

CCBHC Monthly Forum

May 28, 2025

Presented by: Colorado's Behavioral Health Administration and
the Department of Health Care Policy and Financing



COLORADO
Department of Health Care
Policy & Financing



COLORADO
Department of Human Services



Our Missions

BHA

Co-create a people-first behavioral health system that meets the needs of all people in Colorado

HCPF

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

What We Do

HCPF:

The Department of Health Care Policy and Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

BHA:

The Behavioral Health Administration (BHA) is the state administration responsible for ensuring all people in Colorado have access to quality mental health and substance use disorder services, regardless of where they live, or ability to pay.

Agenda

- CCBHC Planning Grant Updates
- Subcommittee Work Updates
- Next Steps
- Questions and Discussion

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 T&E 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

Grant Updates

- CCBHC PPS Methodology choice discussion underway
- PPS, Certification, and Quality Measure workgroups in progress to finalize a roadmap for the rest of the CCBHC Planning Grant Year
 - Tasks and Timelines to be discussed in upcoming subcommittee meetings

Crosswalk of Colorado BH Regulations, Federal CCBHC Criteria & HB 24-1384

- Crosswalk of
 - Colorado BH Regulations
 - BHA rules related to comprehensive safety net providers
 - Federal CCBHC Criteria
 - As established by SAMHSA
 - HB 24-1384
 - Contains requirements related to the planning grant application that was required to be submitted no later than February 1, 2025
 - Must align with federal CCBHC requirements and guidelines
 - Must be developed in collaboration with stakeholders
 - Must include meaningful participation by those with lived experience

Crosswalk of Colorado BH Regulations, Federal CCBHC Criteria & HB 24-1384

- Identifies areas for alignment, adjustment and enhancement of requirements as the state and its partners prepare for CCBHC implementation
- Intended to inform future regulatory decisions and guide the development of provider guidance that reflect the evolving landscape of behavioral health service delivery in Colorado
- Provides considerations and recommendations for the state and its stakeholders delineated by key areas of the federal CCBHC criteria
- Contents is a summary of relevant standards and should be reviewed in conjunction with the original sources referenced throughout

Crosswalk of Colorado BH Regulations, Federal CCBHC Criteria & HB 24-1384

- Staffing
- Cultural Competency
- Training
- Availability and Accessibility of Services
- Care Coordination
- Community Needs Assessment
- Crisis Mental Health Services
- Screening, Assessment and Diagnosis
- Patient-Centered Treatment Planning
- Outpatient Mental Health and Substance Use Services
- Primary Care Screening and Monitoring
- Targeted Care Management (TCM)
- Psychiatric Rehabilitation
- Peer and Family Support Services
- Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans
- Quality and Other Reporting
- Organizational Authority, Governance, and Accreditation
- Prospective Payment System



Crosswalk of Colorado BH Regulations, Federal CCBHC Criteria & HB 24-1384

- At this time, current regulations are not prohibitive for CCBHC implementation, though some will need to be updated to better align with the criteria
- Recommendations are have been provided to
 - Better align or close a gap
 - Ensure a complete understanding of expectations in each category (e.g., how to operationalize a concept or requirement) to successfully implement CCBHCs
- Examples
 - Staffing: State requirements for supervision are more stringent (not a concern)
 - Cultural Competency: Recommend defining expectations related to language access
 - Care Coordination: Consider highlighting certain elements related to Care Coordination (e.g., community-based service plan)
 - Screening, Assessment, and Diagnosis: Determine if additional screening tools will be required in addition to those outlined in the CCBHC criteria
 - Quality and Other Reporting: Determine if additional quality or other data elements will be required

Prospective Payment System

➤ PPS 1 vs PPS 3

- PPS 1: Daily rate, comprehensive payment
- PPS 3: Daily rate, comprehensive payment **with a Crisis service carve out in addition**

➤ National Key Lessons learned:

- The key reason to have PPS3 is to mitigate changes in utilization for crisis services in the shorter term
- States can custom design a crisis services PPS to ensure it makes sense given the state's unique context.

PPS: Considerations & Key Questions

Considerations:

- PPS 3 is more likely to result in either shortfalls or windfalls for providers.
- Rates are calculated annual and will catch up with short term crisis utilization fluctuation.
 - Unless crisis service utilization is on a consistently upward or downward trajectory over time relative to other services, gains and losses are likely to be partially offset over time.
- Costs per unit of service will be changing at the same time and could either offset changes in utilization or make them worse. We generally expect decreasing costs per unit if utilization is increasing.

Key Question:

- Do we have reason to believe that a CCBHC would face consistently increasing or decreasing utilization rates of allowable CCBHC crisis services relative to other services?
- If so, do we have reason to believe that these fluctuations wouldn't be offset by changes in unit cost (e.g., serving more people drives down average cost per unit because fixed costs are only incurred once)?
- If still an issue, is the administrative burden of creating and operationalizing separate PPS rates worth the financial risk mitigation?



Quality Measure Data Management

- The Quality Measures subcommittee has completed the process of identifying where these measures are currently collected in Colorado's behavioral health ecosystem to inform the data collection plan.
- The team is identifying the best ways support providers in meeting federal requirements. To help us identify needs we have been:
 - *Meeting with demonstration states to identify best practices*
 - *Compiling an interest survey that will assess readiness to implement CCBHC*
- Next Quality Measures Subcommittee is June 17 at 2pm

Certification & Provider Readiness

- Since the last Steering Committee meeting...
 - CCBHC Regulatory Affairs Coordinator Vicente Cardona began 5/19 - welcome!
 - Building upon CCBHC Crosswalk to ensure ability to zoom in and out easily
 - Lean into HMA's roadmap and guidance to help inform priorities for Certification Subcommittee
- Next Certification Subcommittee is June 3 at 2:00pm

Engagement Opportunities

- **Monthly Subcommittees - Register on the [CCBHC Webpage](#)**
 - **Certification/Provider**
 - June 3, 2:00pm
 - **Quality Measure and Data Collection**
 - June 17th, 2:00pm
 - **PPS & Finance**
 - June 18th, 2:00pm
- **Share feedback here: [Feedback Survey](#)**

HCPF/BHA Next Steps

- Continue Stakeholder Engagement
 - Continue Steering Committee and Subcommittees
 - Monitor **Feedback Survey** responses
- Meet federal grant requirements
 - Grant Reporting Requirements
- Continue exploration of potential CCBHC infrastructure options
 - Finalize initial CCBHC Steering Committee Decision Points in June and July

Resources

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

HCPF Websites

[Behavioral Health](#) (calendar of stakeholder engagements)

[CCBHC](#)

[Newsletters](#)

Federal Updates: [Understanding Potential Federal Funding Cuts](#)



Questions? Thank you