

# The Certified Community Behavioral Health Clinic (CCBHC) Model

Vermont Policy Academy

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# Agenda

- Welcome and Session Overview (10 minutes)
- Overview of Certification Process (30 minutes)
  - Certification Criteria
  - Certification Logistics
  - State Discretionary Items
- Open Discussion (15 minutes)
- Next Steps and Follow-up (5 minutes)

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### Overview of CCBHC Certification





## States' levers of control

- Certification of CCBHCs (only state-certified clinics may receive PPS)
- Choice of PPS-1 vs. PPS-2 model
  - In PPS-1: whether to use QBPs (QBPs required in PPS-2)
  - In PPS-2: which special population groups will receive distinct PPS
- Quality bonus payment thresholds, amounts, reporting requirements (within parameters of CMS guidance)
- Review of clinics' cost reports
- Method for determining yearly rate adjustments
- Frequency of rebasing
- How to address payment in managed care context



## It is a State-driven Model



The state certifies CCBHCs in accordance with the SAMHSA Certification Criteria that includes state discretionary items



The state reviews and approves the CCBHC cost reports and establishes the final provider-specific PPS reimbursement rates



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# Medicaid CCBHC & SAMHSA Expansion Grants

Medicaid CCBHC (Demonstration, SPA, or Waiver)	SAMHSA CCBHC Expansion Grants
Open to any state with CMS approval	Open to individual clinics in ALL states
Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs attest to SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive up to \$4M; continue to bill Medicaid and other payers per usual





### **CCBHC Certification Criteria**





# CCBHC Criteria Requirements

CCBHC Criteria Section	Key Requirements
Organizational Authority, Governance & Accreditation	<ul> <li>CCBHCs must be Nonprofits, Part of local government behavioral health authority OR Under the authority of Indian Health Service, Indian Tribe or Tribal organization</li> <li>51% of board are consumers, people in recovery or family members</li> </ul>
Staffing	<ul> <li>Psychiatrist as Medical Director, DEA waivered prescriber, MH and SU providers</li> <li>Training must address: Cultural competence; Person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; Primary care/behavioral health integration; Risk assessment, suicide prevention and suicide response; and the roles of families and peers</li> <li>Requirements for a needs assessment every three years to inform staffing and training plans</li> </ul>
Availability and Accessibility of Services	<ul> <li>Timely access to care (crisis, urgent, routine)</li> <li>Access regardless of ability to pay and place of residence</li> <li>Meaningful access to services for individuals with Limited English Proficiency</li> </ul>

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# CCBHC Criteria Requirements

CCBHC Criteria Section	Key Requirements
Scope of Services	<ul> <li>9 required services</li> <li>States have defined this differently: <ul> <li>"Most" services are directly provided,</li> <li>5 of the 9 services are directly provided</li> </ul> </li> </ul>
Care Coordination	<ul> <li>CCBHC coordinates care across the spectrum of health services, including physical and behavioral health and other social services</li> <li>CCBHC establishes or maintains EHR and Health IT system</li> <li>Care coordination agreements</li> </ul>
Quality and Other Reporting	<ul><li>9 CCBHC Reported Measures</li><li>12 State Reported Measures</li><li>CQI</li></ul>

#### **CCBHC REQUIRED SCOPE OF SERVICES**

#### Must be delivered directly by a CCBHC

- · Screening, Assessment, Diagnosis
- Patient-centered Treatment Planning
- Outpatient Mental Health/Substance use Disorder (MH/SUD)
- Crisis Services: 24-Hour Mobile Crisis;
   Crisis Stabilization

#### Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

- Peer Support
- Psychiatric Rehab
- Targeted Case Management
- Primary Health Screening & Monitoring
- Armed Forces & Veteran's Services

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## **CCBHC Certification Opportunities**





## State Discretionary Items

Examples of <u>State discretionary items</u> within <u>CCBHC criteria</u>

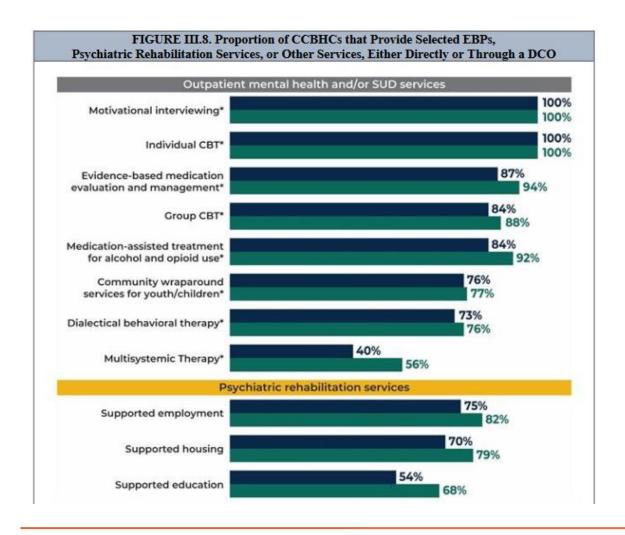
- Staffing requirements
- Needs assessment requirements
- Cultural, linguistic, and treatment needs of the populations to be served
- Service area definition
- Directly provided services vs DCOs
- Evaluation and treatment planning element requirements
- State sanctioned crisis system
- Alternatives to 51% board participation by people served/family members

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## Demonstration States Evidence-based Practices



- EBPs selected by states as part of certification
- 95% of CCBHCs provided training in traumainformed care
- 60% of CCBHCs provided early intervention for first-episode psychosis





# Certification Opportunities

- Launch of new service lines to meet community need
- New initiatives designed to reach target populations or address key Medicaid agency goals
- Deploying outreach, chronic health management outside the four walls of the clinic
- Including previously 100% state-funded initiatives into Medicaid PPS (when Medicaid-allowable)



# Care Coordination Partnership Opportunities

#### Schools

- Provide direct services on site in schools or plan to do so
- Engage in suicide prevention efforts targeted to children/youth
- Provide Mental Health First Aid training to middle or high school teachers and staff
- Provide Mental Health First Aid training to middle or high school students

#### Law Enforcement & Criminal Justice

- Participate in mental health court, drug court, or veterans' court
- Train law enforcement or corrections officers in Mental Health First Aid, CIT, or other mental health/SUD awareness training
- Provide pre-release screening, referrals, or other activities to ensure continuity of care upon re-entry to community from jail
- Initiated data or information sharing with law enforcement or local jails to support improved collaboration
- Embed a clinician or peer specialist with law enforcement officers responding to mental health/SUD calls
- Provide telehealth support to law enforcement officers responding to mental health/SUD calls

#### Other

- SUD residential treatment facilities
- Withdrawal management facilities
- MAT providers for SUD
- Homeless shelters
- Housing agencies
- Employment services/supported employment
- Consumer operated/peer service provider organizations

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# 988 and State-Sanctioned Crisis System Implementation within CCBHC

## Three Roles for CCBHCs in 988 Implementation

## CCBHCs can serve as 988 call centers

- CCBHCs can serve as partners to 988 call centers for services the call centers do not directly provide
- CCBHCs can serve as referral partners to 988 call centers and other crisis responders for postcrisis or non-urgent needs

#### **Establishing a State-Sanctioned Crisis System**

- CMS Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services
- "Mobile crisis intervention services should be integrated with the national suicide prevention and mental health crisis hotline, state funding of core crisis care elements, and community-level efforts to implement CCBHC crisis management services."
- The 85% mobile crisis match represents a pathway to finance a portion of the costs associated with CCBHC implementation

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# Certification Development

- Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics
- Certification Guides and Resources
- State Certification Guide
- When is a person a CCBHC consumer





# Questions/Discussion