The New Certified Community Behavioral Health Clinics initiative: New hope for the future of behavioral health services and its implications for information technology
Technical Perspective on CCBHCs

• IT Requirements
• Required Services
• Prospective Payment
• Enumerated Visits
• Documenting Visits

• DCOs
• Enumerated Visits: Modalities and Locations

• Quality Reporting
• CCBHC Partnership Requirements
• Care Coordination
CCBHC IT Requirements

Electronic Health Record

Structured Data

Clinical Decision Support

e-Prescribing

Demographics

Diagnoses

Medication List
Nine Required Services

- Crisis behavioral health services
- Behavioral health screening, assessment and diagnosis
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management (TCM)
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans
Prospective Payment

State selects either:

**PPS - 1**
- Daily Rate
- Optional Bonus Payment

**PPS - 2**
- Monthly Rate
- Reimbursement for portion of participants costs in excess of threshold
- Bonus payment for CCBHCS that meet quality measures
Enumerated Visits

Enumerated visits are how the CCBHC draws down the PPS rate.

\[
\text{ENUMERATED VISIT} \quad \equiv \quad \text{SERVICE} \quad + \quad \text{STATE QUALIFIED PROVIDER}
\]

\[
\text{SERVICE} \quad \equiv \quad \text{STATUTORILY REQUIRED SERVICES}
\]

\[
\text{STATE QUALIFIED PROVIDER} \quad \equiv \quad \text{LICENSURE} \quad \quad \text{or} \quad \text{CERTIFICATION} \quad \quad \text{or} \quad \text{RELEVANT STATE QUALIFICATION}
\]
Documenting Enumerated Visits

• A CCBHC is required to maintain a health information system that is not limited to an electronic health record

• All activities that trigger an enumerated visit must be documented in the clinic user’s medical record
  – Statutorily Required Service
  – Provider (License, Certification, or Relevant State Qualification).
DCOs
(Designated Collaborative Organizations)

Because of the extensive CCBHC scope of service requirements, organizations may not be able to provide every required service. CCBHCs are allowed to augment their service array through formal relationships with “Designated Collaborating Organizations” (DCOs).
Required CCBHC Services and Services DCOs can provide

**Required CCBHC Services**

- Crisis behavioral health services.
- Person centered and family centered treatment planning.
- Screening, assessment and diagnosis.
- Outpatient mental health and substance use services.

**Services DCOs can Provide**

- Peer Support
- Primary Care Screening and Monitoring
- Targeted Case Management
- Psychiatric Rehabilitation
- Armed Forces and Veteran Services
Enumerated Visits: Modalities and Locations

ENUMERATED VISIT ⇔ SERVICE + STATE QUALIFIED PROVIDER

• Modalities
  – State Medicaid Agencies may determine which services provided through telehealth or telemedicine would qualify as reimbursable visits
  – On-line treatment if evidence based

• Locations
  – States do not need to comply with the Medicaid clinic services benefit restriction on location
  – Services can occur outside the “four walls” of the clinic
IT Implications for Documenting CCBHC Enumerated Visits

- DCO visits are treated as CCBHC visits for purposes of reimbursement
- Visits at a DCO may count as visits with the CCBHC, even if the patient never comes to the CCBHC site

- Tracking and maintaining electronic data tied to diagnosis and demographics
- Including encounters performed by collaborating organizations, many of which will be manual in the IT system of the CCBHC
- Tying electronic record of a CCBHC encounter to the CCBHCs billing and collection systems that allows for the provider type to be audited and pass a compliance test
Documenting CCBHC/DCO Enumerated Visits

- A DCO is not required to maintain a health information system

- All activities that trigger a DCO’s enumerated visit must be documented in the CCBHC’s medical record
  - Statutorily Required Services
  - Provider (License, Certification, or Relevant State Qualification).
Quality Reporting

Quality measures are collected and submitted by the CCBHC to the State and by the State to HHS on a quarterly basis, including but not limited to data in the following domains:

- consumer demographics
- staffing
- use of services (i.e., encounter data)
- access to services
- care coordination
- other processes of care
- consumer outcomes
- screening and prevention
IT Perspective on Quality Reporting

CCBHC SYSTEMS

- e-Prescribing
- Structured Data
- Demographics
- Diagnoses
- Medication List

Electronic Health Record → Clinical Decision Support

DHCS → HHS

Peer Support
Primary Care Screening and Monitoring
Targeted Case Management
Psychiatric Rehabilitation
Armed Forces and Veteran Services
CCBHC Partnership Requirements

CCBHCs required to develop and maintain partnerships with:

- Federally-qualified health centers (and, as applicable, rural health centers)
- Inpatient psychiatric facilities and substance use treatment programs
- Other community or regional services, including juvenile and criminal justice agencies
- Department of Veteran Affairs treatment centers
- Inpatient acute care hospitals and hospital outpatient clinics
Care Coordination

Coordinate 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.

**Meaning**: Health IT systems will need to be in place or implemented.
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- Inpatient psychiatric facilities and substance use treatment programs
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- Inpatient acute care hospitals and hospital outpatient clinics

Care Coordination Examples:

- Track when consumers are admitted to facilities as well as when they are discharged.
- Care and services are provided in accordance with an active treatment plan.
- Establish protocols to assure adequate care coordination with other primary care providers.
Care Coordination: Missouri - Netsmart Example

CareManager Integration

Missouri Coalition

CCBHCC level
Care Manager/Coordinator View of:
- Aggregated Patient Data View
- Claims
- Alerts and Reminders
- Compliance at a patient & coordinator level

Missouri Coalition & View of:
- Quality
- Analytics
- Reg Compliance

Metabolic Screening:
- Vitals
- Labs
- Health Risk Factors

CMHC EHRs
- myAvatar (Ozark)
- Anasazi (Pathways)
- Credible (New Horizons)
- PsychConsult (Truman)

Missouri Medicaid

Claims

ER Visit
Hospitalization

Missouri DMH

Patient Specific Data
- CMHC Assignment
- Programs
- Claims
- ED Visits
- Providers
- Health Plan Eligibility

Population Health Data View

Quality Measures & Reporting

Microservice

Netsmart
Links

SAMHSA:  
http://www.samhsa.gov/section-223

COCHS:  
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