CCBHC Prospective Payment System Subcommittee

October 15, 2025

COLORADO
Department of Health Care
Policy & Financing

Agenda

- Introductions

- Designated Collaborating Organizations Requirements Review and Comparison to Current CSNP Requirements

- Guardrails and Oversight Introduction

- Next Steps

Planning Grant Roadmap

12-month Process	Planning for CCBHC Implementation (January 2025 – December 2025)											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Steering committee(s)	Develop committee(s)		Maintain committees, subcommittees, and partnerships (e.g., state, clinics, associations) with regular meeting cadences, notes, and deliverables to ensure stakeholder and community engagement in the CCBHC demo									
Populations & service areas		Solicit input from focus populations, identify potential CCBHCs & their service areas			Identify population health needs and secure insight from those communities, work with providers to select initial sites and regions they will serve as CCBHCs							
CCBHC training & education			Identify and provide TA needs for providers (e.g., CCBHC-PPS, billing, quality measures) as possible									
Infrastructure for data quality		Identify data collection infrastructure needs and begin processes for quality measurement			Onboard and maintain technology platforms for clinic and state efforts to ensure accurate measurement of quality measures and population health needs							
Assess clinic & community needs	Launch and complete community needs assessments and clinic readiness assessments				Assure clinics' community needs assessments and clinic readiness assessments are complete, accurate, and aligned for criteria and certification needs							
Scope of Services & Certification	Finalize Scope of Services and activities that will be included in certification & PPS rate			Formalize CCBHC criteria & Create certification process			Work with clinics to meet SAMHSA and state certification criteria, certify clinics, and plan for future certifications					
Establish CCBHC-PPS				Select CCBHC PPS	Establish a CCBHC-PPS system and work with clinics to help calculate a clinic-specific rate					Establish payment operations & review cost reports		
CMS Approval for CCBHC										Prepare to apply for the demonstration in 2026		

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Introductions

Thank you for your time today!

Share your name and who you represent in the chat!

Designated Collaborating Organizations – Overview

Topic: DCO requirements and cost-reporting considerations for CCBHC Demonstrations with comparisons to Colorado's Community Safety Net Provider (CSNP) PPS framework.

Focus:

- How delegation to external entities (DCOs vs. formal agreements) affects PPS and cost reporting.
- Roles and responsibilities
- Application to Crisis Services

DCO PPS Policy Comparison

Feature	CCBHC Demonstration	Colorado CSNP PPS
Partner Service Inclusion	DCO services included in PPS rate and payment (§5.1a)	Services under formal agreement paid under CSNP PPS if on covered code list
Billing Entity	All claims for covered CCBHC or DCO-delivered services must be billed by the CCBHC under its Medicaid provider number	All claims for covered CSNP or partner-delivered services under PPS scope must be billed by the CCBHC under its Medicaid provider number
Out-of-scope Services	Referred services excluded from PPS	Partner services for non PPS codes are Excluded from PPS payment

Sources: CMS CCBHC PPS Guidance (2024); HCPF Behavioral Health PPS Fact Sheet (2024); 2 CCR 502-1-12.5(C).

DCO PPS Policy Comparison

Feature	CCBHC Demonstration	Colorado CSNP PPS
Cost Inclusion	DCO costs (direct, indirect, and encounters) for services included in PPS are included in PPS calculation.	Partner costs (direct, indirect, and encounters) for supporting PPS services under formal agreement to satisfy CSNP scope requirements are included in PPS calculation.

Note: Crisis services will be treated differently with any crisis services rendered by a state-sanctioned crisis system provider DCO under a no cost contract with the CCBHC excluded from the cost reporting and PPS payment process.

Sources: CMS CCBHC PPS Guidance (2024); HCPF Behavioral Health PPS Fact Sheet (2024); 2 CCR 502-1-12.5(C).

Roles and Responsibilities

Entity	Roles
DCO / Contracted Org	• Deliver services under agreement with CCBHC/CSNP. • Maintain compliance with licensure and documentation. • Report cost and utilization data.
CCBHC / CSNP	• Retain full accountability for compliance, billing, quality, and cost report accuracy. • Aggregate partner costs and encounters into PPS calculations. • Reconcile costs to general ledger and audited financials.

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Summary

Both models allow **delegation of service delivery** but centralize **fiscal accountability** in the anchor clinic.

DCO (CCBHC): Fully integrated into PPS rate-setting and federal cost report; subject to CMS/SAMHSA audit.

Formal Agreement (CSNP): Integrated into HCPF PPS and cost-based rate but governed under state statute and auditing rules.

In both systems, **the primary provider bears responsibility** for cost integrity, service quality, and documentation to ensure compliance with PPS reimbursement standards.

Guardrails Introduction

- Establishing oversight strategies and financial safeguards is necessary for the state to satisfy its regulatory obligations.
- These "guardrails" are intended to protect providers, patients, and taxpayers from intentional and unintentional misuse of the PPS.
- The State is actively developing a set of guardrails that will apply to both the CCBHC PPS and the CSNP PPS

Guardrail Examples

Colorado Existing Guardrails:

- 3rd party auditing of cost report to ensure compliance with A&A Guidelines
- Managed care and state review for fraud, waste, and abuse as required by federal regulations
- System edits to ensure 1 PPS payment per day per patient
- Reconciliation process to ensure providers receive payment they are entitled to under state-directed payment policy.
- Annual rate rebasing

Guardrail Examples

Examples from other states and similar models:

- Quality incentives to ensure quality care
- Outlier payments to reduce incentives to upcode
- Administrative caps or productivity requirements
- Visit verification systems
- Trend controls
- Cost ceiling relative to peers methodology (outlier cost adjustments)

Next Steps

Exit Survey: See chat for the link to today's exit survey.

Next meeting & topics: More information coming soon

Reminder - December Workgroup meetings will be cancelled

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Resources

HCPF Behavioral Health Benefits Inbox:
hcpf_bhbenefits@state.co.us

HCPF Websites:
Behavioral Health (calendar of stakeholder engagements)
CCBHC
Newsletters