

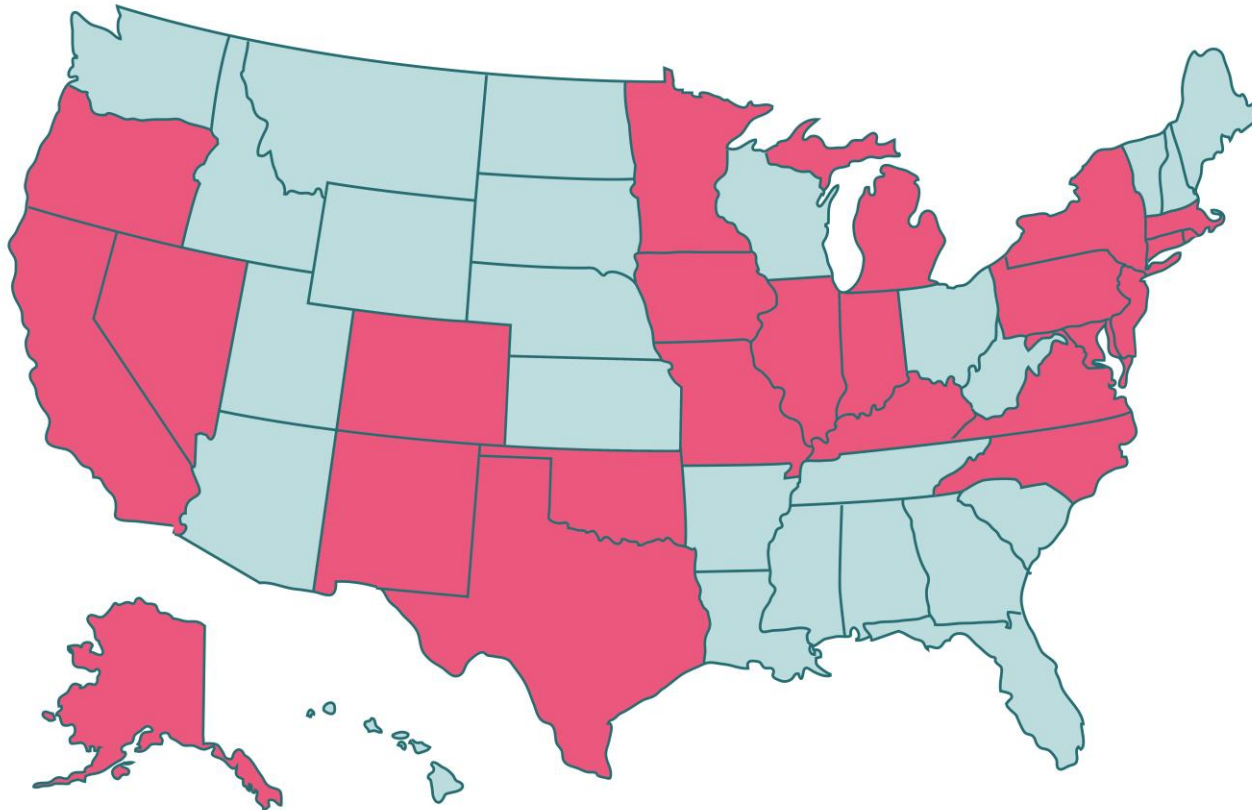
CCBHCs: What's Next?

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Current CCBHC Activities in the States



Timeline

May-Aug 5, 2015

**Prepare Planning
Grant Applications**

Oct 2015—Oct 2016

Planning Phase

Jan 2017—Dec 2018

Demonstration Phase

SAMHSA has granted a 6-month extension for states that are selected to participate in the demonstration

- The demonstration start date may be between Jan. 1 and July 1, 2017



Key Readiness Steps for Providers



Your CCBHC Guidebook...

The SAMHSA CCBHC criteria:

http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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Readiness Steps: Educating and Reorganizing the Workforce

- Educating boards around governing change and opportunities
- Preparing the C-suite
- Educating and expanding management and supervision capacity
- Staff training plan & implementation



Decision Point: Board Governance

- Governing board must have “meaningful participation” by those served
- How will you meet this criteria?
 - 51% consumer representation?
 - Other?
- Talk to your board about these changes
- Educate and enlist the C-suite



Decision Point: Staffing

- What staff do you already have on board? What staff do you need to hire? What staff do you need to reassign?
- Staffing plan must include:
 - Medicaid-enrolled providers who are credentialed, certified, and/or licensed as determined by the state
 - Substance abuse specialists
 - Staff with trauma expertise
 - Staff with expertise in child & teen care
 - A medical director who is a psychiatrist
 - Culturally competent providers, including for veterans/military
 - And more...
- CCBHGs must have a staff training plan



Readiness Steps: Clinical Excellence

- Expanding clinical services
- Managing clinical relationship w/ DCOs
- Adapting clinical workflow & caseloads in alignment with quality reporting standards, required CCBHC service array, etc.

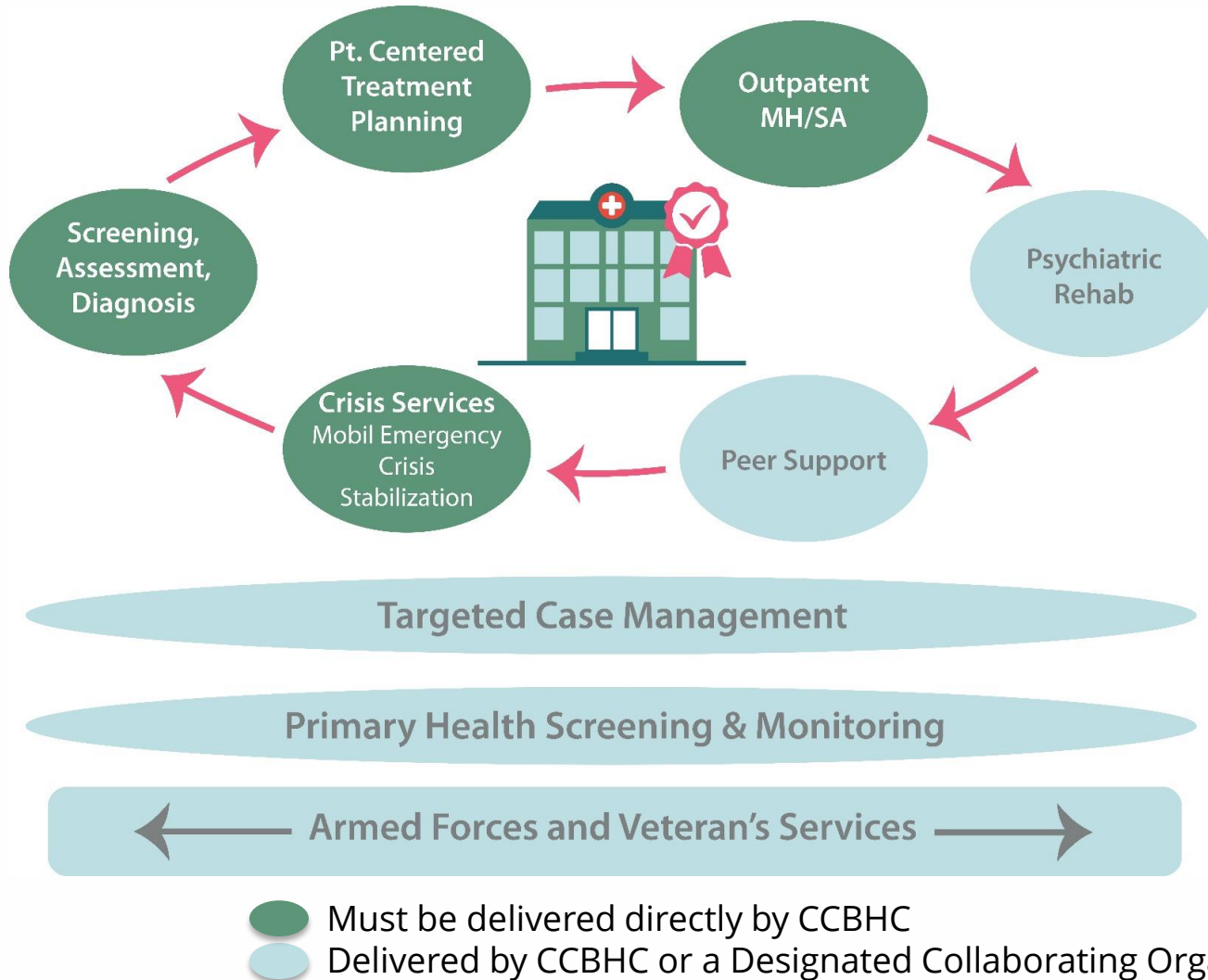


States have flexibility:

- In establishing scope of required services
 - Informed by community needs assessment
- In establishing treatment modalities
 - Use of telehealth, online treatment platforms, remote monitoring, etc.
- In determining what constitutes a patient “visit” vs. what activities are not a visit but are built into the payment rate
- **Your readiness preparation must be informed by states’ decisions on these issues!**



Decision Point: Scope of Services



Decision Point: Availability & Accessibility

- What steps will you take to meet access requirements?
 - Access required at times and places convenient for those served
 - This includes weekend and evening hours
 - Prompt intake and engagement in services
 - Access regardless of ability to pay (sliding scale fees) and place of residence
 - Crisis management services available 24 hours per day



Decision Point: Service Locations & Modalities

Services are not confined to delivery within the 4 walls of a clinic

- Think creatively!
 - In-home services for newly placed foster youth?
 - Post-booking assessment in jails?
 - Outreach to homeless populations?
 - Innovative treatment modalities?
- Identify the impact on your rate...



Readiness Steps: Environmental Readiness

- CCBHC readiness assessment
- Negotiating DCO contracts
- Care coordination partnerships
- Other community partnerships
- Communications with state agencies, associations, payers and providers



Decision Point: Establishing Contracts with DCOs

- What DCO relationships will you develop?
- Keep in mind:
 - CCBHC maintains **clinical and financial responsibility** for care furnished by DCOs
 - Payment for DCO services included within scope of CCBHC PPS rate
 - CCBHC must serve as the **Medicaid billing provider** for DCO services



Decision Point: Care Coordination Relationships

- Partnerships or care coordination agreements required with:
 - FQHCs/rural health clinics
 - Inpatient psychiatry and detoxification
 - Post-detoxification step-down services
 - Residential programs
 - Other social services providers, including
 - Schools
 - Child welfare agencies
 - Juvenile and criminal justice agencies and facilities
 - Indian Health Service youth regional treatment centers
 - Child placing agencies for therapeutic foster care service
 - Department of Veterans Affairs facilities
 - Inpatient acute care hospitals and hospital outpatient clinics



Readiness Steps: Calculating and Reporting Costs

- Understanding Medicaid PPS-reimbursement
- Determining cost allocation plans
- Strategy and structure for collecting and reporting costs
- Managing the financial arrangements with DCOs
- Developing sliding fee schedules
- Compliance issues under cost-based reimbursement
- Payroll reporting and tracking



Decision Point: Cost Report Preparation

- Assemble your team
- Develop a plan and timetable
- Know the regulations
- Compile all required records
- Keep and provide all backup supporting statistical records



Decision Point: Reporting Actual vs. Anticipated Costs

- Anticipated costs are additional costs for services needed to be a CCBHC
 - Costs expected to increase as a result of offering CCBHC services
 - Allowed only in Demonstration Year 1
- What costs of becoming a CCBHC can be taken on in the base year (i.e. before Oct.) and what must be included as “anticipated”?
- What steps will you take after certification to ensure anticipated costs are actually incurred?



How do I prioritize my efforts?



What happens after 2 years?



Expand Excellence in Mental Health Act



Senators Roy Blunt and
Debbie Stabenow



Representatives
Leonard Lance and
Doris Matsui



All 24 planning grant
states will be eligible
for participation



Why do we need CCBHCs?

- The CCBHC demonstration will...
 - Expand treatment capacity
 - Decrease the strain on the criminal justice system
 - Alleviate “boarding” in hospitals
 - Expand access to crisis care
 - Improve care coordination/collaboration
 - Support community clinics with a sustained, predictable funding rate sufficient to cover their costs



Why isn't the current demo enough?

- States have spent a year planning for their participation...
- ...But in January, 2/3 of them will have to stop cold.
- No state that wants to transform its delivery system should be told “no”



Let's talk about money

- How much does the expansion cost?
 - CBO estimated \$1.7 billion
- Important things to note:
 - This is a lower cost than other proposals on the table.
 - We can't fix the problem of insufficient access without paying for more services.
 - Investing money in community-based care lowers costs elsewhere in the system.



What are the prospects?

- Include the Expand Excellence Act as part of the opioid package?
- Attach it as an amendment to the Mental Health Reform Act?
- Other?
- **The bottom line: we support any or all of the above!**



Questions?

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[http://www.thenationalcouncil.org/topics/
certified-community-behavioral-health-clinics/](http://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics/)

