STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Certified Community Behavioral Health Clinic (CCBHC) Technical Assistance

General Session #1:

CCBHC Demonstration Requirements: Federal Expectations

November 8, 2023

Quick Poll

- 1. Pop up Poll
- 2. Please enter into the chat the topics that you are hoping to learn more about in today's session.

Today's Discussion

- CCBHC Overview
  - Types of CCBHC Programs
  - Growth of CCBHC
  - Program Outcomes/Efficacy
- CCBHC Federal Expectations
  - Structure
  - Required Services
  - Partnerships
  - Consumer Engagement
  - Payment
  - Quality
- Questions and Discussion

Goals of the CCBHC Initiative

Expand Community-Based Services	Improve Integration with Medical Care	Expand the use of Evidence Based Practice
Improve Access to High-Quality Care	Improve Data Collection	Target PWSMI, SED, and significant SUD while serving the whole community

PWSMI = Persons with Serious Mental Illness
SED = Serious Emotional Disturbance
SUD = Substance Use Disorder

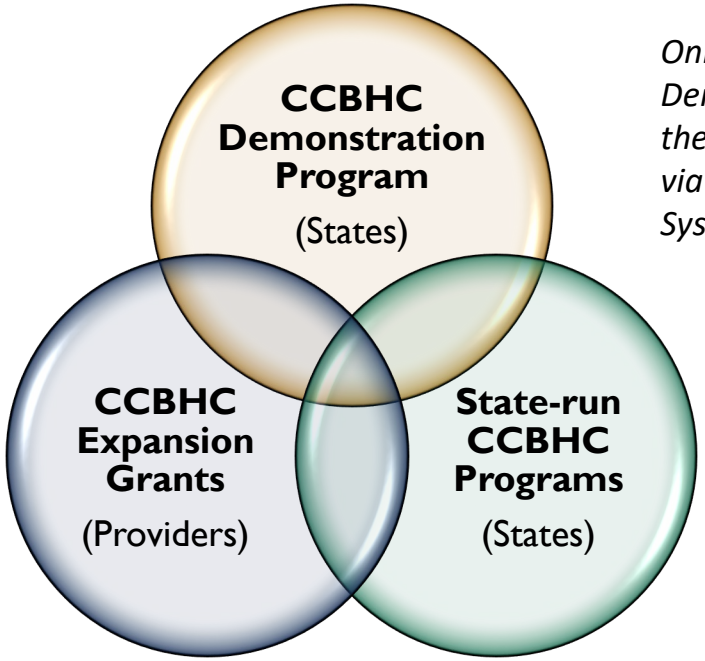
Minimum Standards

The Protecting Access to Medicare Act (PAMA) establishes 113 standards in six areas that an organization must meet to achieve CCBHC designation:

Staffing	Accountability	Care Coordination
Service Scope	Quality/Reporting	Organizational Authority

Types of CCBHC Programs

*Our Nation's Biggest Investment Ever in Expanding **and** Sustaining Mental Health and Substance Use Care*

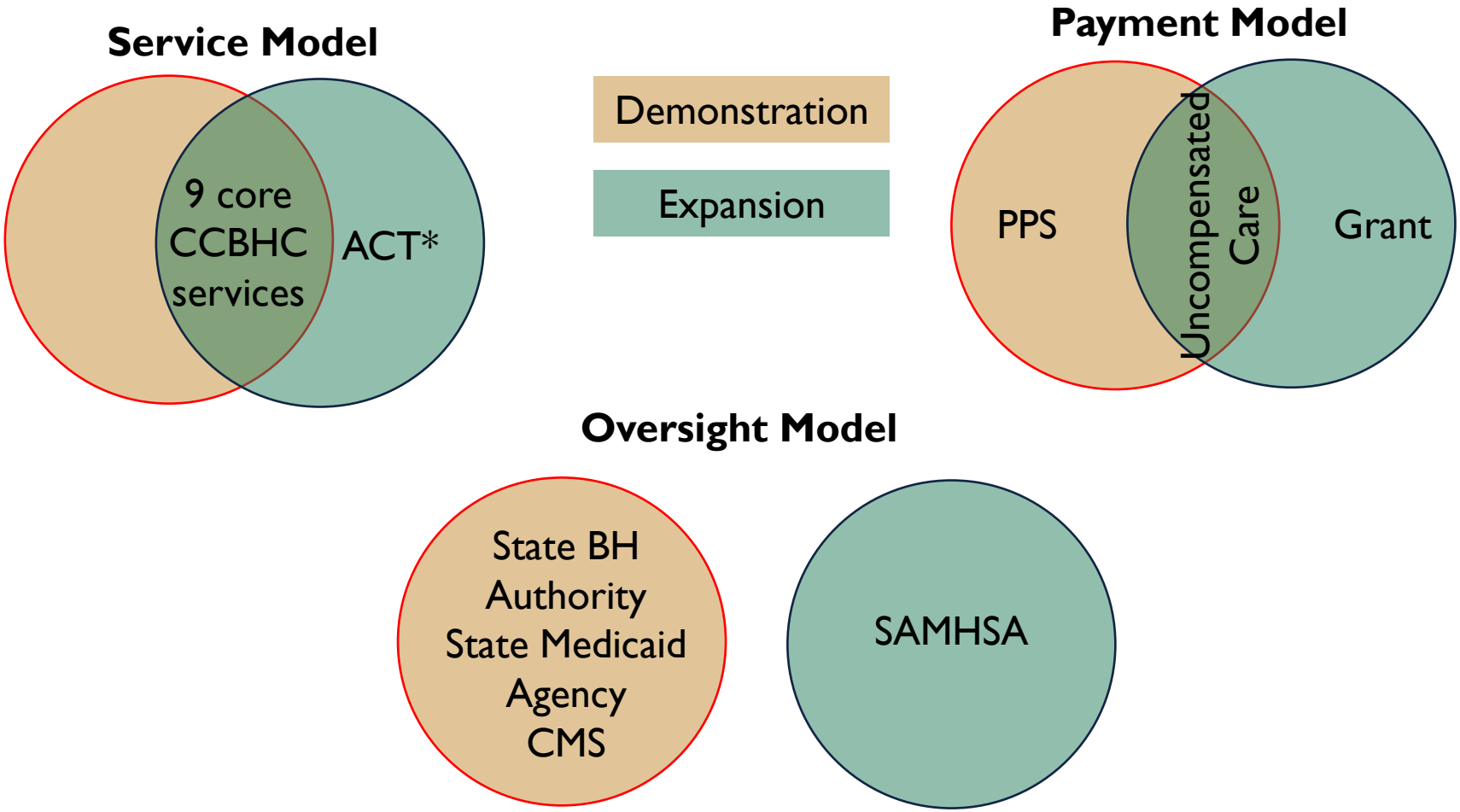


Only providers in the CCBHC Demonstration program receive the enhanced Medicaid FMAP via a Prospective Payment System (PPS) rate

CCBHC-Expansion Grantees rely on discretionary grant funding to deliver CCBHC services

All use (and build on) the same national CCBHC Criteria, with some distinctions.

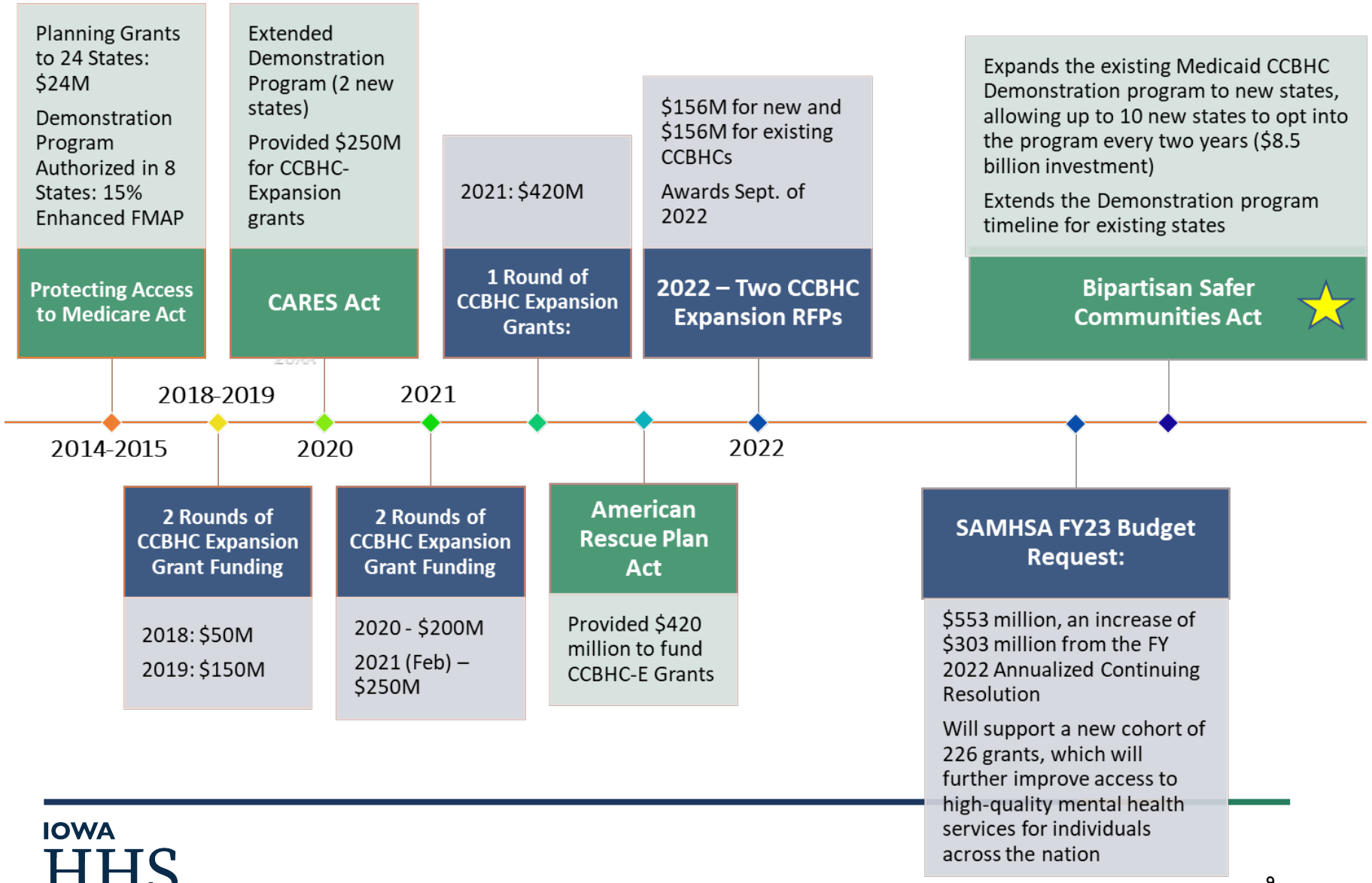
Demonstration vs. Expansion



Demonstration vs. Expansion

	Demonstration	Expansion
Reimbursement	Prospective Payment System Enhanced Federal Match for States	Grant Funding
Authority	State Government	Federal Government
Quality	Clinic Collected and State Collected Quality Measures Quality Bonus Program*	National Outcomes Measures (NOMs) SPARS Clinic Collected Quality Measures*
Certification	State Certification Process	Self Certification
Oversight	State Mental Health Authority	SAMHSA Grant Program Office
Standards	113 Standards + Any Applicable State Certification Requirements	113 Standards

Growth of CCBHCs



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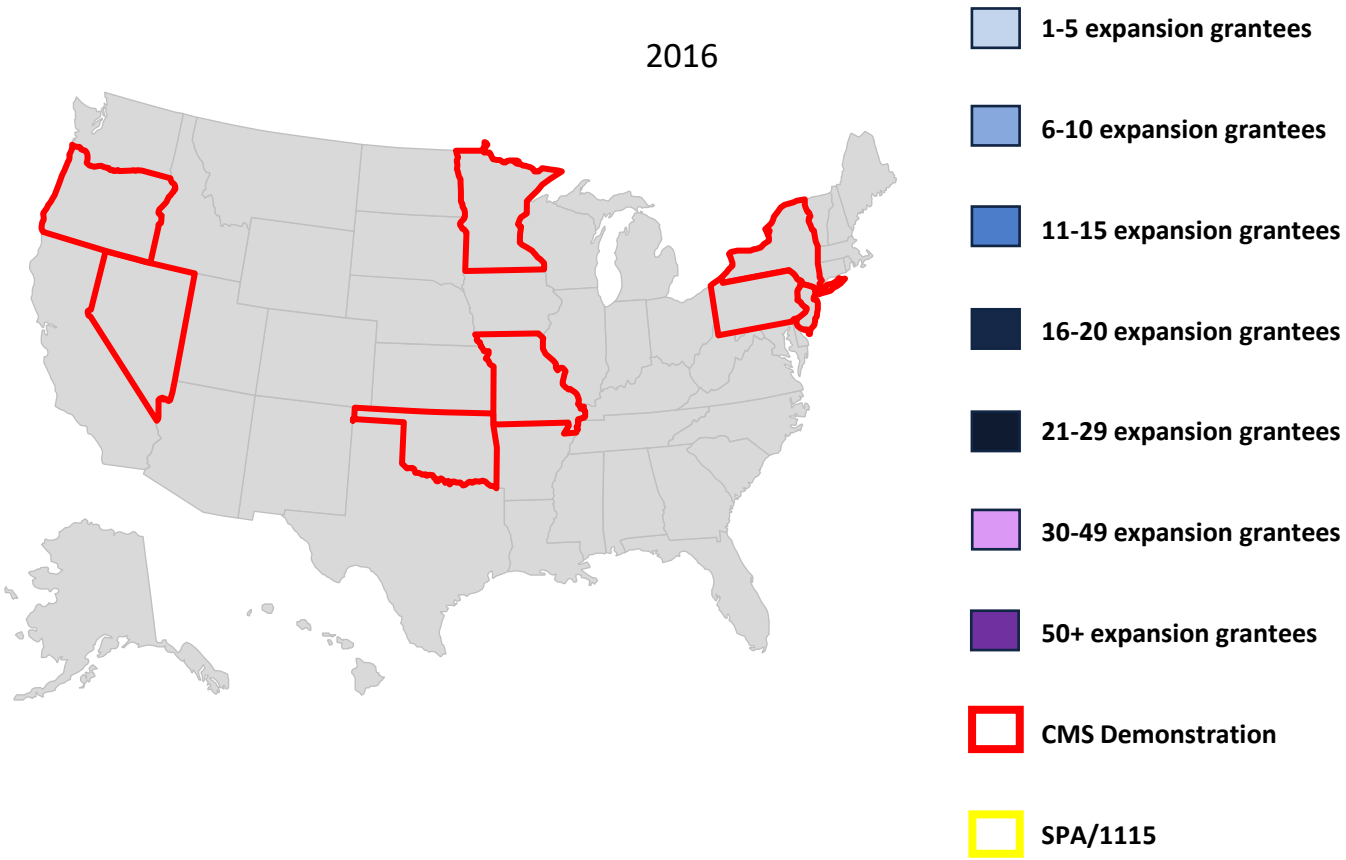
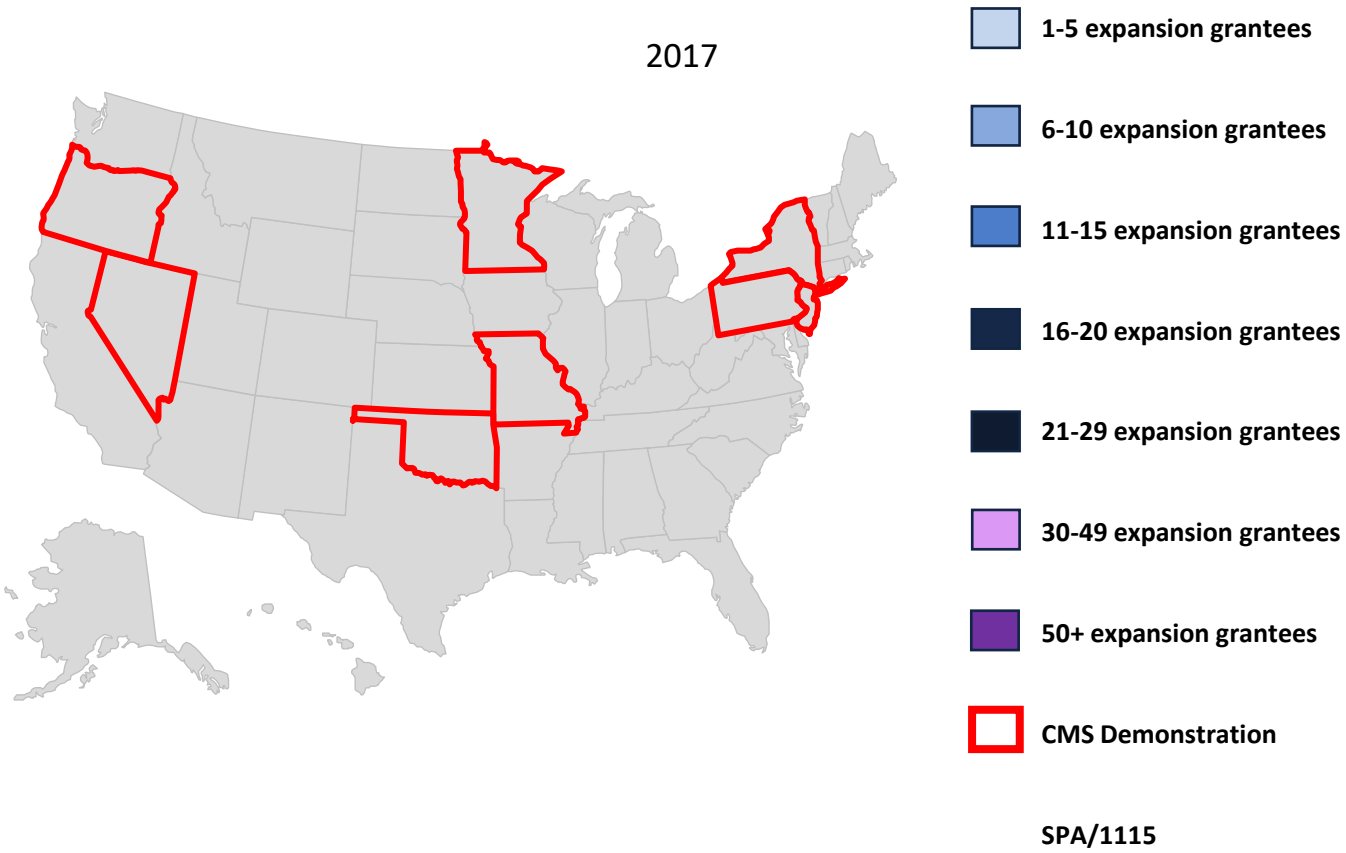
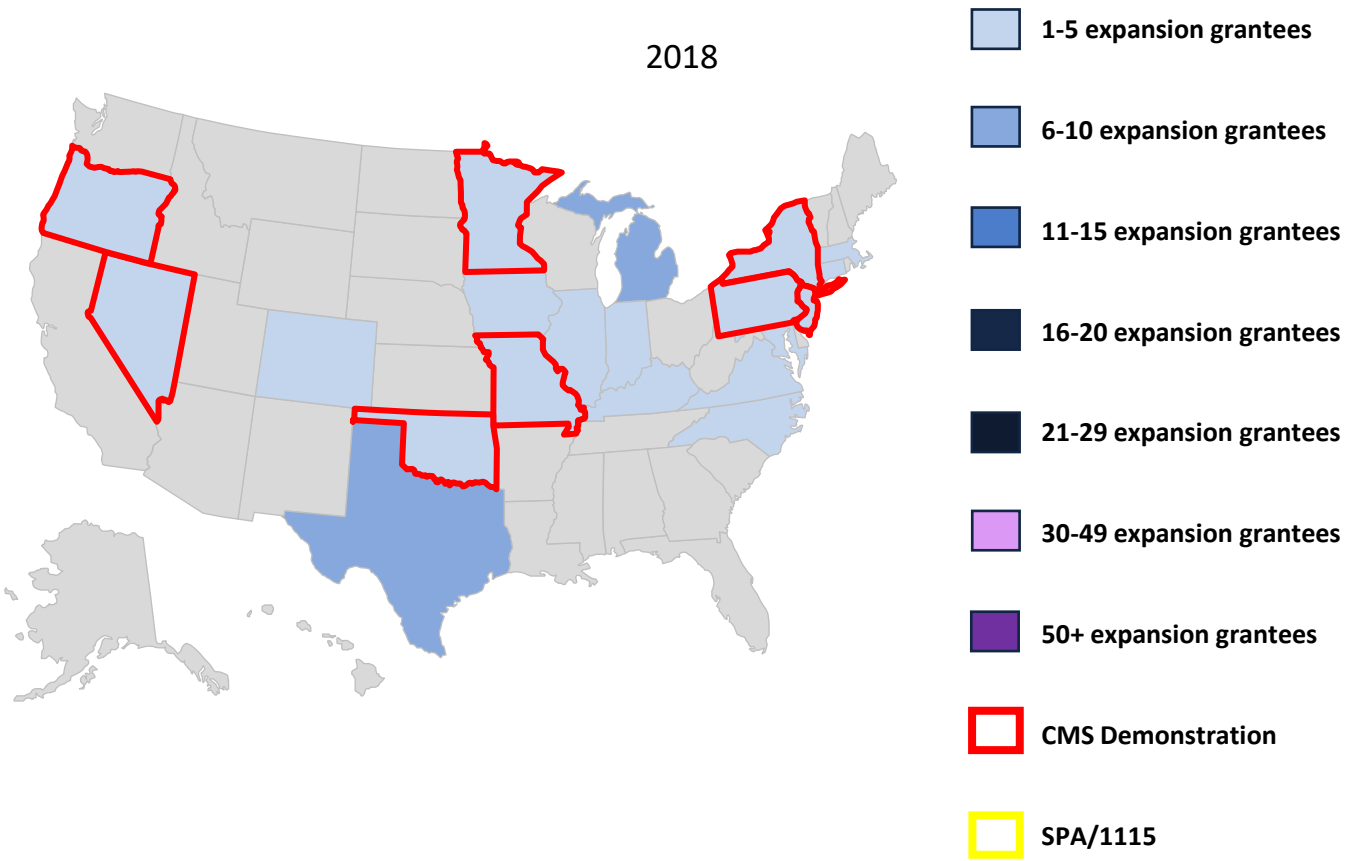
CCBHC Growth



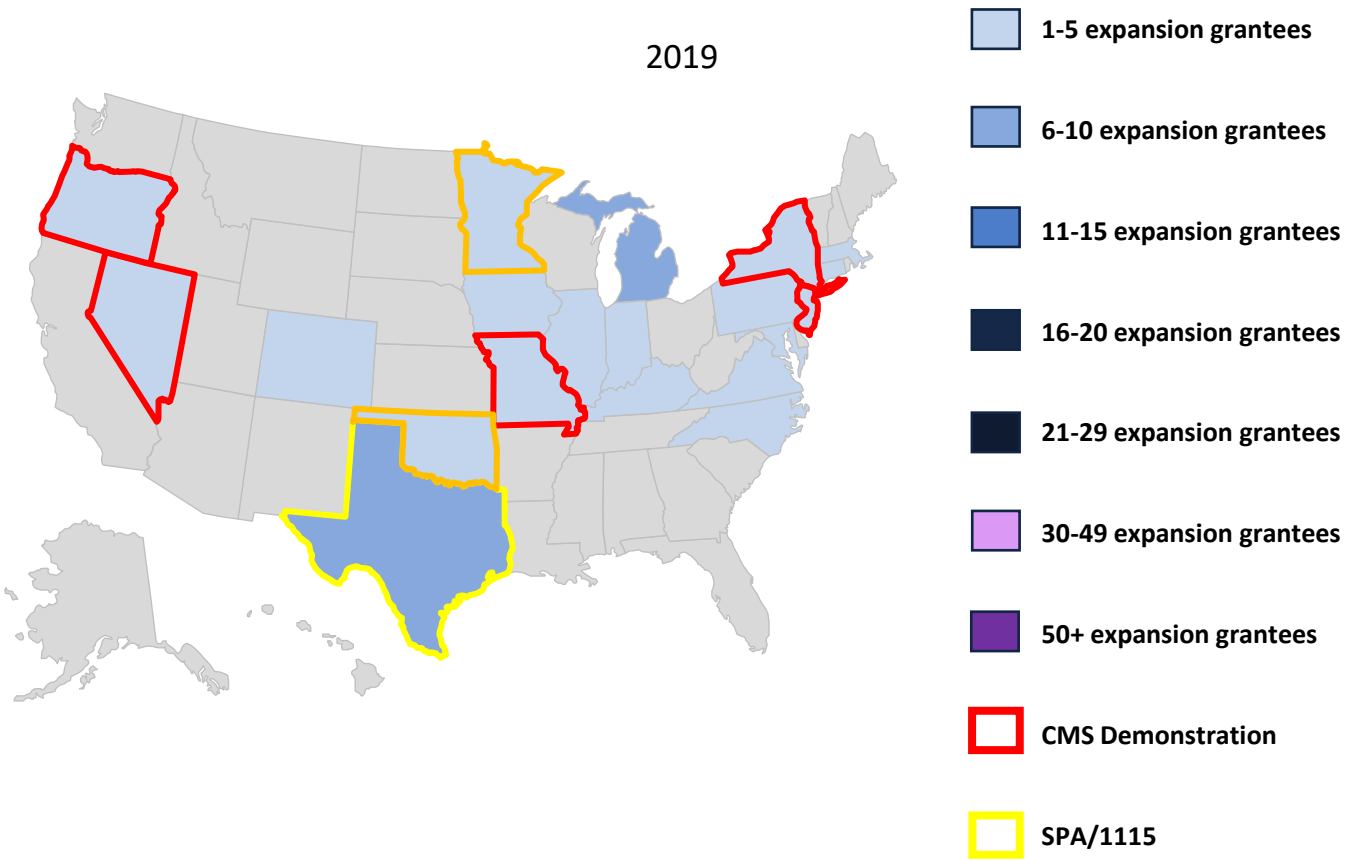
CCBHC Growth



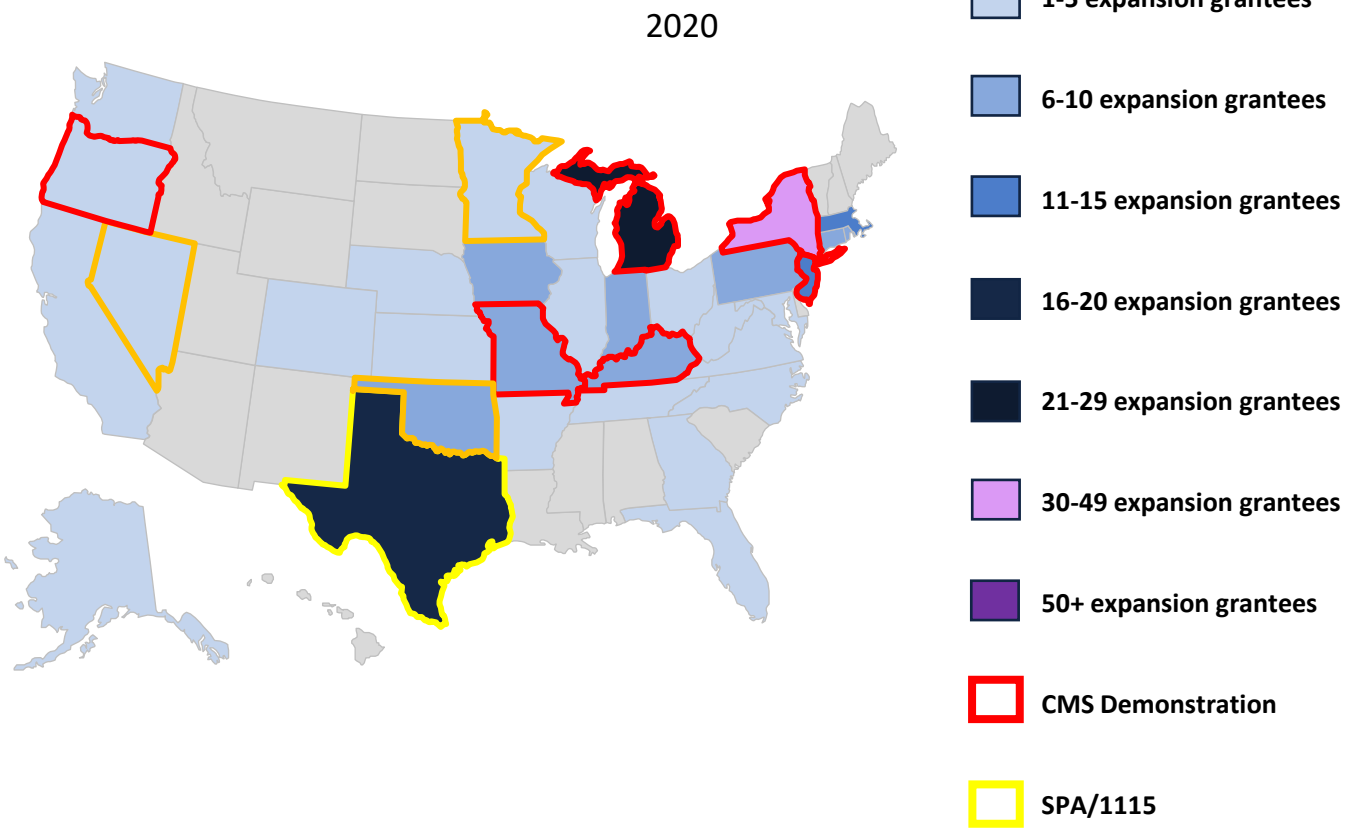
CCBHC Growth



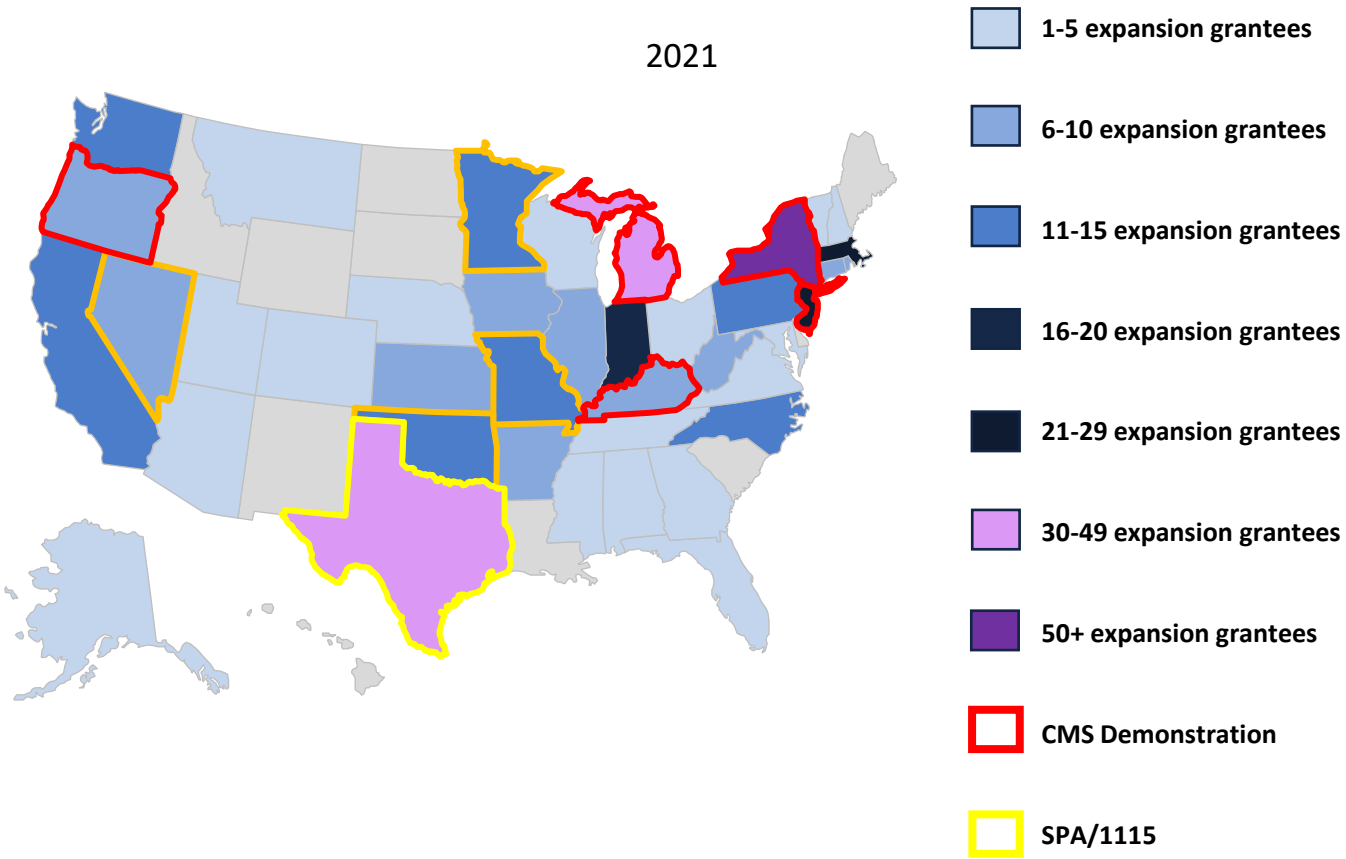
CCBHC Growth



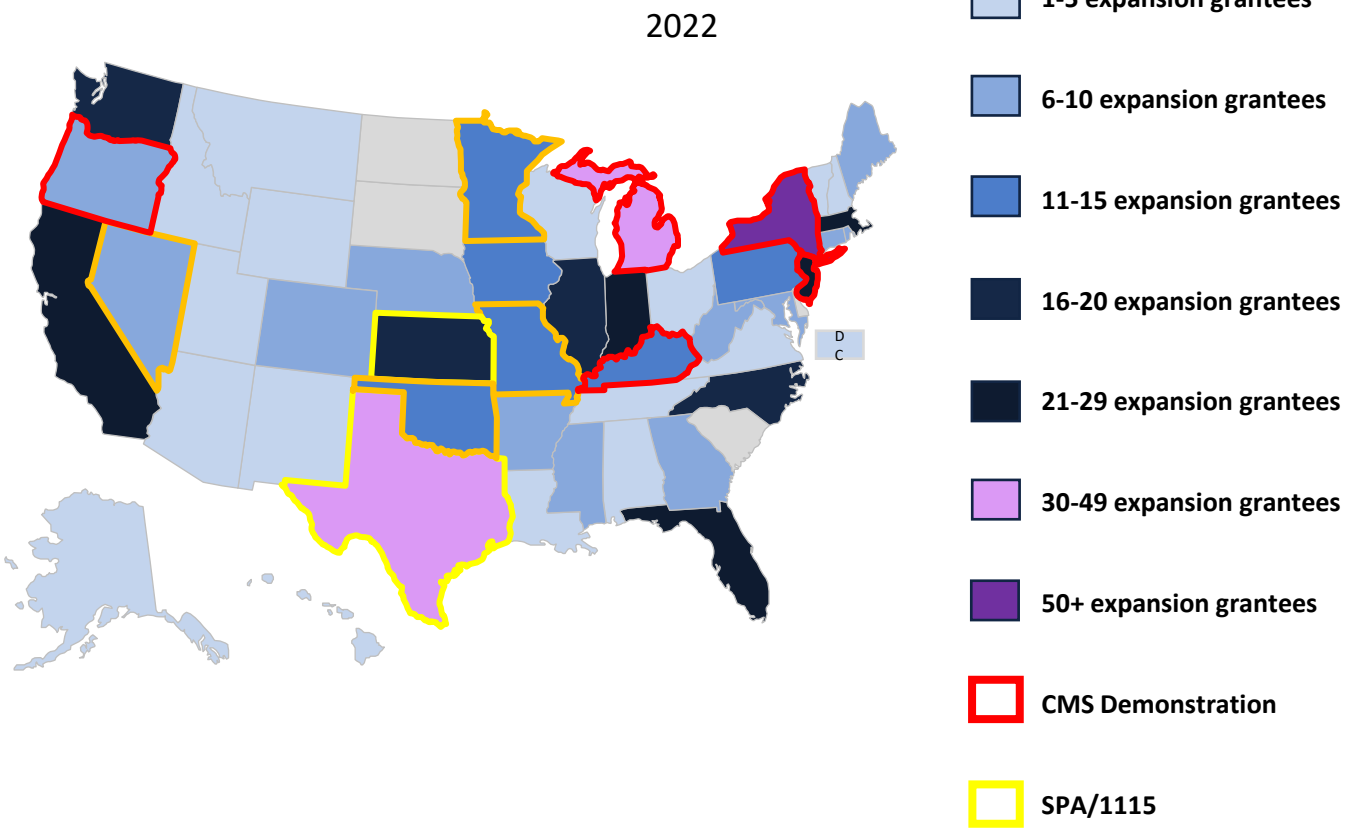
CCBHC Growth



CCBHC Growth

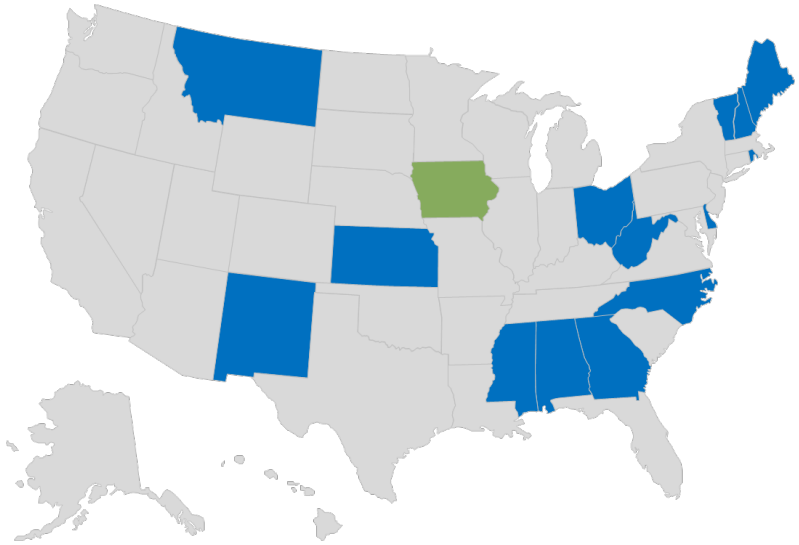


CCBHC Growth



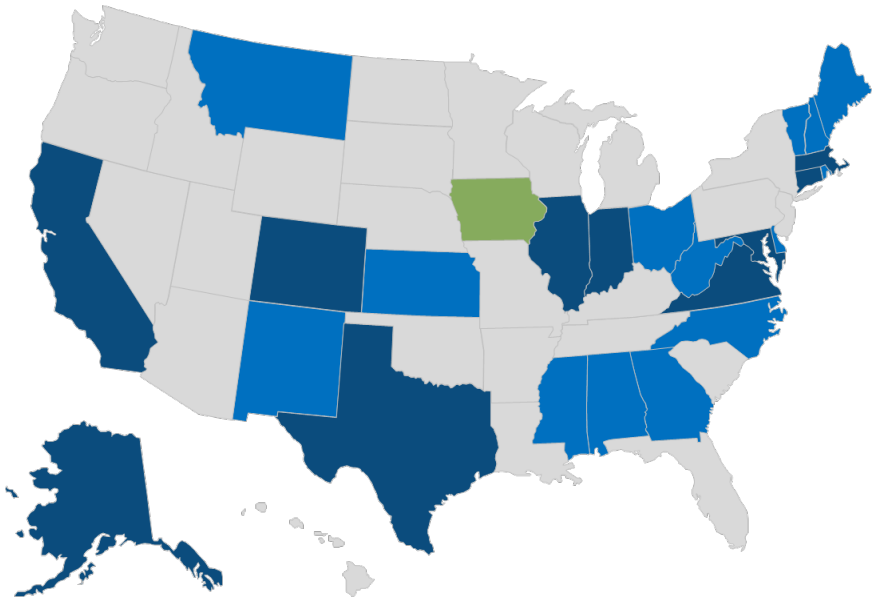
Iowa is One of 15 States That Received a CCBHC Planning Grant

- States have one-year to compete for 10 slots
  - Solicit stakeholder input into the design of the model in the state
  - Certify CCBHCs "that represent diverse geographic areas, including rural and underserved areas"
  - Build provider capacity
  - Develop a PPS payment methodology
  - Build data collection capacity
  - Apply for the demonstration by March 20, 2024



SAMHSA and CMS Made Things Much Tougher

- States that received a planning grant in 2016 can apply as well
  - These states had a seven-year head start
  - Texas already has a CMS-approved payment method separate from the demonstration
  - Iowa received a planning grant in 2016 but was not selected as a demonstration state at that time.

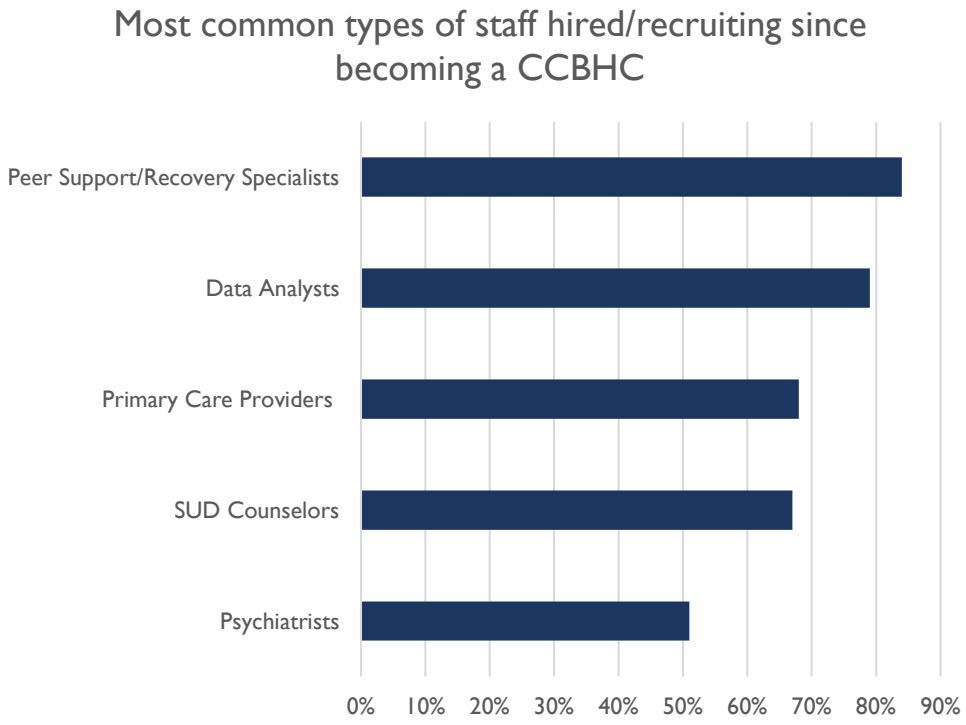


The Payoff

- **For consumers and families:**
  - Timely access to high quality, comprehensive, data-driven, evidence-based, person-centered, coordinated, and integrated care across the lifespan
- **For providers:**
  - The payoff for providers engaging in the Demonstration is a sustainable Prospective Payment System (PPS) rate for their services, a Cost+ reimbursement methodology
- **For MCOs:**
  - Managed care plans gain a network of BH providers that meet recognized standards for integrated care, coordinate meaningfully with the healthcare and social services delivery systems, and deliver improved outcomes (and lower costs)
- **For States:**
  - Participation in the federal demonstration program enables states to access enhanced Federal Medical Assistance Percentages (FMAPs) for CCBHC services
    - In Iowa 63.13% standard FMAP becomes 74.19% FMAP (for most consumers)

CCBHCs Address Workforce Challenges

- CCBHCs hired an average of 27 new staff per clinic, as a result of becoming a CCBHC.
- An estimated 11,240 staff have been hired across all 450 active CCBHCs
- 82% of organizations have created at least 10 new staff positions



Source: The National Council for Mental Wellbeing. 2022 CCBHC Impact Report. https://www.thenationalcouncil.org/wp-content/uploads/2022/10/2022-CCBHC-Impact-Report.pdf

CCBHC as a Transformational Initiative

Before CCBHCs

Mary is hearing voices and doesn't know where to get help, so she turns to opioids to help dull the problem.

- Mary develops an opioid addiction and overdoses. Emergency responders are called.
- Mary is revived with naloxone and discharged from the hospital with a referral to a community provider.
- Mary attends the appointment but the provider cannot issue a prescription for MAT and makes a referral to a MAT clinic two hours away where she can receive the needed prescription.
- Mary gets worse and never makes it to the MAT clinic. She resumes opioid use and begins drinking alcohol.
- Mary causes a public disturbance while intoxicated and experiencing a mental health crisis. The police are called and Mary spends the night in jail detoxing.
- Mary is released from jail the next day and referred for substance use disorder (SUD) services, but there is a six-week wait for an appointment.
- Mary continues a dangerous downward spiral, prompting continued interaction with law enforcement and ED professionals.

After CCBHCs

Mary is hearing voices and doesn't know where to get help, so she turns to opioids to help dull the problem.

- Mary is contacted by a care coordinator working with the hospital and the local CCBHC as part of routine community outreach to opioid users.
- Outreach worker schedules a same day appointment for Mary at the CCBHC.
- Mary is transported to the CCBHC where MAT is prescribed and administered immediately.
- The CCBHC also conducts a mental health screening, which determines Mary is experiencing a first episode of psychosis.
- A psychiatric treatment plan is developed and a care team is assembled with follow-up plan in place.
- Mary's outreach manager ensures she has what she needs to attend appointments (transportation, access at convenient times, etc.) and maintain her treatment plan.
- Mary is stabilized and maintains her treatment plan and no longer requires urgent or high intensity services.

All ages
All severities
All diagnoses

All payers (or none)
All geographies

Outreach and Engagement

Designated Collaborating Organizations

CCBHC

Community Partners

Screening, Evaluation, Triage

Those with **crisis** needs are served within 3 hours via BH crisis services, including mobile crisis

Those with **urgent** needs are served within 1 business day usually via Open Access

Those with **routine** needs are served within 10 business days via clinic services

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Nine Required Services

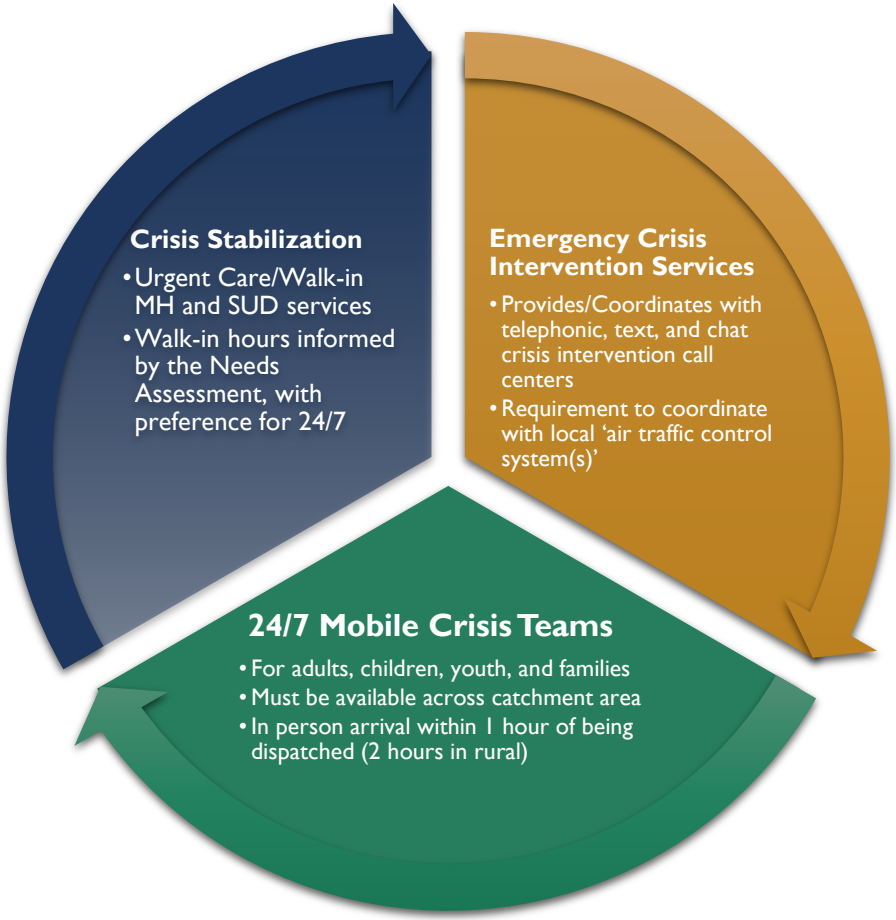
Screening, Assessment and Diagnosis
Comprehensive outpatient BH services across the entire life cycle
Patient-centered care planning
Case management
Peer and family support
Psychiatric rehabilitation
Medical screening and monitoring
Services for the armed forces and veterans
Mobile Crisis

- **A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters**
- **A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC**

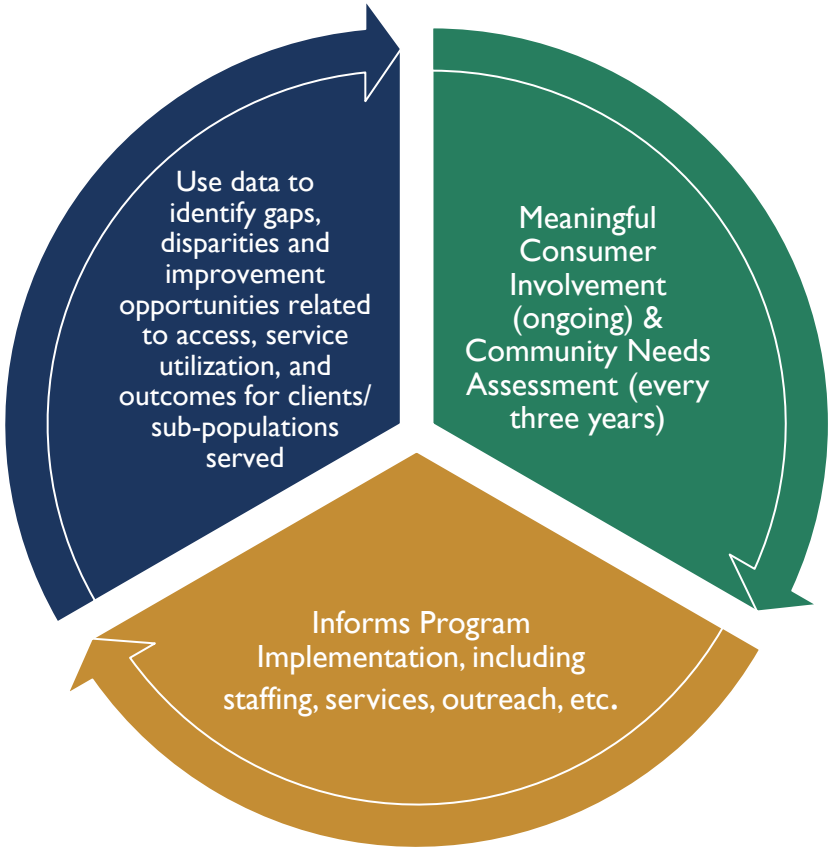
DCO Requirements

Activities & requirements	Relationship with CCBHC	Advantages to the DCO
• Augment or fill gaps in CCBHCs' service array • Coordinate care with the CCBHC • Provide access to all CCBHC clients (regardless of ability to pay)	• Formal contract = "purchase of services" • DCO reports patient visits to CCBHC; CCBHC bills for visits and pays DCO the agreed-upon rate	• Negotiate favorable (i.e., cost-related) payment with CCBHC • Improved access to full continuum of care for clients and/or families through CCBHC/DCO network

CCBHC Service Highlight: Required Crisis Services



CCBHCs Rely on Consumer Input, Needs Assessment, and Program Data to Continuously Improve



Prospective Payment System (PPS)

The PPS is a cost-based clinic-specific reimbursement rate that based on total annual allowable CCBHC costs.

Type	Description
PPS-1	Single daily "threshold" rate based on encounters that pays for the "cost" of all CCBHC services. Quality Bonus Program is optional.
PPS-2	Monthly rate paid in any month with an encounter based on the population served. Can have different payment rates for defined specialty populations (i.e., Youth, SMI/SED). Quality Bonus Program is required.
PPS-3*	Adds Special Crisis Services (CSC) rate to PPS-1 for Section 9813 compliant mobile crisis, CCBHC demo compliant mobile iris, and on-site crisis stabilization.
PPS-4*	Adds Special Crisis Services (CSC) rate to PPS-2 for Section 9813 compliant mobile crisis, CCBHC demo compliant mobile iris, and on-site crisis stabilization.

Prospective Payment System (PPS) Rate Equation

$$\frac{\text{Total allowable CCBHC costs of providing services to all patients each year}}{\text{Total number of CCBHC daily visits each year}} = \text{Medicaid payment rate for each daily visit}$$

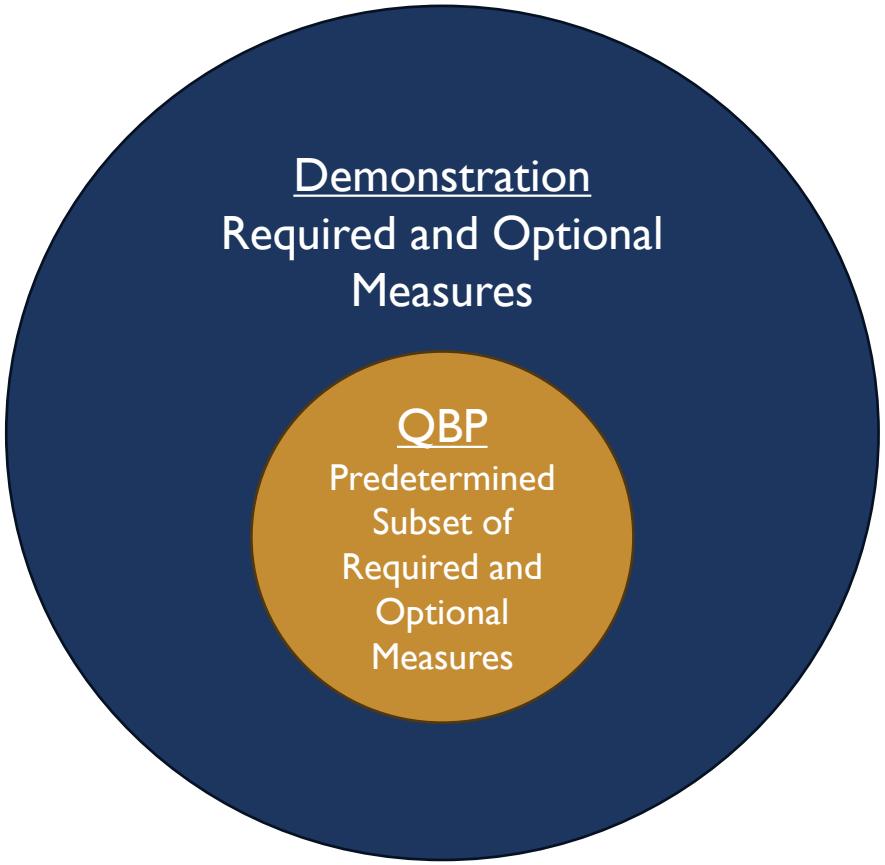
This calculation results in the same payment amount each day, regardless of the intensity or type of services that are provided that day

Prospective Payment System (PPS)

- "**Allowable CCBHC Costs**" include:
  - Direct costs related to anticipated CCBHC services and activities (e.g., staff salaries, care coordination activities, costs of services provided under agreement/contract, medical supplies, professional liability insurance, etc.)
  - Allocation of overhead, indirect costs
  - Costs paid to DCOs to deliver CCBHC services
  - Additional anticipated costs to serve increased # of individuals

- "**Total Number of CCBHC Visits**" include:
  - All visits for CCBHC services (not just those covered by Medicaid)
  - Visits provided directly by CCBHC staff and from DCOs
  - Projected increase in number of individuals served (if applicable)

CCBHC Demonstration Quality Requirements



CCBHC Demonstration Quality Requirements

- **Required Clinic-level Measures:**
  - Time to Services
  - Depression Remission at 6-Months
  - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - Screening for Social Drivers of Health
  - Screening for Clinical Depression and Follow Up Plan

CCBHC Demonstration Quality Requirements

- **Required State-Collected Measures:**
  - Patient Experience of Care Survey
  - Youth/Family Experience of Care Survey
  - Antidepressant Medication Management
  - Use of Pharmacotherapy for Opioid Use Disorder
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - Plan All-Cause Readmissions Rate
  - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Follow-Up After Hospitalization for Mental Illness
  - Follow-Up After Emergency department Visit for Mental Illness
  - Follow-Up After Emergency department Visit for Alcohol and Other Drug Dependence

CCBHC Demonstration Quality Requirements

- **Optional State-Collected Measures:**
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- **Optional Clinic-level Measures:**
  - Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention
  - Major Depressive Disorder: Suicide Risk Assessment
  - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Controlling High Blood Pressure

CCBHC Demonstration Quality Requirements

- **Required QBP Measures:**
  - Depression Remission at 6-Months
  - Time to Services
  - Follow-Up After Hospitalization for Mental Illness – Children
  - Hemoglobin A1c Control for Patients with Diabetes
  - Initiation and Engagement of Alcohol and Other Drug Dependence
  - Follow-Up After Hospitalization for Mental Illness – Adult

CCBHC Demonstration Quality Requirements

- **Optional QBP Measures:**
  - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - Screening for Clinical Depression and Follow-Up Plan – Children
  - Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication
  - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
  - Controlling High Blood Pressure
  - Major Depressive Disorder: Suicide Risk Assessment
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Follow-Up After Emergency Department Visit for Mental Illness – Adult
  - Screening for Clinical Depression and Follow Up Plan - Adult

Questions and Discussion

Upcoming Technical Assistance

Upcoming Technical Assistance

Session Name	Date
CLAS Standards and Culturally Responsive Care	November 14, 10:00-11:30 November 16, 1:00-2:30
CCBHC Community Needs Assessment	November 15, 9:00-10:00
Specialty Populations	December 5, 9:00-11:00