CCBHC Planning Phase Update

Presented to the DHCS Behavioral Health Forum

July 22, 2016

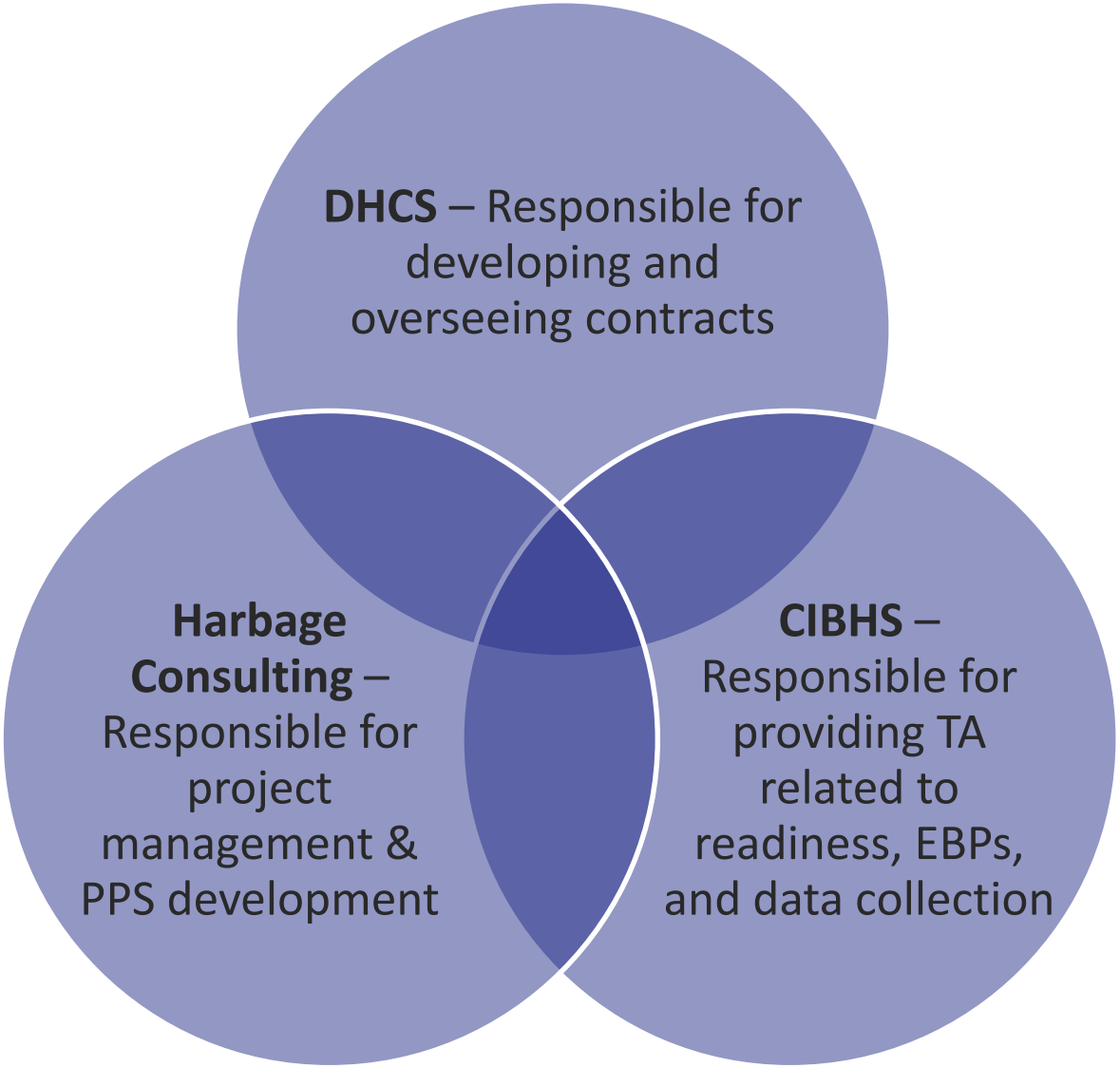
10:00 – 11:00am

Presentation Overview

- Overview of CCBHC Planning Grant and Federal Demonstration Opportunity
- CCBHC Project Updates
- Lessons Learned So Far
- Questions & Public Comment

Overview of CCBHC Planning Grant & Federal Demonstration Opportunity

Roles & Responsibilities



Key Definitions

- **CCBHC or Clinic:** CCBHC or Clinic are used interchangeably to refer to the CCBHCs as certified by states in accordance with these criteria and the requirements of PAMA. A CCBHC may offer services in different locations
- **Designated Collaborating Organization (DCO):** 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
- **Prospective Payment System (PPS):** PPS is a method of reimbursement in which payment is made based on a predetermined, fixed amount. The CCBHC demonstration requires the use of a PPS to pay participating clinics for the provision of CCBHC services

Background on CCBHC Planning Grant and Demonstration

- **Federal Authority.** Optional state pilot authorized under the Protecting Access to Medicare Act (2014)
- **Scope.** 2 year / 8 state demonstration
- **Goal.** Creates criteria for CCBHCs as entities designed to serve individuals with SMI / SED and SUD
- **Target Population.** Includes adults with SMI, children with SED, and individuals with long-term SUDs
- **Quality Focus.** Emphasis on evidence-based practices and performance measurement / quality improvement
- **Reimbursement Model.** Tests an alternative reimbursement model and provides enhanced federal matching funds

Demonstration Application and Timeline

- **Competitive Application Process.** The Substance Abuse and Mental Health Services Administration (SAMHSA) will select 8 states to participate in the 2-year demonstration through a competitive application process
- **Application Due Date.** Applications from states are due to SAMHSA by October 31, 2016
- **Demonstration Timeline.** Demonstration timeline is January 2017 – December 2018. States may choose to delay implementation until July 2017

Federal Financing

- **Enhanced Federal Medical Assistance Percentage (FMAP) for CCBHC Services.** Demonstration states are eligible for federal matching funds equivalent to the standard Children's Health Insurance Program (CHIP) rate for CCBHC services to Medicaid beneficiaries
- **FMAP for Expansion Populations.** For expenditures related to demonstration services provided to newly eligible individuals (Medicaid expansion population), the matching rate applicable under the social security act will apply (i.e. newly eligible childless adults will continue to be eligible for 100-90% FMAP)

Federal Financing (cont.)

- **Demonstration Authority.** Using the demonstration authority, states may claim enhanced FMAP and do not need Medicaid state plan authority to implement payment for CCBHC services
- **Non-Federal Share.** State and local entities continue to finance the non-federal share of payment and, as part of the application process, will provide information to the Centers for Medicare & Medicaid Services (CMS) on the sources of funding

CCBHC Planning and Implementation Phases

Phase I – Planning Phase	Phase II – Implementation Phase
States awarded planning grants to complete the following: 1. Certify at least two CCBHCs 2. Establish a PPS methodology for Medicaid reimbursable BH services 3. Prepare a planning grant application to participate in a two-year CCBHC demonstration program	• Up to 8 states that submitted a planning grant application will be selected to participate • Involves the implementation of CCBHCs over a two-year period • Enhanced federal matching funds will be available to CCBHCs for two years

Certification Criteria

There are 6 CCBHC program requirement categories:

1. Staffing
2. Availability & Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality & Other Reporting
6. Organizational Authority, Governance & Accreditation

Full CCBHC Criteria list:
http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

Staffing

- **Staffing Plan.** CCBHCs must develop a staffing plan based on a county / county entity-specific CCBHC needs assessment. CCBHCs will need to be staffed with a team that meets the following:
  - **Regulatory Requirements.** Operates within the bounds of existing state licensure and certification regulations
  - **Staff Training.** Trained in person-centered, family-centered, trauma-informed, culturally & linguistically-competent, and recovery-oriented care
  - **Diversity Considerations.** Cultural competency training must address the diversity within each CCBHC's service area
  - **Military Considerations.** If active duty military or veterans are being served as part of this population, training must include information related to military culture

Availability & Accessibility of Services

- **Must Serve Everyone.** CCBHCs need to offer services that are available and accessible to all individuals in their community regardless of their ability to pay or place of residence
- **24 Hour Crisis Services.** Must offer crisis management services that are available and accessible 24 hours a day
- **Emergency / Crisis Linkages.** Must have established relationships with local emergency departments to facilitate care coordination, discharge, and follow-up, as well as other sources of crisis care

Availability & Accessibility of Services

- **Screening and Evaluation.** Each beneficiary receiving services at a CCBHC must receive the following from a licensed behavioral health professional:
  - Preliminary screening
  - Initial evaluation
  - Comprehensive person-centered and family-centered diagnostic and treatment planning evaluation
- **Interdisciplinary Care Team.** If applicable, beneficiaries will have access to an interdisciplinary care team

Care Coordination

- **Access Across the Continuum**. CCBHCs must ensure that beneficiaries have access to services across the continuum of care
- **Required Partners.** CCBHCs must have partnerships / agreements / formal contracts with:
  - Federally Qualified Health Centers (FQHCs) / Rural Health Clinics (RHCs)
  - Inpatient psychiatric facilities & substance use detox, post-detox step-down services, and residential services
  - Other community / regional supports and services including schools, child welfare agencies, etc.
  - Department of Veterans Affairs medical centers, outpatient clinics, and drop-in centers
  - Inpatient acute care hospitals and hospital outpatient clinics

Care Coordination – Health Information Technology

- **Health Information Technology System.** The CCBHC must establish and / or maintain a health information technology (IT) system that has the capability to do the following:
  - Capture consumer records (including demographic information, diagnoses, and medications)
  - Provide clinical decision support
  - Electronically transmit prescriptions to pharmacies
- **Reporting.** To the extent possible, the CCBHC will use the health IT system to report on required data and quality measures
- **DCO Linkages.** Must develop a plan to improve care coordination between the CCBHC and all DCOs using a health IT system

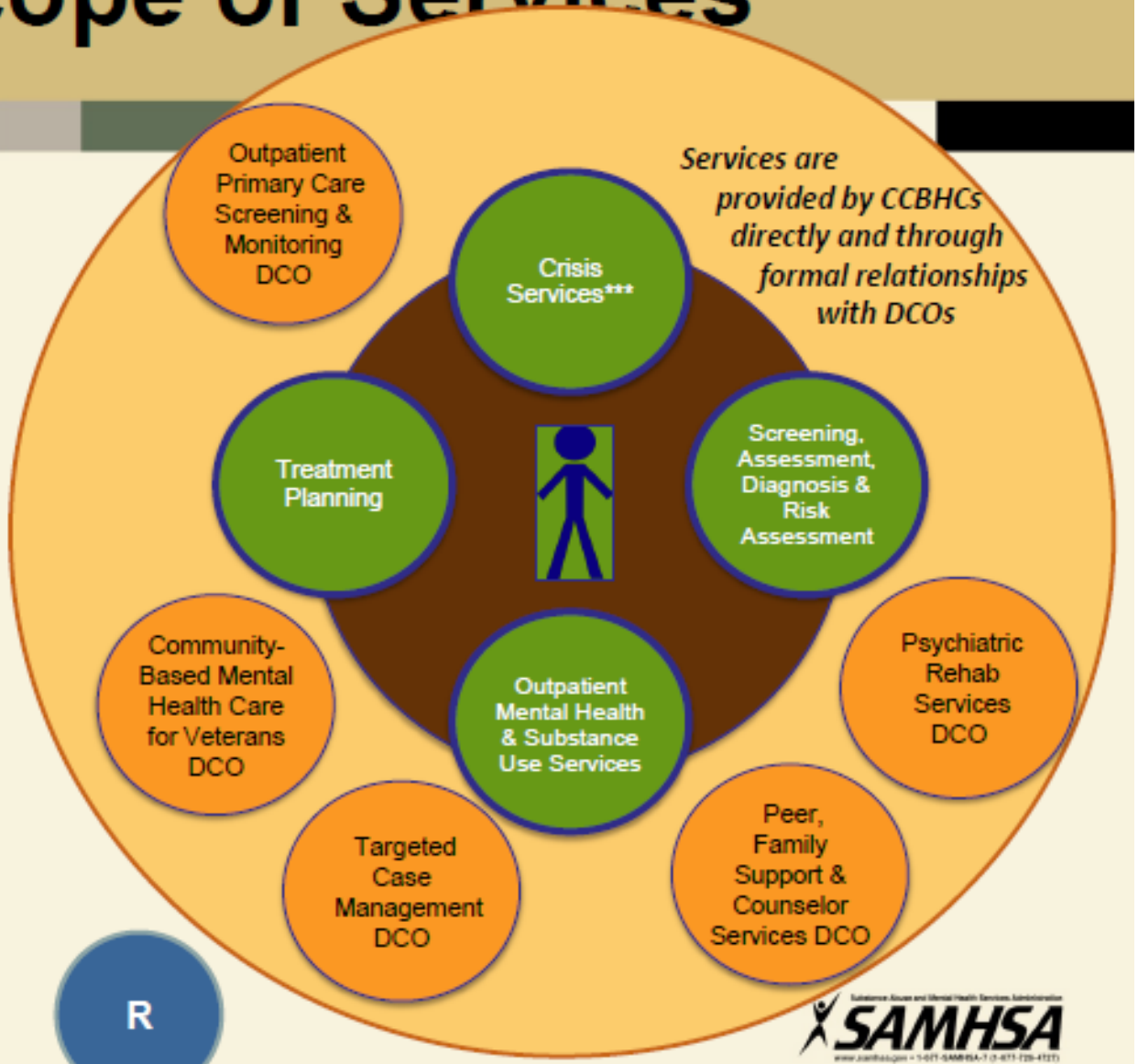
Scope of Services

CCBHCs directly provide services in green***

Additional required services are provided directly or through **formal relationships with Designated Collaborating Organizations (DCOs)**

Referrals (R) are to providers outside the CCBHC and DCOs

*** "unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise."



SAMHSA

Slide 8

Quality and Other Reporting

- **Required Data.** CCBHCs must collect and report on encounter, clinical outcome, and quality improvement data including, but not limited to:
  - Consumer characteristics
  - Staffing
  - Access to services
  - Use of services
  - Care coordination
  - Screening, prevention, and treatment
  - Other processes of care
  - Costs
  - Consumer outcomes

- **DCO Considerations.** If a CCBHC enters into DCO arrangements, the CCBHC must establish a process to obtain DCO data

Quality and Other Reporting

- Must develop, implement, and maintain an effective CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management that is based on the results of the needs assessment

Organizational Authority, Governance, and Accreditation

- The CCBHC must be one of the following:
  - A non-profit organization
  - A local government BH authority
  - Operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization
  - An urban Indian organization
- The CCBHC must:
  - Establish a CCBHC Board that is representative of the individuals being served by the CCBHC (or build upon an existing governing body structure)
  - Adhere to any applicable state accreditation, certification, and/or licensing requirements

Prospective Payment System

- CMS developed PPS guidance for CCBHC payment in light of the six program criteria established by SAMHSA
- Participating states will select one of two PPS rate methodologies for use in the demonstration
- The PPS methodology selected will be used demonstration-wide within each state selected for the demonstration to set CCBHC-specific rates

California's PPS Selection

- **Option 1 (PPS-1):** FQHC-like PPS that provides reimbursement of cost on a daily basis with the addition of a state option to provide quality bonus payments to CCBHCs that meet defined quality metrics

CCBHC Project Updates

Completed Activities Since April 2016

- Received Expression of Interest Forms from 22 counties; provided technical assistance to review feasibility assessment and county participation requirements
- Received Feasibility Assessments & County Profiles from 7 counties
- Received signed Letters of Participation from 5 counties & continuing to work through other considerations with one additional county
- Established www.calccbhcdemo.org and info@calccbhcdemo.org
- Established the CCBHC Advisory Group
- Completed county readiness assessments & work plans
- Selected a PPS methodology

Why Counties?

- **Lead Entities.** Counties, in collaboration with DHCS, are the lead entities for participation in the CCBHC Planning Grant and proposed demonstration in California
- **Delivery System**. In California, counties, under contract with DHCS, are responsible for authorization and payment of a full continuum of specialty mental health services and substance use treatment services
- **Realignment.** Under the provisions of realignment, the county provides and certifies the federally-required full funds expenditure for all Medi-Cal specialty mental health and Drug Medi-Cal claims submitted

Why Counties? (cont.)

- **Intergovernmental Transfer (IGT).** Counties will be required to provide an IGT for CCBHC services before Federal Financial Participation may be drawn down and a payment made to the CCBHC
- **County Delivered or Subcontracted Sites.** Counties interested in participation in California's CCBHC Planning Grant and proposed demonstration may choose to have the State certify their directly delivered and/or subcontracted sites (Community Based Organizations, CBOs) as the CCBHC

Criteria for County Participation

Criteria for county participation in California's CCBHC demonstration includes, but is not limited to:

- Meeting all six federal program requirements
- Ability to provide the non-federal share of funding via the IGT process
- Proper fiscal control and accounting procedures track funds and establish that funds have not been used in violation of applicable statutes
- Ability to use a cost report that adheres to federal cost principles and documentation requirements
- Ability of clients to access services regardless of ability to pay or place of residence

Criteria for County Participation (cont.)

- Availability of intensive, community-based behavioral health care for members of the U.S. Armed Forces and veterans
- Clearly established relationships with local emergency departments
- Ability to meet federal requirements related to timely access to CCBHC services
- Use of a health IT system

Expression of Interest Form

- County Directors were invited via email to submit an Expression of Interest (EOI) Form by May 13th
- The EOI Form was a simple one page document to collect contact information, county demographic information (urban vs. rural), and information about Medi-Cal services currently offered
- 22 counties submitted an EOI Form

Feasibility Assessment & County Profile

- EOI counties received technical assistance from CIBHS to review The National Council Feasibility Assessment & CIBHS County Profile worksheet by May 31st
- The Feasibility Assessment allowed counties to score themselves on their readiness to become a CCBHC
- The County Profile worksheet supplemented the Feasibility Assessment to collect additional information such as Evidence Based Practice (EBP) utilization and electronic health record (EHR) information
- 7 counties submitted Feasibility Assessments & County Profiles

Selected Counties for Planning Grant Phase

- Received signed Letters of Participation from the following counties:
  - Contra Costa
  - Los Angeles
  - Marin
  - Napa
  - Sacramento
- Certification as a CCBHC is voluntary
- Counties have the option to discontinue participation at any point during the planning grant phase.
- Agreement to participate in the CCBHC planning grant process does not guarantee that sites will be certified or that certified sites will be included in the federal demonstration

Readiness Assessment Process

- Structure of the readiness assessment process
  - **Prep:** Each CCBHC site is asked to include staff that represent direct care, fiscal, management, etc. and be prepared to describe / show existing processes that demonstrate readiness
  - **Agenda for the Day:** The day is divided into completing the different sections of certification (staffing, access, care coordination, etc.) followed by a debrief and planning for next steps
  - **Attendees:** County Directors, management (fiscal, IT, clinical), & direct care staff
  - **Tools & References:** Feasibility & Readiness Assessment developed by the National Council for Behavioral health that raises awareness of program readiness & challenges

Readiness Assessment Process

- Outcomes
  - **Scoring:** 1 to 5 ranging from "serious challenge" to "no challenge" for the criteria in all six sections
  - **Issues Log:** Compiled list of issues identified by counties moving forward to be resolved via Federal guidance and / or state certification planning
  - **Information for Work Plan:** Detailed assessment supports identification of existing capabilities and gaps – and potential steps to bridge those gaps

Scoring Rubric:

1	2	3	4	5
Serious Challenge	Quite a Bit of Concern	Moderate Concern	Small Concern	Not a Challenge

Example of the Feasibility Assessment Elements

1. CCBHCs must adapt to the behavioral health needs of diverse communities and decrease health care disparities. Can your facility:

a. Reach individuals with behavioral health needs in diverse settings such as:

- Jails and prisons,
- Schools,
- Churches,
- Homes,
- Foster families,
- Shelters,
- Emergency Rooms, and
- Public parks and recreational facilities;

☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

b. Address the needs of culturally diverse individuals with culturally competent providers, staff, and peer support? ☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

c. Integrate the non-four-wall services into the core of CCBHC in a way that is culturally competent and reflects a trauma-informed recovery model? ☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

2. Ongoing cycles of victimization and trauma create vocabularies that often are foreign to many health care service providers. Is your staff and facility culturally competent to interpret and understand the vocabulary of victimization and trauma? ☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Health care providers have come to understand that health care is best delivered through what public health professionals call the Triple Aim: individual health, population health, and controlling costs. All three parts of the Triple Aim must be tackled at the same time—otherwise; the optimal outcomes will remain elusive. Is your clinic currently conceptualizing its service delivery in terms of the Triple Aim?

☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

Work Plan Development

- Work Plan Structure
  - **Topics:**
    - Scores 3 and below are marked as needing detailed attention prior to certification and translated into a work plan specific to each site
    - Scores 4 and 5 will be revisited again prior to certification during technical assistance (TA) meetings
  - **Detailed Actions Steps** (examples):
    - Hire more staff who have threshold language capacity
    - Train staff on working with veterans and their families
    - Change processes
  - **Timeframe to Complete:** Plan to implement vs. date to go live / operationalize

Work Plan Development

- Current Steps with the Work Plan
  - Resolve issues from log
    - State certification standards
    - Clarification from SAMHSA
    - Research on existing CCBHC guidance
  - Plan & initiate local TA with appropriate experts
  - Plan & initiate shared TA (e.g. webinars, conference calls, etc.)

Program Requirement 3: Care Coordination

TA Topic 7: (3.a.4) Care coordination activities are carried out in keeping with the consumer's expressed preferences and needs for care and, to the extent possible in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. So as to ascertain in advance the consumer's preferences in the event of psychiatric or substance use crisis. CCBHCs develop a crisis plan with each consumer. Examples of a crisis plan may include a Psychiatric Advanced Directive or Wellness Recovery Action Plan.	**Concern: No formal policy currently in place.**		
Activities/Action Steps	**Responsible Party**	**Timeline**	**Status**
1) Write policy			
2) Train Staff of CCBHC/DCO			

TA Topic 8: (3.a.5) Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC consumer and, upon appropriate consent to release of information, to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.	**Concern: No current uniform practice across different programs.**		
Activities/Action Steps	**Responsible Party**	**Timeline**	**Status**
1) Write policy			
2) Train Staff of CCBHC/DCO			

Other Stakeholder Engagement Opportunities

- CCBHC Advisory Group
- Visit our website at www.calccbhcdemo.org
- Email us a info@calccbhcdemo.org
- Join our CCBHC distribution list by emailing us

Remaining Key Planning Milestones

Milestone	Anticipated Timeframe
Develop & execute a CCBHC certification work plan for each county / county approved site	June – Sept 2016
Perform a Needs Assessment with each county / county approved site	July – Aug 2016
Select, develop & prepare PPS methodology	June – Sept 2016
Ensure data readiness & reporting capacity	June – Sept 2016
Certify at least two CCBHCs	Aug-Sept 2016
Counties receive approval from their Board of Supervisors	Sept 2016
Solicit stakeholder feedback on draft CCBHC Demonstration Application	Oct 2016
Submit a CCBHC Demonstration Application	Oct 31, 2016

Lessons Learned So Far

Lessons Learned So Far

- **County Commitment.** County commitment is critical to the success of CCBHCs in California due to existing fiscal and administrative structures.
- **Substantial Federal Requirements.** Rigorous and detailed CCBHC requirements create planning and innovation challenges at the local level.
- **New Administrative Activities.** CCBHCs will introduce new administrative requirements at the local and state level.

Questions & Public Comment

Thank you for your participation!

Visit our website: www.calccbhcdemo.org

Email us at info@calccbhcdemo.org

Join the CCBHC distribution list by emailing us!