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CCBHC Policy Academy Care Coordination

Vermont Policy Academy
October 20, 2022

Agenda



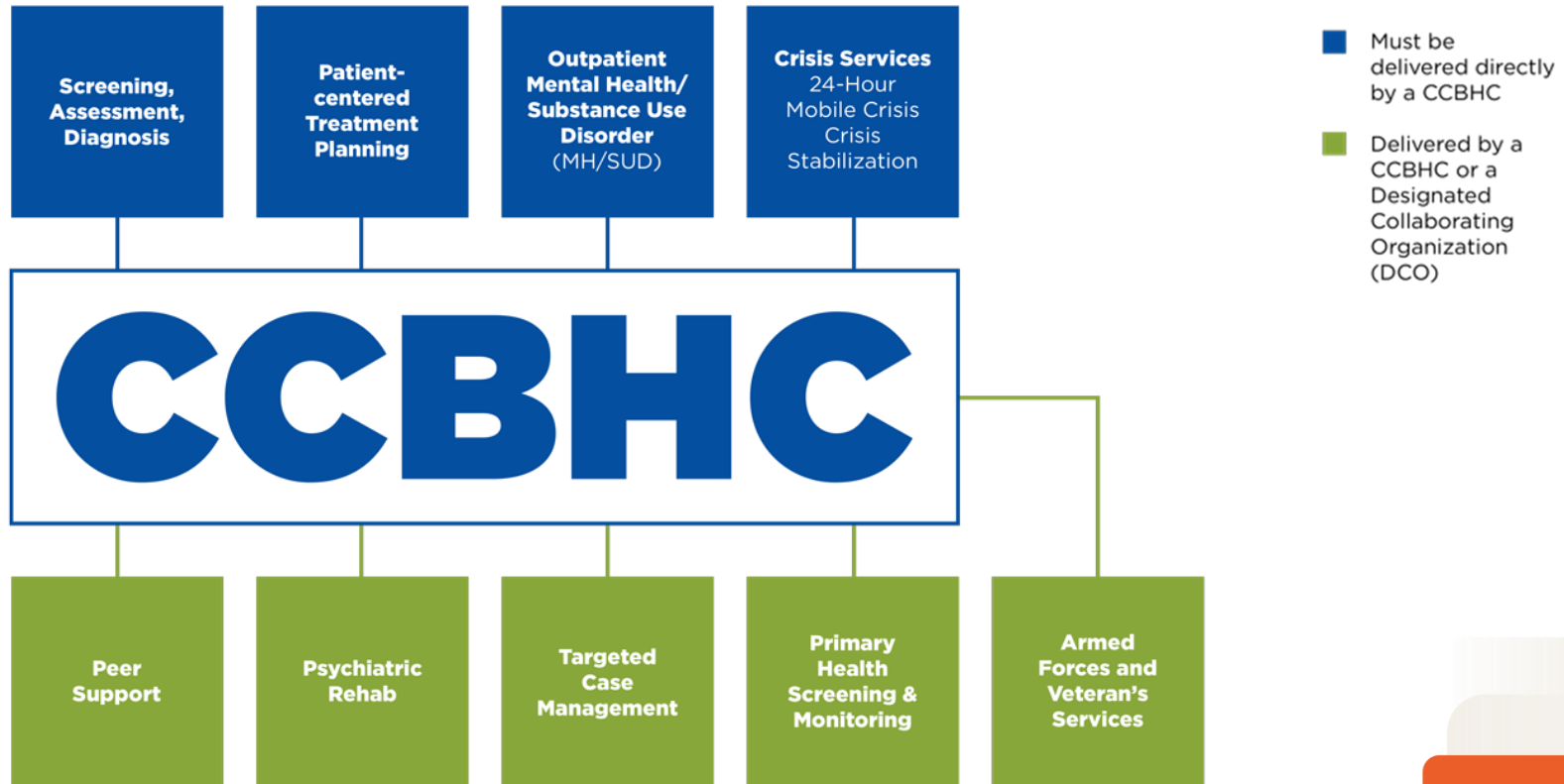
12:00 Welcome

- Questions from last month's topic: CCBHC Scope of Services
- Goal of today's meeting: *Build a deeper understanding of Care Coordination*
- CCBHC State planning grant NOFO released

12:10 Review of CCBHC Care Coordination requirements

12:50 Questions and discussion

Questions from CCBHC Scope of Services presentation



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The State Planning Grant NOFO is Live

- <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-23-ccbhc-planning-grants-nofo.pdf>
- **Anticipated number of awards: 15**
- Amount per award: up to \$1M
- **Application due date: December 19, 2022**
- Anticipated award date: March 15, 2023
- Anticipated project start date: March 30, 2023
- Eligible entities: States (plus DC) that were not previously selected to participate in the CCBHC Demonstration Program (list of eligible states is available here: <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-23-ccbhc-planning-grants-nofo.pdf>)

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Required Activities

1. Solicit input for the development of a state CCBHC Demonstration program from consumers (including youth), family members, providers, tribes, and other key stakeholders.
2. Ensure the initial set of clinics identified by the state for participation in the demonstration is certified using the Certification Criteria and establish procedures and necessary infrastructure to ensure clinic compliance with Certification Criteria throughout the CCBHC Demonstration period.
3. Establish a PPS for behavioral health services furnished by a CCBHC in accordance with the PPS Methodology Guidelines developed by CMS.
4. Establish the capacity to provide behavioral health services that meet the Certification Criteria.
5. Develop or enhance data collection and reporting capacity and provide information necessary for HHS to evaluate proposals submitted by states to participate in the CCBHC Demonstration program
6. Submit a Proposal to Participate in the CCBHC Demonstration Program

Selection of Demonstration States

Selection of states participating in the CCBHC Demonstration program will be prioritized based on State CCBHC programs that:

- Have taken concrete steps to develop a CCBHC program in their state (e.g., Medicaid state plan amendments, support through Medicaid managed care, implementation of policies or statutes that are supportive of CCBHCs, support of CCBHCs through state revenues or block grant funds, planning for development of CCBHCs programs);
- Provide a complete scope of services through participating clinics outlined in the Certification Criteria to individuals eligible for medical assistance under the state Medicaid program;
- Improve the availability of, access to, and participation in, services outlined in the Certification Criteria for individuals eligible for medical assistance under the state's Medicaid program;
- Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; or
- Demonstrate the potential to expand available behavioral health services in the geographic area chosen for the CCBHC Demonstration by the State and increase the quality of such services without increasing net federal spending.

Submission of demonstration application is the last step in the planning year (which ends March 2024)



Poll and Discussion Question #1

The difference between a Designated Collaborating Organization and a Care Coordination relationship is...

- A DCO provides one of the 9 required services for a CCBHC
- A CCBHC pays a DCO to provide services to people served by the CCBHC
- A Care Coordination relationship is with an external provider with their own revenue streams
- All of the above

CCBHC Criteria Program Requirements



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General Requirements of Care Coordination

- Coordinating care **across the spectrum** of health services
- Procedures in place that comply with **HIPAA, 42 CFR Part 2**, and other privacy and confidentiality requirements
- Policies and/or procedures in place to encourage **participation by family members** and others important to the consumer in care coordination
- Policies and procedures in place to assist consumers and families of children and adolescents in **obtaining and keeping referral appointments**
- Medication reconciliation with external providers



Care Coordination and Other Health Information Systems

- The CCBHC has health information technology (HIT) systems in place that includes:
 - EHRs
 - Demographic information, diagnoses, and medication lists
 - Clinical decision support
 - Electronic transmission of prescriptions to the pharmacy
- Reporting on data and quality measures
- Plans to population health management, quality improvement, disparity reduction, outreach and research activities
- Plan in place to improve care coordination between the CCBHC and DCOs using HIT



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Care Coordination Agreements

- Agreements with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Protocols for care coordination with other **primary care providers** and agreements in place with **inpatient** psychiatric treatment, inpatient substance use disorder treatment, and residential programs
- Provisions for **tracking consumers admitted to and discharged** from these facilities
- Protocols for transitioning consumers from emergency departments, including transfer of medical records, prescriptions, and follow-up



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Care Coordination Agreements

- Agreements with schools; child welfare agencies; juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services.
- Also noted as potentially relevant: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services
- Department of Veterans Affairs



Care Coordination Agreements

- Agreements in place with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, and substance use disorder treatment programs
- Provisions for tracking consumers admitted to and discharged from these facilities
- Procedures for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions
- Agreements that require coordination of consent and follow-up within 24 hours
- Makes and documents reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge

Treatment Team, Treatment Planning, & Care Coordination Activities

- Treatment planning includes the consumer, the family of child consumers, and others designated by the consumer
- Treatment planning and care coordination are person-centered and family-centered
- Treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements
- Coordinates care provided by DCOs.
- Designated interdisciplinary treatment teams to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers
- Provides recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.



Questions?

Poll and Discussion Question #2

CCBHC Care Coordination is...

- Scheduling appointments for people served
- Deciding which primary care physician is right for a person
- Getting updated medication lists after a person has an external appointment with prescriber
- Including family of a person served in their care, with a signed ROI
- All of the above

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