HB 24-1038 System of Care Quarterly Status Update Report

C.R.S. 25.5-6-2001 System of Care Quarterly Report #4

Date: January 1, 2026

Submitted to: Joint Budget Committee

Quarterly Report # 4

September 2025 - December 2025

COLORADO
Department of Health Care Policy & Financing

Table of Contents

Background

A system of care (SOC) structure is designed to serve children with high acuity behavioral health needs. The system utilizes an intensive care coordinator to bring together all the providers, agencies, and organizations working with the child's family along with the family members themselves. The coordinator serves as a resource for the family in navigating different systems (health and non-health systems) and centralizing the varying treatment plans across agencies. It is an evidence-based approach that reduces unnecessary emergency department visits, out-of-home and out-of-state placements, length of time spent outside of the home, re-entry into higher levels of care and involvement in the juvenile justice system.

In addition to those served under a system of care, there are children and youth who need residential treatment services to meet the acuity of their behavioral health needs. In Colorado, facilities that deliver these services are licensed as Qualified Residential Treatment Programs (QRTP) and Psychiatric Residential Treatment Facilities (PRTF). These facilities need to have the staff and resources to adequately serve children and youth with complex acute needs.

C.R.S. 25.5-6-2001 outlined some components necessary to establish a system of care, specifically the need for a robust assessment tool and intensive care coordination. Statute states that "(1) No later than July 1, 2024, the State Department, in collaboration with the Behavioral Health Administration, and the Department of Human Services pursuant to Article 64.5 of Title 27, shall begin developing a system of care for children and youth who have complex behavioral health needs. At a minimum, the system of care must include:

a) Implementation of a standardized assessment tool that:

(i) Expands upon and modifies the assessment tool described in Section 19-1-115 (4)(e)(i);

(ii) Makes recommendations regarding the appropriate level of care necessary to meet the child's or youth's treatment needs;

(iii) Informs the child's or youth's treatment planning, including behavioral health programming and medical needs; and

(iv) Is administered to children and youth who are enrolled in the Medical Assistance Program or any child or youth who meets the referral requirements established by the Behavioral Health Administration pursuant to Article 64.5 of Title 27;

(b) Intensive-care coordination for children and youth enrolled in the medical assistance program;

(c) Expanded supportive services for children and youth pursuant to subsection (4) of C.R.S. 25.5-6-2001; and

(d) Expanded access to treatment foster care, as defined in Section 26-6-903, pursuant to subsection (5) of C.R.S. 25.5-6-2001."

"(2) (a) No later than November 1, 2024, the State Department shall convene a Leadership Team that is responsible for the decision-making and oversight of the system of care for children and youth who have complex behavioral health needs."

"(3) (a) No later than October 1, 2024, the State Department shall convene an Implementation Team that shall create a plan to implement the system of care for children and youth who have complex behavioral health needs."

"(4) No later than January 1, 2025, the State Department shall seek federal authorization to expand the residential child health care program established pursuant to Section 25.5-6-903 to include children and youth who have a serious emotional disturbance that puts the child or youth at risk or in need of out-of-home placement."

"(5) No later than January 1, 2025, the State Department shall develop and implement a plan to increase access to treatment foster care, as defined in Section 26-6-903, under the state Medical Assistance Program."

"(6) The State Department may promulgate rules in consultation with the Behavioral Health Administration and the Department of Human Services for the administration and implementation of the system of care for children and youth."

"(7)(a) No later than January 1, 2025, the Department of Health Care Policy and Financing shall contract with a third-party vendor to complete an actuarial analysis in

order to determine the appropriate Medicaid reimbursement rate for psychiatric residential treatment facilities, as defined in Section 25.5-4-103."

C.R.S. 25.5-6-2001(7.5)(d)(I) In the quarterly report to the Joint Budget Committee required pursuant to subsection (7)(b) of this section, the State Department shall include updates on the work of the workforce capacity center. The report must include key milestones for startup activities, what trainings are offered, the number of trainings being provided each month, the number and type of certifications earned by providers as a result of the trainings, the number of certified providers enrolled as Medicaid providers, and the locations where those certified providers practice.

All new content added is colored in blue font for easy clarification.

Key Takeaways

The Department of Health Care Policy and Financing (HCPF) continues to make progress towards meeting the requirements of C.R.S. 25.5-6-2001(7)(a) on implementing a system of care for its Medical Assistance Program members under the age of 21. HCPF is meeting all the requirements of C.R.S. 25.5-6-2001, which is overlapping with the work for the GA v. Bimestefer Settlement Agreement originally posted on the state website April 2024. This quarterly report includes an update on HCPF's implementation efforts. Since our last quarterly report:

- HCPF commenced service delivery for children and youth identified for the Colorado System of Care on November 1, 2025. Five High Fidelity Wraparound providers (Diversus, Mile High Behavioral Health, Paragon, Savio House, and Turning Point) have been fully credentialed through RAES and have initiated services. HCPF is hosting a new set of provider meetings, the first of which took place on December 2, 2025.
- The Behavioral Health Administration (BHA) has six providers (TriCounty Health Network, The Health Partnership, Hilltop, Mile High Behavioral Health, Senior Behavioral Health Care, and Collaborative Trauma Solutions) contracted with the BHASOs to provide Colorado System of Care (CO-SOC) services for year one. A provider kickoff meeting is planned for January 2026.

Since the last report, submitted on July 1, 2025, the components of C.R.S. 25.5-6-2001 continue to make progress towards their goals. For the Enhanced Standardized Assessment (ESA), HCPF, BHA, Colorado Department of Human Services (CDHS), RAEs,

the University of Kentucky, and other stakeholders hold regular meetings to tailor the ESA to the unique needs of individuals receiving the assessment in Colorado.

Progress and Next Steps

The progress of the system of care efforts as outlined in C.R.S. 25.5-6-2001 is as follows:

1. Enhanced Standardized Assessment

An ESA creates uniform standards statewide that will identify members that need more intensive services and highlight the needs of the young person and their family. It is important to clearly and accurately capture all the needs of a young person and their family if the appropriate services are going to be identified.

Action item 1: Development of Assessment Tool

- **Completed.** The new Colorado Child and Adolescent Needs and Strengths (CANS) tool 3.0 was implemented for statewide use on July 1, 2025. HCPF completed work with the University of Kentucky (UK) to enhance Colorado's existing CANS tool. The CANS is a standardized assessment tool used to evaluate the needs, strengths and challenges of children and youth and determine appropriate treatment and service recommendations for children and youth. UK staff are the nationally recognized experts on the CANS. The ESA consists of a robust biopsychosocial assessment which includes the CANS. The ESA further expands the use of the assessment described in C.R.S. 19-1-115 (4)(e)(I) that has been implemented by BHA and CDHS to:
    - Make recommendations on appropriate level of care; and
    - Inform treatment and service planning.
- **Completed.** Creation of the tool consisted of a large stakeholder group including: families, advocates, Managed Care Entities (MCEs), Behavioral Health Administrative Service Organizations (BHASOs), ESA Assessors, and providers from QRTP, PRTF and Community Based Services with High Fidelity Wraparound (HFW) to inform and vet the Customization Team decisions. As part of this scope of work, the UK developed a Colorado CANS Decision Support Matrix, which informs on treatment recommendations and level of care for the member. The Decision Support Matrix included over 25 clinical reviews completed by professionals who currently utilize the CANS for reliability and

validity for the development tool and Decision Support Matrix. Rollout of the CANS Decision Support Matrix is dependent on the plan to acquire the necessary financial and technology resources to make such rollout successful as it is currently unfunded.

Action Item 2: Complete policy guidance

- **Completed.** Developed guidance on the implementation of the enhanced standardized assessment.
    - HCPF has released OM 25-032, which includes policy guidance on the ESA specific to Utilization Management for the QRTP and PRTF fee for service benefit. ACC 3.0 Contracts include policy guidance for the MCEs to access an ESA to inform their Medical Necessity determination when they are not able to approve QRTP or PRTF services with available clinical information for youth seeking these levels of care. The ESA informs the MCEs Medical Necessity determination for QRTP and PRTF starting July 1, 2025.
- HCPF will work collaboratively with the MCEs and the various Advisory Committees as appropriate, to develop ESA policy guidance for CO-SOC for the first year (SFY25-26). HCPF remains committed to the need for a robust ESA for children and youth seeking the highest levels of care while remaining committed to not sending children, youth and families through any unnecessary ESA or duplication.
    - All ESAs must be completed by a CANS-certified Licensed Behavioral Health professional who has completed the ESA required training through the BHA Learning Management System.
    - Through contracting and accompanying policy transmittals HCPF has established policy to define how Regional Accountable Entities (RAEs) apply the ESA during year one of the Colorado System of Care.
- **Completed.** HCPF and BHA developed a training on the ESA process. This training is available free of charge to providers through the BHA's Learning Management System and went live on July 1, 2025.

2. Intensive Care Coordination

Intensive care coordination services (ICC) is a more intense approach to care planning, coordination of services, authorization of services, and monitoring of services and supports than that which is provided in traditional clinical or medical settings. ICC is

an intensive service provided by SOC Certified Intensive Care Coordination Providers (Certified ICC Providers), with enhanced clinically oriented training, who help members and their families meet their needs by coordinating care and services, developing care plans, and updating clinical progress. The Certified ICC Provider works with the family to bring together all the providers, agencies, and organizations working with the family along with the family members themselves. The Certified ICC Provider serves as a resource for the family in navigating different systems (health and non-health systems) and centralizing the varying treatment plans across agencies.

Action Item 1: Identify models of intensive care coordination for SOC

- **Completed.** HCPF worked with a national consultant to identify two models of intensive care coordination that are in alignment with The National Wraparound Implementation Center's (NWIC) standards, to be delivered to Medical Assistance Program members under the age of 21. These include:
    - HFW, and
    - Families Experiencing Meaningful Connections, Outcomes, Coordination, Unconditional Positive Regard, Short-Term Process (FOCUS).

Action Item 2: Complete policy and contract updates

- **Completed.** HCPF has established the eligible population for CO-SOC to include the children and youth with highest acuity needs. The foundation of CO-SOC is Intensive Care Coordination using the NWIC Models of Intensive Care Coordination, starting with HFW.
- **Completed.** Updated ACC 3.0 contracts to include guidance on the payment for HFW by April 1, 2025.
    - The contracts for ACC 3.0 were executed in March 2025 and included requirements for HFW to be paid as a covered service of the behavioral health capitation.
- Create a plan for rolling out FOCUS as a second intensive care coordination option in future fiscal years.
    - As a result, the development of the FOCUS rollout will take place during FY 2026-27, with an anticipated go-live date in FY 2027-28.

Action Item 3: Establish a workforce capacity center (WCC)

- **Completed.** Design a WCC to serve as the workforce training hub for both HFW and FOCUS by March 30, 2025.
- **Completed.** The JBC approved the supplemental request during the HCPF budgetary hearing on Friday, March 14, 2025, to create a workforce capacity

center to increase provider capacity for system of care. HCPF is currently developing a scope of work and interagency agreement with both Colorado State University and University of Colorado.

- In July 2025, WCC will collaborate with NWIC to develop the necessary policies for providing HFW.

  Updates

  - HCPF finalized the interagency agreement (IA) with the workforce capacity center on August 20, 2025. A memo was released at the beginning of September stating that the WCC is Colorado State University (CSU).
  - BHA finalized their interagency agreement (IA) with the workforce capacity center on October 31, 2025. This agreement provides funding for the WCC to contract with NWIC to establish the High Fidelity Wraparound model and train the workforce for CO-SOC.

3. **Supportive Services (Children's Habilitative Residential Program Eligibility Expansion)**

HB 24-1038 specifies that "No later than January 1, 2025, the State Department shall seek federal authorization to expand the residential child health care program established pursuant to Section 25.5-6-903 to include children and youth who have a serious emotional disturbance that puts the child or youth at risk or in need of out-of-home placement." The intention of this change to the Children's Habilitative Residential Program (CHRP) waiver is to include Serious Emotional Disturbance (SED) within the CHRP targeting criteria for waiver eligibility. Children or youth must meet the criteria for nursing facility or an inpatient psychiatric hospital level of care. There will be no changes to CHRP waiver services or provider types and this change creates alignment between BHA, CDHS and HCPF in serving high-acuity youth.

Action Item 1: Get federal approval to expand CHRP

- **Completed.** HCPF has received the federal authority to implement this expanded eligibility criteria in the CHRP waiver.

Action Item 2: Update rules for CHRP

- **Completed.** Final adoption by consent occurred on December 13, 2024 by MSB with implementation of the CHRP expansion to include serious emotional disturbance (SED) targeting criteria for waiver eligibility effective January 1,

2025. This provides HCPF the federal and regulatory authority to implement this change.

Action Item 3: Implement expansion

- **Completed.** Full implementation, including training of providers and case management agencies of this expanded eligibility criteria was completed March 2025.
- Implementation including SED training for case management agencies (CMAs) was developed and available through LMS training starting January 1, 2025. Operational Memo 25-003 was developed along with an attestation form and was posted January 1, 2025. The OM 25-003, included the SED definition, the eligibility criteria process, the attestation form that is required for SED enrollment, and a case management decision tree for CHRP SED level of care and targeting criteria guidance for CMAs. In March 2025, additional guidance was provided to case management agencies regarding the retention of the attestation form in a member's record within the care and case management system.
- With the expanded eligibility, CHRP SED enrollments increased moderately in FY 2025-26, at an estimated increased cost of $523,000. It is estimated that with these newly eligible children and youth enrolling in the CHRP waiver, allowing the opportunity for these newly enrolling children to receive appropriate interventions sooner and often at a lower level of care, there will be a decrease in more costly State Plan services utilized.

4. Treatment Foster Care Expansion

Treatment Foster Care settings are critical to providing family-like settings to children who have behavioral health needs. Outcomes for children are stronger when family-like settings are available with the appropriate level of treatment.

Action Item 1: Create a plan to increase access

- **Completed.** A draft of the plan to increase access to treatment foster care, as defined in C.R.S. section 26-6-903 was completed by January 1, 2025.
- This plan included:
    - Identifying the current Medicaid-reimbursable services and the appropriate billing codes associated with the service.

- Collaborating with CDHS and BHA to explore additional funding strategies by reviewing reimbursement structures for treatment foster care parents in other states.
- Ensuring reimbursement rates accurately reflect the specialized skills of treatment foster care parents, including supporting children and youth who may be using substances or at risk of eloping.
- Defining how treatment foster care services are delivered to youth not in county custody and developing procedures to ensure proper care and reimbursement.
- Ensuring Medicaid services delivered in a treatment foster care setting are paid appropriately.
- Reviewing rates for billable codes associated with the treatment foster care population.

- **In Progress.** The Treatment Foster Care update memo is drafted and will be posted to the website once finalized. The plan will continue to be updated and reposted with revised information as appropriate and no longer quarterly.

Action Item 2: CO-SOC services are available in Treatment Foster Care

- **Completed.** HCPF ensured that the proposed plan for the CO-SOC meets the needs of the foster care provider and child or youth. Specifically, making sure the CO-SOC plan includes the following for treatment foster care settings:
  - In-home behavioral health services of SOC can be delivered in foster care family-like settings.
  - Access to support services, such as respite, that are available, reimbursable and accessible to foster care parent(s).

Action Item 3: Identify alternative funding opportunities

- **In Progress.** HCPF is working with the Colorado Department of Human Services to develop action items that fulfill the plan's obligations and communicate updates with counties and providers.
  - Beginning February 2025, HCPF, BHA, and CDHS initiated collaborative work on strategies to fulfill the plan's obligations, including developing a shared communications plan, exploring credentialing opportunities for treatment foster care parents, and aligning with current regulations.
- **Completed.** Treatment Foster Care Parents may become trained as QBHAs and be reimbursed under Medicaid for services delivered within that scope. If it is

determined that it is feasible and reasonable for treatment foster care providers to be Qualified Behavioral Health Aides (QBHA), HCPF will work with the Behavioral Health Administration and their partners in the workforce pipeline to execute any action items necessary to train and certify treatment foster care providers as a QBHA.

- **Paused.** HCPF, BHA, and CDHS have temporarily paused interagency meetings related to this work in order to assess appropriate next steps for leveraging the existing workforce. HCPF began regular meetings with BHA in January 2025 to explore strategies for leveraging the existing workforce pipeline, including QBHAs. HCPF, CDHS and BHA are reviewing current Medicaid-reimbursable services and identifying potential alternative funding opportunities in partnership with BHA for non-Medicaid services.

5. System of Care Advisory Committees

HCPF established both the Implementation Advisory Committee and the Statewide Leadership Committee. The Implementation Advisory Committee, formed in September 2024, is composed of advocates, counties, providers, RAEs, state agencies, and people with lived experience. The Implementation Advisory Committee will meet bimonthly to monitor progress and provide guidance on gaps in establishing the System of Care for high-acuity children and youth. The Statewide Leadership Committee, formed in October 2024, will meet a minimum of two times a year and as needed for the decision-making and oversight of the system of care for children and youth who have complex behavioral health needs. The committee is composed of leadership from state agencies, statewide advocacy organizations, providers, county commissioners, and representation of individual(s) with lived experience.

Action Item 1: Convene Leadership Committee

- The committee will meet two times a year and as needed.
- Final meeting times and materials will be posted on our website.
- The committee heard a presentation of the Implementation Plan on June 20, 2025.
- The committee approved a proposal to have local county departments be a site for Enhanced High Fidelity Wraparound providers on July 10, 2025.
- The committee is scheduled to next convene on January 13, 2026.

Action Item 2: Convene Implementation Committee

- The committee will meet bimonthly and as needed.

- Final meeting times and materials will be posted on our website.
- The committee convened on September 18, 2025 as scheduled.
- The committee discussed crisis planning strategies regarding Enhanced High Fidelity Wraparound using the National Wraparound Implementation Center model.
- The committee convened on November 20, 2025 as scheduled.
- The committee reviewed a new committee structure proposed by the tri-chairs, including bi-weekly email updates and workgroups specific to CO-SOC related outcomes. The committee approved the workgroup proposal.
- The committee discussed intensive home-based treatment.
- Meeting details and materials will be posted on our website.
- The committee is scheduled to next convene on January 15, 2026.

6. System of Care rules

On September 16, 2024, BHA entered a period of rule promulgation and publicly posted BHA's proposed draft Administrative Rules (2 CCR 502-6). This rule volume contains BHA's draft rules for the administration and implementation of the system of care for children and youth who have complex behavioral health needs, which were drafted in collaboration with HCPF and CDHS. The proposed draft rules:

- Utilizes the Enhanced Standardized Assessment process to determine eligibility for the system of care.
- Sets broad eligibility criteria for system of care youth under the age of 21 who are determined eligible by the Standardized Assessment process.
- Requires residential treatment providers to obtain cultural competency training related to the provision of services, which will be included in CDHS Residential Child Care Provider Training Academy created by C.R.S. 27-64.5-102(2).

Action Item 1: Create rules for system of care

- **Completed.** BHA's rules for the administration and implementation of the system of care for children and youth with complex behavioral health needs went into effect on August 1, 2025.
- BHA held nine virtual public sessions and ten in-person public sessions (Aurora, Colorado Springs, Fraser, Frisco, Greeley, Lamar, Leadville, Montrose, Pueblo, and Steamboat Springs) for feedback on the proposed rules. BHA presented the comprehensive Administrative Rule package to the State Board of Human Services for a first reading on May 9, 2025. The System of Care rule received

minimal feedback, limited to technical corrections. Following minor revisions, BHA presented the rule for a second reading on June 6, 2025. The State Board voted unanimously to adopt the rule in full.

- BHA, in partnership with HCPF and CDHS, will continue working with community members to design and build out the system of care to ensure it meets the needs of the community. BHA will continuously update this section of the rules to reflect that work instead of preemptively drafting rules that govern the development of the system of care. BHA anticipates reviewing and updating this rule section annually to reflect this work.

7. Psychiatric Residential Treatment Facilities Actuarial Analysis

PRTFs are a needed part of the continuum of services for children and youth with acute behavioral health needs. Specifically, the vendor will review the program and policies around the PRTF to determine if the existing reimbursement rates are actuarially sound.

Action Item 1: Contract with a vendor to complete actuarial analysis

- **Completed.** As of January 1, 2025, HCPF contracted with Optumas to conduct an actuarial analysis of current PRTF rates. HCPF, CDHS, and Optumas held weekly meetings to ensure timely completion and address provider feedback. Optumas also met regularly with PRTF providers, gathered financial data, and incorporated it into the analysis.

Action Item 2: Report out on completed analysis

- **Completed.** The actuarial analysis was finalized ahead of the June 30, 2025 deadline. The analysis set the PRTF payment rate at $815.85, a 1.6% increase, reflecting adjustments for higher-acuity populations and updated cost assumptions, while remaining within the approved rate range.
- The analysis can be seen here.

8. Workforce Capacity Center Updates

Senate Bill 25-292 directs HCPF to provide quarterly updates on the development and implementation of the WCC. The report must include:

- Key milestones for startup activities
- Trainings offered
- Number of trainings provided each month

- Number and type of certifications earned by providers
- Number of providers enrolled as Medicaid providers
- Locations where those providers practice

The Workforce Capacity Center is responsible for training, credentialing, and providing technical assistance to providers participating in the CO-SOC. The sections below address each reporting requirement.

Action Item 1: Key Milestones for Startup Activities

Startup activities for this initiative have focused on establishing the partnerships, training infrastructure, and provider readiness needed to implement HFW, Multisystemic Therapy (MST), and Functional Family Therapy (FFT) within CO-SOC. Provider forums have been conducted to garner interest across all three models and offer providers the opportunity to ask questions and raise concerns. HCPF has launched the Cohort 1 kickoff with five agencies contracted through the RAEs to provide HFW for children and youth in CO-SOC. Services began on November 1, and the kickoff was held on December 2 to align participating organizations on expectations, timelines, fidelity requirements, and to clarify roles and funding mechanisms supporting service delivery.

HCPF is finalizing an interagency agreement with MST Services through the Rocky Mountain MST Network to provide MST training, certification, supervision, and fidelity monitoring. In addition, the Workforce Capacity Center, which is operated by CSU, has partnered with FFT LLC as a vendor to deliver FFT training, certification, and fidelity supports. A subaward between CSU and NWIC has also been executed to provide HFW training, coaching and technical assistance.

Additional startup work includes CSU conducting a landscape analysis to assess the current skills and knowledge of providers already engaged in these modalities, as well as evaluating the expected pipeline of new graduates. This analysis will help identify gaps between existing workforce capacity and the competencies needed for HFW, MST, and FFT.

Action Item 2: Trainings Offered

The WCC will offer the following trainings, either directly or through partnerships with contracted training entities:

HFW — Delivered by NWIC through the WCC, including:

- 3-day Introduction to Wraparound
- 1-day Engagement in the Wraparound Process

- 2-day Intermediate Wraparound
- 2-day Advanced Wraparound
- Ongoing coaching and consultation

FFT — Delivered by FFT LLC. Training includes foundational training for new teams, replacement training for new staff, and ongoing maintenance and fidelity support.

MST — Delivered through MST Services and the Rocky Mountain MST Network. Training includes initial MST training, continued clinical supervision, and fidelity monitoring to support high-quality implementation.

Action Item 3: Number of Trainings Provided

MST:

- MST Services offers six trainings per year in Colorado, occurring roughly every other month.
- Trainings are open to new clinicians statewide.
- Additional on-site organization-specific trainings can be provided when agencies onboard multiple new staff.

FFT:
FFT LLC will provide a full suite of training, consultation, and maintenance activities, including:

- Phase 1 foundational training for up to three new FFT teams (includes on-site visits, 2-day in-person training, ongoing weekly consultation, and follow-up trainings).
- Replacement training for 12 new staff, totaling approximately 36 training sessions across clinical, follow-up, and generalization modules.
- Phase 3 maintenance support for four existing FFT teams, totaling approximately 64 activities, including monthly supervisor consultation and annual site visits.

HFW:

- NWIC has hosted six virtual Introduction to Wraparound trainings to date.
- Additional wraparound modules (Engagement, Intermediate, Advanced, Supervision) have also been delivered as part of the training sequence.

Action Item 4: Number and Type of Certifications

HFW: A total of 17 individual providers, who are trained and committed to the NWIC model and Colorado System of Care, have completed at least one HFW training (introduction to wraparound, engagement in wraparound, intermediate wraparound or supervision in wraparound).

FFT: There are a total of 17 FFT clinicians

MST: 53 MST clinicians

Action Item 5: Number of Providers Enrolled as Medicaid Providers and Contracted with RAEs

High Fidelity Wraparound Providers (5 organizations):

- Diversus
- Mile High Behavioral Health
- Paragon
- Turning Point
  Savio House

Functional Family Therapy:

- 4 FFT teams across Colorado with a total of 17 therapists

Multisystemic Therapy:

- 13 MST teams statewide
- 11 supervisors
- 42 clinicians receiving supervision

Action Item 6: Location of Provider Practices

RAE 1:
Alamosa, Moffat, Rio Blanco, Routt, Park, Teller, Summit, Ouray, San Miguel, Eagle, Garfield, Pitkin, Mesa, Delta, Montrose, Lake, Chaffee, Fremont, Custer, Pueblo, Saguache, Rio Grande, Montezuma, Dolores, Ute Mountain Ute Tribe, La Plata, Archuleta, Southern Ute Indian Tribe

RAE 2:
Morgan, Logan, Sedgwick, Phillips, Prowers, Washington, Yuma, Larimer, Weld, Elbert, Otero, Kit Carson

RAE 3:
Boulder, Broomfield, Jefferson, Clear Creek, Gilpin, El Paso, Park, Teller

RAE 4:
Arapahoe, Douglas, Denver

Conclusion

HCPF is on target to meet all its statutory obligations as outlined in C.R.S. 25.5-6-2001 Section 1. HCPF continues to overlap the requirements of C.R.S. 25.5-6-2001 system of care with the work being completed for its Settlement Agreement stemming from GA v. Bimestefer. Details regarding this work can be found at hcpf.colorado.gov/ibhs. The Colorado System of Care Implementation Plan related to the Settlement Agreement is currently public.