Certified Community Behavioral Health Centers
National Perspective

Dale Jarvis
Thad Dixon
The Certified Community Behavioral Health Clinic Roadmap

A Guide to Your Future

Nina Marshall, The National Council
Dale Jarvis, Dale Jarvis & Associates
What is a CCBHC?

- A Federal Definition
- A Comprehensive Community Behavioral Health Provider Organizations with...
  - Common Scope of Services
  - Common Quality Metrics
  - Paid with a Prospective Payment System (PPS)
The CCBHC Timeline

Guidance Released
- CCBHC Criteria
- PPS Guidance
- Planning Grant RFA
May 2015

State Planning & Design Phase
Fall 2015-Fall 2016

8 Demonstration States Selected for Two Year Pilot
Late 2016
California’s Grant Application

• **CCBHC Selection:** California will identify sites capable of implementing the array of services required to serve the target population, beneficiaries with co-morbid behavioral and physical health conditions utilizing high-cost ER and ACHI services.

• **Preparation:** California will use a Learning Collaborative Model to prepare sites to meet the CCBHC Requirements.

• **Certification:** DCHS will certify and recertify CCBHCs.

• **Payment:** California is planning to use the Prospective Payment System 2 Model (PPS-2).

• **Data Reporting:** Data requirements will be fulfilled through eBHS, which is a web-based data platform developed by eCenter Research, Inc.
What Services Will Certified Community Behavioral Health Clinics Deliver?

Richard Dougherty, DMA Health Strategies
Dale Jarvis, Dale Jarvis & Associates
The “Big Nine” Required Services
Required Services

- Crisis Services *(if needed)*
  - Screening, assessment, diagnosis
  - Pt. Centered treatment planning

- Outpatient MH/SA

- Psychiatric Rehab
- Peer support

- Targeted case management

- Primary Health Screening & Monitoring

- Armed Forces and Veteran’s Services
Care Coordination Makes 10?
CCBHC Care Coordination

• Key Idea: CCBHCs are often where the client-service provider Alliance is the strongest for many with BH disorders.

• CCBHCs are tasked with coordinating care “across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.”

• FQHCs/RHCs
• Inpatient Psych
• Detox
• Residential Treatment
• Schools
• Child Welfare Agencies
• Juvenile & Criminal Justice Agencies
• Indian Health Service
• Child Placing Agencies
• Other Social and Human Services
• Department of Veterans Affairs Centers
• Inpatient Acute Care Hospitals and Hospital Outpatient Clinics
What About...

• What about organizations that DON’T do everything?
  • Small provider organizations
  • Children’s Providers
  • Adult Providers
  • Special Population Providers
  • Free Standing Substance Use Treatment Clinics
  • Etc.
Other Organizations - DCOs

• CCBHC Services Can Be Provided By:
  • The Legal Entity that is Certified as a CCBHC, and
  • “Designated Collaborating Organizations” that have formal arrangements with the CCBHC and deliver services under the same requirements as the CCBHC.
The CCBHC-DCO Relationship

- Medicaid Authority pays PMPM to MCP
- Managed Care Plan Pays PPS to CCBHC
- CCBHC Provides Services and "Bills" MCP
- DCO Provides Services and "Bills" CCBHC
Certified Community Behavioral Health Clinics and Quality

It Matters!

David R. Swann, MTM Services, LLC
Dale Jarvis, Dale Jarvis & Associates
Did You Know...

• The Behavioral Health System in the U.S. is moving from a 50 states... 50 sets of rules...

• To a national quality framework for behavioral health?
Did You Know...

• Affordable Care Act requires:
  • A National Quality Strategy (NQS)

• SAMHSA’s National Behavioral Health Quality Framework:
  1. Effective
  2. Person-Centered
  3. Coordinated
  4. Healthy Living
  5. Safe
  6. Affordable/Accessible
Did You Know...

• The CCBHC Program is one of the key vehicles for the national BH quality effort?

• Focusing on four areas:
  1. Client Access
  2. Client Satisfaction
  3. Behavioral Health Outcomes
  4. Medical Condition Outcomes
<table>
<thead>
<tr>
<th>CCBHC Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number/Percent of clients requesting services who were determined to need routine care</td>
</tr>
<tr>
<td>2. Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients</td>
</tr>
<tr>
<td>3. Mean number of days before the comprehensive person-centered and family centered diagnostic and treatment planning evaluation is performed for new clients</td>
</tr>
<tr>
<td>4. Number of Suicide Deaths by Patients Engaged in Behavioral Health (CCBHC) Treatment</td>
</tr>
<tr>
<td>5. Documentation of Current Medications in the Medical Records</td>
</tr>
<tr>
<td>6. Patient experience of care survey</td>
</tr>
<tr>
<td>7. Family experience of care survey</td>
</tr>
<tr>
<td>8. Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up</td>
</tr>
</tbody>
</table>

- Do you collect any of this information now?
- How hard would it be to collect additional information?
• Do you collect any of this information now?
• How hard would it be to collect additional information?

<table>
<thead>
<tr>
<th>CCBHC Measures</th>
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<tbody>
<tr>
<td>9. Weight Assessment and Counseling for Nutrition and Physical Activity for</td>
</tr>
<tr>
<td>Children/Adolescents (WCC) (see Medicaid Child Core Set)</td>
</tr>
<tr>
<td>10. Controlling High Blood Pressure (see Medicaid Adult Core Set)</td>
</tr>
<tr>
<td>11. Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
</tr>
<tr>
<td>12. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief</td>
</tr>
<tr>
<td>Counseling</td>
</tr>
<tr>
<td>13. Initiation and engagement of alcohol and other drug dependence treatment</td>
</tr>
<tr>
<td>(see Medicaid Adult Core Set)</td>
</tr>
<tr>
<td>Assessment (see Medicaid Child Core Set)</td>
</tr>
<tr>
<td>15. Adult major depressive disorder (MDD): Suicide risk assessment (use EHR</td>
</tr>
<tr>
<td>Incentive Program version of measure)</td>
</tr>
<tr>
<td>16. Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult</td>
</tr>
<tr>
<td>Core Set)</td>
</tr>
<tr>
<td>17. Depression Remission at 12 months</td>
</tr>
</tbody>
</table>
Follow the Money
Prospective Payment Systems and Certified Community Behavioral Health Clinics

Steven Kohler, McBee Associates, Inc.
Dale Jarvis, Dale Jarvis & Associates
CCBHC Prospective Payment System

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Planning Grants for Certified Community Behavioral Health Clinics
(Initial Announcement)
(Short Title: CCBHCs Planning Grants)
Request for Applications (RFA) No. SM-16-001
Catalogue of Federal Domestic Assistance (CFDA) No.: 93.829

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<td>Section 3: Payment to CCBHCs that are FQHCs, Clinics, or Tribal Facilities</td>
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<td>Section 4: Cost Reporting and Documentation Requirements</td>
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CCBHC Prospective Payment System

• Bundled Payments, 2 Options
  • Daily Bundled Rate
  • Monthly Bundled Rate

• A Cost Report Structure
  • Calculates custom rates for each CCBHC in order to cover the cost of CCBHC Services

• A Quality Bonus Payment Layer
  • Optional for Daily PPS
  • Required for Monthly PPS
Daily and Monthly PPS Rates

- States must set up either a Daily PPS Rate or a Monthly PPS Rate.
- The Cost Report allows a clinic to determine their allowable costs, which are then divided by:
  - The estimated number of visits that will be provided in a year to arrive at a Daily PPS Rate; or
  - The estimated number of clients that will be seen each month to arrive at the Monthly PPS Rate.

<table>
<thead>
<tr>
<th></th>
<th>Daily Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCBHC Annual Budget</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>Annual Medicaid Visits</td>
<td>10,000</td>
</tr>
<tr>
<td>Daily PPS Rate</td>
<td>$120</td>
</tr>
<tr>
<td></td>
<td>Monthly Rate</td>
</tr>
<tr>
<td>CCBHC Monthly Budget</td>
<td>$100,000</td>
</tr>
<tr>
<td>Monthly Clients Served</td>
<td>200</td>
</tr>
<tr>
<td>Monthly PPS Rate</td>
<td>$500</td>
</tr>
</tbody>
</table>
More about Monthly PPS Rates

• Because client acuity level at a CCBHC may change from year to year, the CCBHC program has been designed to allow states to pay higher rates for certain populations that have higher costs. The CCBHC guidance provides five examples:
  • Adults with serious mental illness
  • Adults with serious mental illness and co-occurring substance use disorders
  • Children and adolescents with serious emotional disturbance
  • Individuals with a recent history of frequent hospitalizations related to behavioral health conditions
  • Adults with significant substance abuse disorders (SUDs)
Let’s Build the Monthly Math Rate

- Same core ingredients as the daily rate.
- Additional detail is collected for individuals in each severity category.
- Note: An individual must receive at least 1 visit to trigger the monthly case rate.
Digging into the Cost Report

• A state’s Cost Report template will need to include the following five cost categories:
  • Direct Costs – Staff
  • Direct Costs – Other
  • Overhead Costs – Facility and Administrative
  • Costs Incurred for Non-CCBHC Services
  • Costs Incurred that are Not Reimbursable by Medicaid (e.g. lobbying and entertainment)
Costs NOT Reimbursable by PPS

• Excluded Costs
  • I’m sure you’ve all memorized 45 CFR §75.420-475
  • But just in case...
  • [link](http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75)
CCBHC Prospective Payment System

• Bundled Payments, 2 Options
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  • Calculates custom rates for each CCBHC in order to cover the cost of CCBHC Services

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  • Optional for Daily PPS
  • Required for Monthly PPS
CCBHC Quality Bonus Payments

• And I quote:
  • For the state to make QBP the CCBHC must demonstrate that it has achieved all of the required quality measures...
  • The state can make QBP using the additional measures provided in this guidance but only after the certified clinic has met performance goals for the required set of measures.
  • States may propose quality measures for QBP; however, CMS approval is required.
## CCBHC Quality Bonus Measures

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Measure</th>
<th>Measure Steward</th>
<th>QBP Eligible Measures</th>
<th>Required QBP Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUH-AD</td>
<td>Follow-Up After Hospitalization for Mental Illness (adult age groups)</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>FUH-CH</td>
<td>Follow-Up After Hospitalization for Mental Illness (child/adolescents)</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>SAA-AD</td>
<td>Adherence to Antipsychotics for Individuals with Schizophrenia</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>IET-AD</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>NQF-0104</td>
<td>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
<td>AMA-PCPI</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>SRA-CH</td>
<td>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
<td>AMA-PCPI</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>ADD-CH</td>
<td>Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>CDF-AD</td>
<td>Screening for Clinical Depression and Follow-Up Plan</td>
<td>CMS</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>AMM-AD</td>
<td>Antidepressant Medication Management</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>PCR-AD</td>
<td>Plan All-Cause Readmission Rate</td>
<td>NCQA/ HEDIS</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>NQF-0710</td>
<td>Depression Remission at Twelve Months-Adults</td>
<td>MPC</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
CCBHC Quality Bonus Payments

• And I further quote:

  States have flexibility in determining the level of payment but must use a comprehensive methodology that specifies:
  (1) the factors that trigger payment (e.g., the percentage of improvement in a quality metric within a particular period),
  (2) the methodology for making the payment (e.g., on a per claim basis or a lump sum payment; and how often payment is made), and,
  (3) the amount of payment. When calculating the PPS rate, the QBP is not treated as revenue offset against cost.
✓ Questions?
✓ Comments?