



Vermont CCBHC

Public Community Meeting
August 13, 2024



CCBHC Initials

Federal

**Certified Community
Behavioral Health Clinic**

Vermont

**Certified
Community-Based
integrated Health Center**

What is a Certified Community-Based integrated Health Center (CCBHC)?



- Ensures access to integrated mental health (MH) and substance use disorder (SUD) treatment and health care screening/monitoring with a particular focus on individuals with significant MH/SUD and/or physical health disorders across the lifespan .
- Offers a comprehensive range of services in a coordinated approach, including evidence-based practices, culturally responsive care, MH/SUD crises response, and other supports identified in a community needs assessment.
- Meets CCBHC Certification Criteria

CCBHC 2023 Certification Criteria

CCBHC Program Requirements

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
 - 9 Core Service Areas
5. Quality and Reporting
6. Organizational Authority

Minimum Scope of Services

- | | |
|--|---|
|  Crisis mental health services |  Screening, assessment, and diagnosis, including risk assessment |
|  Outpatient mental health and substance use services |  Psychiatric rehabilitation services |
|  Primary care screening and monitoring |  Peer support and family/caregiver supports |
|  Targeted case management* |  Mental health care for uniformed service members and veterans |
|  Person-centered treatment planning or similar processes* | |

Growth of CCBHCs

- ❖ **Local** CCBHC Planning Development & Implementation (PDI) Grants or Improvement & Advancement (IA) Grants

 - 4 years for \$4 million (or 2 years for \$4m)

- ❖ **State-level** CCBHC Planning and Implementation Grants

 - 1 year for \$1 million

- ❖ **National** CCBHC Medicaid Demonstration Pilot

 - 4 years with enhanced Medicaid match
(not a grant)



Vermont is Selected to Join the Demonstration!

On June 4, SAMHSA announced **10 new states were added to the CCBHC Medicaid Demonstration Program:** Alabama, Illinois, Indiana, Iowa, Kansas, Maine, New Hampshire, New Mexico, Rhode Island and **Vermont.**

- The Demonstration Program provides states with sustainable funding through Medicaid reimbursement, enabling CCBHCs to provide more comprehensive access to mental health and substance use services and primary care screening.



CCBHC Next Steps: Planning Phase Completion

Vermont's CCBHC State Planning Grant Activities



- No-cost extension awarded – updated deadline is 3/30/2025.
- State and local integration of Mental Health (MH) & Substance Use Disorders (SUD)
- Evaluation and certification processes
- Onboarding new CCBHC sites
- Infrastructure for CCBHC payment methodology
- Technical Assistance to sites
- Billing codes for MH, SUD, and primary care monitoring and screening services
- Peer and family support staff
- CCBHC Steering Committee shifted to standing committees for input

CCBHC Next Steps: Demonstration Phase

❖ CCBHC Medicaid Demonstration Program – 4 Years

➤ Lori Vadakin is Demonstration Program Director

❖ Demonstration phase work:

- Same content under planning grant until completed
- Certify first 2 provisional sites (Clara Martin Center & Rutland Mental Health Services) for 7/1/2025
- Onboard 2 additional sites possibly in July 2026
 - Requires work to start January 2025
- Create plan and guidance for re-certification
- Monthly community-wide meetings for updates
 - Sub-group work meetings to inform
- Build capacity to report on required quality measures
- Develop a sustainability plan



Benefits to Approach

Integrated Care

Culturally Responsive Care

Person & Family-Centered Care

Community Collaboration & Coordination

Reduced Barriers to Care

Increased Access to Primary Care

Enhanced Quality of Care



Thank you for joining today's meeting!

Quality Measures and
Scope of Services
Vermont Certified
Community-Based
Integrated Health
Centers (CCBHC)



Stephen DeVoe, Director of Quality and Accountability

Overview of CCBHC Quality Measures

- CCBHCs and Section 223 Demonstration States are required to report annually on a set of quality measures
- CCBHCs and Section 223 Demonstration States are required to report measures on a standardized reporting template
- CCBHC Quality Measure Set
 - 18 total measures with 2 subsets: *Clinic-Collected Measures* and *State-Collected Measures*
 - CCBHC Clinic-Collected Measures
 - Time to Services (I-SERV)
 - Depression Remission at Six Months (DEP-REM-6)
 - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
 - Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
 - Screening for Social Drivers of Health (SDOH)

Overview of CCBHC Quality Measures (cont.)

- CCBHC State-Collected Measures

- Adult Patient Experience of Care Survey (AD)
- Youth/Family Experience of Care Survey (CH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (FUH-CH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH; FUM-AD)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH; FUA-AD)
- Plan All-Cause Readmissions Rate (PCR-AD)
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder Medication (ADD-CH)
- Antidepressant Medication Management (AMM-BH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)

Shared Interest Quality Measures for Health Care by Model

Domain	Quality Measure	CCBHCs	AHEAD	OneCare (ACO)	PCMHs
Chronic Health Conditions	Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	X	X*		X
	Controlling High Blood Pressure (CBP-AD)	X*	X*		X
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	X*			X
	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	X*		X	X
Mental Health and Substance Use Disorder	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)	X*			X
	Adult Major Depressive Disorder: Suicide Risk Assessment (SRA-C)	X*			X
	Antidepressant Medication Management (AMM-AD)	X	X*		X
	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	X	X*		
	Follow-Up After Hospitalization for Mental Illness (FUH-AD)	X	X*	X	
	Follow-Up after ED Visit for Substance Use (FUA-AD)	X	X*	X	
	Follow-Up After ED Visit for Mental Illness (FUM-AD)	X		X	
	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF-AD)	X	X	X	X
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	X		X	X
	Depression Remission at Six/Twelve Months (DEP-REM-6; DEP-REM-12)	X			X
Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH)	X			X	
Health Care Quality and Utilization	Plan All-Cause Unplanned Readmission (PCR-AD)	X	X*	X	
Social Drivers of Health	SDoH Screening or Surveying	X	X*		
Patient and Family Experience	Standardized Surveying of Patients/Clients and Families (MHSIP; CAPHS)	X	X	X	X

*****PLEASE NOTE*****: this is not an exhaustive list, and some measures are optional and/or chosen by States. Vermont has not selected AHEAD measures yet.

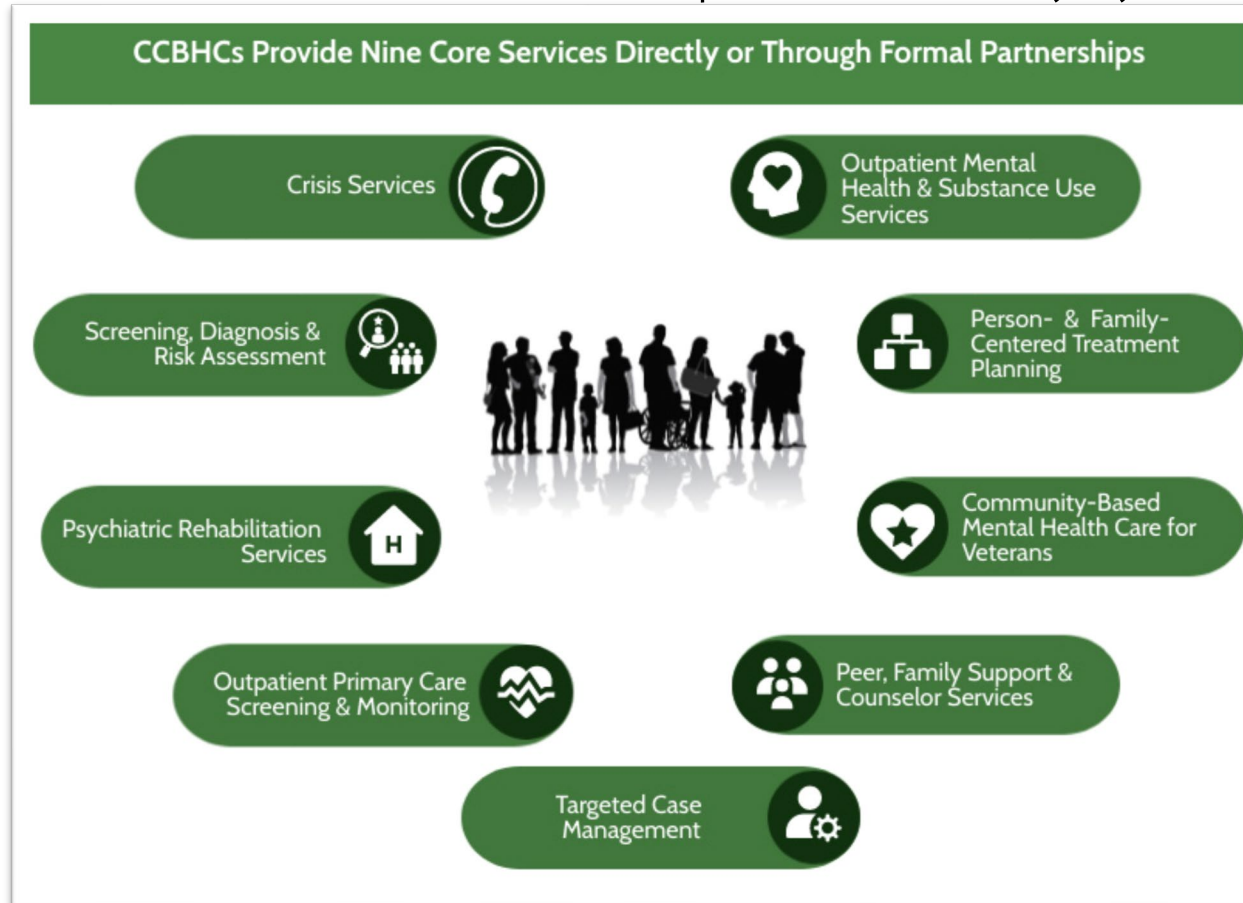


Overview of CCBHC Program Requirements

- CCBHCs are required to meet six (6) different Program Requirements, per the Protecting Access to Medicare Act of 2014 (PAMA, P.L. 113-93), Section 223:
 1. Staffing
 2. Availability and Accessibility of Services
 3. Care Coordination
 4. Scope of Services
 5. Quality and Reporting
 6. Organizational Authority
- PAMA included these requirements to provide an organizing framework for the CCBHC model and accompanying certification criteria
- The six (6) CCBHC Program Requirements dovetail into the nine (9) required services that CCBHCs must provide either directly or through formal partnerships

Overview of CCBHC Core Services

- CCBHCs are required to provide nine (9) core services either directly or through formal partnerships with at least 51% of all services provided directly by the CCBHC



Resources



- US Congress
 - [Text - H.R.4302 - 113th Congress \(2013-2014\): Protecting Access to Medicare Act of 2014 | Congress.gov | Library of Congress](#)
- SAMHSA
 - [Certified Community Behavioral Health Clinics \(CCBHCs\) | SAMHSA](#)
 - [Quality Measures Guidance and Webinar Series | SAMHSA](#)
 - [Evaluations and Reports | SAMHSA](#)
- DMH
 - [Certified Community-Based integrated Health Centers \(CCBHCs\) | Department of Mental Health \(vermont.gov\)](#)

Vermont
Department of
Mental Health
(DMH) and
Department of
Health, Division
of Substance
Use (DSU)

Fiscal Overview:
**Vermont Certified
Community-Based
Integrated Health Center
Demonstration (CCBHC)**

CCBHC Rate Options

- PPS-1 – Daily rate inclusive of crisis services
- PPS-3 – Daily rate with crisis services separate
- PPS-2 – Monthly rate
 - Allows special population rates
 - Requires a Value Based Payment
 - Requires outlier calculation for cost in excess of (state-defined) threshold funded by a “risk pool” through dollars collected from every CCBHC
- PPS-4 – Same as PPS-2, however with crisis services separate

CCBHC Rate Model and Provider Selection

The state selected the PPS-1 rate methodology (daily rate per person served)

Two designated agencies were chosen to go through the certification process to become CCBHCs

- Clara Martin Center
- Rutland Mental Health Services

CCBHC Model to begin July 1, 2025

Daily Rate (PPS-1)

Operations

- A single daily reimbursement per Medicaid beneficiary with a visit on that day
- Same rate for all clients, regardless of level of complexity/need
- Rate does not vary with the number or intensity of services provided in one day
- Payment is made when the clinic delivers a "qualifying service" in the day for a unique individual.

Calculation

- Very simple to calculate
$$\text{Total annual allowable cost} / \text{total number of daily visits per year} = \text{daily rate per person}$$

Rate Increase

- Rate changes between rebasing years is done by Multivariate ENSO Index (MEI) trend (cannot be legislatively allocated or level funded)
- Must rebase at least every 3 years

Indirect Cost

- Allocated in the rate. If the CCBHC has a federal indirect rate agreement, they must use it. Otherwise, minimum of 15% OR using the % of direct CCBHC cost, OR method approved by state (must get additional approval, usually this is for FQHCs)

Unallowable Components

- Special populations
- Outlier/enhanced funding
- Residential and crisis beds (no services 23+ hours)

Crisis

- Can be included in the rate or maintained separately.
- Covers new mobile crisis at the enhanced Federal participate rate (85%)

Cost Template Review

- Each Designated Agency was provided the most current CCHBC cost template directly from Centers for Medicare & Medicaid Services (CMS), as well as a link to the instructions
- Each cost template includes the following components:
 - Current Trial Balance
 - Direct CCBHC Cost
 - Direct non-CCBHC Cost
 - Indirect Cost
 - Adjusted for unallowable cost or movement between direct and indirect cost
 - Adjusted for salary increases and increased FTEs
 - Agencies used Bureau of Labor Statistics (BLS) data to compute average salary increases (75% was communicated as the max allowable)
 - Estimated indirect cost related to direct CCBHC cost
 - Estimated number of daily visits on an annual basis
 - PPS-1 rate calculation based on total number of daily visits and total CCBHC cost
- Detailed documentation will be required to validate each tab on the cost template

Simplified Bid Request

- Through our existing CCBHC Planning Grant, DMH has funds to contract for assistance around the fiscal components of the demonstration
- A simplified bid request for CCBHC fiscal analysis was issued to six organizations
- DMH/DSU are working through that bid process to establish a contract for the fiscal analysis consisting of:
 - Development of a comprehensive review tool
 - Process of approving prospective CCBHC PPS-1 rates
 - Rate certification of two agencies
 - Data analytics and rate design
- Timeline for contract execution is September 1, 2024
- Co-occurring Billing Recommendations

CCBHC Certification Working Timeline

VT DMH Staff, August 2024

CCBHC Certification Timeline: 2024-2026

Certification First 2 Sites

Audit Site 1: Clara Martin Center

Audit Site 2: Rutland Mental Health Services



Official Demonstration Start: July 1, 2025

Fall '24

Winter '24-'25

Spring '25

Summer '25

Fall '25

Certification Next Sites

Readiness application(s) due by 10/15/2024

Readiness application(s) scored by 12/15/2024

Audit Site 3: To be determined – complete by July 1, 2026

Audit Site 4: To be determined – complete by July 1, 2026

Audit Site 5: To be determined – complete before July 1, 2027

CCBHC Certification Timeline: 2024 - 2029

Year	Demonstration Lifecycle	Number of New Certified Sites by July 1, which enables enhanced funding
2024	Preparation for Demonstration	0
2025	Demonstration begins July 1, 2025	Up to 2
2026	Demonstration	Up to 4
2027	Demonstration	Up to 6
2028	Demonstration	Up to 8 + 2 recertifications
2029	Demonstration ends June 30, 2029	Anticipated end of enhanced federal match

Notes:

1. Base model funding is dependent on approval by state legislature
2. Enhanced funding is dependent on federal incentives being available
3. The phrase 'up to' is used throughout this visual since it is possible not all sites will be ready for certification at the time they are reviewed, even with scoring of readiness assessments, per data received from other states further along in their use of the CCBHC certification process

Questions?

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