
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Certified Community Behavioral Health Clinic (CCBHC) Overview

May 17, 2023

CCBHC 101 & Planning Grant Overview

Goals of the CCBHC Initiative

Expand
community-
based services

Improve
integration with
medical care

Expand the use
of Evidence
Based Practices

Improve access
to high-quality
care

Improve Data
Collection

Target services to persons with Serious Mental Illness, Serious Emotional Disturbance, and significant Substance Use Disorder, while serving the whole community

Minimum Standards for CCBHCs

Federal Law establishes 113 standards in six areas that an organization must meet to achieve CCBHC designation:

Staffing

Accessibility

Care Coordination

Service Scope

Quality/Reporting

Organizational Authority

Nine Required Services

- Screening, Assessment, and Diagnosis
 - Comprehensive Outpatient BH Service Across the Entire Life Cycle
 - Patient-Centered Care Planning
 - Case Management
 - Peer and Family Support
 - Psychiatric Rehabilitation
 - Medical Screening and Monitoring
 - Services for Armed Forces and Veterans
 - Mobile Crisis
-
- A CCBHC can use a Designated Collaborative Organization (DCO) to provide up to 49% of the (non-crisis) required service encounters

The Payoff

- For individuals and families
 - Timely access to high-quality, comprehensive, data-driven, evidence-based, person-centered, coordinated and integrated care
- For providers
 - The payoff for providers for achieving compliance with CCBHC standards is a Prospective Payment System (PPS) rate for their services, which is a Cost+ reimbursement methodology
- For Managed Care Organizations
 - Network of high-functioning BH providers integrated meaningfully with the healthcare and social services delivery systems and the improved outcomes (and lower costs) that come with the network
- For Iowa
 - Participation in the federal demonstration program enables Iowa to access enhanced Federal Medical Assistance Percentages (FMAP) for CCBHC services

CCBHCs Are Demonstrating Savings

Case Study: Missouri

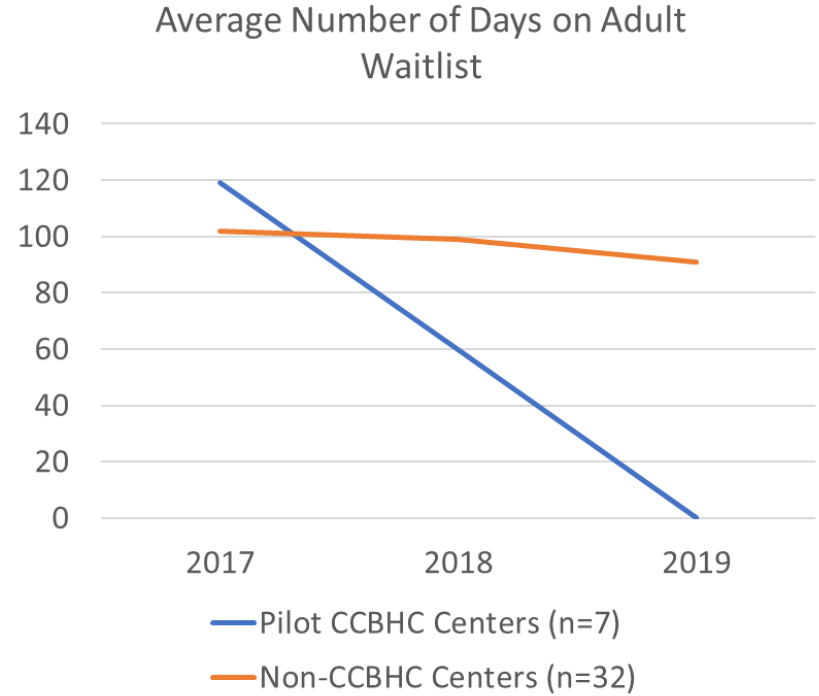
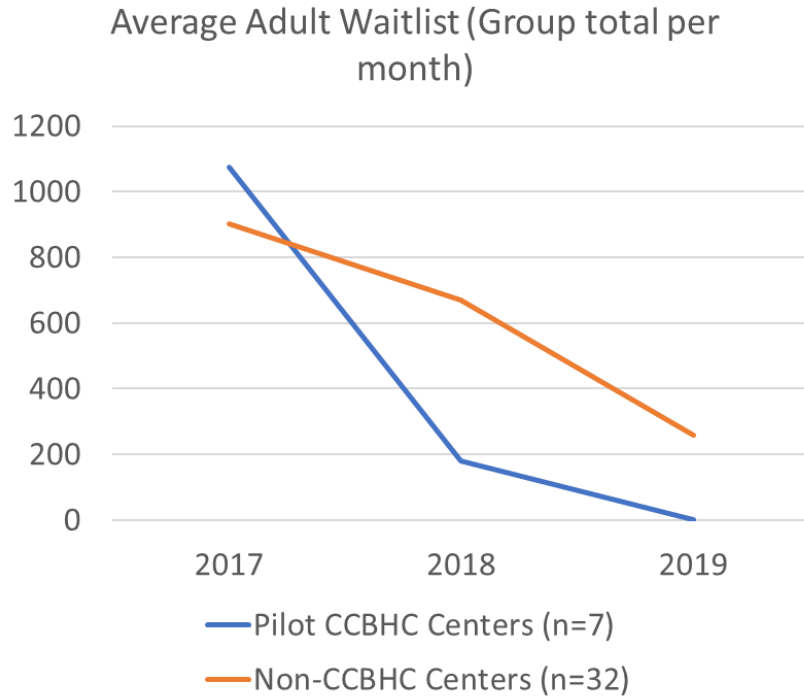
- Hospitalizations declined by 83% after year 1
- Net savings of \$127.7M statewide with integrated care
- ED services decreased by 75% after year 1
- 20% decrease in cholesterol and a 1.48-point decrease in hemoglobin A1c for CCBHC recipients
- Criminal justice services decreased 55% in one year

Case Study: New York

- All-cause readmission dropped 55% after year 1
- BH inpatient services show a 27% decrease in monthly cost
- BH ED services show a 26% decrease in monthly cost
- Inpatient health services decreased 20% in monthly cost
- ED health services decreased 30% in monthly cost

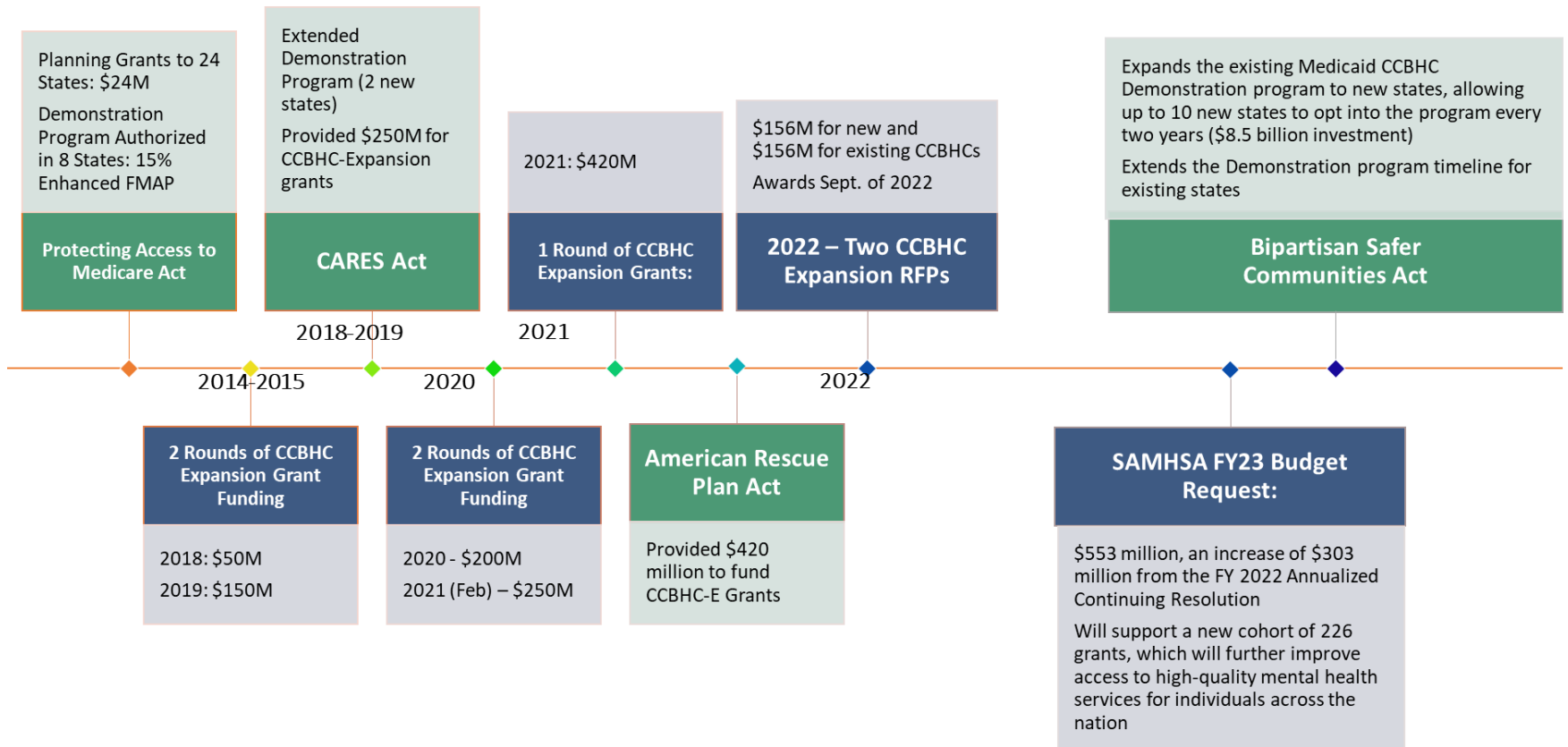
Source: National Council for Behavioral Health

CCBHCs Are Reducing Waitlists

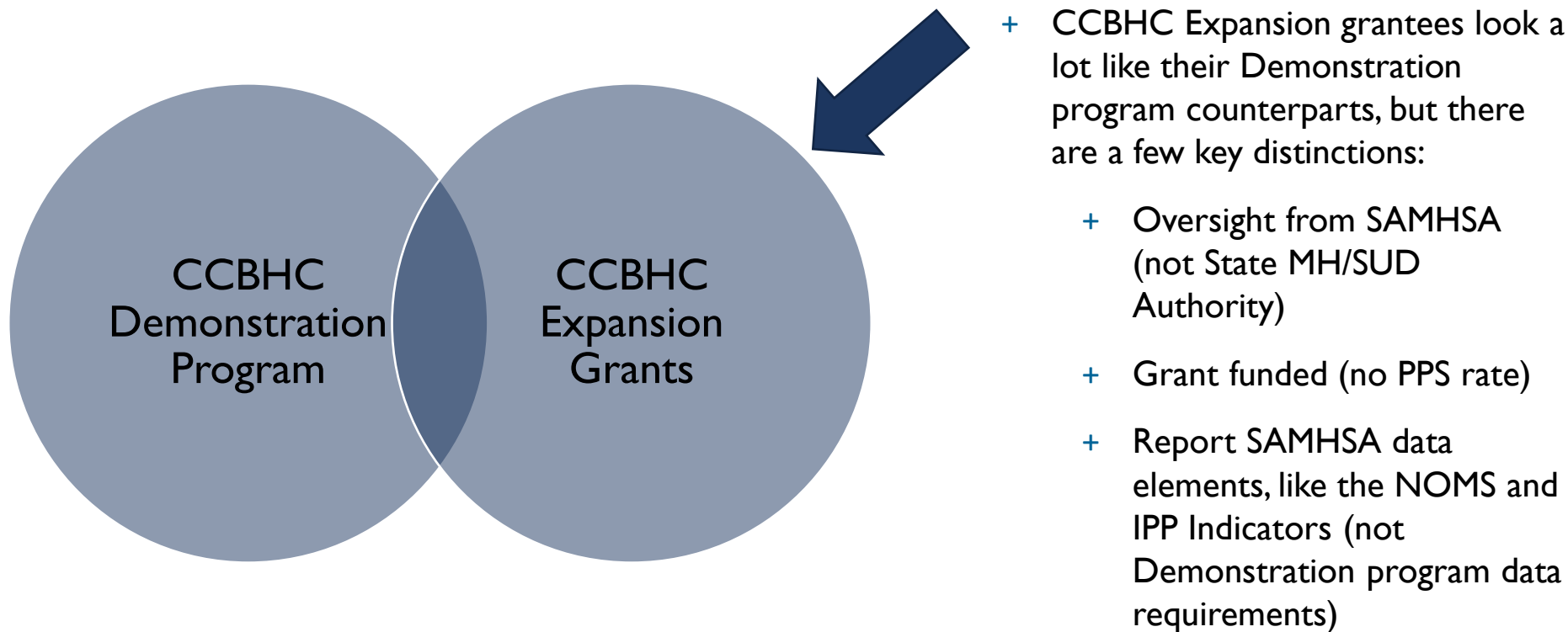


Source: National Council for Behavioral Health

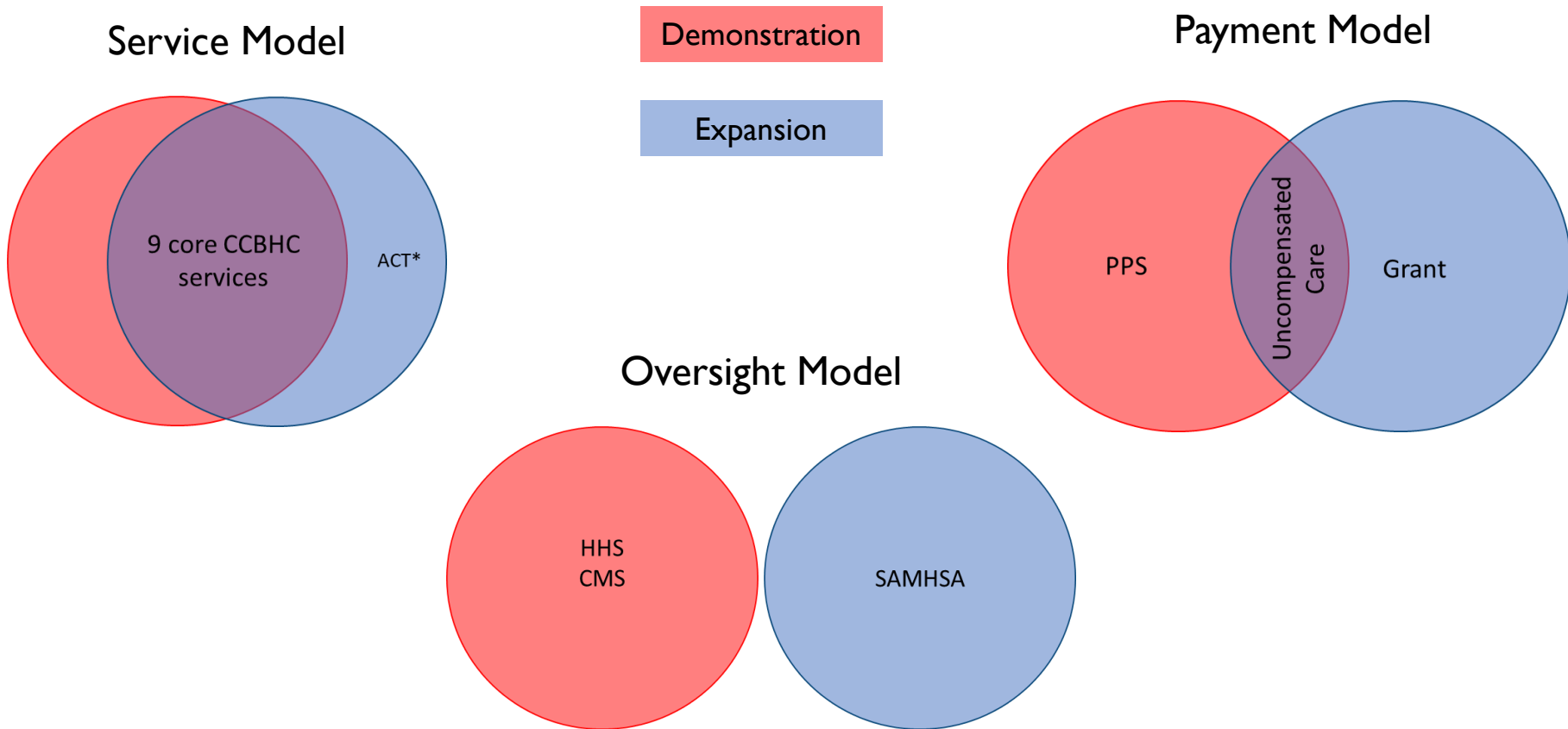
CCBHCs Are Already the US's Biggest Investment Ever in Expanding and Sustaining Behavioral Health Care



CCBHC Demonstration Program Versus CCBHC Expansion Grants

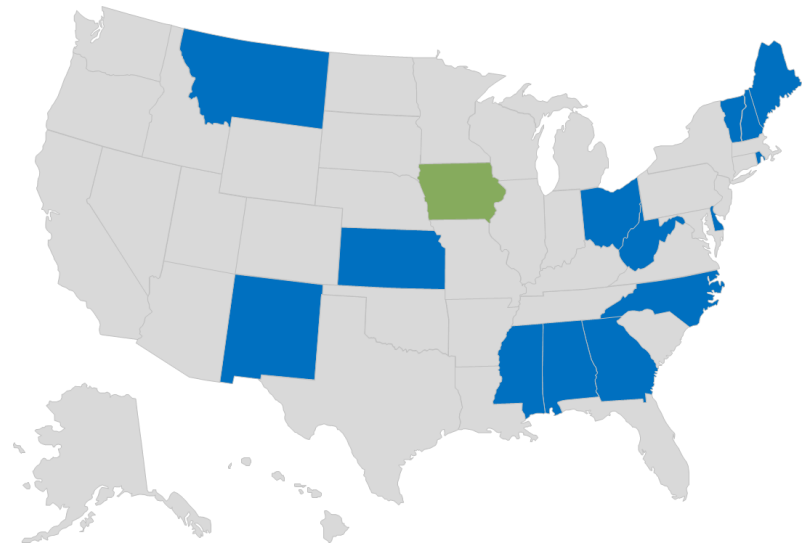


CCBHC Demonstration Program Versus CCBHC Expansion Grants



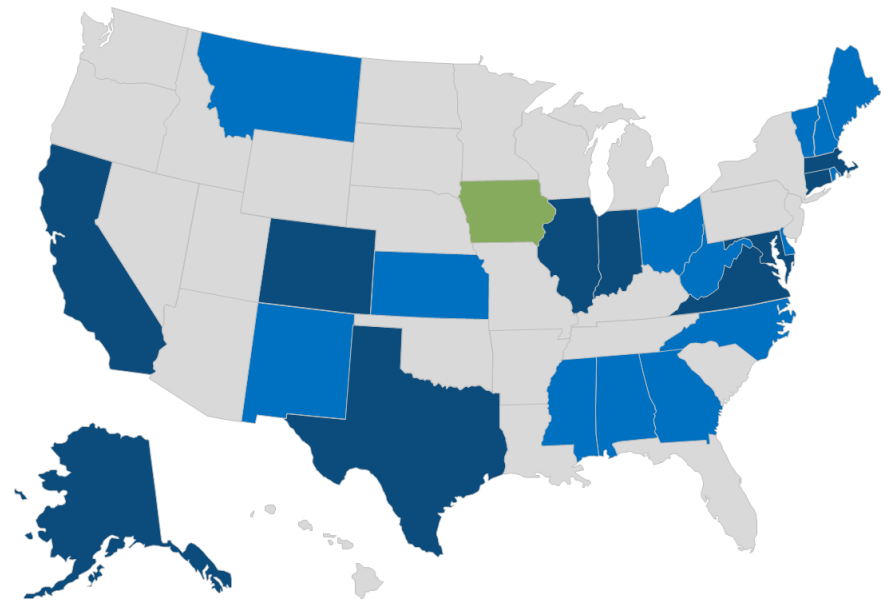
Iowa is One of 15 States That Received a CCBHC Planning Grant

- 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”
 - 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.



Our Work Over the Next 10 Months

Get Stakeholder Input

- Empanel stakeholder input committee
- Hold regional focus groups

Certify Clinics

- Finalize program model design
- Procure and certify

Establish PPS

- Complete cost reports
- Set rates

Build Provider Capacity

- Identify TA needs
- Establish learning collaboratives

Prepare for Evaluation

- Develop data collection methodologies

Iowa CCBHC Certification and Regional Distribution Proposal

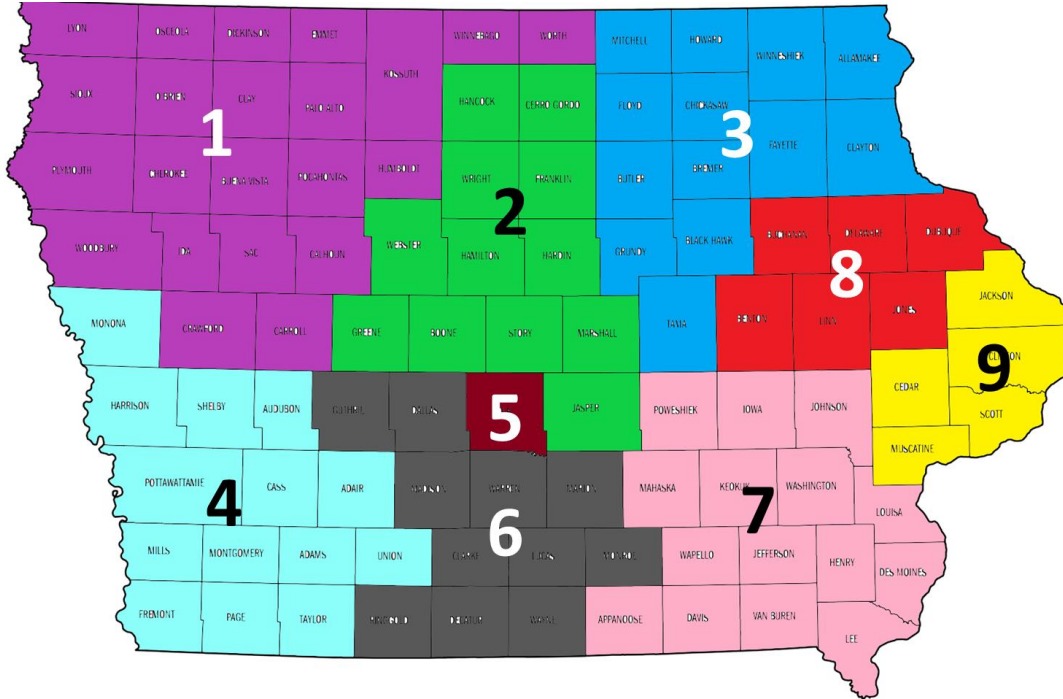
- HHS will use a procurement approach to select CCBHCs to serve catchment areas aligned with regional need/access to care patterns
- Generally, one CCBHC will be selected via procurement to serve each catchment area with the expectation that the CCBHC enter a DCO arrangement to ensure continuity and access to care with established providers as well as specialty care providers.
- It is the expectation that the selected CCBHC collaborate with existing providers when there are effective, established mechanisms to provide that care in the region
- The CCBHC would serve as a lead coordinator of services and will be expected to fill gaps in the BH continuum of services in the community they serve

Iowa CCBHC Certification Approach Proposal

Description	Timeframe	Function
CCBHC Certification Criteria Survey	Late Spring – Early Summer 2023	Expression of Preliminary Interest (Not Scored); will function to add providers to technical assistance support list
Request for Proposal	Summer-Fall 2023 <ul style="list-style-type: none"> • RFP Release – August • RFP Due Date – September • RFP Scoring – October • RFP Results - November 	CCBHC Competitive Procurement Vehicle (Scored)
Preliminary Certification	December 2023	Initial Review of Certification Criteria for Provisionally Selected CCBHCs for Level of Compliance; May be facilitated through National Accreditation
Final CCBHC Certification	60 to 270 days after preliminary certification	HHS Directed Review of CCBHC Compliance with Required Certification Criteria to Determine Final CCBHC Certification Status

PPS Rate Development/Cost Reporting - Concurrent Activity with Final CCBHC Certification

Proposed CCBHC Catchment Areas

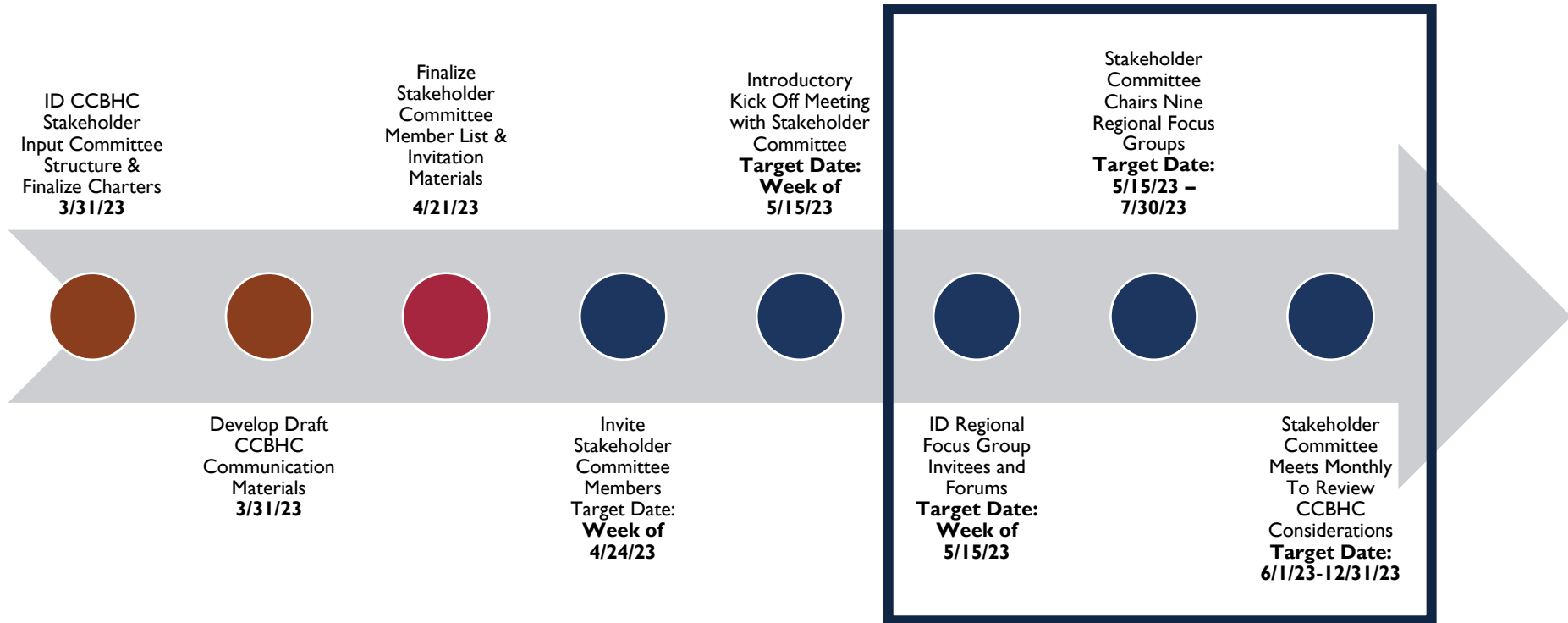


- Well designed catchment areas help ensure equitable distribution of resources and high quality behavioral healthcare services for Iowans
- Proposed catchments reflect care access patterns, population distribution, and coverage needs for key services
- Existing provider capacity, service requirements, and current MHDS regions informed the proposed catchment areas

CCBHC Catchment Distribution

1	Northwest	388,904	12%
2	North	356,544	11%
3	Northeast	289,381	9%
4	Southwest	221,879	7%
5	Capital	501,089	16%
6	South Central	272,756	9%
7	East	300,368	9%
8	Southeast	427,010	13%
9	East Central	412,551	13%

CCBHC Public Input Process



Upcoming Stakeholder Meetings

Date	Time	Location
Thursday June 22 nd 2023	2pm-4pm	Iowa Utilities Board Building 1375 E Court Ave, Des Moines, IA 50319
Thurs. July 27 th 2023	2pm-4pm	TBD
Thurs. August 24 th 2023	2pm-4pm	TBD
Thur. September 28 th 2023	2pm-4pm	TBD
Thurs. October 26 th 2023	2pm-4pm	TBD

Thank you for your participation

Questions?

iowaCCBHC@dhs.state.ia.us