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# CCBHC and FQHC Webinar Series: Pathways and Sustainability

September 18, 2023

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

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*



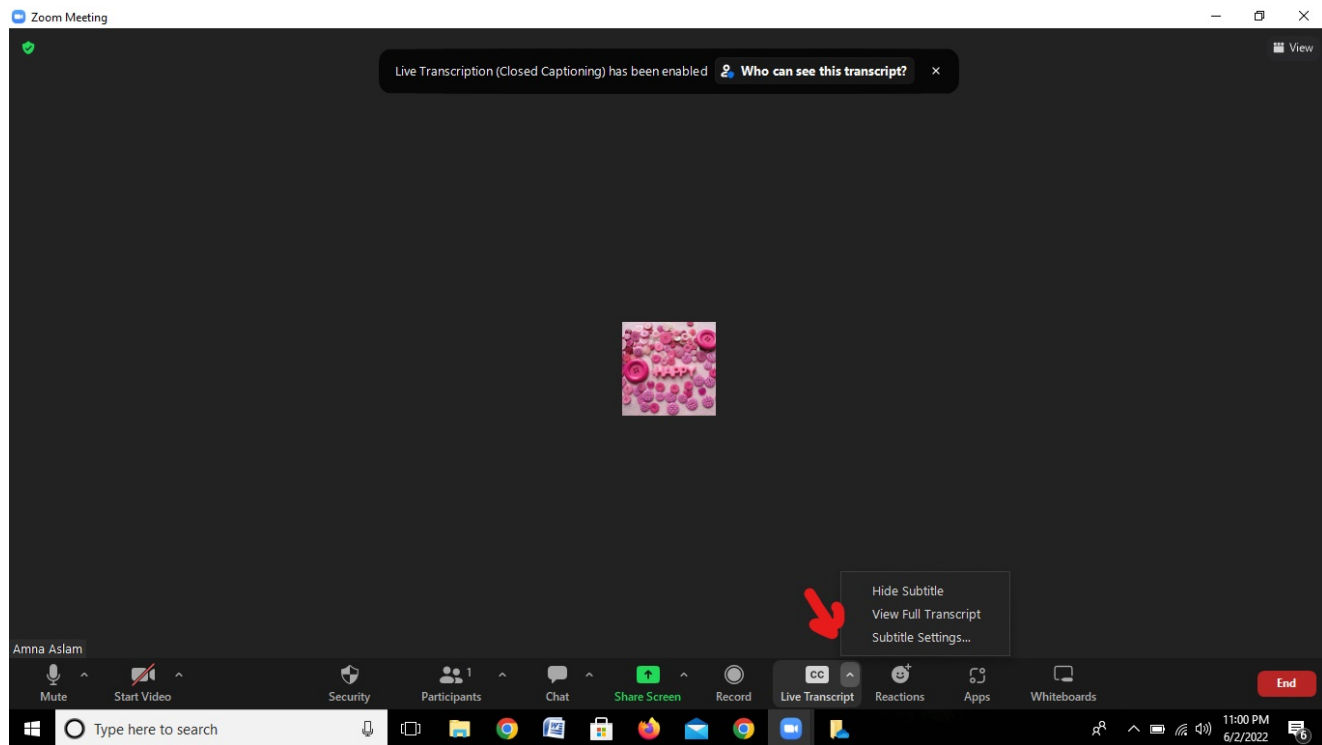
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# Acknowledgements and Disclaimer

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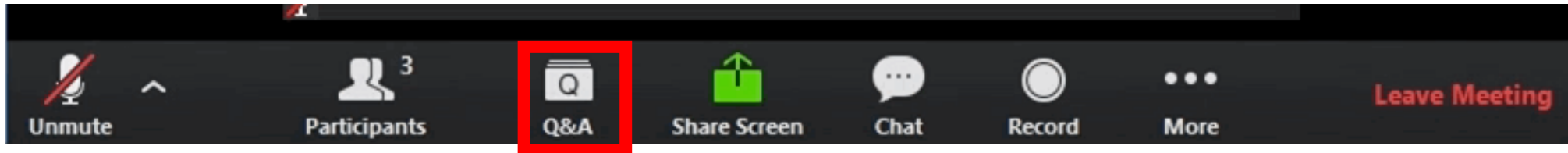


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# How to Ask a Question



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

# Series Overview

- Session 1: Back to the Basics – CCBHC/FQHC Overview
- Session 2: Understanding CCBHC/FQHC Partnerships/Requirements
- Session 3: Putting it into Practice: Successful CCBHC/FQHC Partnership
- **Session 4: Pathways and Sustainability**

# Learning Objectives

- Review CCBHC and FQHC reporting requirements
- Identify considerations for pursuing CCBHC/FQHC status
- Increase understanding of sustainability pathways
- Share strategies to support engaging in transformation efforts



# Today's Presenters



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Community Health – Practice  
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**Joanne McNamara, JD**  
*Senior Manager, Healthcare  
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CohnReznick LLP*

# CCBHC Reporting Requirements

## State Certified

- Quality Measures
- Annual Report
- Cost Report

## SAMHSA Grant Funded

- Quality Measures\*
- Annual Report
- National Outcome Measures (NOMs)
- IPP (Infrastructure Development, Prevention and Promotion)
- Disparities Impact Statement

*\*CCBHC grantees awarded in 2024 will be required to collect and report out on clinic-collected CCBHC measures beginning in 2025.*



# FQHC Reporting Requirements

## HRSA Health Center Program

- Uniform Data System (UDS) (*calendar year*)
- Federal Financial Report (FFR) (*quarterly*)
- Audit Requirement (*calendar year*)
- Supplemental Funding (*reporting cycles/requirements vary by grant program*)
- Operational Site Visit (OSV) (*every 1-2 years depending on period of performance*)
- Federal Tort Claims Act (FTCA) Site Visit (*calendar year*)

## CMS

- Site Certification Process (*every 5 years*)
- FQHC Medicare Cost Report (*annual*)
- FQHC Medicaid Cost Report (*annual*)

## Other

- DHHS Single Grant Application
- IRS Form 990
- State Tax Return
- Pension Plan Return (Form 5500)



# Compass Health Network



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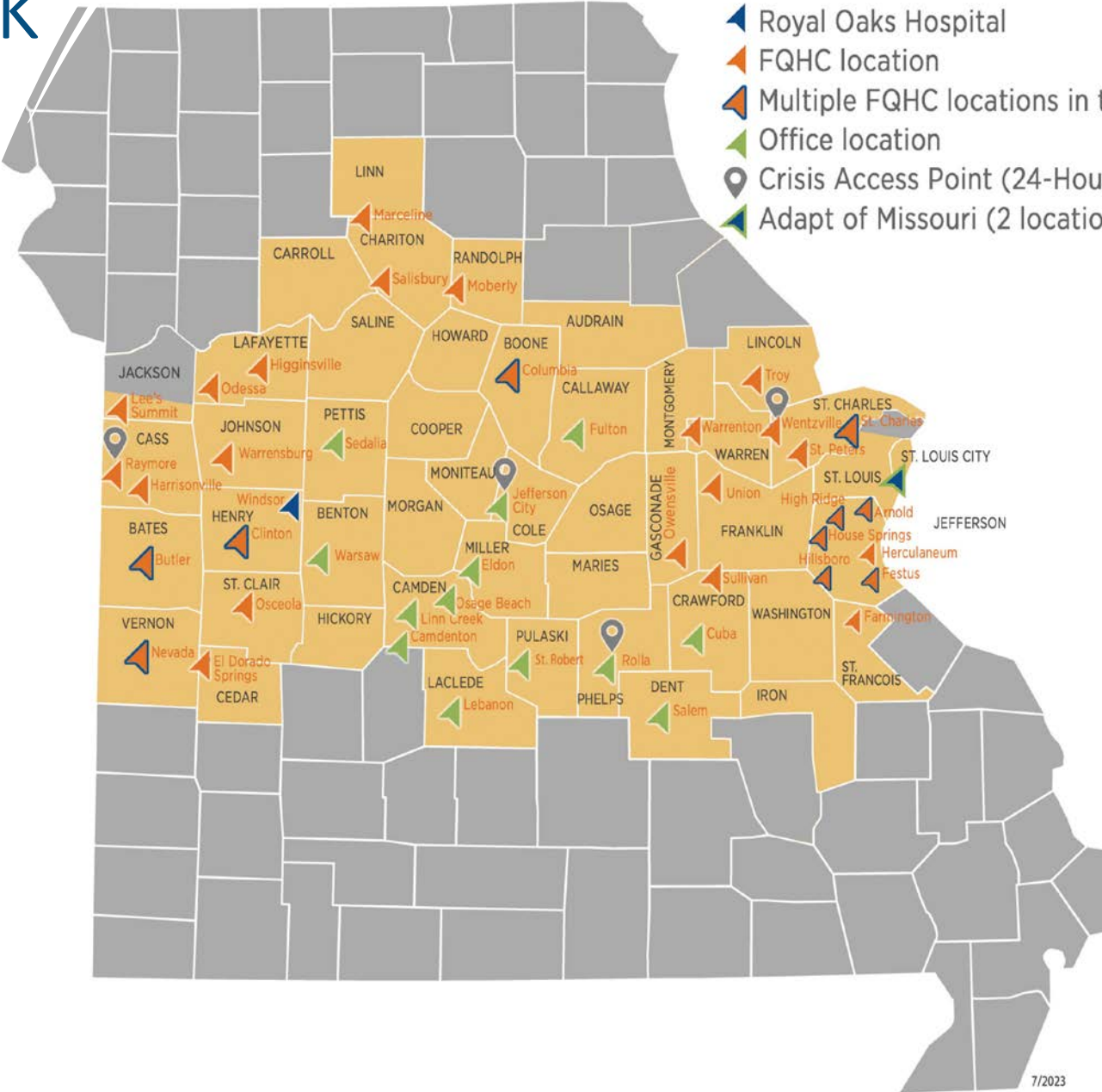


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# Compass Health Network

## FQHC and CCBHC

- FQHC – 2007
  - Grants determine FQHC eligibility and determine Medicaid/Medicare/FTCA/340B eligibility
  - SAMHSA Program Grants
- CCBHC- 2016
  - State Demonstration Programs (Medicaid)
  - SAMHSA Program Grants



# Compass Health Network



Compass Health  
Network

FY2022  
Snapshot of Services

## 109,137 TOTAL CUSTOMERS SERVED

*unduplicated individuals served in FY2022*

PRIMARY CARE/PEDIATRICS — 36,057 individuals

PSYCHIATRY/THERAPY — 50,107 individuals

DENTAL — 34,201 individuals

TELEHEALTH — 44,139 individuals

Clients participated in 254,742 behavioral health and primary care telehealth visits across our system of care.

CRISIS SERVICES — 15,043 individuals

- 1,859 Hotline Calls (988 line)
- 13,184 Crisis Line Calls (1888 direct crisis line)  
*\* expanded hours (and staff) to 7 days a week in FY'22*
- 4,076 initial and follow-up mobile crisis contacts
- 2,197 ERE (Emergency Room Enhancement) patients served  
*\* 74% reduction in ER visits within 90 days*
- 3,659 referrals served by Community Behavioral Health Liaisons
- 1,121 individuals served in Behavioral Health Crisis Centers  
*\* opened three Behavioral Health Crisis Centers during FY'22; averaged a 6-minute wait time for law enforcement when bringing an individual to the crisis center*



TheNationalCouncil.org

ABOUT US

- 45 Missouri counties receiving services
- 84 Service Locations
- 3,900 Employees
- 6 FQHC Partnerships

## OUR PROGRAMS AND SERVICES:

- ACT-TAY (Assertive Community Treatment with Transitional Age Youth)
- ACUTE PSYCHIATRIC HOSPITALIZATION (Royal Oaks Hospital)
- BRIEF BEHAVIORAL HEALTH ASSESSMENTS
- CPRP (Community Psychiatric Rehabilitation Program)
- CLUBHOUSE
- COUNSELING
- DENTAL
- FAMILY MEDICINE
- HEALTHCARE HOME
- HOUSING SUPPORTS
- PARTNERSHIP WITH FAMILIES (Youth CPRP)
- PEDIATRICS
- PREVENTION AND EARLY INTERVENTION
- PSYCHIATRY
- PSYCHOLOGICAL SERVICES
- RESIDENTIAL TREATMENT FOR SUBSTANCE USE DISORDERS
- SATOP (Substance Abuse Traffic Offender Program)
- SCHOOL-BASED MENTAL HEALTH SUPPORT COORDINATION
- SUPPORTED EMPLOYMENT
- TRANSITIONAL SUB-ACUTE CARE

*The program numbers represent individual customers. Some customers receive more than one kind of service in our system of care and may be represented in multiple categories.* 2023

[compasshealthnetwork.org](http://compasshealthnetwork.org)

844.853.8937



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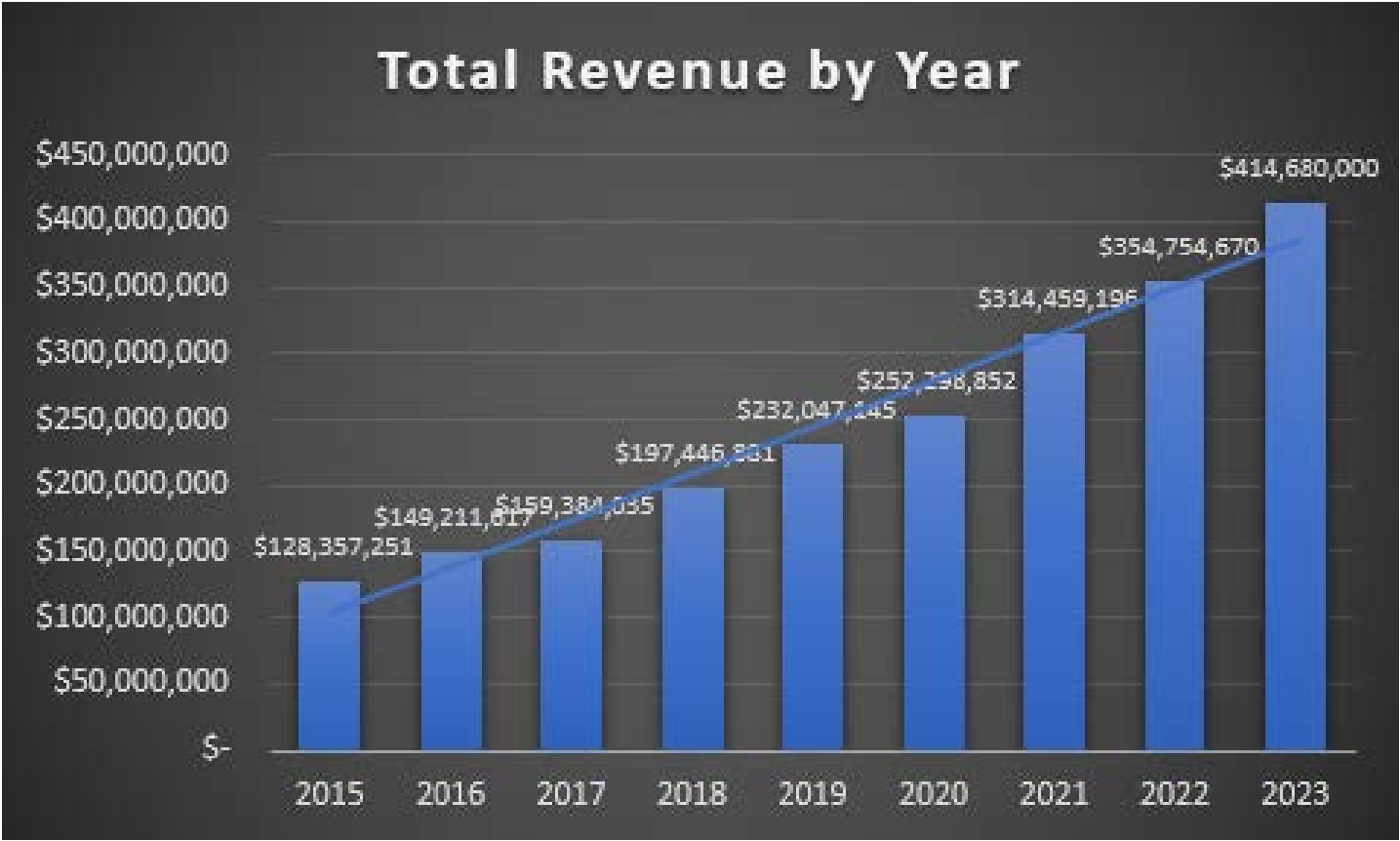
# Transforming Systems of Care: every aspect of your organization; CCBHC is not a single business line approach

“A Behavioral Health Center of Excellence is known by the entire community as a great place to get care and a great place to work.” (2014)

- Element 1: Easy Access – 24/7/365
- Element 2: World Class Customer Service Built on a Culture of Engagement and Wellness - how engaged vs how many served
- Element 3: Comprehensive Care
- Element 4: Excellent Outcomes
- Element 5: Excellent Value



# Compass Growth Since onset of CCBHC



# Organic Growth vs Merger/Acquisition

	REVENUE GROWTH BY YEAR		
	Total Growth	Organic	M&A
2016	20,854,366	20,854,366	-
2017	10,172,418	10,172,418	-
2018	38,062,846	38,062,846	-
2019	34,600,264	34,600,264	-
2020	20,251,707	20,251,707	-
2021	62,160,344	44,460,344	17,700,000
2022	40,295,474	33,495,474	6,800,000
2023	60,245,330	60,245,330	-
<b>Total Growth - 8 Years</b>	<b>286,642,749</b>	<b>262,142,749</b>	<b>24,500,000</b>
<b>Organic % of Total Growth</b>		<b>91%</b>	
<b>M&amp;A % of Total Growth</b>		<b>9%</b>	



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# Strategies and Lessons Learned

- Plan upstream –prevention, outreach and engagement
- Hire, hire, hire – before you bottleneck
- Improve overall infrastructure – IT, QI, Financial, HR, Training, Data analysis and program evaluation
- Stay competitive with yourself – Better and Better mindset
- Community Needs assessment – gaps, demographics, stakeholder needs



# Strategies and Lessons Learned

- Substantial investments in facility improvements
- Major investments in quality and compliance
- Expansion of crisis services and leveraging 988



- Continued focus and commitment to community health - focus on what we do best and partner with the rest

# Cohn Reznick



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# Current CCBHC Funding Streams

- CCBHC Demonstration program (began 2017)
  - Medicaid Prospective Payment System (PPS) reimbursement model
  - Currently 10 states participating in the Demonstration program
    - New guidance issued by SAMHSA for states in the Demonstration to expand to new sites
  - Beginning 2024, and every 2 years thereafter, 10 new states can be added
- CCBHC Expansion grants
  - Originally, 2-year grants to transition to the CCBHC service package
    - Moved to 4-year grants under FY22 NOFO and continued under FY23 NOFO
  - Requires plan for sustainability post grant project period
- CCBHC State Plan Amendment (“SPA”) and Waiver programs
  - Replication/Modification of the original CCBHC Demonstration program
- Other State CCBHC-Like initiatives



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# CCBHCs and FQHCs Operate Under a Similar PPS Reimbursement Model Concept\* ...

A Unique  
Provider Type



Must Provide a  
Minimum Core  
Bundle of Services



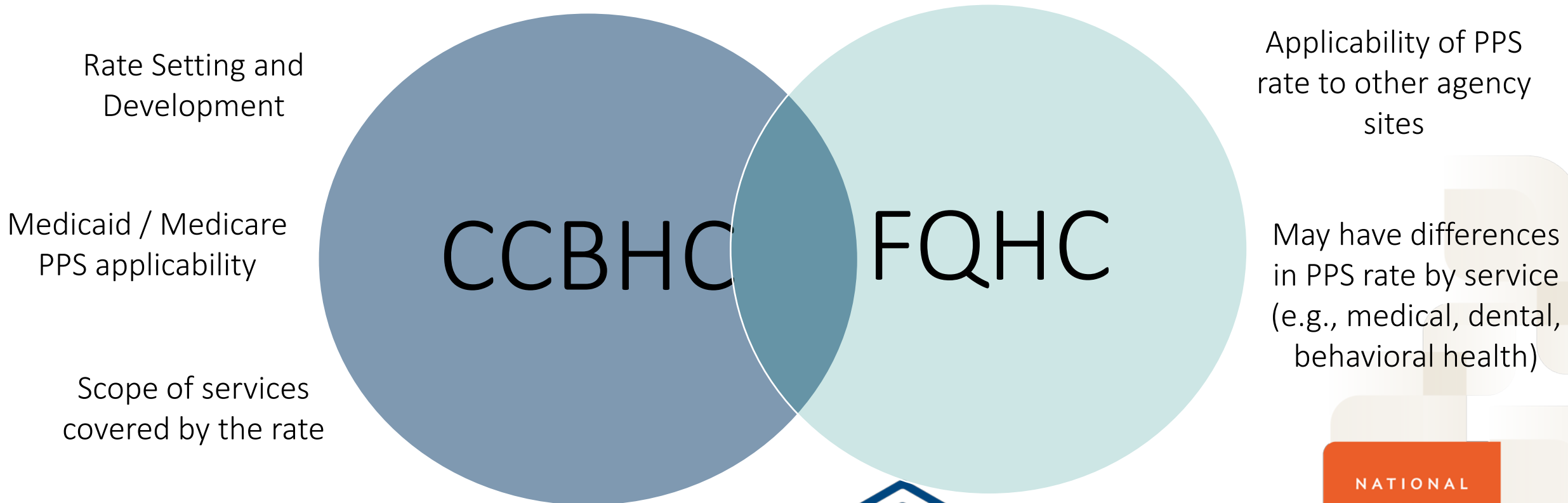
Bundled Payment  
Model Covering the  
Core Services



*\* For CCBHCs operating in states participating in the Medicaid Demonstration program or operating under a CCBHC SPA/Waiver program*

# ... but CCBHC and FQHC PPS Reimbursement Models are not the same!

Different Target Populations



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# CCBHC Rate Options

- CMS offers states the option of using either the Certified Clinic Prospective Payment System (CC PPS-1) or CC PPS Alternative (CC PPS-2).
- PPS Methodology will depend on the state's selection
- CMS recently issued proposed guidance on expanding these options and requiring rebasing

Rate Element	CC PPS-1	CC PPS-2
Base rate	Daily rate	Monthly rate
Payments for services provided to clinic users with certain conditions <sup>1</sup>	NA	Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing all services necessary to meet the needs of special populations
Update factor for demonstration year 2	Medicare Economic Index (MEI) <sup>2</sup> or rebasing	MEI or rebasing
Outlier payments	NA	Reimbursement for portion of participant cost in excess of threshold
Quality bonus payment	Optional bonus payment for CCBHCs that meet state-defined and CMS approved quality measures	Bonus payment for CCBHCs that meet state-defined and CMS approved quality measures

Source: SAMHSA 2016 PPS Guidance to Clinics and States, <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf#page=94>

1- The state will develop monthly PPS rates that vary according to users' clinical conditions and will define how PPS rates could vary

2- CMS Medicare Program Rates and Statistics, Market Basket Data, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>



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# FQHC Mandated Rate Methodology

Beginning January 1, 2001, and each succeeding fiscal year, States shall reimburse FQHCs for FQHC covered services as follows:

- For 2001, payment shall be made in an amount equal to 100% of the average of costs of the center during fiscal years 1999 and 2000 which are reasonable and related to the cost of furnishing FQHC covered services
- For fiscal years 2002 forward, payment shall be equal to the per visit amount from the prior year –
  - Increased by the % increase in the Medicare Economic Index (MEI) for primary care services, and
  - Adjusted to take into account any increase or decrease in the scope of services
- States can implement Alternative Payment Methodologies (APMs) as long as they reimburse FQHCs at levels greater than the federally-mandated daily visit model



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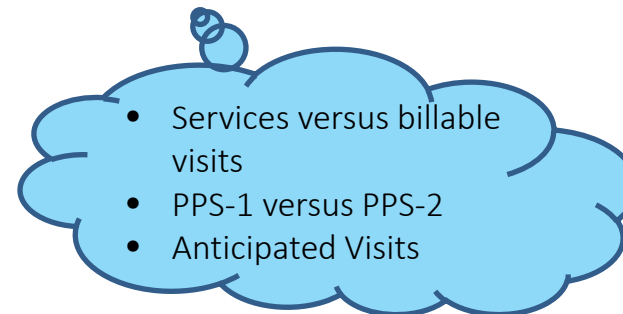
# Basic CCBHC PPS Rate Construct

CCBHCs may be able to sustain the CCBHC service model through a Medicaid PPS payment methodology approved through a:

- 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*





# CCBHC versus FQHC Rate Construct

CCBHC	FQHC
Each state certifies based on SAMHSA criteria, plus any additional state-determined requirements	HRSA approves FQHC designation
Currently, all states utilizing the standard CMS CCBHC Cost Report	Each state has developed its own FQHC Cost Report
States have option to select either a Daily or Monthly Visit rate	States must implement a Daily Visit rate (some states have moved toward a Monthly Visit rate, APM)
<p><u>Rate-setting model in its infancy stage:</u></p> <ul style="list-style-type: none"> <li>• PPS Rates initially set utilizing a base year and budgeted (Anticipated) costs/services</li> <li>• Subsequent year rates are set utilizing:               <ul style="list-style-type: none"> <li>• Annual trend factor (MEI)</li> <li>• Often the rebasing of rates utilizing a more recent Cost Report</li> </ul> </li> </ul>	<p><u>Rate-setting model more mature:</u></p> <ul style="list-style-type: none"> <li>• PPS Rates initially set utilizing a base year</li> <li>• Subsequent year rates are set utilizing:               <ul style="list-style-type: none"> <li>• Annual trend factor (MEI)</li> <li>• Change in scope of services appeals</li> </ul> </li> <li>• APMs can have rates rebased</li> </ul>

# Considerations for Pursuing Dual Certification:

## For Existing CCBHCs Pursuing FQHC:

- Adds PPS rate reimbursement opportunity for services outside of the CCBHC scope (e.g., primary and preventive care, treatment for chronic and acute conditions)
- Primary care is the focus of the FQHC model and will need to consider volume
- Provision of dental services and other ancillary services
- Be prepared to address primary care across life cycle (pediatrics, adult, OB/GYN)
- Certain CCBHC covered services may be outside of the behavioral health services reimbursed under the FQHC Medicaid rate (state-specific)
- Governance requirements differ!



# Considerations for Pursuing Dual Certification:

## For Existing FQHCs Pursuing CCBHC:

- Models focus on different target populations
- The CCBHC covered service package includes a much more comprehensive set of behavioral health services that FQHCs have generally not previously provided
- Overlap in services add complication to reimbursement methodology (e.g., how to treat costs and reimbursement for outpatient MH and SUD services)



Q&A

# Session Resources

Resource	Resource Link
CCBHC and FQHC Partnership Webinar Series Webpage	<a href="https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/training-events/ccbhc-and-fqhc-series/">https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/training-events/ccbhc-and-fqhc-series/</a>
CCBHC PPS Reference Guide	<a href="https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/certification-resource-guides/prospective-payment-system">https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/certification-resource-guides/prospective-payment-system</a>
NACHC: Resources & Research: Payment	<a href="https://www.nachc.org/resources-research/payment/">https://www.nachc.org/resources-research/payment/</a>

# CCBHC-E TTA Center Website



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

[CCBHC-E National Training and Technical Assistance Center](#)



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# Thank You!

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### Calendar of Events

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Future Events   
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