

CCBHC Steering Committee Meeting

Date: 10/16/2025

Time: 11am-12pm

Attendees: Alan Coker, Steve Lajoie, Mark Vanacore, Nicole L., Ben Shaiken, Tammy Freeberg, Lois Berkowitz, Rob Haswell, Lynne Ringer, Shauna Pangilinan, Alex Lopes, Fatmata Williams, Brenetta Henry, Heather LaSelle, Caroline Anyzeski.

Notes:

1. Welcome and Agenda Overview
2. Workgroup Updates
 - a. Community Providers Workgroup
 - i. The workgroup discussed relationships that providers have with designated collaborating organizations (DCOs) and the services provided. The conversations are around how do they provide those services.
 - b. Finance and Rate Setting Workgroup
 - i. The workgroup began the discussion of Quality Bonus Payments (QBPs) options. The workgroup hopes to present at the next CCBHC Steering Committee meeting.
 - c. Crisis Services Workgroup
 - i. The workgroup is continuing to work through the crisis structure for Connecticut and answering the question of what it should look like. This discussion will help inform the prospective payment system (PPS) discussion. Which is between PPS-1, daily rate, or PPS-3, monthly rate. The workgroup is focused on daily rate.
 - ii. The workgroup would like to have a guest speaker from the National Council for Mental Wellbeing with expertise about aligning crisis systems and the CCBHC model.
 - iii. The workgroup is also reviewing different crisis strategies.
 - d. Policy and Regulatory Workgroup
 - i. The workgroup has discussed the possibility of changes to legislation and regulations.

CCBHC Steering Committee Meeting

Date: 10/16/2025

Time: 11am-12pm

- ii. The workgroup hopes to have a recommendation soon. This recommendation would be a suggestion of a special provider type for CCBHC.
- iii. The workgroup is reviewing the CCBHC requirements. The workgroup is also discussing the idea of an accreditation and certification and possibly wave some of the licensing requirements.
- iv. For licensing, there has been conversation about other providers that have similar or even more stringent requirements and how to achieve accreditation. The workgroup is looking into the licensing processes through Department of Children and Families (DCF), Department of Public Health (DPH), and Department of Mental Health and Addiction Services (DMHAS). Many of the providers are also already accredited by a national accrediting body. With CCBHC, there will be another certification added on top of those already required.
- v. Has the workgroup talked about how to make the CCBHC designation process less burdensome?
 - 1. Each CCBHC will be accredited, certified, and licensed. The workgroup is looking at pathways to reduce the burden. One option discussed is maybe create a special licensing class.
 - 2. DPH is following up with the different accreditation and licensing processes.
 - 3. Some of the existing CCBHCs existing are Joint Commission-accredited and now will have to become NCQA certified. The workgroup has wondered if there would be a possibility of making changes to that certification. This workgroup will reach out to the state with questions.
 - 4. A question is if a CCBHC is Joint Commission-accredited, could this include a CCBHC module that could be added to the accreditation.
- e. Veterans Workgroup
 - i. The workgroup is continuing their discussion about trainings that are out there for providers regarding treating veterans. The workgroup is leaning toward recommending a specific training entity, for example

CCBHC Steering Committee Meeting

Date: 10/16/2025

Time: 11am-12pm

PsychArmor. This training group would provide a qualification label indicating a CCBHC has a certain percentage of providers who took the training and are member facing. This would provide validity to the qualifications around treating veterans.

- ii. The workgroup plans to review evidence-based practices relating to treatment of veterans and will coordinate with the EBP workgroup.

f. Evidence-Based Practice Workgroup

- i. The workgroup has a question of if there needs to be a specific number of EBPs recommended by the state.
 - 1. There will need to be a minimum amount of EBPs required by the state, that the EBP can recommend to the CCBHC Steering Committee. Then, there can be further recommended EBPs that are optional for the CCBHCs.

g. Data, Quality Improvement, and Evaluating Committee

- i. The workgroup learned information on how providers are collecting data metrics now and how many providers are using an electronic health record (EHR). For those who do not use an EHR have been collecting the data more creatively. Most of the providers are using similar screening tools to get the information.
- ii. There is overlap between the existing grant funding and utilization of their data through EHR.
- iii. The workgroup is preparing a recommendation that the providers want to continue to report the current data and quality requirements and not anything beyond that. Although, going forward there might be some gaps that CCBHCs and the state will want to look at that can be added. It is suggested to start the demonstration with baseline data and reporting requirements and then move forward.

- h. The workgroups are starting to have people volunteer to be the chairs for them.

3. Recommendation from Rate Setting and Finance Workgroup

- a. A representative from the Finance and Rate Setting attended the CCBHC Steering Committee today for an official recommendation.

CCBHC Steering Committee Meeting

Date: 10/16/2025

Time: 11am-12pm

- b. There are multiple rate setting methodologies offered and the workgroup is working through them one dimension at time. The workgroup has reviewed PPS-1, daily rate, or PPS-3, monthly rate. For the (QBP), the options change depending on PPS-1 or PPS-3.
- c. The workgroup recommends the daily rate, PPS-1. The workgroup chose this recommendation because the payment aligns with patient utilization and is similar to fee-for-service (FFS) which the providers already use. For PPS-1 model, there is lower risk for the provider or organization.
- d. As time goes on, the workgroup will continue to build out a rate methodology recommendation.
- e. To vote on this recommendation, the CCBHC Steering Committee will wait until there is further information on this recommendation to vote.
- f. Are there any questions on this recommendation?
 - i. For PPS-1 vs PPS-3, they are both lucrative for providers and beneficial but also a lot of risk associated with them. For PPS-3, monthly rate, there has to be an understanding on who the clinic is going to serve and frequency. The workgroup determined how different it is than the Medicaid system and believes that the daily rate would be easier.
 - ii. The application may have sad PPS-3, but that can be changed when submitting application. For the Rate Setting and Finance Workgroup, please proceed as.

4. RFA update

- a. There is no new update since the last time we met. The Commissioners and State Partners met yesterday and are still working through the catchment area questions. Also, a crisis system discussion came up. Once it has been decided, we will reach out to the providers.

5. **Questions and Discussion**

- a. The Data, Quality Improvement, and Evaluating Committee is still looking for chairs, it can be multiple people to share the responsibility.
- b. Carelon will not complete the recommendation form, and it will have to be someone from the workgroups who completes and submits the form.

6. **Next meeting:** October 30th from 11 am to 12 pm.