NATIONAL COUNCIL for Mental Wellbeing

Assessing your CCBHC Competency Readiness - Understanding the New CCBHC Certification Criteria

May 31, 2023

CCBHC SUCCESS CENTER

Logistics

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  - *For example:*
    - Hope Rothenberg, National Council
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    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
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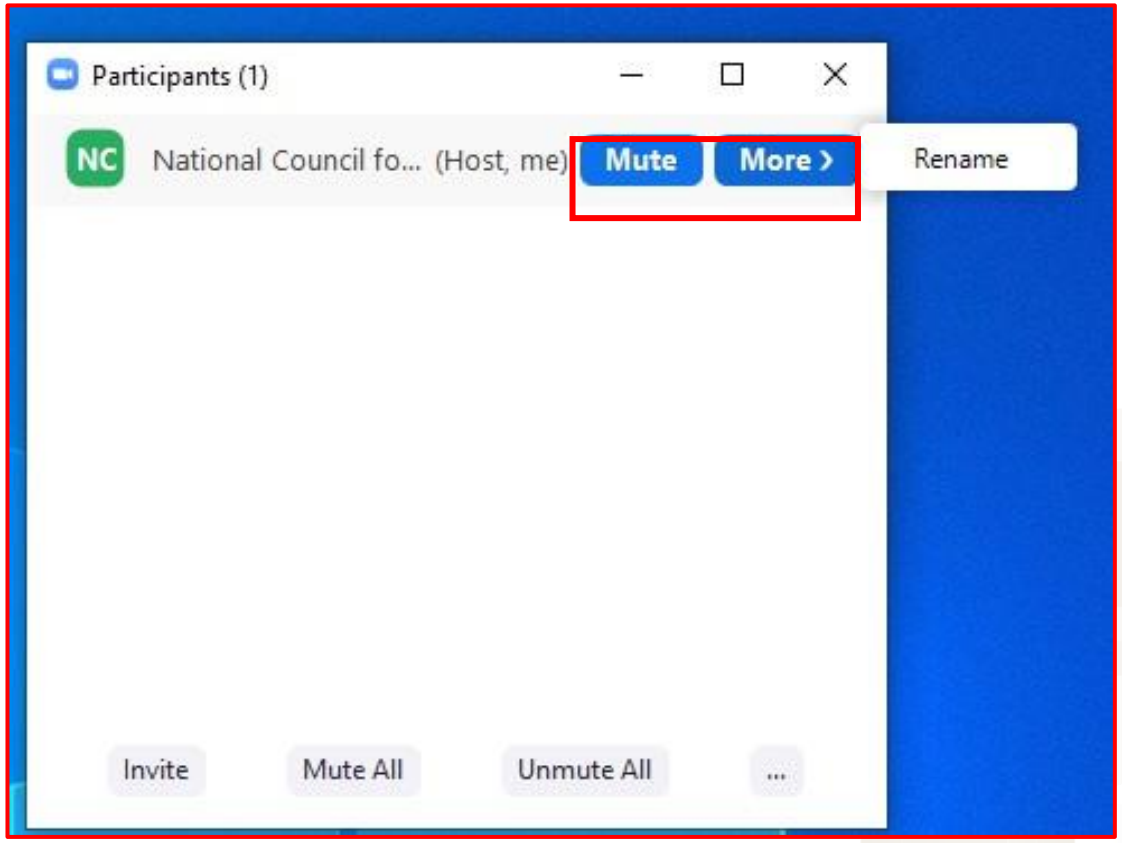

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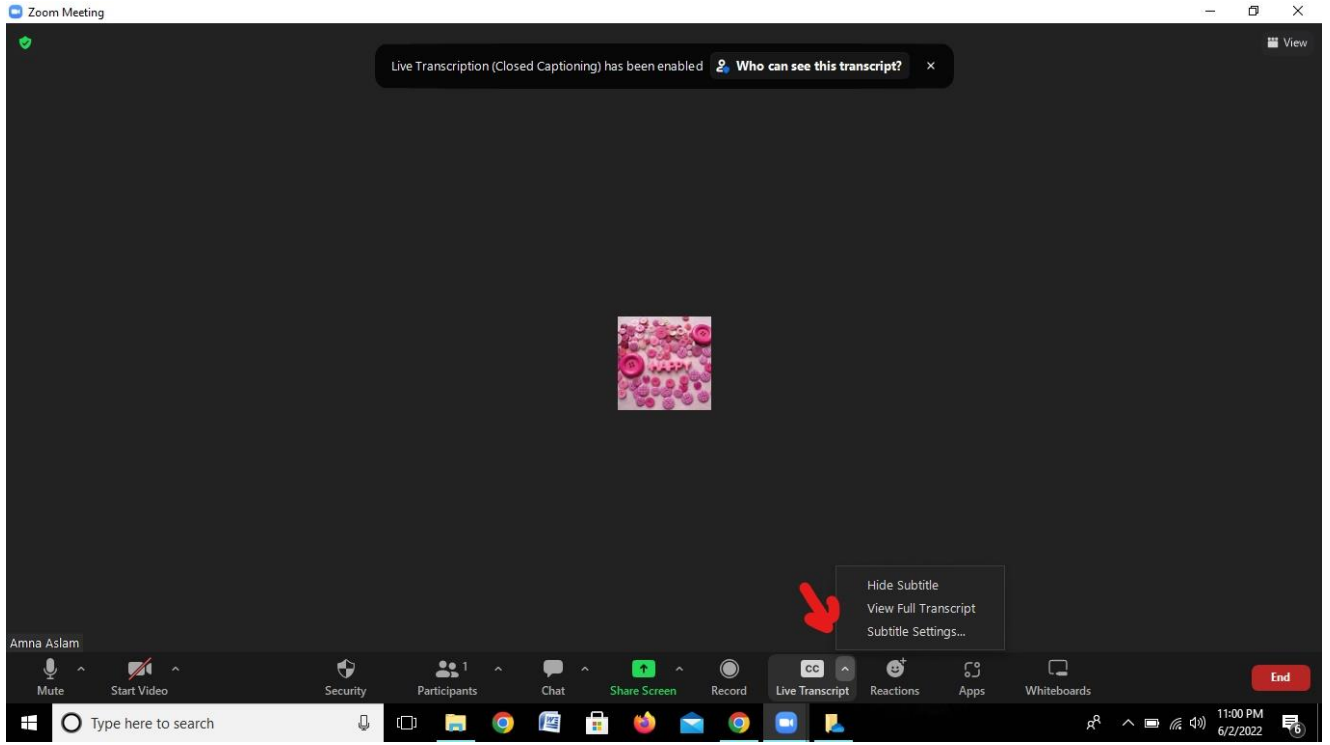

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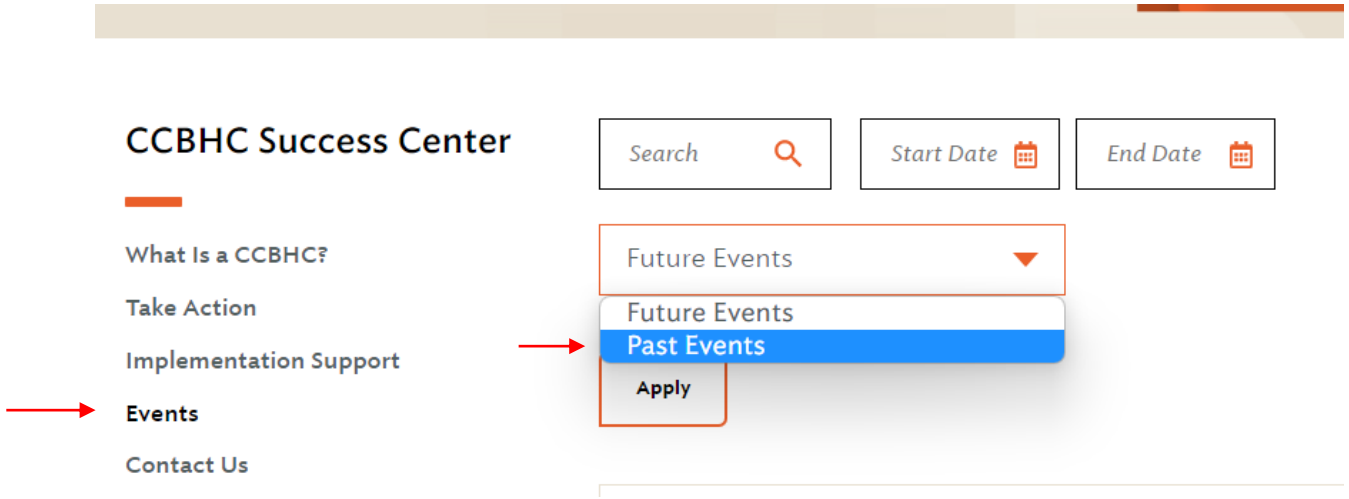
Today's Session: Slides and Recording

Slides and the session recording link will be available on the CCBHC Success Center website under "Events" > "Past Events" within 2 business days.



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Assessing your CCBHC Competency Readiness - Understanding the New CCBHC Certification Criteria

Presented by

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Making the CCBHC Conversion a Reality!

opportunity

noun | op·por·tu·ni·ty | \ˌä-pər-ˈtü-nə-tē, -ˈtyü-\

Simple Definition of OPPORTUNITY

Popularity: Top 10% of words

: an amount of time or a situation in which something can be done

Full Definition of OPPORTUNITY

plural **op·por·tu·ni·ties**

1 : a favorable juncture of circumstances <the halt provided an *opportunity* for rest and refreshment>

2 : a good chance for advancement or progress

Source: http://www.merriam-webster.com

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Making the CCBHC Conversion a Reality!

Nemawashi – (根回し)

Japanese for “preparing the soil,” Nemawashi means creating an environment where changes will be accepted and put into action.

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CCBHC Readiness Assessment Support -

Significant changes lie ahead for providers as the new CCBHC model is expanded across the country. This shift will continue to bring many opportunities for both providers and consumers, but for many providers it requires significant service delivery process re-engineering.

Requirements demand a refined focus to quality metrics and outcomes reporting as well as strong engagement of leadership at all levels. To enhance provider understanding of and compliance with SAMHSA's CCBHC Criteria, MTM Services has developed a CCBHC Readiness Assessment and Support Consultation that will allow provider organizations leadership to identify and prioritize the specific process changes and technical assistance that will be needed to meet the CCBHC Criteria.

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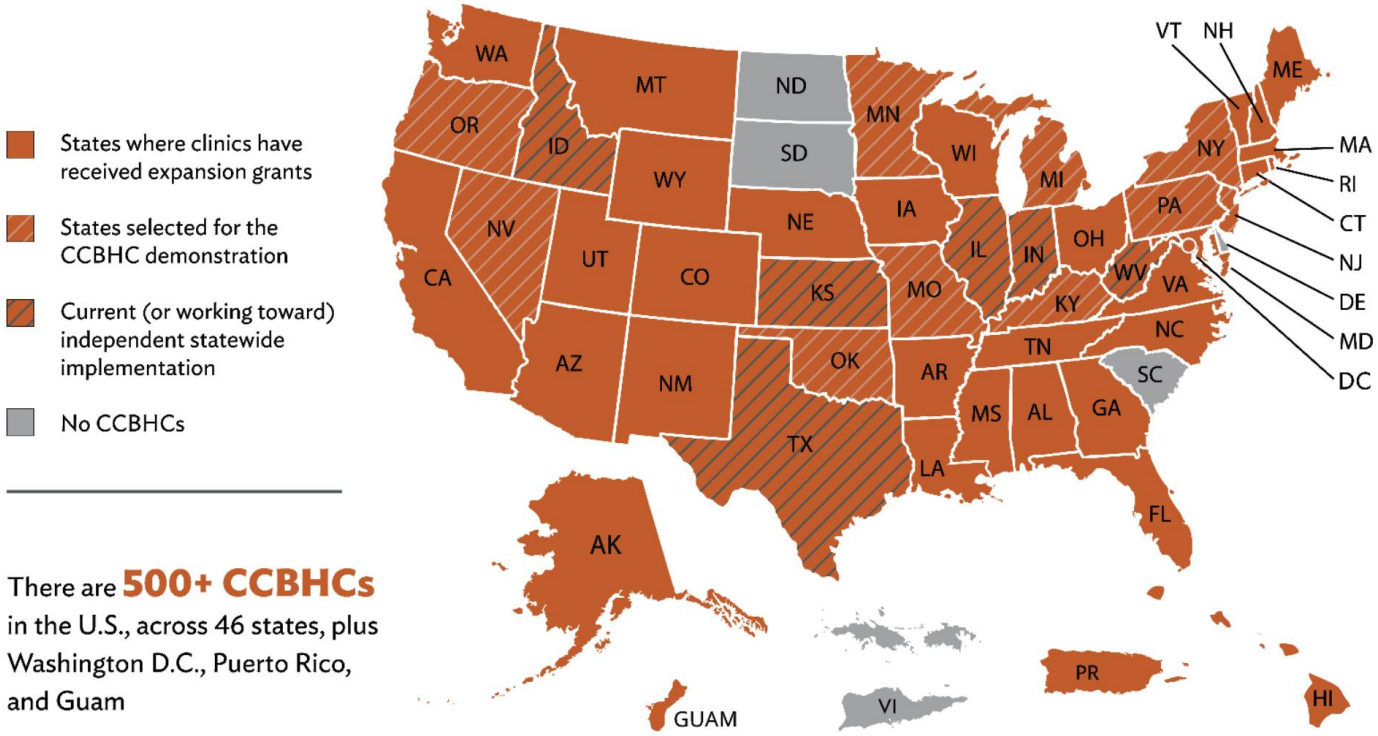
Status of Participation in the CCBHC Model



Source: National Council For Mental Wellbeing

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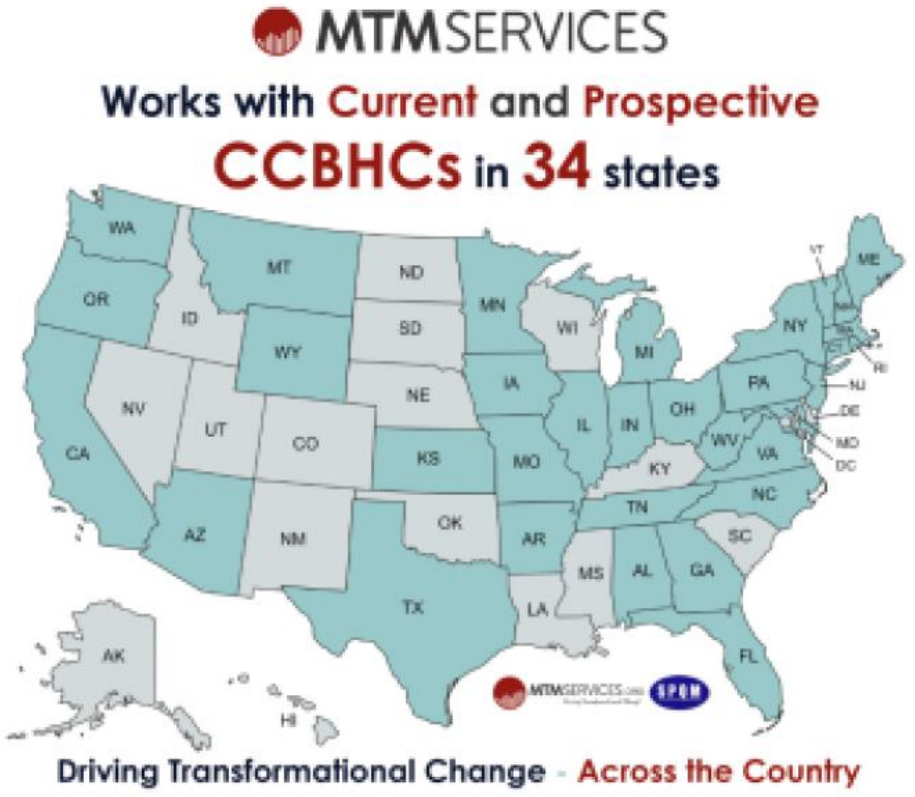
CCBHCs are diversifying and expanding their services to adapt to a rapidly changing and competitive healthcare marketplace.

Our suite of services is tailored to support the needs of CCBHCs and organizations ready for change. But tools alone are not enough.

With our strategic partner, the National Council for Mental Wellbeing, MTM provides in-depth consultation, training, and technical assistance to ensure organizations are equipped to fully leverage their tools and maximize their outcomes.



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CCBHC Core Competencies

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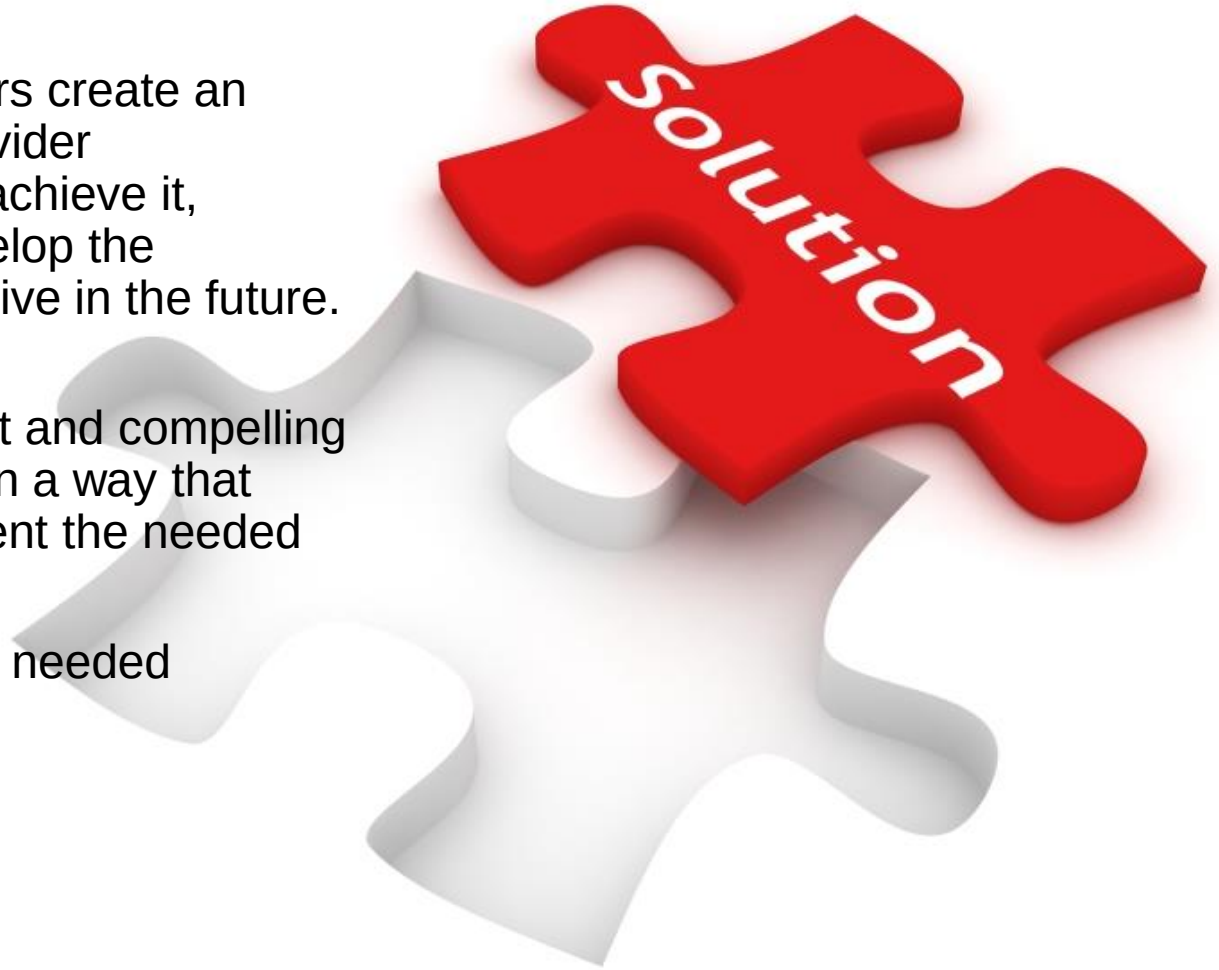
Transformational Change

- Transformational Change is the ability of leaders create an inspiring vision of the future, motivate their provider organizations and community stakeholders to achieve it, manage implementation successfully, and develop the members of their teams to be even more effective in the future. We explore these dimensions below.
- The key element is the ability to create a robust and compelling vision of the future , and to present this vision in a way that inspires others to not only develop but implement the needed changes.
- Develop the ability to monitor and measure the needed outcomes.



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Planning and Decision-Making Side of Change is About Management

Is About…

- Processes of Change – Project Teams, etc.
- Measurement of Current Service Delivery Performance
- Developing Performance Standards
- Organizational and Management Structure Re-Alignment
- Developing Standardized Protocols
- Data to show objective issues/not subjective

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Change Management Models

- "**Sequential Change**" – Complete one goal and then address next goal, etc.
- "**Transformational Change**" – Continuous change management model using Rapid Cycle Change Model (PDSA)

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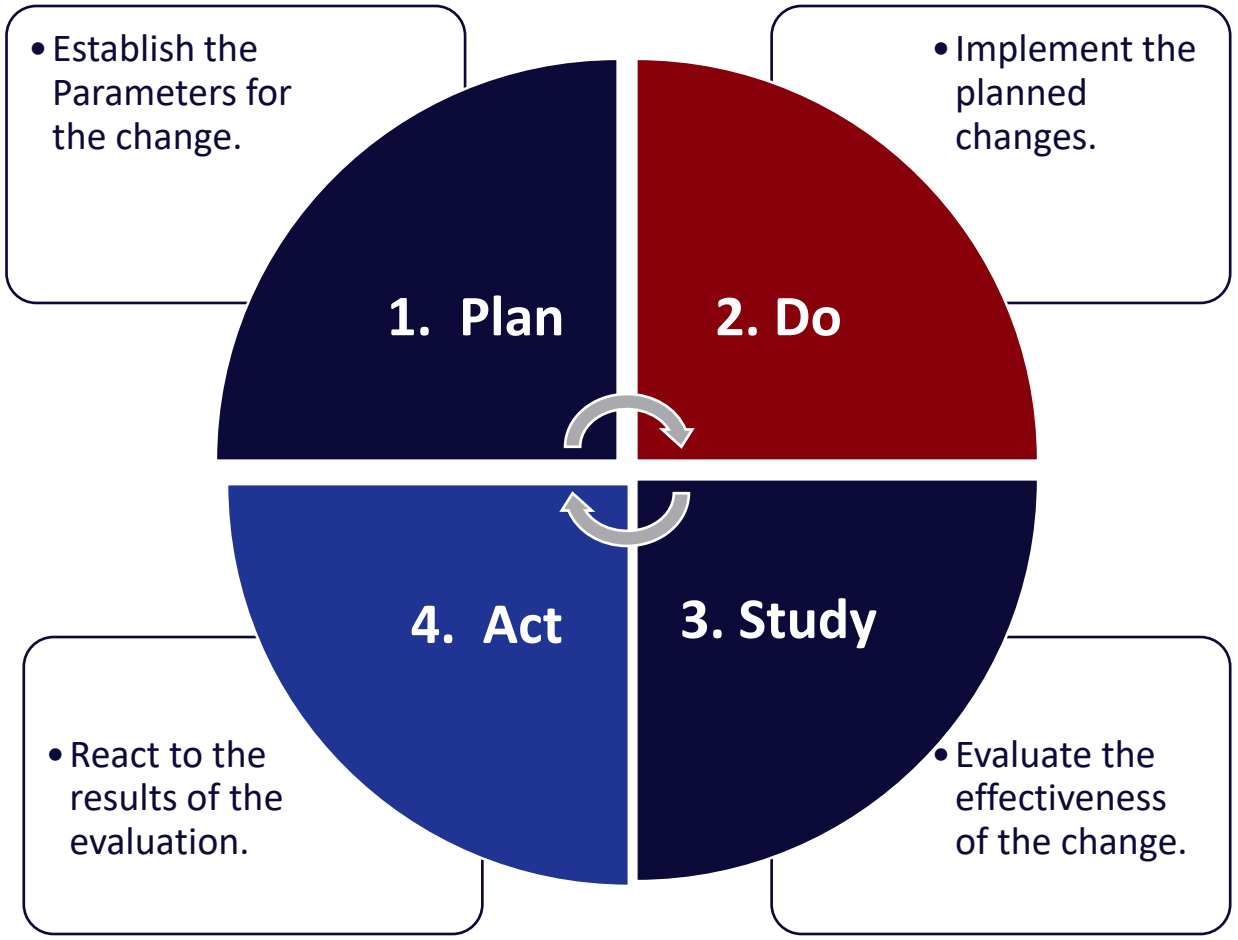
Rapid Cycle Improvement - Plan Do Study Act (PDSA) Cycles



The Deming Cycle, Deming's wheel, or the PDSA cycle is a long time utilized continuous quality improvement change philosophy created as part of W. Edwards Deming's Total Quality Management process (TQM) in the 1950's. Deming's work was based off of the Plan, Do and See cycle created by Mr. Walter A. Shewart in the 1920's, and has created successful change initiatives across multiple industries.

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The "Values" that Community BH Clinics Now Need…

- Certified Community Behavioral Health Clinics (CCBHCs) have an excellent opportunity to be helpful partners in the new integrated healthcare system ***if*** they can display the following specific ***values***:
  1. **Be Accessible (Provide fast access to all needed services) in house and out of the office (Non 4 Walls).**
  2. **Be Efficient (Provide high quality services at lowest possible cost).**
  3. Be Connected (Have the ability to share core clinical information electronically).
  4. Be Accountable (Produce information about the clinical outcomes achieved).
  5. Be Resilient (Have ability or willingness to use alternative payment arrangements).

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Making the CCBHC Conversion a Reality!

"The Heavy Lift"

What it will take to get to CCBHC Status!

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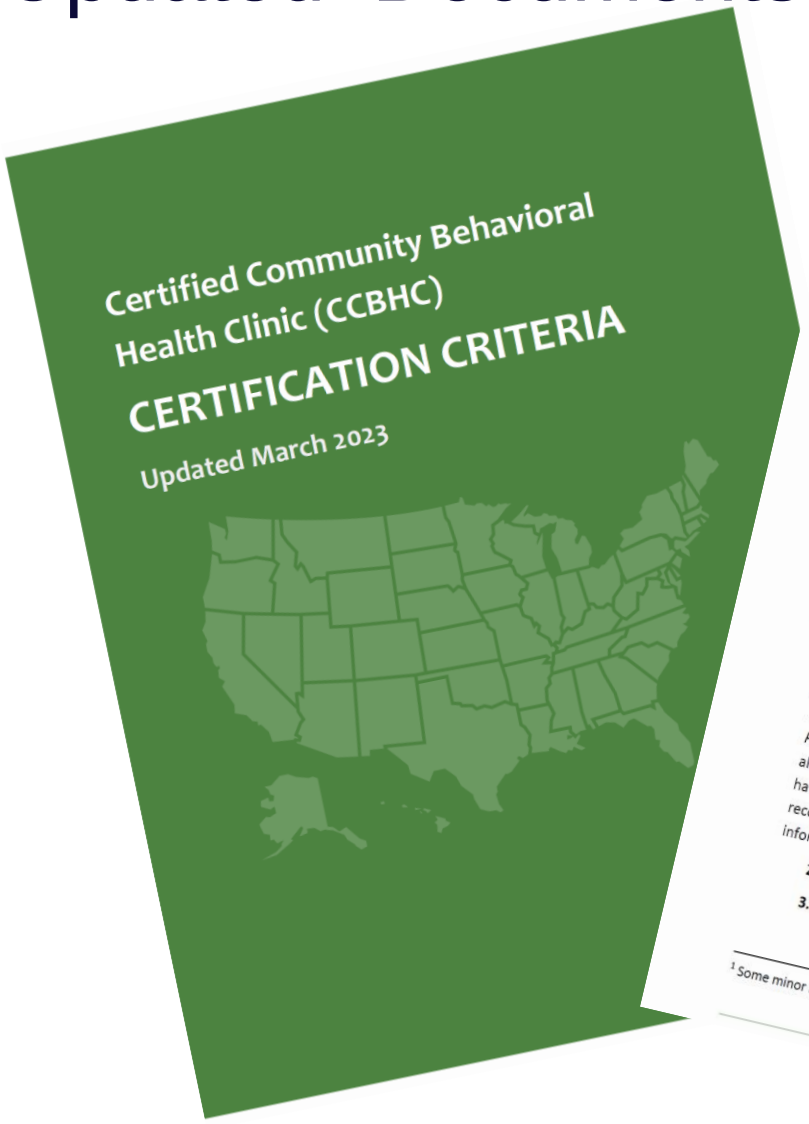
Updated Documents



Summary of Changes

This document summarizes the changes to the original 2015 version of the Certified Community Behavioral Health Clinic (CCBHC) criteria, which are reflected in the 2023 version.

Through a six-month process, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened listening sessions with interested parties to revise the CCBHC criteria. Input fro individuals, organizations, states, and federal agencies shaped the 2023 version. The changes can be summarized into the following categories[1]:

- **Significant Updates to Advance the Field:** These are significant changes that correspond to updates to federal policies, national standards, evolving technologies, and/or infrastructure changes.
- **Needed Structural Changes to the Criteria:** These changes help align the delivery of service requirements with the statute or updated regulations.
- **Increased Flexibility:** These changes provide CCBHCs with additional flexibilities that were no available in the 2015 criteria.
- **Additions that Strengthen the Model:** These changes strengthen the CCBHC model.
- **Updated Language and Examples:** These changes reflect changing terminology in behavioral health. Examples are added to reflect emerging evidence-based services and to identify innovations in the field.
- **Clarifications:** These changes reflect clarification of the original criteria in areas where CCBHC and states identified ambiguities.

Significant Updates to Advance the Field

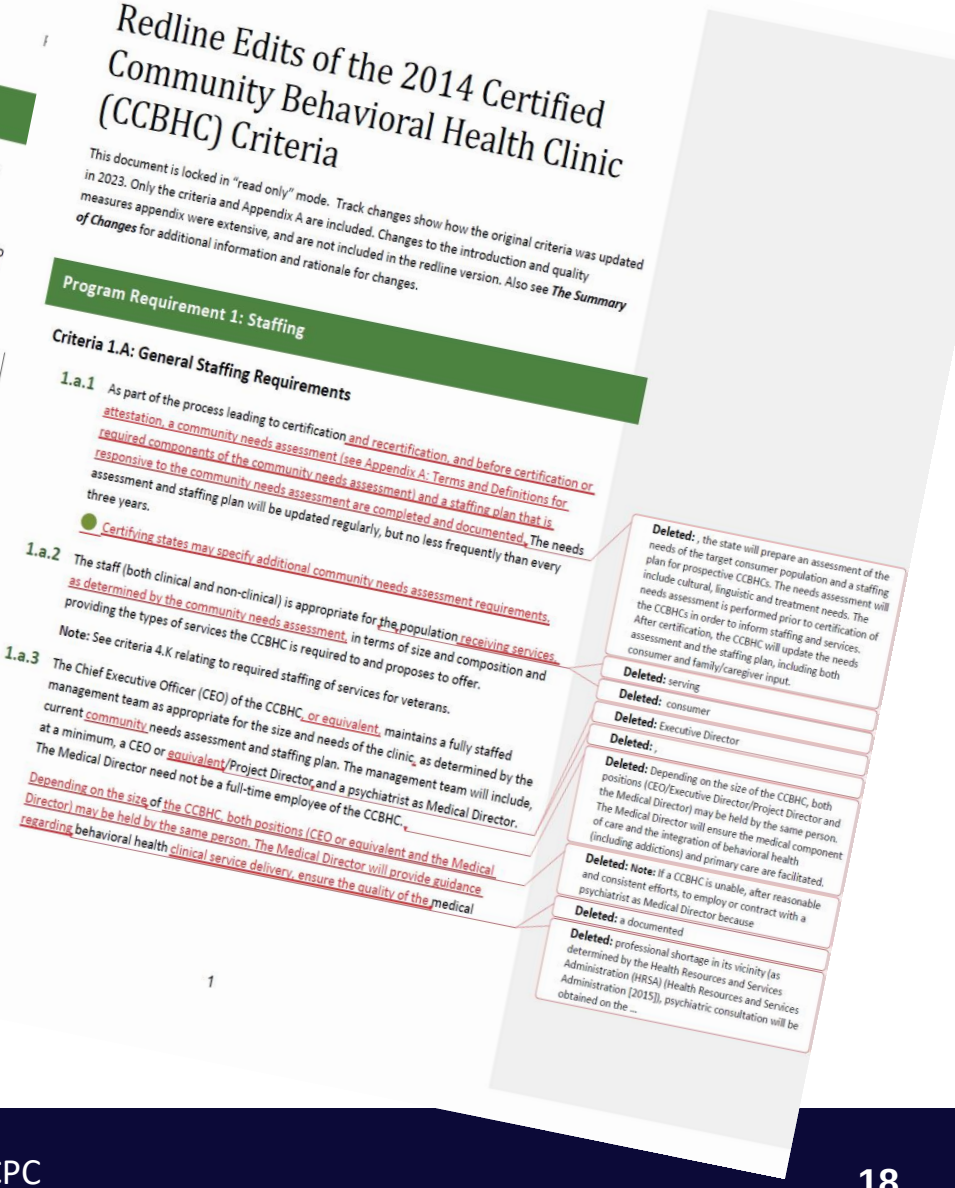
Crisis Care

Since the initial criteria were published, SAMHSA has developed guidance around the components a comprehensive crisis system in its *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit*. In addition, the national 988 Suicide & Crisis Lifeline was established. States have also been working to develop their crisis response systems. Crisis care requirements in the criteria have been amended to align with the National Guidelines and the implementation of 988 while recognizing the difference in state definitions and the varying availability of crisis services. Trauma informed approaches must be applied to crisis care services.

2.c Incorporates education about 988.

3.a.5 Ensures that all persons receiving services have discussed a crisis plan, even if it simply to call 988.

[1] Some minor language changes may not be reflected in this table.



Redline Edits of the 2014 Certified Community Behavioral Health Clinic (CCBHC) Criteria

This document is locked in "read only" mode. Track changes show how the original criteria was updated in 2023. Only the criteria and Appendix A are included. Changes to the introduction and quality measures appendix were extensive, and are not included in the redline version. Also see ***The Summary of Changes*** for additional information and rationale for changes.

Program Requirement 1: Staffing

Criteria 1.A: General Staffing Requirements

1.a.1 As part of the process leading to certification and recertification, and before certification or attestation, a community needs assessment (see Appendix A: Terms and Definitions for required components of the community needs assessment) and a staffing plan that is responsive to the community needs assessment are completed and documented. The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.

Certifying states may specify additional community needs assessment requirements.

1.a.2 The staff (both clinical and non-clinical) is appropriate for the population receiving services, as determined by the community needs assessment, in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer.

Note: See criteria 4.K relating to required staffing of services for veterans.

1.a.3 The Chief Executive Officer (CEO) of the CCBHC, or equivalent, maintains a fully staffed management team as appropriate for the size and needs of the clinic, as determined by the current community needs assessment and staffing plan. The management team will include, at a minimum, a CEO or equivalent/Project Director, and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC.

Depending on the size of the CCBHC, both positions (CEO or equivalent and the Medical Director) may be held by the same person. The Medical Director will provide guidance regarding behavioral health clinical service delivery, ensure the quality of the medical

1

Deleted:, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input.

Deleted: serving

Deleted: consumer

Deleted: Executive Director

Deleted:,

Deleted: Depending on the size of the CCBHC, both positions (CEO/Executive Director/Project Director and the Medical Director) may be held by the same person. The Medical Director will ensure the medical component of care and the integration of behavioral health (including addictions) and primary care are facilitated.

Deleted: **Note:** If a CCBHC is unable, after reasonable and consistent efforts, to employ or contract with a psychiatrist as Medical Director because

Deleted: a documented

Deleted: professional shortage in its vicinity (as determined by the Health Resources and Services Administration (HRSA) (Health Resources and Services Administration [2015]), psychiatric consultation will be obtained on the ...

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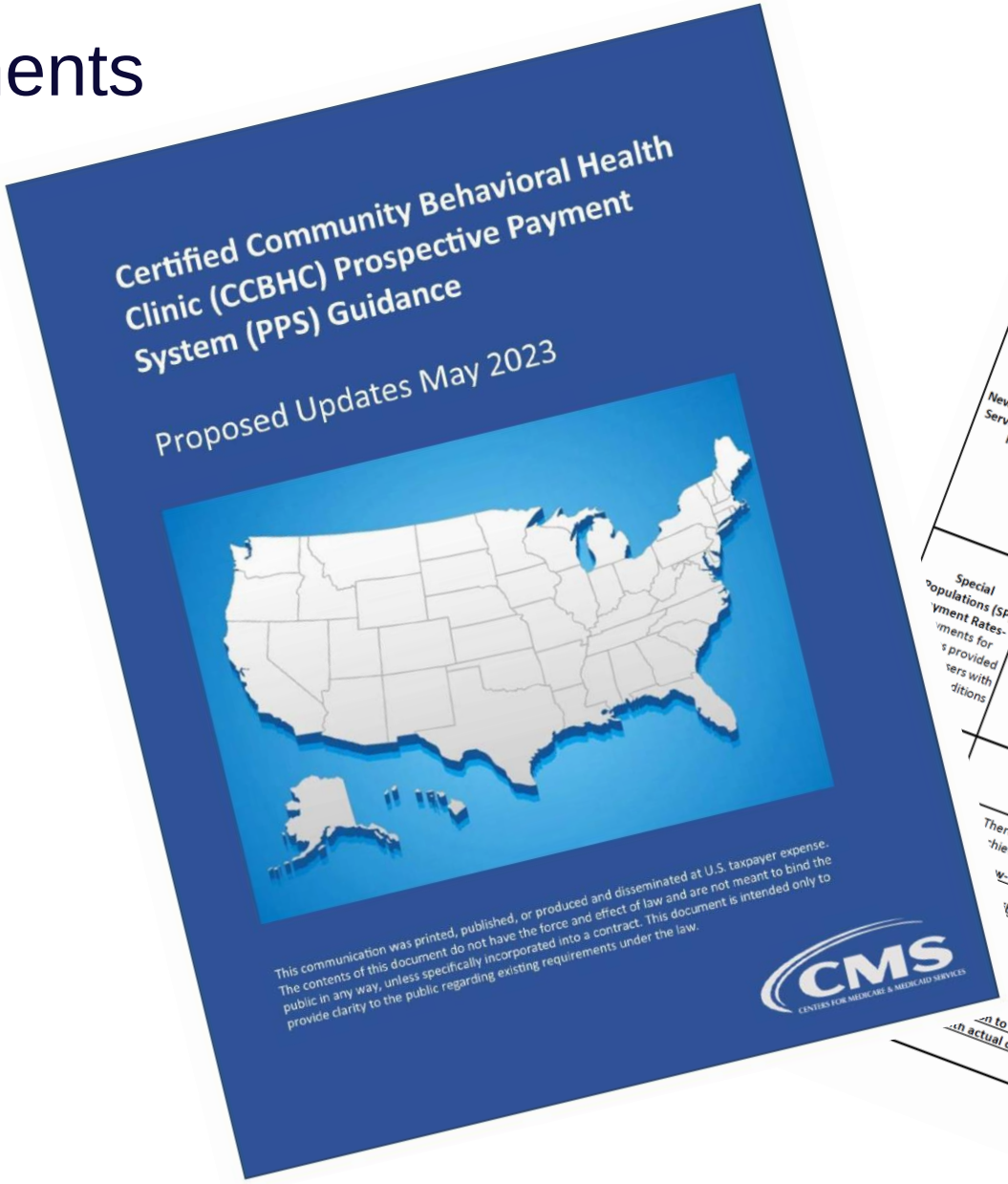
Updated Documents



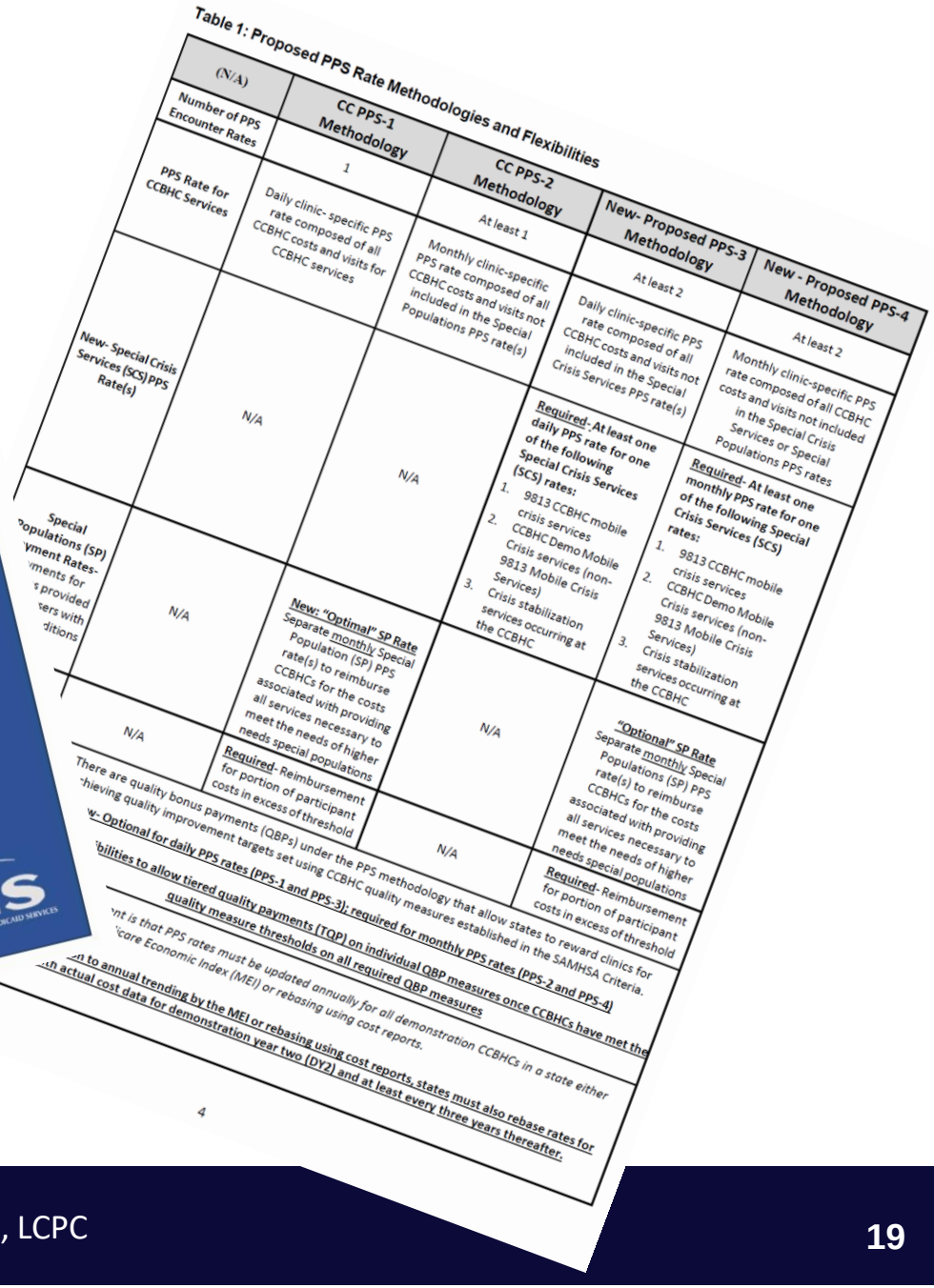


Table 1: Proposed PPS Rate Methodologies and Flexibilities

(N/A)	CC PPS-1 Methodology	CC PPS-2 Methodology	New- Proposed PPS-3 Methodology	New - Proposed PPS-4 Methodology
Number of PPS Encounter Rates	1	At least 1	At least 2	At least 2
PPS Rate for CCBHC Services	Daily clinic- specific PPS rate composed of all CCBHC costs and visits for CCBHC services	Monthly clinic-specific PPS rate composed of all CCBHC costs and visits not included in the Special Populations PPS rate(s)	Daily clinic-specific PPS rate composed of all CCBHC costs and visits not included in the Special Crisis Services PPS rate(s)	Monthly clinic-specific PPS rate composed of all CCBHC costs and visits not included in the Special Crisis Services or Special Populations PPS rates
New- Special Crisis Services (SCS) PPS Rate(s)	N/A	N/A	Required- At least one daily PPS rate for one of the following Special Crisis Services (SCS) rates: 1. 9813 CCBHC mobile crisis services 2. CCBHC Demo Mobile Crisis services (non-9813 Mobile Crisis Services) 3. Crisis stabilization services occurring at the CCBHC	Required- At least one monthly PPS rate for one of the following Special Crisis Services (SCS) rates: 1. 9813 CCBHC mobile crisis services 2. CCBHC Demo Mobile Crisis services (non-9813 Mobile Crisis Services) 3. Crisis stabilization services occurring at the CCBHC
Special Populations (SP) ...yment Rates- ...ments for ...s provided ...ters with ...ditions	N/A	New: "Optional" SP Rate Separate monthly Special Population (SP) PPS rate(s) to reimburse CCBHCs for the costs associated with providing all services necessary to meet the needs of higher needs special populations	N/A	"Optional" SP Rate Separate monthly Special Populations (SP) PPS rate(s) to reimburse CCBHCs for the costs associated with providing all services necessary to meet the needs of higher needs special populations
N/A	Required- Reimbursement for portion of participant costs in excess of threshold	N/A	Required- Reimbursement for portion of participant costs in excess of threshold	Required- Reimbursement for portion of participant costs in excess of threshold

There are quality bonus payments (QBPs) under the PPS methodology that allow states to reward clinics for ...hieving quality improvement targets set using CCBHC quality measures established in the SAMHSA Criteria.

...w- Optional for daily PPS rates (PPS-1 and PPS-3); required for monthly PPS rates (PPS-2 and PPS-4)

...bilities to allow tiered quality payments (TQP) on individual QBP measures once CCBHCs have met the quality measure thresholds on all required QBP measures

...nt is that PPS rates must be updated annually for all demonstration CCBHCs in a state either ...to annual trending by the MEI or rebasing using cost reports. ...'care Economic Index (MEI) or rebasing using cost reports.

...th actual cost data for demonstration year two (DY2) and at least every three years thereafter.

4

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CBHC Core Requirements

Program Requirement 1: Staffing (*"Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State-required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.")*

Program Requirement 2: Availability and Accessibility of Services ("Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient's ability to pay or a place of residence.")

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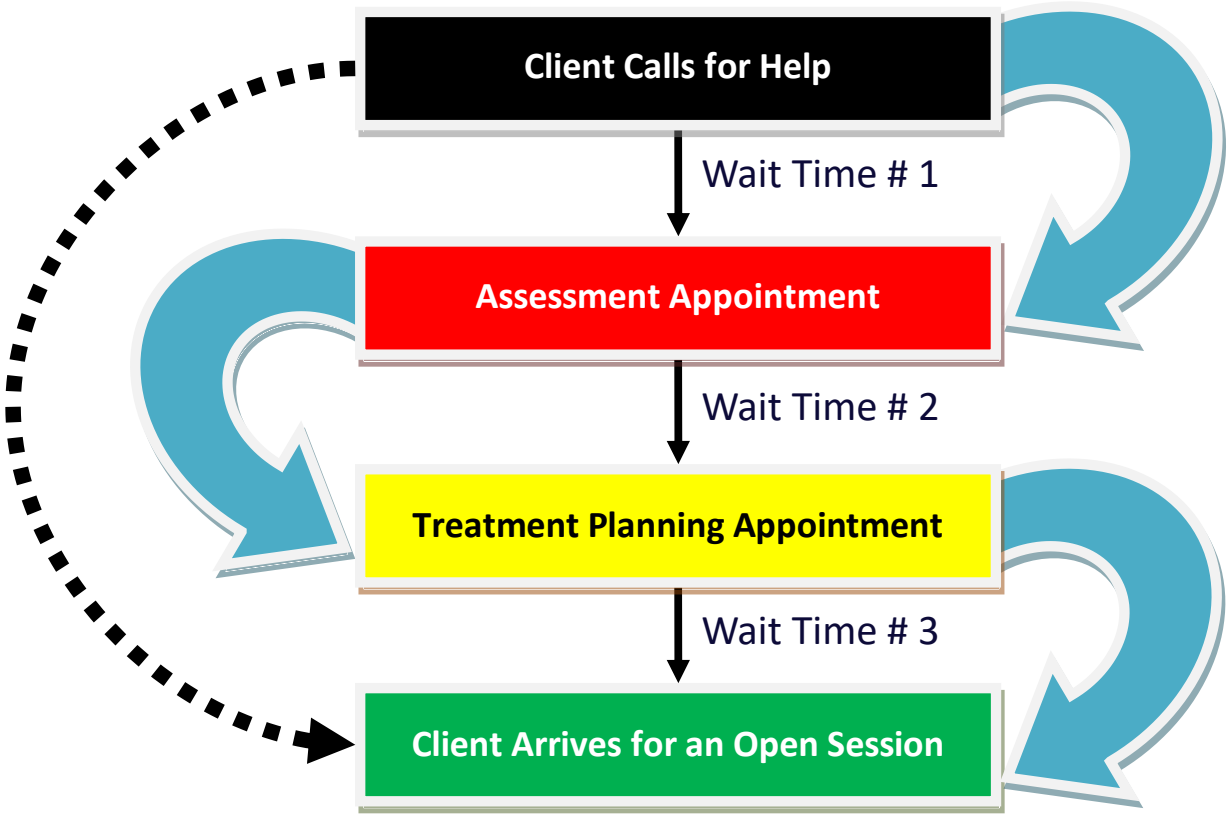
The Client's Definition of Access



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CCBHC Core Requirements

Program Requirement 3: Care Coordination *("Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:*

(i) Federally-qualified health clinics (and as applicable, rural health clinics) to provide Federally-qualified health clinic services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
(ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
(iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment clinics, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
(iv) Department of Veterans Affairs medical clinics, independent outpatient clinics, drop-in clinics, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
(v) Inpatient acute care hospitals and hospital outpatient clinics.")

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CCBHC Core Requirements

Program Requirement 4: Scope of Services *("Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:*

(i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

(ii) Screening, assessment, and diagnosis, including risk assessment.

(iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

(iv) Outpatient mental health and substance use services.

(v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.

(vi) Targeted case management.

(vii) Psychiatric rehabilitation services.

(viii) Peer support and counselor services and family supports.

(ix) Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.")

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CCBHC Core Requirements

Program Requirement 5: Quality and Other Reporting *("Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.")*

*** Note - When partnering with DCO's, you will have to be able to collect and show the services that they have delivered to you consumers as well, so communication between agencies and their systems will become of paramount importance.*

Electronic systems that interface, and/or the ability to collect information from teams not in electronic systems will be a large focus here.

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Updated CCBHC Data and Quality Measures Required Reporting

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)1	Notes
✓ Time to Services (I-SERV)	SAMHSA	n/a	Will include sub-measures of average time to: Initial Evaluation, Initial Clinical Services, Crisis Services
✓ Depression Remission at Six Months (DEP-REM-6)	MN Community Measurement	n/a	Changed from the Twelve- Month version of the measure
✓ Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA	n/a	n/a
✓ Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	Adult and Child	Child was added to the Medicaid Child Core Measure Set
✓ Screening for Social Drivers of Health (SDOH)	CMS	n/a	Using the 2023 Merit-Based Incentive Payment System (MIPS) version
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	NCQA	n/a	n/a
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)	Mathematica	n/a	n/a
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)	Mathematica	n/a	n/a
Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)	NCQA	Child	Measure modified to coincide with change in Medicaid Child Core Measure Set
Controlling High Blood Pressure (CBP-AD)	NCQA	Adult	n/a

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CCBHC Core Requirements

Program Requirement 6: Organizational Authority, Governance and Accreditation (*"Criteria that a clinic be a nonprofit or part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act [25 U.S.C. 450 et seq.], or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq]."*)

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Making the CCBHC Conversion a Reality!

CCBHC's "Business Case" Core Elements

1. Incorporate as much objective data as possible to support awareness of service delivery capacity being delivered by association members
2. Provide demographic, diagnostic and population groups served information
3. Provide service locations/clinics by county/region with a companion service array table to support awareness of services/programs available
4. Identify qualitative outcomes that provide a shift from "providing services" to focus on "VALUE of Care"
5. Identify the cost of services delivered and outcomes achieved to objectively measure "Value"
6. Identify "unique factors" that your organizations can provide (i.e., historical community based case management/ coordination of care experience, etc.)

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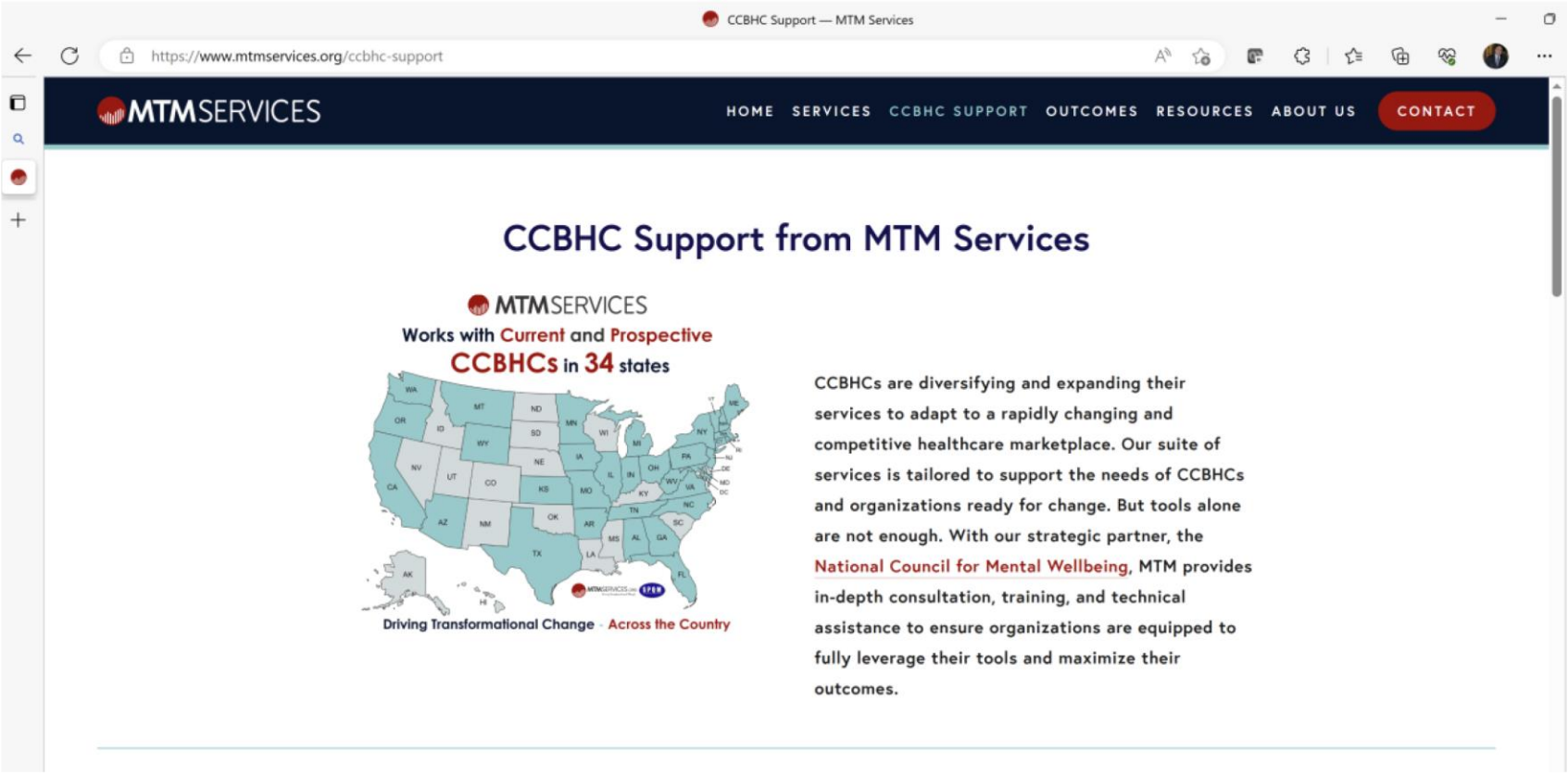
Making the CCBHC Conversion a Reality!

CCBHC Readiness Assessments and Implementation Support



Next steps with the providers and States who wish take part in CCBHC Readiness and Implementation – MTM Services has developed a core set of Assessments and Consultation Support to assist organizations in reviewing their readiness and implementation

- The I-CCFRT/SI-CCFRT
- The
- GAP Analysis
- Costing Analysis
- Information Technology/Electric Medical Record Assessment

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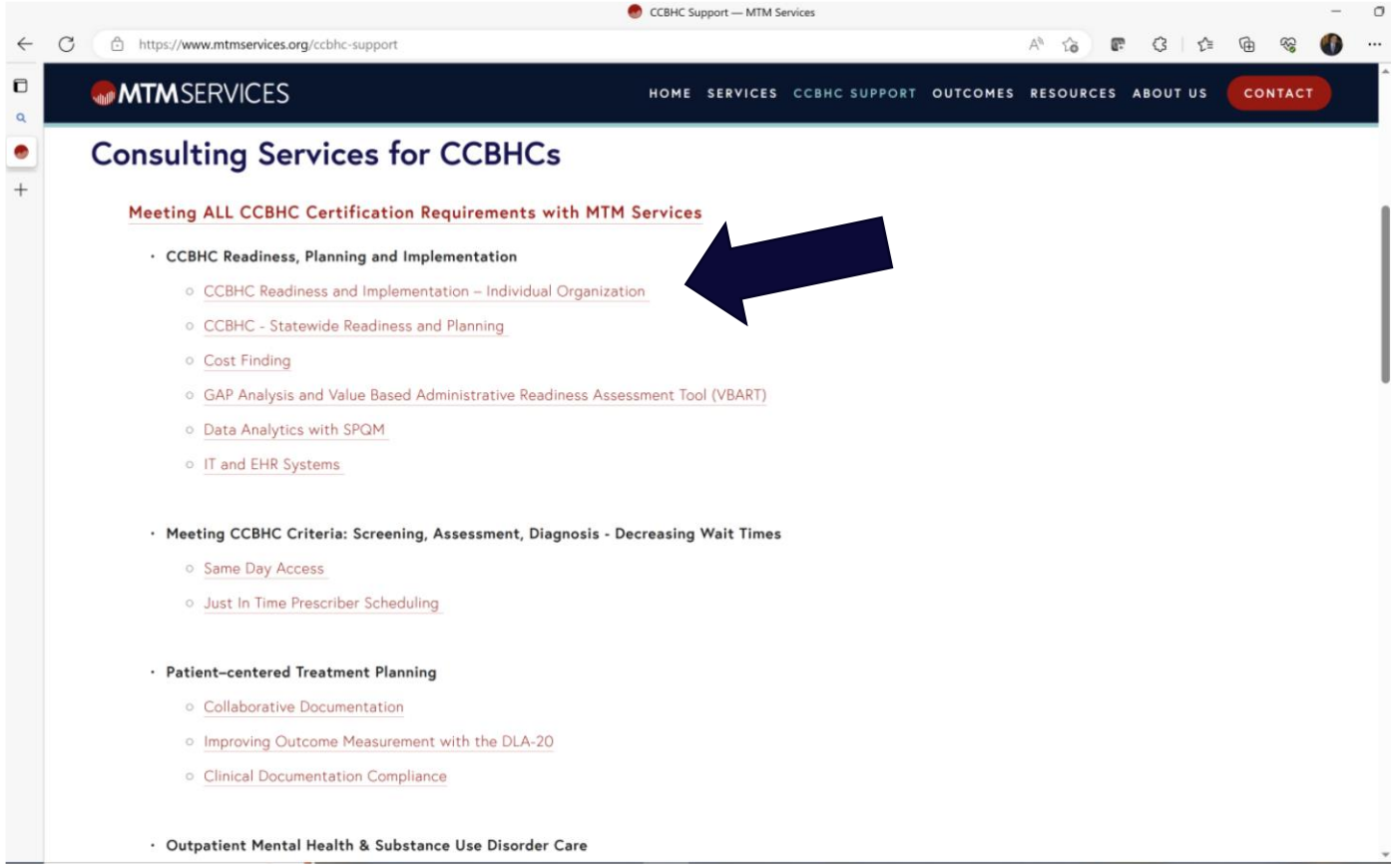

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CCBHC Readiness and Implementation

Purpose

The CCBHC Certification Readiness Assessment Tool (CCRT) provides a comprehensive analysis of existing capabilities to meet required SAMHSA criteria and recommendations to address shortfalls. As part of the assessment, MTM will conduct a GAP Analysis, which enables an organization to understand its systems as they relate to CCBHC access requirements. MTM will also conduct a costing assessment of staff productivity levels and non-billable staff time necessary to succeed financially as a CCBHC.

Process

CCRT

- 1-hour online kick-off meeting with all providers
- Expert consultation support to score CCR results
- Final report and recommendations (works in conjunction with the GAO numbers)
- 2-hour online meeting to review final report, agency results
- Use of the MTM Services CCRT tool

GAP

- Up to 2 online meetings (2 hours each) to measure current access systems
- GAP chart and costing/timing report for the organization's access processes
- A 2-hour online GAP review meeting to discuss findings and recommendations

Timeframe: 1 month

Outcomes:

- Capacity and implementation plan to meet specific CCBHC certification criteria
- Ability to move change initiatives forward based on data
- Understand cost of service to attain key outcomes under value of care equation

MTM Team

- **CCRT:** Michael Flora, Senior Operations and Management Consultant and Senior National Council Consultant and Kyle Caron, Associate Consultant
- **GAP:** Joy Fruth - Lead Process Change Consultant and Senior National Council Consultant

For more information about MTM Services, or to schedule a free planning meeting, please email MTM Director of Operations Jodie Giboney or call (919) 387-9892.

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Integrated CCBHC Certification Criteria Feasibility and Readiness Tool (I-CCFRT)

- **The I-CCFRT assesses the organizations ability to address the required activities to meet the Department of Health and Human Services Substance Abuse and Mental Health Services Administration requirements for Certified Community Behavioral Health Clinics**

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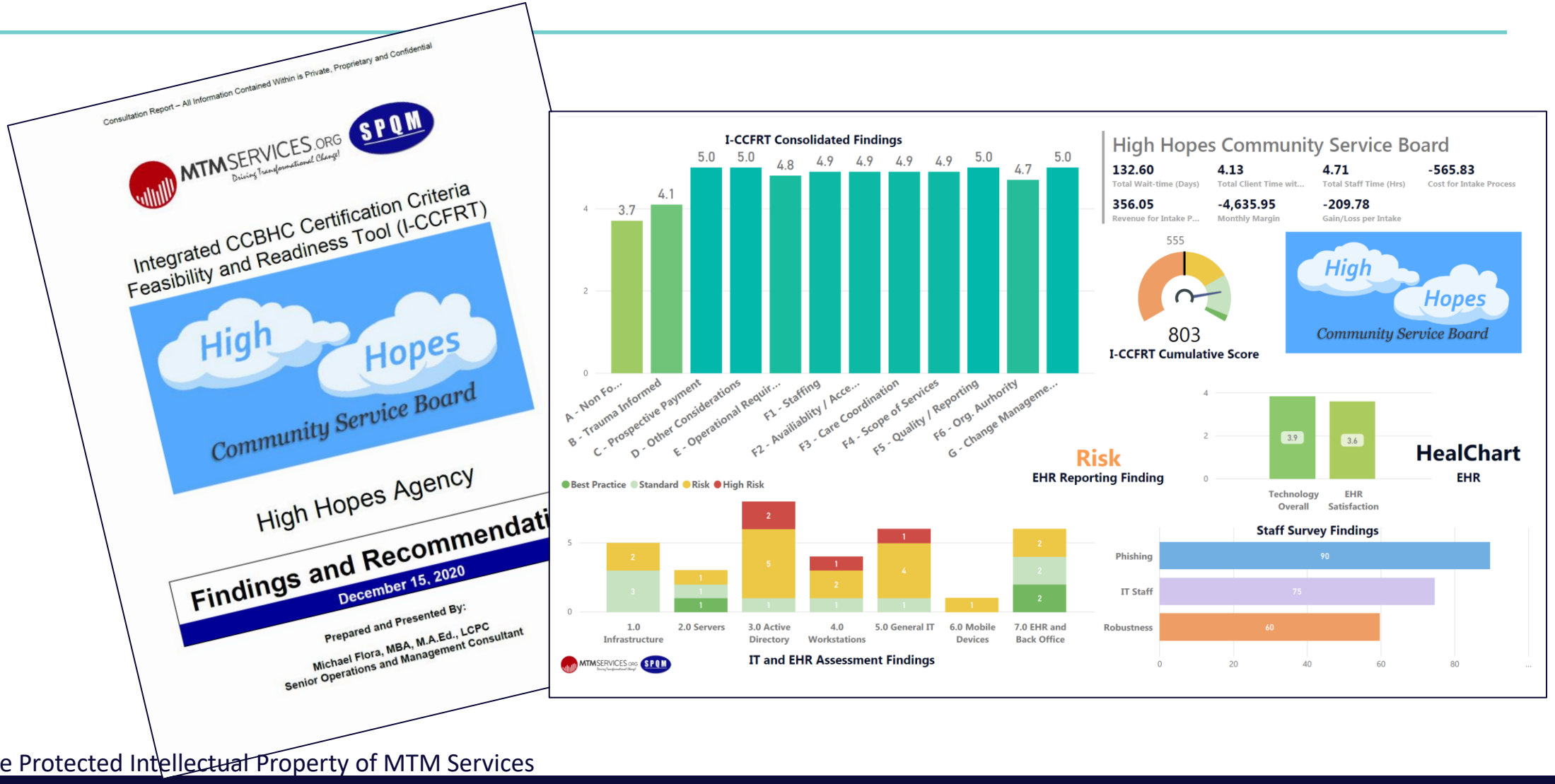
Findings and Recommendations



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Questions

What Questions do you Have?

Next Steps

- To learn more about how your organization can benefit from Assessing your Organizations CCBHC Readiness and Implementation Support
- Go to www.MTMServices.org

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Senior Operations Management Consultant

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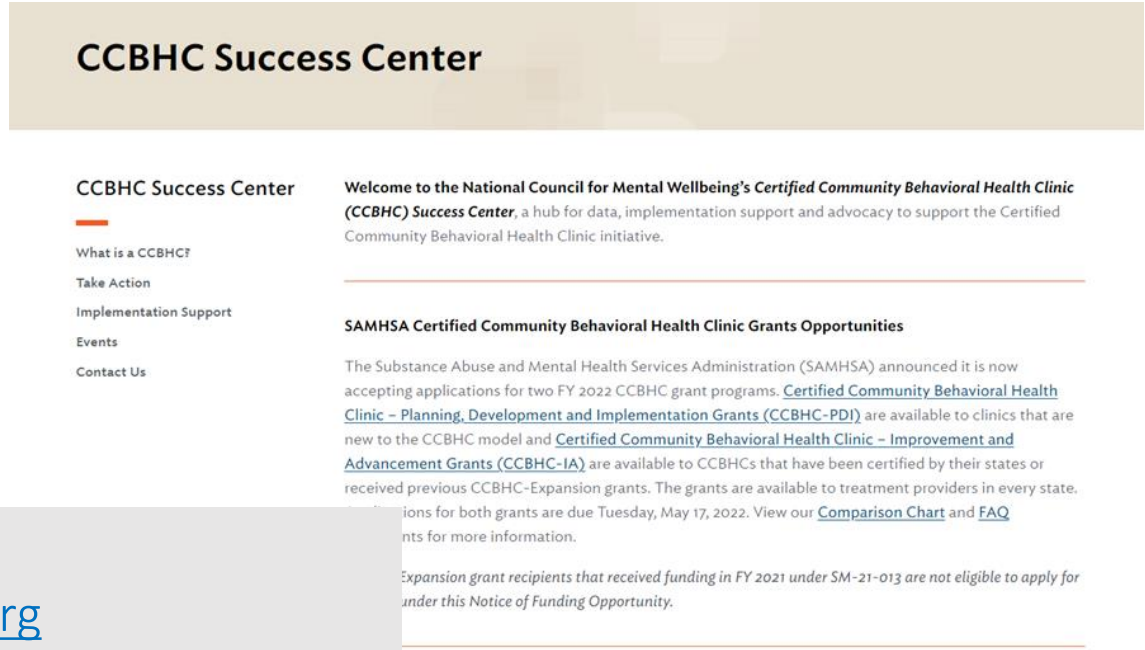
Michael.Flora@mtmservices.org

CCBHC Success Center Support



Questions? Contact us at:
CCBHC@TheNationalCouncil.org

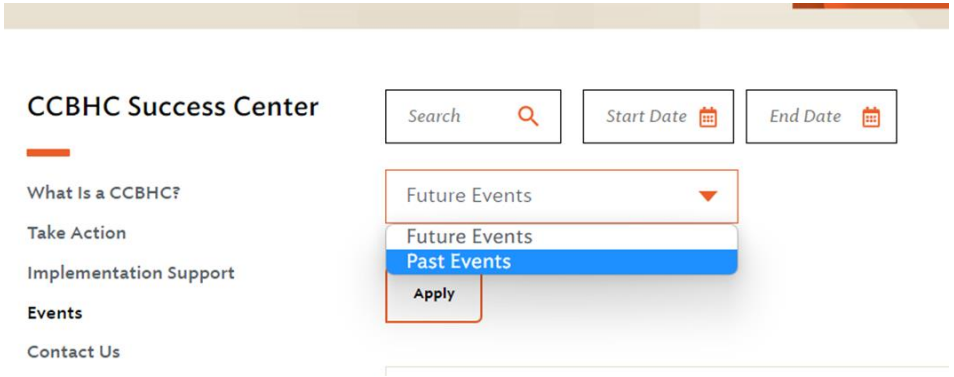
Visit our Success Center website at:
https://www.thenationalcouncil.org/program/ccbhc-success-center/

NATIONAL COUNCIL for Mental Wellbeing

Thank You!

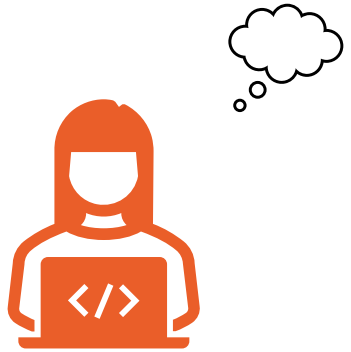
Thank you for attending today's webinar.

Slides and the session recording link will be available on the CCBHC-E Success Center website under "Events" > "Past Events" within 2 business days.



Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting.



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