Zoom Logistics

- Call in on your telephone, or use your computer audio option

- If you are on the phone, remember to enter your Audio PIN so your audio and computer logins are linked

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Disclaimer

This session is not a SAMHSA-funded or sponsored event.

While this session is intended to provide context and information, the National Council and MTM Services are unable to answer any inquiries on behalf of SAMHSA. Any questions related to the funding opportunity itself will need to be directed to your SAMHSA project officer.

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Day 1 Recap

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Grant Management

Jane King, PsyD, LP
CCBHC Consultant,
National Council for Mental Wellbeing

Renee Boak, MPH
CCBHC Consultant,
National Council for Mental Wellbeing

Preparing for Attestation

- Establishing a relationship with your GPO

- Communication style

- Their role as a "compliance officer"

- Your role as a grantee

Preparing for Attestation

- The FOA states that, "The applicant must be either: (1) a certified CCBHC; OR (2) can meet all of CCBHC criteria and become certified within four months following award"

- SAMHSA does not certify clinics

- SAMHSA requires that an awardee attest that, if a CCBHC certification process existed in their state, they would meet the CCBHC certification requirements

- The Attestation Statement is due 4 months after award

- For this round of grantees, this is **December 30, 2021**

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Preparing for Attestation

- Reference [CCBHC federal criteria](#)
- Reference 2021 FOA requirements
- Reference Appendix M from the 2021 [FOA](#)

Preparing for Attestation

- Create a table or spreadsheet of the certification requirements

- Add columns for:
  - Checklist number
  - Description of how the item meets the requirement
  - Work plan for achieving if does not meet yet
  - Documentation or evidence of meeting the requirement

- Create folder on shared drive to store all evidence as it's created

- Edit down to make into Attestation Statement to be submitted

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Preparing for Attestation

Sample Attestation Statement often provided by SAMHSA

Table: KALAMAZOO COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES (KCMHSAS) CCBHC ATTESTATION CERTIFICATION CRITERIA (Grantee # H79SM081808)

SECTION	DESCRIPTION	EVIDENCE
Criteria 1 A: General Staffing Requirements 1.a.1 – Needs Assessment and Staffing Plan	KCMHSAS completed Needs Assessment informs staffing and service needs annually, consistent with organizational policies 16.01, 16.10, and 02.03. These annual assessments are the basis for service development and program staffing budgets and include: ~ Michigan Department of Health and Human Services (MDHHS) required Annual Planning/Needs Assessment (February 2018) ~ Annual Quality Management Year End Summary (Board Report) (FY 16/17) ~ Network Adequacy Report (FY 17/18)	• 16.01 Staff Configuration • Network Adequacy Report FY 17/18 • Annual Planning and Needs Assessment Feb 2018 • 02.03 Addition of Off Panel Providers • 16.10 Ensuring Staff Competency • Annual Quality Management Year End Summary FY 16/17
Criteria 1 A: General Staffing Requirements 1.a.2 - Staff	Staffing is reviewed every year during the annual budget process, with changes made based on community and administrative/program needs consistent with organizational policies 16.01 and 08.04. Staffing for veteran services are addressed in section 4.k. KCMHSAS and its provider network are comprised of qualified staff to provide a rich service array to meet the needs of consumers. A Network Adequacy Assessment is completed annually to evaluate the current network makeup of services offered and staffing capacity needs based on number of consumers served, compliance with MDHHS timeliness standards for access to services and assessment of the cultural, ethnic, racial and linguistic needs of consumers served and the current staffing availability, capacity and specialty areas of KCMHSAS and all contracted provider agencies, including DCOs. The KCMHSAS Staffing Plan and the Provider Network Adequacy evaluation ensure that all necessary Mental Health and Substance Use Disorder credentials are met to meet the needs of consumers.	• KCMHSAS Staffing Plan (Attachment #2) • Network Adequacy Report FY 17/18 • 16.01 Staff Configuration • 08.04 Financial Planning
Criteria 1 A: General Staffing Requirements 1.a.3 – Management Staffing	KCMHSAS Senior Management Team, based on the Needs Assessment and Staffing Plan, is adequate to support the implementation of the CCBHC. The Medical Director is a psychiatrist. KCMHSAS did apply for HRSA designation and was informed that the Kalamazoo catchment area does not qualify as a mental health care professional shortage area. Key Management staff are identified in the next column.	• Position descriptions and resumes: ~ Jeff Patton, CEO ~ Dr. Bedi, Medical Director – Psychiatrist ~ Jane Konyndyk, Deputy Director Program Services ~ Pat Davis, Deputy Director Administrative Services ~ Sheila Hibbs, Director of Quality/Compliance Officer ~ Ed Sova, Chief Information Officer ~ Beth Ann Meints, Project Director
Criteria 1 A: General Staffing Requirements 1.a.4 – Liability/ Malpractice Insurance	KCMHSAS carries general liability and health care professional liability policies. The Health Care professional liability policy carries an annual aggregate limit of $3,000,000 with each incident limit of $1,000,000 with Michigan Municipal Risk Management Authority (MMRMA), Policy #: M0000940.	• 2019_MI Municipal Risk Management Authority Coverage Proposal
Criteria 1B: Licensure and Credentialing of Providers 1.b.1 – Provider License/ Certification	KCMHSAS maintains all current licenses, certifications, registrations, accreditations, authorizations and approvals required by federal, State and local laws, ordinances, rules and regulations in accordance with the MDHHS CMHSP General Fund contract and the sub-contract between Southwest Michigan Behavioral Health (SWMBH) and Kalamazoo Community Mental Health and Substance Abuse Services for Medicaid Managed Specialty Supports and Services for Concurrent 1915 (b)/(c) Waiver Programs, MiChild Program and the Healthy Michigan Program. KCMHSAS and its Provider Network comply with the KCMHSAS Credentialing, Re-credentialing and Criminal History Screening Policy 02.09 and all related exhibits as listed, which states that "All persons served within the KCMHSAS provider network shall receive care from staff that is properly and currently credentialed/licensed/qualified." Credentialing must occur for all practitioners prior to the delivery of services and re-credentialed at a minimum of every two years to ensure continuation of licensure. KCMHSAS provider and DCO contracts and policies	• 02.09 Credentialing and Re-credentialing • 02.09_01 Credentialing, Re-credentialing Oversight and Implementation • 02.09A How to Request Criminal History Record Checks by Internet • 02.09B Background Screening and Disqualifying Convictions • 02.09C Credentialing Release – Licensed Staff • 02.09D Credentialing Release – Non-Licensed Staff • 02.09E SWMBH Independent Practitioner Credentialing Application • 02.09F SWMBH Organization Credentialing Application

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KCMHSAS (H79SM081808) Certification Application.doc

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NOMs Administration

Administration of NOMs is **not specific to a role in the organization** nor does it require a specific credential to administer. Staff roles assigned to administering NOMs may include peers, case managers, and/or interns.

Grantees should **consider enrollment goals and anticipate # of NOMs and reassessments that will occur** over the life of the grant and build the capacity through various staff positions to meet the demand.

It's important for grantees to consider workflow and capacity issues and to **work with your evaluation partner around training.**

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NOMs Considerations

- Store data electronically or on paper?

- Captured in the EHR or housed elsewhere?

- How often, and by what means, will NOMs be transferred to your evaluation partner?

  - Can this be automated?

- How will be track re-assessment dates?

- What system will be put in place to prompt for/track NOMs, as well as any missing vital or lab information?

- **How else will the data be used?**

IPP Indicators

Organizational IPP goals can be found in the NOA. Submit IPP results to SPARS by no later than 30 days after the close of the quarter.

Considerations:

- How are indicators being demonstrated?
- Who is tracking this information?
- Who is responsible for entering this information into SPARs?

Tips:

- Make sure staff has access to SPARs and don't wait until the last minute!
- Some indicators may require that you report on numerators and denominators
- Remember, "no new result" is an option

SF 424 and FFR

SF 424 and FFR are financial forms that are required of all grantees and regularly collect information on grant funds that have been spent down. Each form has its own timeline and process, with submission dates found in the Notice of Award (NOA).

Recommendations:

- Have a system in place for tracking grant expenditures
- Know organizational roles within grant- PD/PI, SO, BO
    - Make sure all parties are authorized to access reporting systems

Resource:

- https://www.samhsa.gov/grants/continuation-grants
- https://www.samhsa.gov/grants/grants-management/reporting-requirements#ffr
- https://www.samhsa.gov/sites/default/files/ffr_summary_of_instructions_and_guidance.pdf

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Annual Report

Your GPO will provide a template 90-120 days in advance of the deadline for submission. Report contents are likely to include the following topic areas:

- Any challenges or successes related to grant project reporting requirements
- Disparities impact statement
- Efforts in meeting each of the HIT/EHR requirements
- Efforts at sustaining CCBHC-E services

CCBHC Access Requirements

SAMHSA Criteria, Program Requirement 2: Availability and Accessibility of Services

Welcoming environment, client convenience, outreach

24/7 Access to crisis and continuity of care with EDs

No refusal of service d/t inability to pay or place of residence

Access: Screening and Assessment Timelines
- If emergent, initial assessment is conducted same day, could be telephonic
- If urgent, initial assessment is done within one business day
- If routine, initial assessment is done within 10 business days

Best Practice

Same Day Access

What: Same Day Access is *unscheduled assessment* offered same day or next day from consumer's request.

Why: It provides fastest possible access
- No scheduling delay
- No-shows are *eliminated*

How: Walk-in or virtual

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Same Day Access/Virtual Same Day Access

Initial Phone Call

Recommendations:
- Target 5-6 minutes.
- Complete risk screening.
- Give walk-in or login hours.
- Never say "First-Come, First Served".

Virtual or IRL Waiting Room

Credit: bluestoneps.com

Recommendations:
- Complete all administrative forms.
- Reduce assessment session time by gathering information here.

15Min

With Clinician

Credit:healthcarefinancialnews.com

Recommendations:
- Target a 60-minute session.
- Complete *Comprehensive* Assessment
- Complete one treatment plan goal so that next client session can be therapy.

With Scheduler

Credit: patientpop.com

Recommendations:
- Next client appointment scheduled within 8 calendar days.
- Scheduling beyond will undermine client engagement.

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Access Pitfalls

Quick assessment followed by long wait to treatment.

- **You will lose clients engagement, even after the assessment.**
- **Clients do not equate assessment with treatment.**

Making clients wait to initial assessment, *even 10 days is too long.*

- **With one-days' wait the no-show rate can double.**

Hybrid model – offering client the choice of scheduling or Same Day Access.

- **This is less efficient than if you simply committed to one or the other.**

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What to do now…

- Assess your own readiness by conducting a Gap Analysis. How long are your wait times from first call to assessment and first call to treatment?

- Conduct a walk-through or use a secret shopper to evaluate your environment and client experience.

- Client surveys to determine client perception of convenience = location and hours of operation.

- Review all access policies and procedures related to access, assessment and treatment planning against CCBHC requirements.

- If you have a wait list, *clear it*!

- Ask for help. We are here and have expertise in all of the above.

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CCBHC Bootcamp

Day 2: Data Systems and EHRs

Charlie Grantham

MTM Services

IT and Process Optimization Consultant

charlie.grantham@mtmservices.org

www.mtmservices.org

CCBHC Data Requirements and what they mean for your practice

Program Requirement 5: Quality and Other Reporting
Criteria 5.A. Data Collection, Reporting, and Tracking

- The CCBHC has the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute and criteria.
- The CCBHC has formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

Program Requirement 1: Staffing
1.d.5 Meaningful Access and Privacy

- CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhe...
requirem...
provider,...
requirem...
Portabilit...
42 CFR...
and Drug...
privacy r...
minors, a...

Program Requirement 3: Care Coordination
Criteria 3.B. Care Coordination and Other Health Information Systems

- The CCBHC has health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.
- CCBHC HIT systems allow reporting on data and quality measures required by the criteria.
- The CCBHC has plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.
- The CCBHC has a plan in place to improve care coordination between the CCBHC and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

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Gathering the Data

MANUAL COLLECTION

DIGITAL COLLECTION

During the past 30 days how many days have you used the following:

Number of days

a. Any alcohol .... |___|___|
b. Alcohol to intoxication (5 or more drinks in one sitting) .... |___|___|
b. Illegal drugs (or abuse/misuse of prescription drugs)......... |___|___|
c. Tobacco.. |___|___|

Living Arrangement
☐ Child under 18 living with biological or adoptive parents
☐ Child under 18 living with relatives, friends
☐ Crisis stabilization home/center ☐ Foster home
☐ Institutional setting, hospital, nursing home
☐ Jail or correctional facility ☐ Other living arrangement
☐ Private residence or household living alone or with others without supervision; includes persons age 18 or older living with parents) ADULTS ONLY
☐ Street, shelter, no fixed address, homeless
☐ Supervised licensed residential facility
☐ Supported Residence (ADULTS ONLY) – specify _____
☐ Unknown

Number of moves in the last 6 months _____
Is your current living arrangement a positive influence on your recovery? .... ☐ Yes ☐ No

Education status
☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5
☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10
☐ Grade 11 ☐ High school diploma or GED
☐ Some college or vocational/technical school ☐ Bachelor's degree
☐ Advanced degree (Masters, PHD) ☐ Unknown

Employment Status
☐ Full-time competitive (35 or more hours/week)
☐ Part-time competitive employment (less than 35 hrs./week)
☐ Not applicable Children 15 and younger
☐ Supported competitive employment
☐ Not in the labor force – Other reason – specify_____
☐ Unemployed but looking for work the last 30 days
☐ Not in the labor force – Student
☐ Unemployed, not looking for work
☐ Not in the labor force – Disabled ☐ Unknown
☐ Not in the labor force – homemaker ☐ Not in the labor force---retired
☐ Not in the labor force---jail, correctional or other institutional facility
☐ Not in the labor force---sheltered, non-competitive employment

Are you currently pregnant
☐ Yes ☐ No

If yes, have you seen a doctor or nurse for prenatal care? ☐ Yes ☐ No

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Utilizing the Data

Initial Referral

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Intake Assessment

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Nursing Assessment

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Patient ID #	First Name	Last Name	Date of Birth	Military Status		Primary DX		BMI	

Master.patient Patient.id

Master.patient Name.sirname

Master.patient Mil.status

Encounter.patient DX.primary

Encounter.patient Round((weight / (height * height), 3)

Master.patient Name.first

Master.patient DOB

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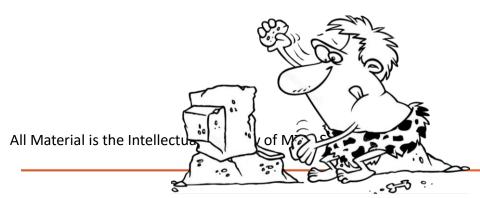NATIONAL COUNCIL *for* Mental Wellbeing

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Technical systems require specific skillsets

- Work with your Technical Staff, Vendors, and/or Consultants to facilitate **data collection and reporting**

- Internal staff skillset development to **collect and report required data**

Data Quality

- Auditing the **Data and the Data collectors** to make sure that we have good, clean data going into the system

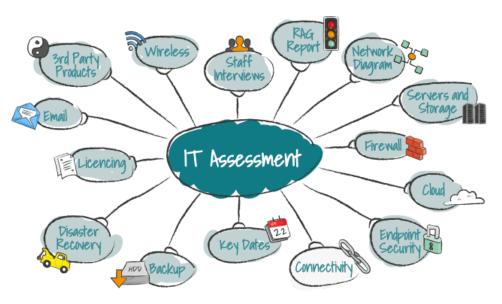- Use daily operational reporting

- Follow trends with reporting

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Other Technical and Functionality Requirements

REVIEW OF TECHNICAL SYSTEMS

REVIEW OF STAFF FACING SYSTEMS

EHR and Systems

- Do your internal technical systems meet the functionally and regulatory requirements?
  - Are your policies and procedures up to date?

- Is your EHR optimized for your staff or your technical teams?

- User experience is more than just the EHR

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Items for Focus

- Data
  - Utilization
  - Quality
  - Understanding

- Technical Systems
  - Functionality
  - Regulatory & Compliance
  - User Experience

- Looking Ahead
  - Change
  - Electronic submission to SAMHSA? ![SPARS]
  - 21st Century Cures Act and what it means for data sharing.

Questions?

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Quick Take

Knowing the "Why"

- Why would providers and states want to adopt/sustain the CCBHC model?

Pathways to Sustainability
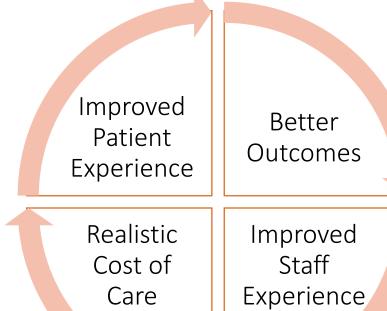
- How can the model be adopted or sustained?

Your Role in Sustainability

- What can you do to support these efforts?

Why Would **Providers** Want to Sustain the CCBHC Model?

Improved Patient Experience

Better Outcomes

Realistic Cost of Care
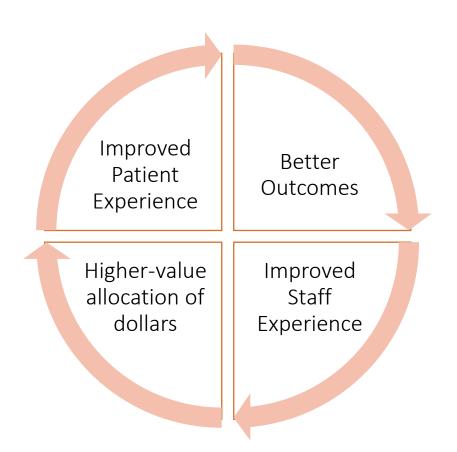
Improved Staff Experience

"Being a CCBHC to me means creating a higher standard of care across the behavioral health system and having a larger impact in our communities and the lives of people we serve."

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Why Would **States** Want to Sustain the CCBHC Model?

Improved Patient Experience

Better Outcomes

Higher-value allocation of dollars

Improved Staff Experience

"CCBHCs... will have a significant impact on improving access to care, reducing hospitalizations and institutionalization of Kansas struggling with severe mental illness as well as those experiencing a behavioral health crisis. CCBHCs will help us level the playing field for recruiting and retaining qualified behavioral health staff and help us address many of the gaps in our current system of care."

– Laura Howard, Secretary, Kansas Department for Aging and Disability Services

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Pathways for Sustainability via Medicaid

Medicaid Waiver (e.g., 1115)

Enables states to experiment with delivery system reforms

Requires budget neutrality

Must be renewed every 5 years*

State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)

With CMS approval, offers opportunity for PPS

State Plan Amendment

Enables states to permanently amend Medicaid plans to include CCBHC provider type, scope of services, requirements, etc.

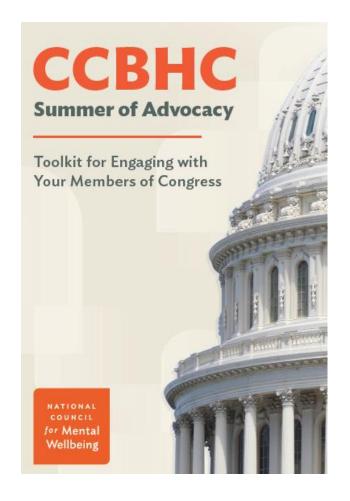Does not require budget neutrality

With CMS approval, can offer PPS

Cannot waive "state-wideness," may have to certify additional CCBHCs (future CCBHCs may be phased in)

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Your Role in Sustainability

CCBHC
Summer of Advocacy

Toolkit for Engaging with
Your Members of Congress

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Engaging and advocating for expansion

Let your policymakers know you exist

Educate others in your community

Share your successes

> Call to Action:
> Use the CCBHC Summer of Advocacy Toolkit to contact your legislators and introduce yourself.

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Your Role in Sustainability

Set your organization up for success

Think futuristically

Leverage grant funds to build your CCBHC capacity into the future

- Service expansion
- Data collection and monitoring
- Technology systems
- Understanding your costs

Craft your value proposition

- Relationships and exploration with MCOs/private payers

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How We Can Support You

The National Council CCBHC team is here to help!

| Implementation support and training | Policy and advocacy support | Data, informational materials, and more |

https://www.thenationalcouncil.org/ccbhc-success-center/
Email us at: ccbhc@thenationalcouncil.org

CCBHC SUCCESS CENTER

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Improve the Visibility of CCBHCs Online

- In just 5 minutes, you can amplify the great work done by CCBHCs by self-identifying as a CCBHC on social media.

- Here is a sample/example sentence of how to incorporate being a CCBHC into your social media bios. Feel free to use all of it, some of it, or to make your own. **Our ask is whatever you do, you use #CCBHC somewhere.**
  - "[clinic name] is a #CCBHC offering integrated behavioral health services for [insert state name] living with [insert subject]."

CCBHC SUCCESS CENTER

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Questions and Day 2 Wrap-Up

CCBHC Mentorship Program

All newly awarded grantees are invited to participate in the 2021-2022 National Council CCBHC Mentorship Program

- No cost to participate

- Application period will open in August – *no applications denied!*

- Commitment is 1 year

- Identify your areas of most desired support, and be matched with an experienced CCBHC and participate in a Mentorship Team for peer-to-peer learning

- Gain access to a community of fellow CCBHCs to crowd-source questions and ideas

- *Information to follow via email in the coming weeks*

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Consulting Opportunities

- EHR and data collection workflows

- Understanding CCBHC criteria and readiness

- Building staff buy-in through organizational change management

- Evidence-based practices and staff development

- Same-Day Access and Just-in-Time Prescribing

- Data-driven decision making

- Prospective payment system

Email us to set up a free consultation:

CCBHC@TheNationalCouncil.org

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Thank You!

- Please complete our **Day 2 session survey** – it will pop up in a new window once the session ends.

- **Contact our team anytime:** CCBHC@TheNationalCouncil.org

- Visit the **CCBHC Success Center** website for tools, resources, and upcoming events

- **Explore support options** from MTM Services

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