one that will be considered as the model is introduced.

Comment (Sara R): Pat thank you for bringing that up. One of the benefits of CCBHC is having a seat at national table for advocacy. If CNA shows those issues, then it can be highlighted at a national level.

Response (Thom): From a BHA perspective, BHA is working to make telehealth available for the long term by addressing barriers such as removing fire inspection requirement for provider ease.

Action Items:

Please keep the conversation going in our subcommittees this month! Register at hcpf.colorado.gov/ccbhc

Fill out the survey:

https://docs.google.com/forms/d/e/1FAIpQLSfJWkz21y32tIAy0DXVregC7vEI65Wfq_FBqEkat53Cdnruug/viewform

November Agenda

1. Rollcall (5 min)
2. Review & Approve October Meeting Minutes (5 min)
3. Subcommittee Updates (30 min)
4. Recommendations & Decisions (10 min)
5. Public Comment (10 min)