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# CCBHC-E New Grantee Learning Community

## Session 10: Sustainability Planning

Tuesday, August 8<sup>th</sup>, 2023

3:00-4:30pm E.T.

**CCBHC-E National Training and Technical Assistance Center**

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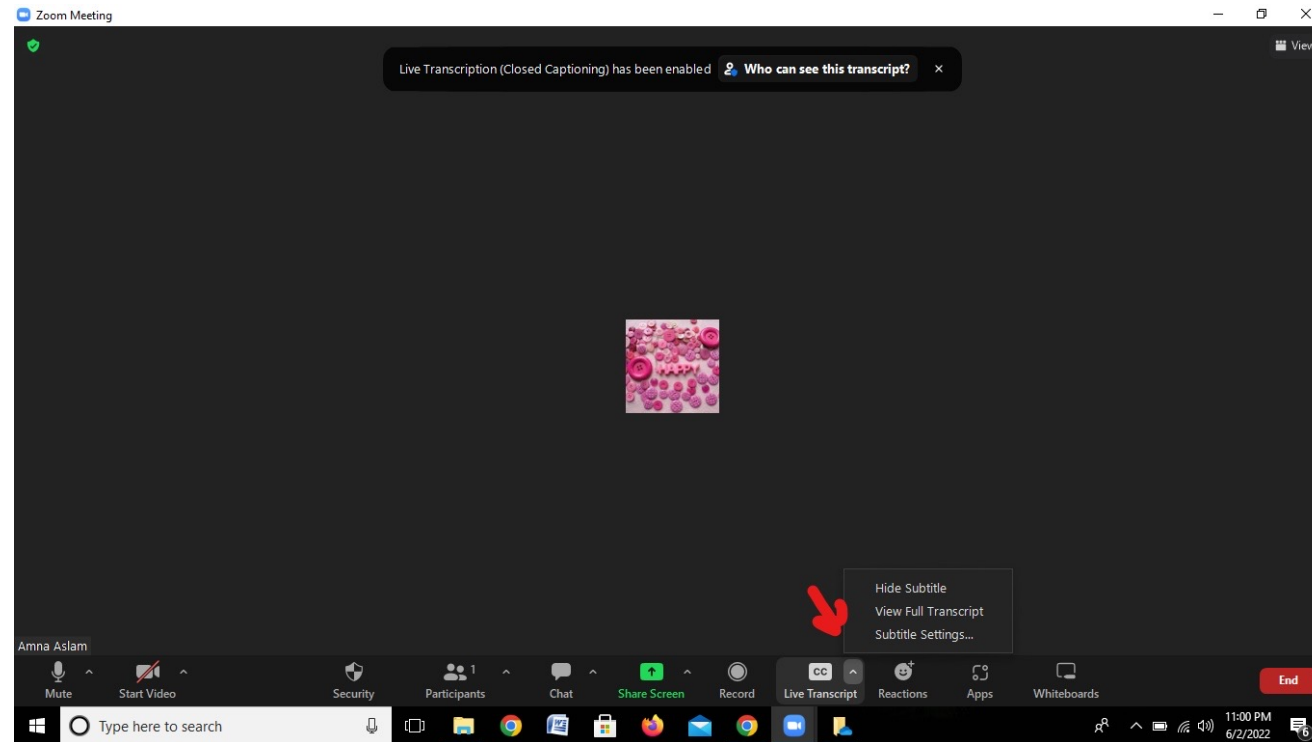
# Acknowledgements and Disclaimer

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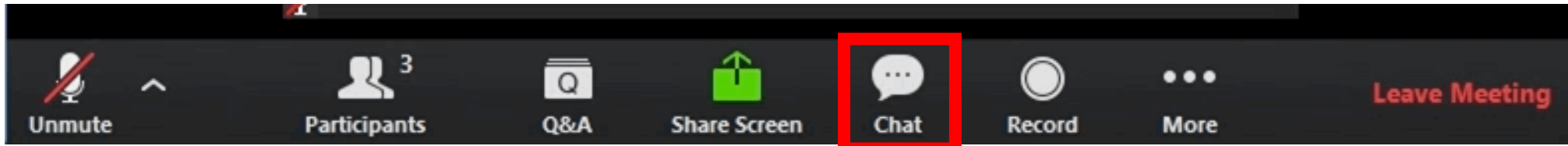


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Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



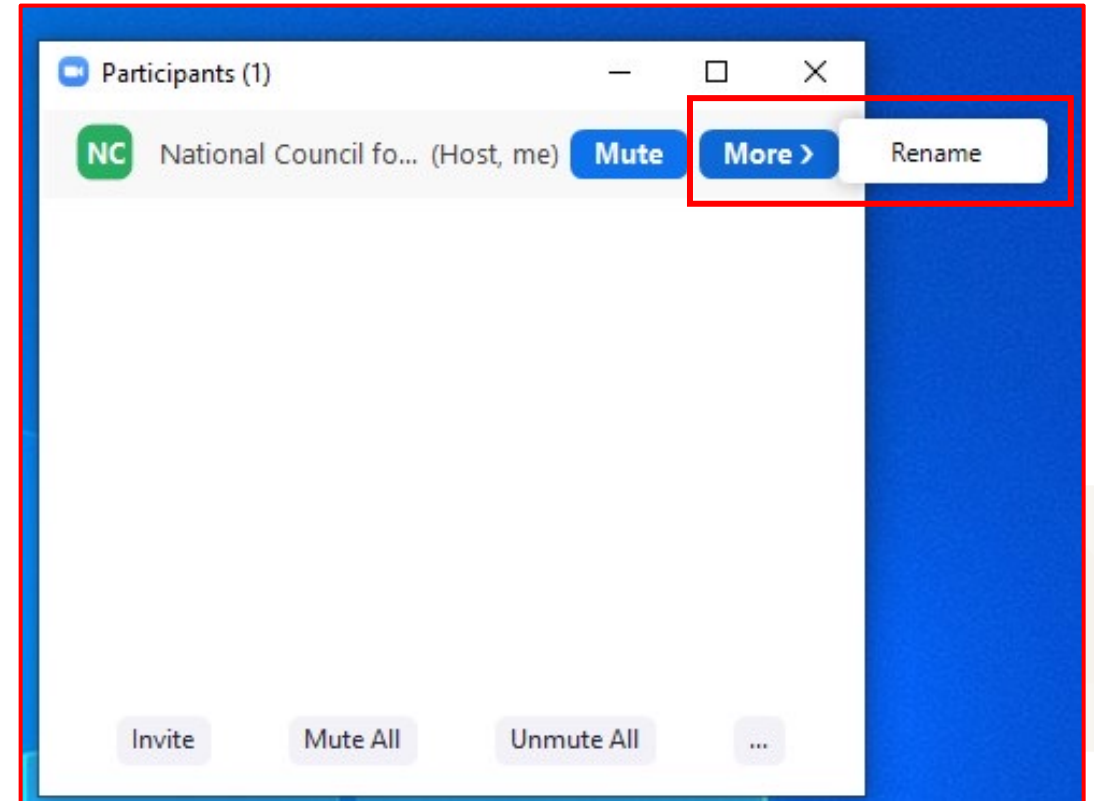
# How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. We'll answer as many questions as we can throughout today's session.

# Name and Organization

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
  - *For example:*
    - **Jane King, National Council**
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **D'ara Lemon, National Council**



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# Learning Objectives

- Increase understanding of sustainability planning for CCBHC
- Identify specific sustainable funding streams for CCBHC implementation
- Foster clinic action planning for their sustainability efforts



# Today's Presenters



**Jane King, PsyD, LP**  
*Senior Consultant*  
CCBHC-E NTTAC, National  
Council for Mental  
Wellbeing



**Mindy Klowden, MNM**  
*Managing Director for*  
*Behavioral Health*  
Third Horizon Strategies



**Peter R. Epp, CPA**  
*Partner,*  
*Community Health –*  
*Practice Leader*  
CohnReznick LLP



**Joanne McNamara**  
*Senior Manager*  
CohnReznick LLP



# Current National Status of CCBHC within Medicaid

Jane King, PsyD, LP

*Senior Consultant*

CCBHC-E NTTAC, National Council for Mental Wellbeing

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# CCBHC Options via Medicaid

Medicaid Waiver (e.g., 1115)	State Plan Amendment	Section 223 CCBHC Demonstration	CCBHC Grants (SAMHSA funds)
Enables states to experiment with delivery system reforms	Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc.	Enables states to experiment with delivery system reforms	\$4 million available for a 4-year period; Previously for a 2-year term
Requires budget neutrality	Does not require budget neutrality	Does not require budget neutrality and provides an enhanced FMAP for states	Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.
Must be renewed every 5 years	With CMS approval, can continue PPS	For only 10 states every 2 years in 2024	Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.
State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)	Cannot waive “state-wideness,” may have to certify additional CCBHCs (future CCBHCs may be phased in)	State may limit the number of clinics selected to receive the PPS rate	Grant funds supplement but do not supplant other coverage sources
With CMS approval, offers opportunity to continue or establish PPS		State must be sure to follow all CCBHC criteria with ability to build onto them	

**Waivers:** Texas

**SPAs:** Missouri, Nevada, Oklahoma, Minnesota – and Kansas (outside of the demo)

**Demonstration states include** SPA states and Kentucky, Michigan, New Jersey, New York, & Oregon

# CCBHC Grants

## CCBHC Grants (SAMHSA funds)

\$4 million available for a 4-year period; Previously for a 2-year term

Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.

Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.

Grant funds supplement but do not supplant other coverage sources

**400+** CCBHC grantees  
**500+** in total this year



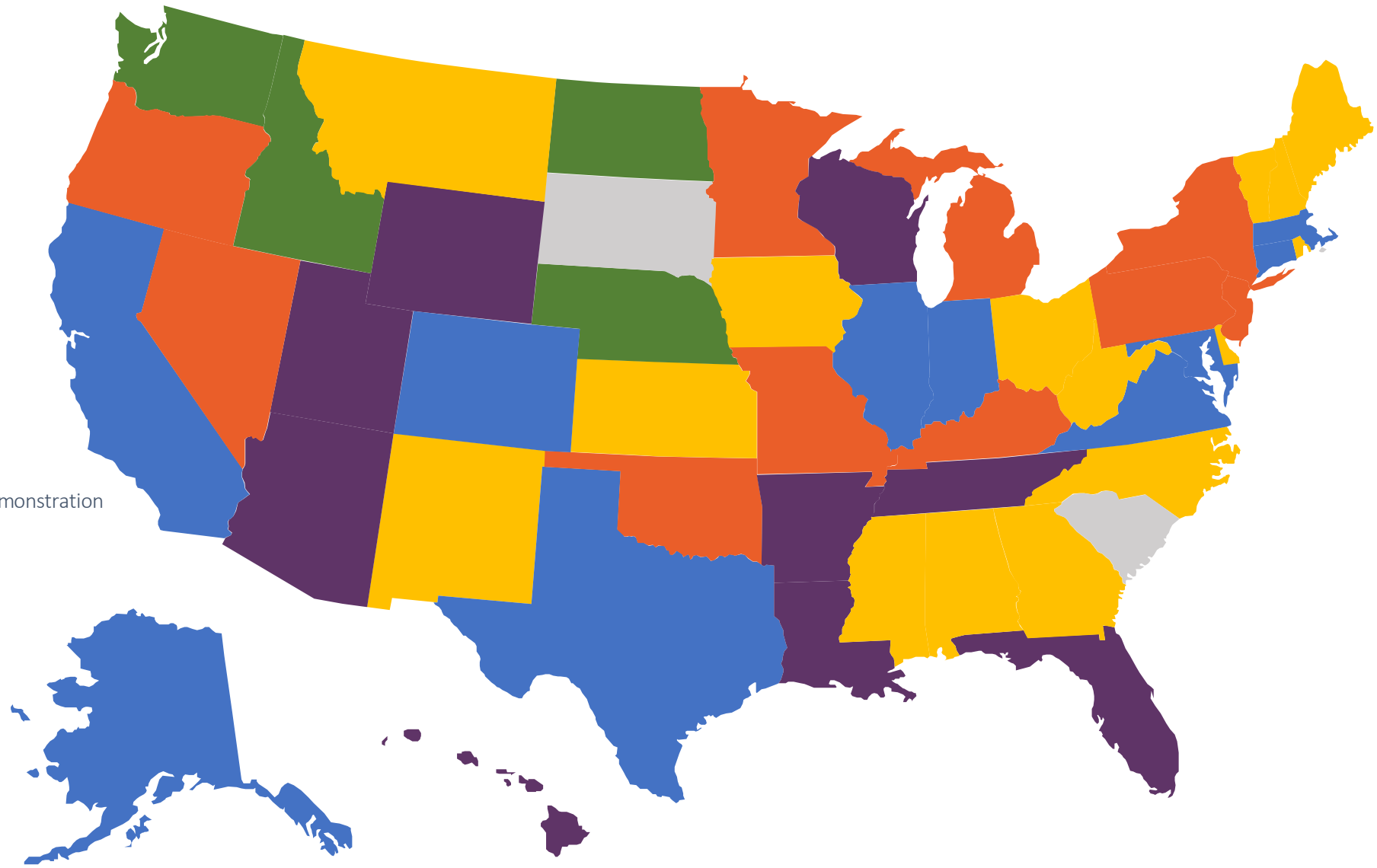
# CCBHC State & Federal Actions

CCBHC state planning grant awardees are below:

- **10 states** launched the CCBHC model through the Medicaid Demonstration: KY, MI, MN, MO, NV, NJ, NY, OK, OR, and PA.
- **15 states** received the 2023 planning grants: AL, DE, GA, IA, KS, ME, MS, MT, NM, NC, NH, OH, RI, VT, and WV.
- **10 non-demo states** that previously received planning grants (2016): AK, CA, CO, CT, IL, IN, MA, MD, TX, and VA.

## Federal & State Actions

- Established the CCBHC Model through Medicaid Demonstration
- CCBHC Planning Grant (2016)
- CCBHC Planning Grant (2023)
- No CCBHC Actions
- State Legislation to Pursue the CCBHC Model
- CCBHC Clinic-level SAMHSA Grant



# STATE Planning for CCBHC Implementation

## 12-month Process

2023

2024

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

JAN

FEB

MAR

Steering committee(s)

Develop committee(s)

Maintain committees, subcommittees, and partnerships (e.g., state, clinics, associations) with regular meeting cadences, notes, and deliverables to ensure state-specific components are included in CCBHC

Populations & service areas

Solicit input from focus populations, identify potential CCBHCs/catchment areas

Identify population health needs and secure insight from those communities, work with providers to select initial sites and regions they will serve as CCBHCs

CCBHC training & education

Identify and provide TA needs for providers (e.g., CCBHC-PPS, billing, quality measures) as possible

Infrastructure for data quality

Identify data collection infrastructure needs and begin processes for quality measurement

Onboard and maintain technology platforms for clinic and state efforts to ensure accurate measure of quality measures and population health needs

Assess clinic & community needs

Launch and complete community needs assessments and clinic readiness assessments

Assure clinics' community needs assessments and clinic readiness assessments are complete, accurate, and aligned for criteria and certification needs

Certification & planning

Prepare your community needs assessment and readiness assessment

Formalize CCBHC criteria & Create certification process

Work with clinics to meet SAMHSA and state certification criteria, certify clinics, and plan for future certifications

Establish CCBHC-PPS

Select the CCBHC-PPS

Establish a CCBHC-PPS system and work with clinics to help calculate a site-specific rate

CMS Approval for CCBHC

Apply for certification and prepare a cost report

Apply for the demo, waiver, or SPA

Get involved with your state and BH Association to provide input about implementation

# Sustainability Planning for CCBHC Grantees

**Mindy Klowden**  
*Managing Director for Behavioral Health*  
*Third Horizon Strategies*

**Peter Epp**  
*Partner,*  
*Community Health – Practice Leader*  
*CohnReznick LLP*

**Joanne McNamara**  
*Senior Manager*  
*CohnReznick LLP*

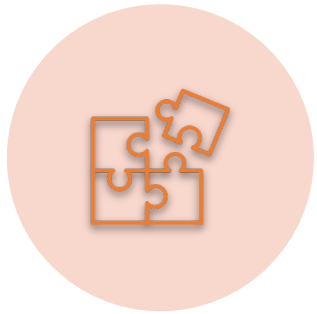
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# What is “Sustainability” in the context of CCBHC?

- To achieve desired outcomes, the ability to continue providing the CCBHC scope of services and meet CCBHC criteria after the grant period ends.
- Although many grantees think that the sustainability of CCBHC means finding the resources to continue it “as is” beyond the grant period, ensuring sustainability really means ensuring that the goals of CCBHC continue to be met through activities consistent with the current conditions and available resources.
- There may be some grant-specific activities you do not need to sustain to continue as a CCBHC.

# Key Aspects of Sustainability



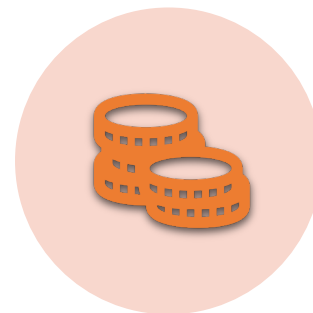
CCBHC is woven into the fabric of the organization (“the way we do business”, not a grant-funded program)



The value of the CCBHC is articulated and recognized among stakeholders



CCBHC services are provided in a cost-effective manner and with strong outcomes



CCBHC services are reimbursed in a sustainable manner that covers actual costs

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# What Can Grantees Do Now?

- Promote an organizational culture of value that embraces the CCBHC model.
- Gather data on the impact of CCBHC.
  - NOMS
  - IPP Indicators
  - Quality Measures
  - Client Satisfaction Surveys
  - Other key performance indicators
  - Client success stories and anecdotes that describe the customer experience of care
- Understand the actual costs of providing CCBHC services.
- Educate key stakeholders about the impacts of CCBHC on access, quality, population health, and total cost of care.

# What is a “Sustainability” Business Plan?

## Alignment of the CCBHC Sustainability Plan with a Business Plan

Investor	<ul style="list-style-type: none"> <li>• Federal/State government agencies</li> <li>• Third party payers (insurance companies)</li> </ul>
Opportunity	<ul style="list-style-type: none"> <li>• Address the current behavioral health crisis with the implementation of the CCBHC service delivery model; Utilization of needs assessment and engagement of people with lived experience to expand/enhance services</li> </ul>
Execution	<ul style="list-style-type: none"> <li>• Understanding the current baseline performance</li> <li>• Developing Anticipated Services to become CCBHC compliant</li> </ul>
Company and Management Team	<ul style="list-style-type: none"> <li>• Board Governance and organizational authority</li> <li>• CCBHC Leadership</li> </ul>
Financial Plan/Projections	<ul style="list-style-type: none"> <li>• Forecast of increased client services, volume, and workforce</li> <li>• Identification of additional revenue streams to sustain the model</li> </ul>





# Elements of a CCBHC Business Plan

- A Business Plan that supports sustainability planning should include a financial plan/projection covering the CCBHC “Total Budget” concept with the following components:
  - Summary revenue and expense projections
  - Client and services/volume budget
  - Revenue budget
    - Including detailed patient revenue budget linked to the services/volume budget
  - Expense budget
    - Including detailed personnel services budget linked to services/volume utilizing clinical productivity benchmarks

# Financial Plan - Overview of Approach

- **Develop the CCBHC “Total Budget”**

*The cost of the CCBHC program is much larger than the portion of the program funded by the SAMHSA CCBHC-E grants*

- Understand the CCBHC program criteria and Total Budget Concept
- 2 components of costing out the CCBHC program
  - Current baseline costs
  - New anticipated costs (budgeted)
- **What revenue sources are available now to fund the CCBHC program?**
  - CCBHC Expansion grants to support costs not covered by other sources
  - Program income - Third party billing & direct client payments (based on sliding fee scale)
  - Potential – Medicaid Prospective Payment System (PPS) rates
  - Other funding opportunities (e.g., Alternative Payment Models)

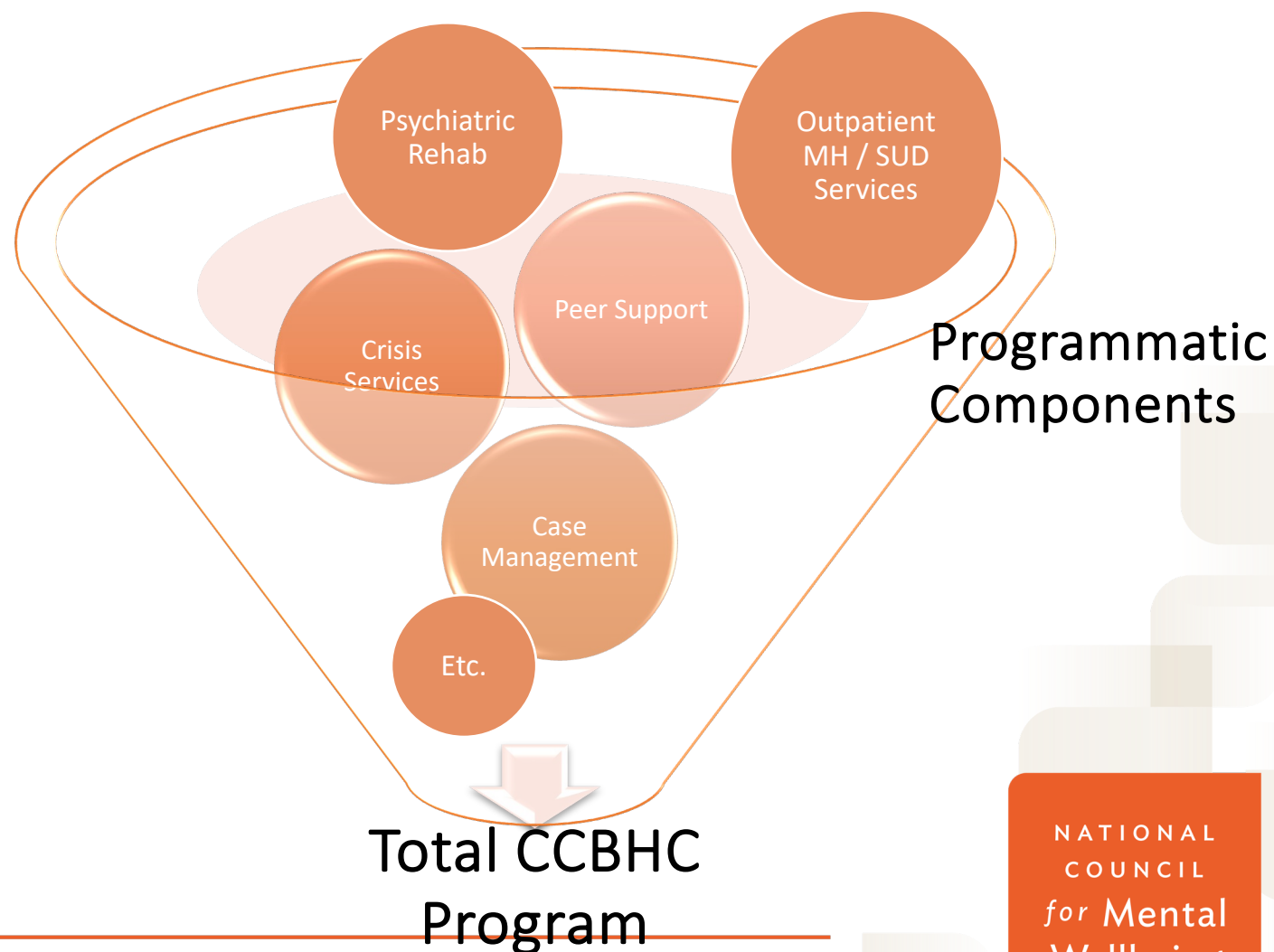
# Developing the CCBHC “Total Budget”

## Current State:

Assessing and monitoring the financial performance of an array of siloed programs

## Future State:


Understanding and monitoring the total cost of CCBHC program operations to strategically plan for sustainability



# Lessons Learned in Sustainability

THS interviewed nine CCBHC-E grantees to solicit information about their strategies for sustainability, data, and metrics they were collecting to demonstrate the impact and value of their work, and their recommendations for other grantees.


**Key finding:** Outside of the CCBHC PPS, community-based behavioral health providers have had limited opportunities to participate in value-based payment (VBP) or alternative payment models (APMs) that support the delivery of comprehensive services and effective interventions and models of care.



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**APPROACHES TO SUSTAINABILITY FOR  
CERTIFIED COMMUNITY BEHAVIORAL  
HEALTH CLINICS:**  
*An Environmental Scan and Guidance for Grantees*

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 **THIRD HORIZON  
STRATEGIES**

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# Interviews revealed six common themes:

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Focus on sustainability planning efforts that help achieve internal efficiencies, maximize billing, and understand costs

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Capture and share compelling data and success stories about the individual experience of care to demonstrate the value proposition of CCBHCs to state policymakers and other key stakeholders.

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Build or expand community partnerships that can help champion the value of CCBHCs to state policymakers.

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Work alongside other grantees and state associations to educate and communicate the value of CCBHCs and explore pathways for statewide implementation.

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National CCBHC Expansion is a pathway to sustainability.

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CCBHC can help prepare providers for APMs. However, these do not replace the need for a permanent state-led CCBHC model.

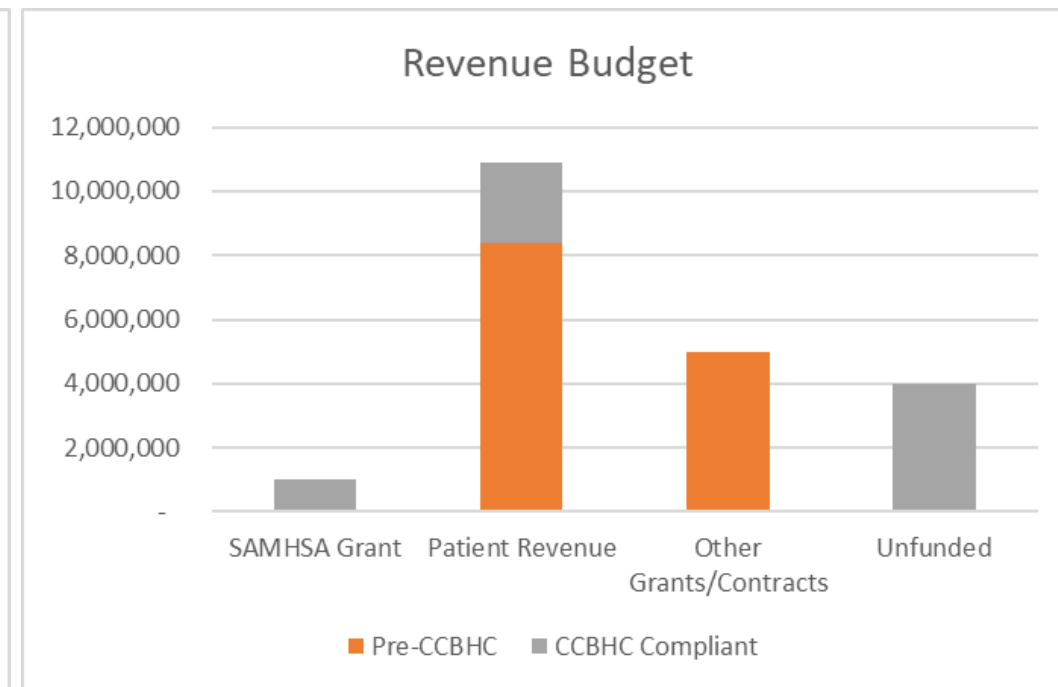
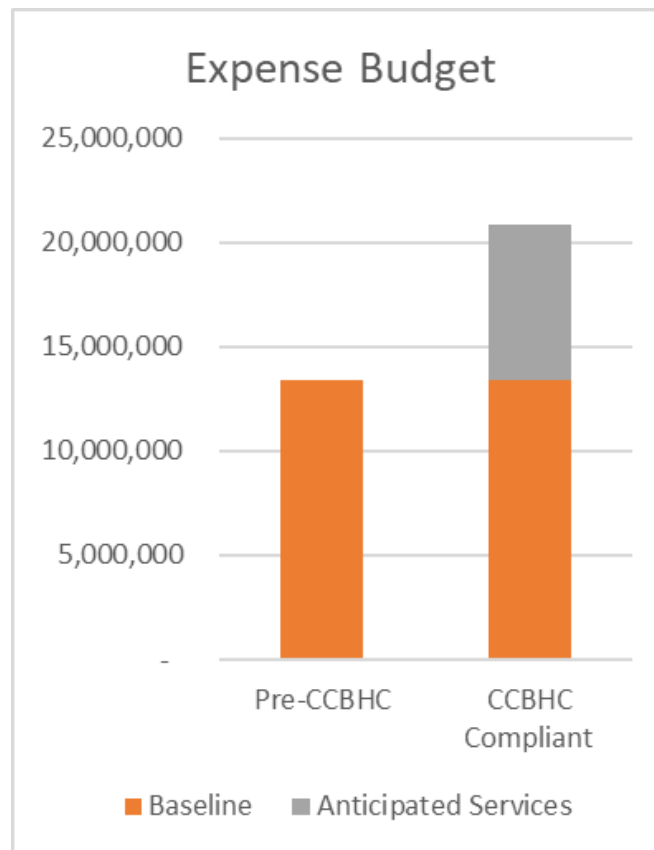
# Components of the CCBHC Total Budget

- Expense Budget –
  - Baseline – segregate CCBHC versus non-CCBHC services
  - Anticipated costs to become CCBHC compliant
  - Allocation of overhead costs

	CCBHC	Non-CCBHC	Indirect/Overhead	TOTALS
<u>Salaries &amp; Wages:</u>				
Base Year, Adjusted	\$ 7,500,000	\$ 1,000,000	\$ 1,500,000	\$ 10,000,000
Anticipated	\$ 5,000,000	\$ -	\$ 500,000	\$ 5,500,000
<b>Total Salaries &amp; Wages</b>	<b>\$ 12,500,000</b>	<b>\$ 1,000,000</b>	<b>\$ 2,000,000</b>	<b>\$ 15,500,000</b>
<u>Fringe Benefits &amp; Payroll Taxes:</u>				
Base Year	\$ 1,500,000	\$ 200,000	\$ 300,000	\$ 2,000,000
Anticipated	\$ 1,312,500	\$ 25,000	\$ 150,000	\$ 1,487,500
<b>Total Fringe Benefits &amp; Payroll Taxes</b>	<b>\$ 2,812,500</b>	<b>\$ 225,000</b>	<b>\$ 450,000</b>	<b>\$ 3,487,500</b>
<u>Other Than Personnel Services:</u>				
Base Year	\$ 2,500,000	\$ 500,000	\$ 250,000	\$ 3,250,000
Anticipated Costs	\$ 500,000	\$ -	\$ 100,000	\$ 600,000
<b>Total Other Than Personnel Services</b>	<b>\$ 3,000,000</b>	<b>\$ 500,000</b>	<b>\$ 350,000</b>	<b>\$ 3,850,000</b>
<b>Total Expenses, Before Allocation</b>	<b>\$ 18,312,500</b>	<b>\$ 1,725,000</b>	<b>\$ 2,800,000</b>	<b>\$ 22,837,500</b>
<i>Direct Program Expense %s</i>	<i>91.39%</i>	<i>8.61%</i>		<i>100.00%</i>
Allocation of Indirect/Overhead	\$ 2,558,952	\$ 241,048	\$ (2,800,000)	\$ -
<b>Total Expenses, After Allocation</b>	<b>\$ 20,871,452</b>	<b>\$ 1,966,048</b>	<b>\$ -</b>	<b>\$ 22,837,500</b>

# Developing the CCBHC “Total Budget”

- Transitioning the current baseline revenue and expense profile to a fully compliant CCBHC under the “Total Budget” concept will create a need to identify alternative revenue streams to sustain the CCBHC program

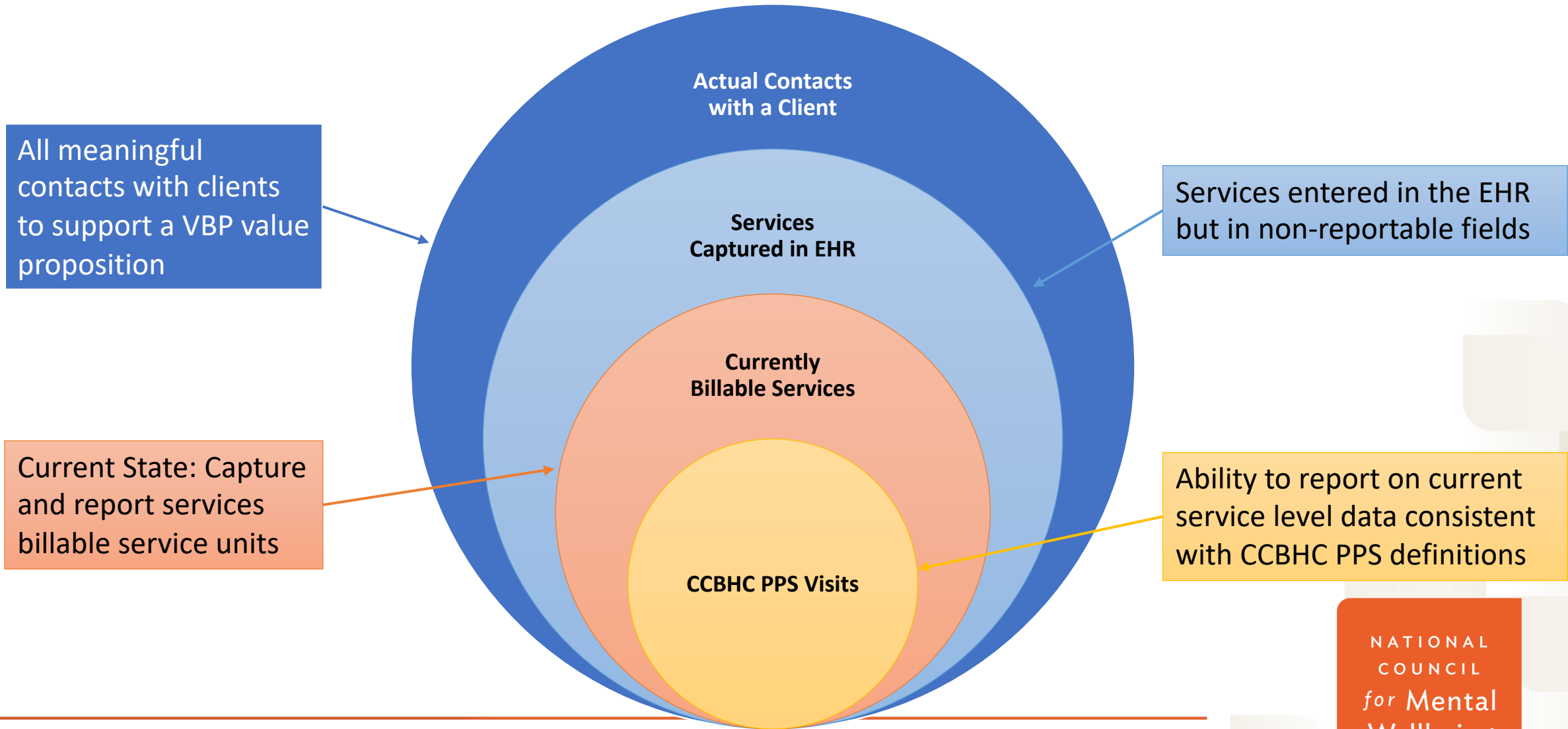


# Overview of Financial/Operating Systems and Potential Modifications

- Develop templates to guide the identification of CCBHC covered services and allocation of revenue and expenses to the CCBHC program
  - Crosswalk of CCBHC Certification Criteria to programs captured in the finance systems
  - CPT code set of CCBHC Covered Services
- Accounting System
  - Review general ledger subaccount coding system to align with the CCBHC program
- Develop allocation methodologies for certain expense types utilizing statistics that have a “cause-and-effect” relationship
- Electronic Health Record/Billing System has capability to segregate activities between CCBHC and non-CCBHC programs



# Capturing Activities in the EHR for New Payment Models



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# Preparing a CCBHC Sustainability Plan for SAMHSA



“Within one year of grant award, develop and implement a sustainability plan to support delivery of services once federal grant funding ends; and update the sustainability plan annually.”

- [2022 PDI NOFO](#)

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# Potential Outline for a Sustainability Plan

- Background description of organization, services provided and outcomes to date
- Activities being undertaken to integrate CCBHC into the organizational culture (including processes, protocols, policies, staff education and training, etc.)
- Current efforts to maximize billing and assess costs of services
- Description of efforts to develop a value proposition for CCBHC and demonstrate and disseminate outcomes, including its impact on reaching current and potential “customers”
- Status of any efforts at the state level to advance CCBHC or work being done to educate and engage state administrators and legislators
- Summary of relevant negotiations with third-party payers or plans to diversify revenues
- Any other information you think is important to include!

# Sustaining the CCBHC Service Delivery Model

Sustaining the CCBHC service delivery model (or plugging the “unfunded” hole) may be accomplished through a combination of available alternatives:

- Improve the efficiency of the current revenue cycle
- New Base Compensation Models
  - Case Rates
  - Partial Capitation
  - Prospective Payment System (PPS)
- Care Management/Care Coordination fees
- Value Based Payment (VBP)/Value Based Care (VBC) and APMs
- Other program designations (e.g., Federally Qualified Health Center (FQHC))
- Partnerships with other community-based providers

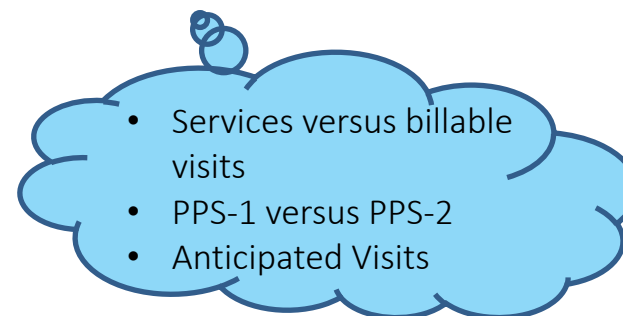


# Basic PPS Rate Construct

- CCBHCs may be able to sustain the CCBHC service model through a Medicaid PPS payment methodology approved through:
  - States participating in the expansion of the Demonstration
  - Expansion of sites in a Demonstration state
  - State Plan Amendment (SPA)
  - Medicaid waiver approved by CMS



$$\frac{\text{Total "Allowable" CCBHC Costs}^*}{\text{Total CCBHC Visits}^*} = \text{CCBHC PPS Rate}$$



*\* For ALL clients; utilizing base year defined by State and CCBHC regulations*

# Conversion of CCBHC to VBC

- What revenue sources will support CCBHC services?

CCBHC Scope of Services	Funded Today			Future Funding Model			
	Traditional FFS Reimbursement	CCBHC Grant Funding	Other Grant/Contract Funding	Base Compensation	"New" Base Compensation	Care Management Fee	Enabling / Social Drivers of Health (SDOH)
<b>Core Services</b>							
24/7 Crisis Services			✓		✓		
Screening, Assessment, and Diagnosis	✓			✓			
Person-Centered Treatment Planning, including Risk/Crisis Planning	✓			✓			
Outpatient Mental Health and Substance Use Services	✓			✓			
Outpatient Primary Care Screening and Monitoring	✓			✓			
Targeted Case Management Services		✓				✓	
Psychiatric Rehabilitation Services		✓			✓		
Peer Supports, Peer Counseling, and Family/Caregiver Supports		✓					✓
BH care for members of the Armed Forces and Veterans	✓			✓			
<b>Additional Components</b>							
Care Coordination		✓				✓	
Quality Improvement/Reporting		✓				✓	
<b>Payment Model</b>				<b>FFS or Capitation (PMPM) \$</b>		<b>PMPM \$</b>	<b>FFS vs. PMPM</b>

- *Understanding total costs is critical for preparing for sustainability – whether through future PPS rate, APM, or other payment arrangement – to manage and track financial performance*



# Potential Financial Elements in a Sustainability Plan

- Current ability to support CCBHC activities with existing funding streams, based on financial analysis
- Identified revenue cycle gaps by service type based on current payor landscape, and anticipated growth in revenue once addressed
- Unfunded gap and types of activities that are unfunded, based on financial analysis
- Pursuit of new funding streams and likelihood of success based on state environment
- Impact of new funding streams (e.g., PPS implementation, APM, other) on ability to support CCBHC activities



# Questions?



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# Breakout Discussion



In each room, each participant will discuss:

- What steps have you taken to build sustainability for your CCBHC?
- What steps have you taken toward writing your sustainability plan to submit to SAMHSA?

During the breakout room, assign someone to take notes. Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.

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# Session Resources

Resource	Resource Link
<b>Approaches to Sustainability for CCBHCs</b> <ul style="list-style-type: none"><li>This paper summarizes the results of an environmental scan to identify impactful strategies being utilized by grantees to achieve sustainable funding as a CCBHC.</li></ul>	<a href="#">Access the resource here</a>
<b>CCBHC Financial Management and Sustainability Series</b> <ul style="list-style-type: none"><li>This five-part series supports CCBHC grantees in understanding and establishing strong financial management practices, including cost tracking and utilization monitoring, and building these practices into their sustainability plan.</li></ul>	<a href="#">Access the series recordings and slides here</a>

# Upcoming Events

Event Type	Title	Date + Time	Registration Link
Webinar	Peer Support Specialist Skill Development Series Session 4: Building Skills as Professionals	Tuesday, August 22 <sup>nd</sup> 2:00pm – 5:00pm ET	<a href="#">Register Here</a>



# Monthly Cohort Calls

**Monthly cohort calls** from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The <b>last Friday</b> of each month from 12:00-1:00pm E.T.	<a href="#">Register here</a>
Program Directors	The <b>first Wednesday</b> of each month from 12:00-1:00pm E.T.	<a href="#">Register here</a>
Evaluators/CQI Leads	The <b>first Tuesday</b> of each month from 3:30-4:30 pm E.T.	<a href="#">Register here</a>

# CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

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# Thank You!





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

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Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

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