CCBHC Prospective Payment System Subcommittee

June 18, 2025

Agenda

- Introductions & Midpoint Review
- Summary of Past Meetings
- Current CO PPS Model v CCBHC PPS Model Requirements
- Crisis Services
- PPS Model Decision in Context

CCBHC Planning Grant Goals

Colorado's participation in the CCBHC Planning Grant is a part of a state-wide, multi-agency effort to expand Colorado's behavioral health system of care.

The Planning Grant will allow HCPF and BHA to explore how the CCBHC model could complement the Colorado Safety Net System to promote integrated and accessible behavioral health care with sustainable funding practices.

Our goals:

- 1. Establish realistic implementation plan understanding cost and timeline.
- 2. Evaluate the CCBHC model to determine the best way to improve the Behavioral Health Safety Net system in Colorado

Planning Grant Roadmap

12-month	Planning for CCBHC Implementation (January 2025 – December 2025)											
Process	JAN	FEB	MAR	APR	MAY	NOC	JUL	AUG	SEP	ОСТ	NOV	DEC
Steering committee(s)	Develop Maintain committees, subcondition committees, subcondition cadences, notes, and delivered cadences.			nmittees, a erables to e								
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 ith providers to select initial sites and regions they will serve as CCBHCs										
CCBHC training & education	Identify and provide TA reeds 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 curate measurement of quality measures and population health needs										
Assess clinic & community needs	a	Launch and complete community needs assessments and clinic readiness assessments and clinic readiness 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 critical activities that Create control of the					Work with clinics to meet SAMHSA and state certification criteria, certify clinics, and plan for future certifications						
Establish CCBHC- PPS					Select CCBHC PF	Esta clir		IC-PPS systen alculate a clini			ish payment o review cost re	
MS Approval for CCBHC											repare to appl emonstration	

Midpoint Review - Reminders & Next Steps

State Goals

- Establish realistic implementation plan understanding cost and timeline
 - The state is obligated to use the \$1M to develop and complete the tasks in the roadmap and in accordance with the NOA, including preparing an application to participate in the demonstration program
- Evaluate the CCBHC model to determine the best way to improve the Behavioral Health Safety Net system in Colorado
 - o To be able to effectively meet this goal, the commitments and requirements of the Planning Grant have to be completed to ensure the determination is based on a comprehensive understanding of the model, associated processes, and its impact to the community and providers

*There is no guarantee that states who submit a demonstration application will be selected/funded. *States do not have to move forward with the demonstration if they are selected.



Grant Midpoint Review - Committees

Purpose of Subcommittees:

• To make recommendations to the Steering Committee regarding subject matter areas with informed input provided by the subcommittees' work, state leadership, contractor consultation, and stakeholder feedback

Purpose of Steering Committee:

• To guide decision making through the CCBHC Planning Grant year with informed input provided by the subcommittees' work, state leadership, contractor consultation, and stakeholder feedback

Midpoint Review - Grant Commitments

The CCBHC Planning Grant includes 12 months of funding to support state efforts to develop and implement systems in preparation to become a 4-year Demonstration state if selected and if the State chooses to participate.

Commitments of Planning Grant funding include:

- Develop and implement certification systems for CCBHCs
- Establish Prospective Payment Systems (PPS) for Medicaid reimbursable services
- Prepare for an application to participate in a four-year CCBHC Demonstration program
- Involve consumers, youth, family members, and communities in the development and implementation of the state's planning efforts
- Develop plan to ensure timely access to care through an integrated and expanded network through implementation of the CCBHC model
- Develop plan to support recovery from mental illness and substance use disorders by providing access to high-quality services through implementation of the CCBHC model
- Address strengths and risks associated with the CCBHC model to ensure it meets the state's needs and goals



Midpoint Review - Potential Risks

Potential risks associated with **not** completing the commitments in the Planning Grant:

- Missed opportunities
 - BH services expansion
 - Wasted resources
 - Impacts to partnerships
- Less competitive for the *demonstration program*
 - While the state could submit a *demonstration grant application*, planning grant funding is committed for activities that prepare the state for the demonstration program
 - Failure to complete planning grant funding commitments will make Colorado ineligible to participate in the demonstration
- Loss of funding
 - Termination of the grant
 - Repayment of funds if misused or if deliverables are not met
 - Ineligibility for future SAMHSA or CMS funding opportunities



Timeline Planning to Demonstration

January-March 2025

- Planning Grant Starts
- Stand up Committees
- Begin Hiring Process

April-June 2025

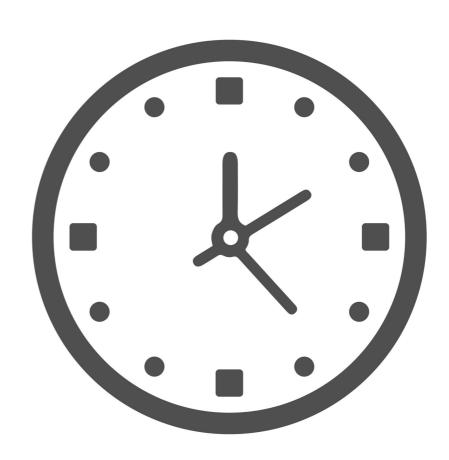
- Onboard Grant Admin
- Begin grant reporting
- Data discovery
- PPS Type Decision

July - September 2025

- Grant reporting
- Committee work

October - December 2025

- Grant reporting
- Provider TTA
- Decide/Request Extension
- Draft Demonstration Application



Subcommittee Focus Areas

- Prospective Payment System Recommendations
 - Model 1 or Model 3 (single comprehensive rate or a carveout for crisis services)
 - Scope of services which services are included in the PPS rate(s)?
 - Specific allowable costs -Identify opportunities related to investment under the PPS structure in the shorter-term

Committee Work Plan

Topic	May	June	July
PPS 1 or PPS 3	Learnings from other statesExamplesKey questions	Review any new informationRecommendation finalization	 Recommendation finalization
Scope of Services	 Introduction to key questions 	 Review supporting information on key questions 	 Recommendation finalization
Select Allowable Costs	 Introduction to key questions 	 Review supporting information on key questions 	 Recommendation finalization

Summary of Past Meetings

- Exploratory discussion of PPS 1 vs. PPS 3 including identification of scenarios when PPS 3 would be appropriate
- Lessons learned from other states and national technical assistance contractor.
- Desire to provide quality care.
- Desire to balance risk.
- Need to understand crisis

Comparing PPS 1 to PPS 3

Key Similarities Key Difference • Same scope of services for CCBHCs Single comprehensive scope and Same allowable costs for CCBHCs rate vs. separate payment rate and • Compliant with 25.5-4-403.2 scope of services for crisis services in support of mitigating potential (1)(b)(IX)"ASSURANCE THAT CERTIFIED COMMUNITY BEHAVIORAL financial risk HEALTH CLINIC CRISIS SERVICES ARE DELIVERED WITHIN THE PARAMETER OF COLORADO'S STATEWIDE CRISIS RESPONSE SYSTEM, THAT ANY CRISIS SERVICES DELIVERED BY THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC ARE ALIGNED WITH THE SERVICES PROVIDED THROUGH THE STATEWIDE CRISIS RESPONSE SYSTEM, AND THAT SERVICES DO NOT DUPLICATE OR IMPEDE SERVICES PROVIDED THROUGH THE STATEWIDE CRISIS RESPONSE SYSTEM"

CO PPS v CCBHC PPS (1 of 2)

Design Elements	Colorado PPS	CCBHC PPS Requirements
Unit of Payment	Provider-specific daily rate per patient	Four options: state limited choices to provider- specific daily encounter rate or separate daily rates for crisis and all other
Quality Incentive	At Regional Accountable Entities' discretion	Optional
Population-specific Rates	Not used	Not applicable for PPS 1 or PPS 3
Outlier Payment	Not used	Not applicable for PPS 1 or PPS 3
Payment for Crisis Services	Included in daily encounter unless otherwise excluded and paid on a per diem	PPS 1: included in encounter with other services PPS 3: at least one of the following is included in a separate PPS rate: • ARP 9813 CCBHC mobile crisis services • Other CCBHC mobile crisis services (not ARP 9813 mobile crisis services) • On-site CCBHC crisis stabilization services

CO PPS v CCBHC PPS (2 of 2)

Design Elements	Colorado PPS	CCBHC PPS Requirements
Annual Updates to PPS Rates	Rebasing using cost reports + Medicare Economic Index for trend	Medicare Economic Index for trend or rebasing using cost reports
Required Rebasing of PPS rates	Rebased annually	States must rebase PPS rates for DY3 using DY2 cost report data and rebase PPS rates at least once every 3 years
Scope of Services	See next slide Medication-assisted therapy is excluded from PPS	See next slide Medication-assisted therapy services included in PPS
Allowable Costs	Costs associated with provision of CSNP PPS services; applies standard accounting principles such as depreciation of capital; applies salary caps; use of allocation methodologies across time and service lines	Costs associated with provision of CCBHC PPS services; applies standard accounting principles such as depreciation of capital; use of allocation methodologies across time and service lines

^{1.} Must use CCBHC cost report, which has more granular reporting stratification; the state is interested in moving all CSNP to this cost report in the future. It will take time for providers to make the transition. 2. MAT services will need to be moved into PPS.

CSNP v CCBHC Scope of Service

CSNP

- Emergency and crisis behavioral health services
- Mental health and substance use outpatient services
- Behavioral health high-intensity outpatient services
- Care management
- Outreach, education, and engagement services
- Mental health and substance use recovery supports
- Outpatient competency restoration
- Screening, assessment, and diagnosis, including risk assessment, crisis planning, and monitoring to key health indicators

CCBHC

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Psychiatric Rehabilitation Services
- Targeted Care Management
- Person- and Family- Centered Treatment Planning
- Community-Based Mental Health Care for Veterans
- Peer Family Support and Counselor Services
- Outpatient Primary Care Screening and Monitoring
- Screening Diagnosis, and Risk Assessment

Potential Colorado Requirements:

- All current CSNP requirements plus:
- Opioid Treatment Program (OTP) Requirement
- Additional allowable Evidence Based Treatments (EBTs)

Crisis Services Requirements Comparison

**Please refer to requirement crosswalk.

Key considerations:

- CSNP requirements for crisis services are fully compliant with CCBHC requirements with one exception CCBHCs must have both walk-in and mobile crisis services. This should not impact the payment model.
- Changes to mobile crisis service requirements will be discussed further in the Certification Subcommittee. Because a provider must meet certification standards prior to certification, the costs of a compliant model will be included in the CCBHC payment rate.

PPS Model Choice in Context

- CCBHC Crisis services requirements are addressed under current CSNP requirements. To the extent there are additional costs for compliance, these costs are reflected in the CCBHCs' cost reports and will be included in the PPS rate.
- PPS 3 is useful in a limited number of scenarios and these scenarios are not likely to occur given HCPF is rebasing rates annually.
- PPS 1 is significantly less administratively burdensome and should sufficiently address most financial risk scenarios.

Action Needed

- Draft PPS 1 v PPS 3 recommendation for Steering
 Committee and review in July meeting.
- Discuss allowable costs considerations
- Finalize recommendations

Next Steps

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

Next meeting: July 16th at 2:00pm

References

- (1) Code of Colorado Regulations (2 CCR 502-1 Section 6)
 https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11259&fileName=2
 %20CCR%20502-1
- (2) CCBHC Compliance Checklist (Section 4.C) <u>Certified Community Behavioral Health Clinic</u> (CCBHC) <u>Criteria Compliance Checklist</u>
- (3) Section 223 Certified Community Behavioral Health Clinic (CCBHC) Demonstration
 Prospective Payment System (PPS) Guidance Section 223 Certified Community Behavioral
 Health Clinic Demonstration Prospective Payment System (PPS) Guidance

Resources

HCPF Behavioral Health Benefits Inbox:

hcpf_bhbenefits@state.co.us

Learn More about CCBHCs on the HCPF CCBHC webpage:
hcpf.colorado.gov/ccbhc

Sign up for the monthly behavioral health newsletter: https://hcpf.colorado.gov/behavioral-health





Thank you!