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CCBHCs in Pennsylvania

Rehabilitation and Community Providers Association

Nina Marshall, Director of Public Policy

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Contact: Communications@TheNationalCouncil.org | 202.684.7457

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What and why: CCBHCs

Think but don't **say** FQ**B**HC

- Paid for actual costs of providing services
- Have common scope of services
- Have common quality metrics
- A federal definition – commonality across state provider networks

H.R. 4302: passed March 2014

- $1.1 billion investment in behavioral health
- Certified Community Behavioral Health Clinic framework
- Two phases:
  - ✓ Planning grant phase
  - ✓ Demonstration phase

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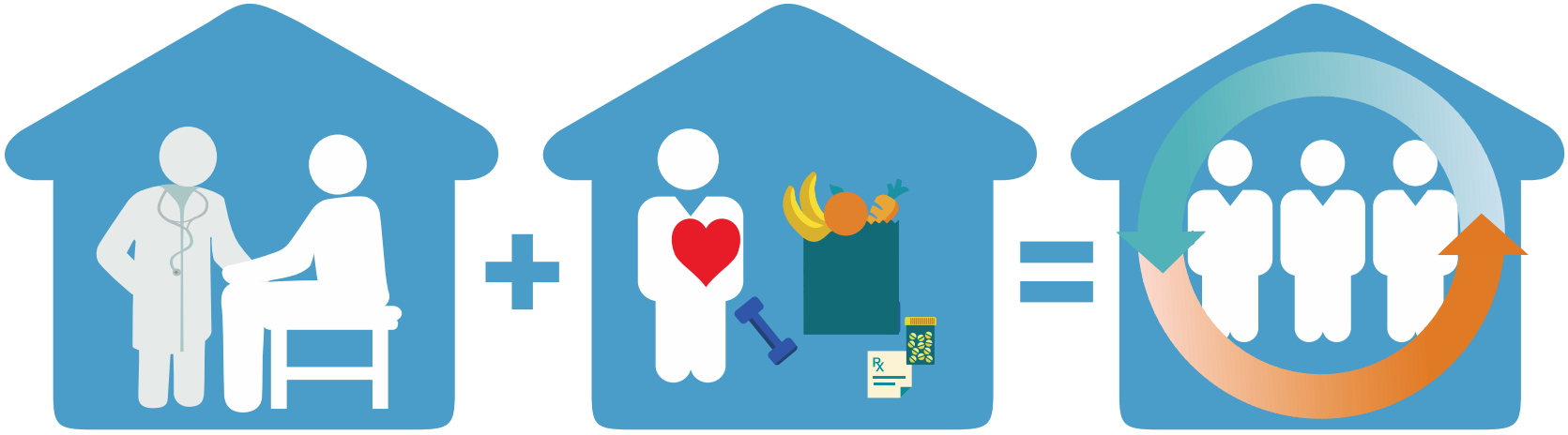
Two Roles of Behavioral Health Providers in the New Health Ecosystem

- Behavioral health inside medical homes—deeply embedded in primary care team, prevention and early intervention, addressing behaviors as well as disorders
- Behavioral health specialty centers of excellence, partnering with medical homes to provide high-value, whole-health care to people with complex conditions

CCBHCs



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Timeline

May-Aug 5, 2015	Oct 2015—Oct 2016	Jan 2017—Dec 2018
Prepare Planning Grant Applications	Planning Phase	Demonstration Phase

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Application information

- Submitted in August
- Awards up to $2 million
- Estimated number of awards: 25
- Announcements around October 19
- Planning phase: 1 year (!!)
- Key decision points (that can change):
  - ✓ Target Medicaid population
  - ✓ PPS option
  - ✓ Site selection process
  - ✓ EBPs to be required of CCBHCs

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Planning Phase

- One year – October 2015 to October 2016
- Activities during the year:
  1. Solicit input
  2. Certify clinics (at least two, can be all)
  3. Establish a PPS
  4. Develop capacity to provide CCBHC services
  5. Develop or enhance data collection and reporting capability
  6. Prepare for participation in national evaluation
  7. Submit a demonstration proposal
- 8 selected states allowed no-cost extension to finish planning activities

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Minimum Standards

Areas that an organization must meet to achieve CCBHC designation:

1. Staffing
2. Accessibility
3. Care coordination
4. Service scope
5. Quality/reporting
6. Organizational authority

*See MTM's Certification Criteria Readiness Tool for detail

PA's Application - Staffing

"Staff Training:

- The CCBHCs will develop training plans that are applicable for all employed and contract staff and for providers the CCBHC has an agreement with to provide indirect services to CCBHC consumers or their families.
- Training plans will include cultural competence including information related to military culture as appropriate; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and, primary care and BH integration.
- Training will be provided as part of orientation at least annually; however, some training may require more frequent updates. Additional training provided at orientation and annually will include, but not be limited to, risk assessment, suicide prevention, and suicide response."

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Care Coordination: *The "Linchpin" of CCBHC*

Partnerships (MOA, MOU) or care coordination agreements required with:

- ✓ FQHCs/rural health clinics, unless the CCBHC provides comprehensive healthcare services
- ✓ Inpatient psychiatry and detoxification
- ✓ Post-detoxification step-down services
- ✓ Residential programs
- ✓ Other social services providers, including
  - Schools
  - Child welfare agencies
  - Juvenile and criminal justice agencies and facilities
  - Indian Health Service youth regional treatment centers
  - Child placing agencies for therapeutic foster care service
- ✓ Department of Veterans Affairs facilities
- ✓ Inpatient acute care hospitals and hospital outpatient clinics

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Care Coordination:
The "Linchpin" of CCBHC

- CCBHC coordinates care across the spectrum of health services, including physical and behavioral health and other social services
- CCBHC establishes or maintains electronic health records (EHR)
  - ✓ Health IT system is used to conduct population health management, quality improvement, reducing disparities, and for research and outreach

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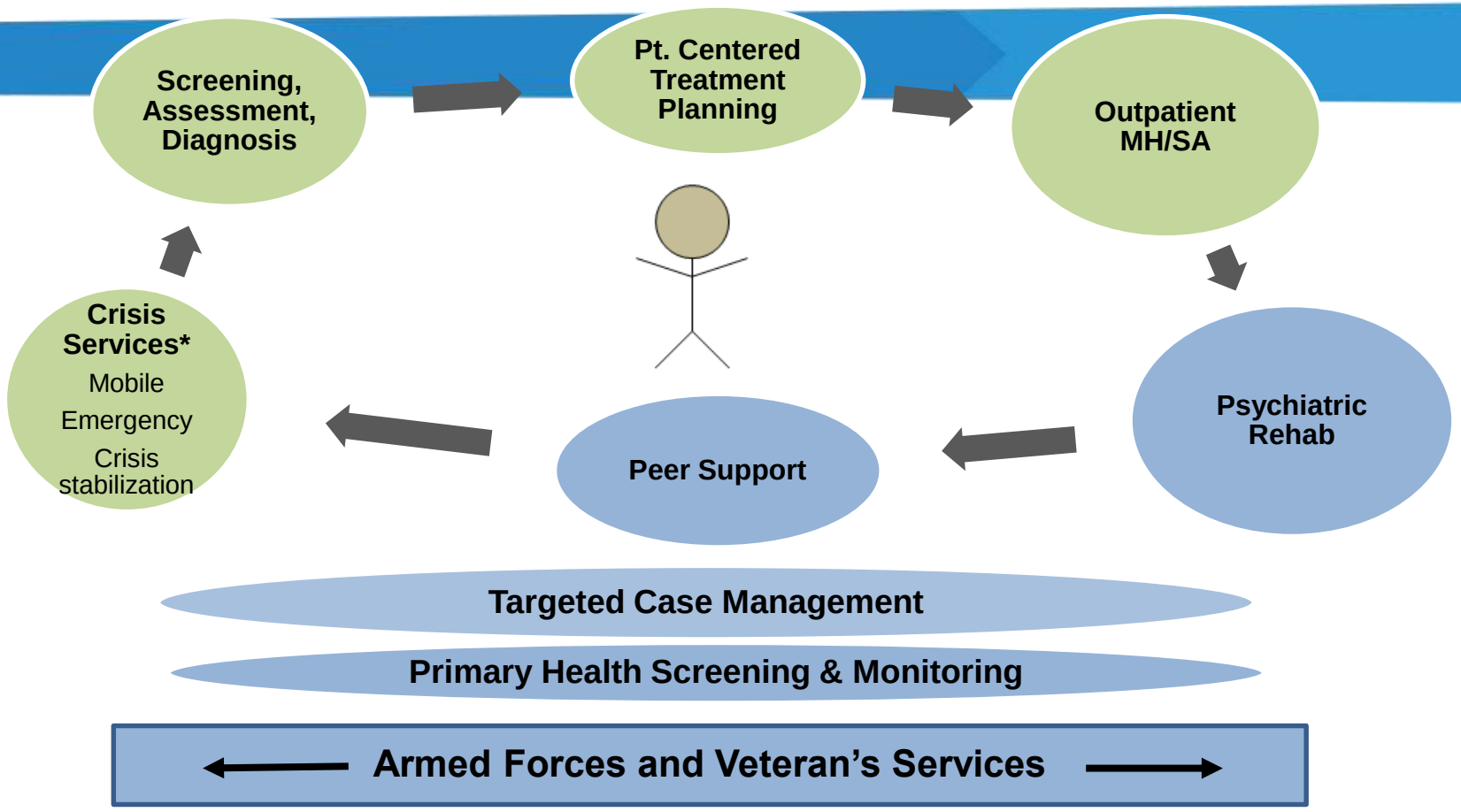
CCBHC Scope of Services



- Delivered directly by CCBHC
- Delivered by CCBHC or a Designated Collaborating Organization (DCO)

PA's Application - EBPs

- Motivational Interviewing
- CBT
- DBT
- Addiction Technologies
- Recovery Supports
- First episode EI for Psychosis
- ACT
- F-ACT
- Medication E/M
- Community wrap for youth/children

DCOs

- Formal relationship, not direct supervision
- Delivers services under “same requirements” – up for interpretation
- Payment included in PPS
- DCO encounter = CCBHC encounter
- CCBHC is clinically responsible

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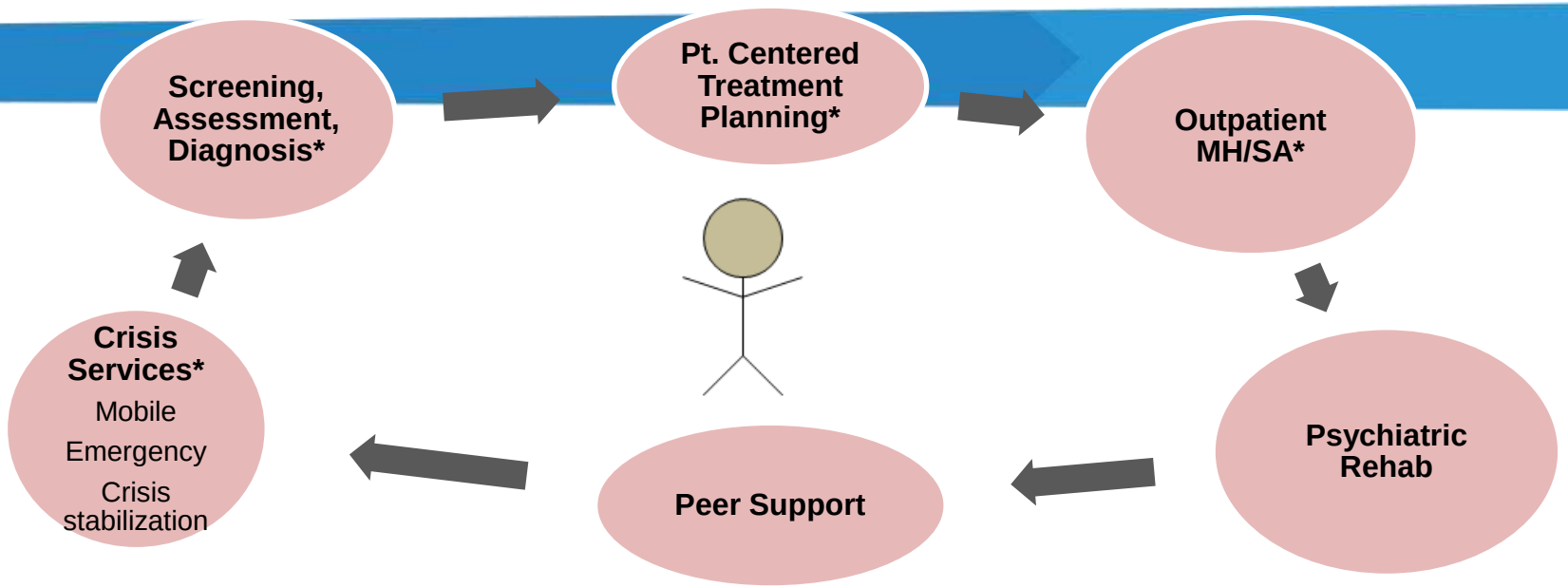
What a DCO can provide



Targeted Case Management

Primary Health Screening & Monitoring

Armed Forces and Veteran's Services

(All of it!)

*Must also be provided by CCBHC

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PPS Rate Methodology

- Participating states will select 1 of 2 PPS rates
  1. FQHC-like PPS
     - Reimbursement of cost on daily basis
  2. CC PPS Alternative
     - Reimbursement of cost on monthly basis
     - Layered payments for clients with certain conditions
     - Outlier payments
- PPS Rate will include cost of DCO services
- Quality Bonus Payments
  - ✓ Optional for FQHC-like PPS Option
  - ✓ Required for Alternative PPS Option

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Quality Measures

Required Measures for Quality Bonus Payments:

1. Follow-Up after Hospitalization for Mental Illness (adult age groups)
2. Follow-Up after Hospitalization for Mental Illness (child/adolescents)
3. Adherence to Antipsychotics for Individuals with Schizophrenia
4. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
5. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
6. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

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Quality Measures

Eligible Measures for Quality Bonus Payments:

1. Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
2. Screening for Clinical Depression and Follow-Up Plan
3. Antidepressant Medication Management
4. Plan All-Cause Readmission Rate
5. Depression Remission at Twelve Months-Adults

States may propose quality measures for QBP; however, CMS approval is required.

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Costing and Rebasing

- Demonstration Year 1 Rates
  - Cost and visit data gathered during planning phase;
  - May include **estimated costs** for services/items projected for demo phase
  - Updated by Medicare Economic Index (MEI)
- Demonstration Year 2 Rates
  - Update of DY1 rates with MEI

    Or
  - Rebasing

CCBHCs and Other Provider Types

CCBHC PPS payments trump all

- FQHCs
- Clinics
- Tribal Facilities

Excluded services:

- Inpatient care
- Residential treatment
- Room and board expenses

Intersection with Managed Care

State Options

1. Fully incorporate the PPS payment into the managed care capitation rate;

or

2. Year-end reconciliation process to make a wraparound supplemental payment to ensure that the total payment is equivalent to CCBHC PPS.

PA's Application – Selection

"Pennsylvania would select a minimum of two sites to be certified during the planning year; **there would be no maximum number set**. However, DHS would anticipate a **regional approach** and would utilize the planning year to reach a consensus on whether the commonwealth would be divided into four or five geographic regions. Only clinics established prior to April 1, 2014, will be considered eligible to become a CCBHC, and the. **clinics would be certified based on their ability to achieve quality indicators**"

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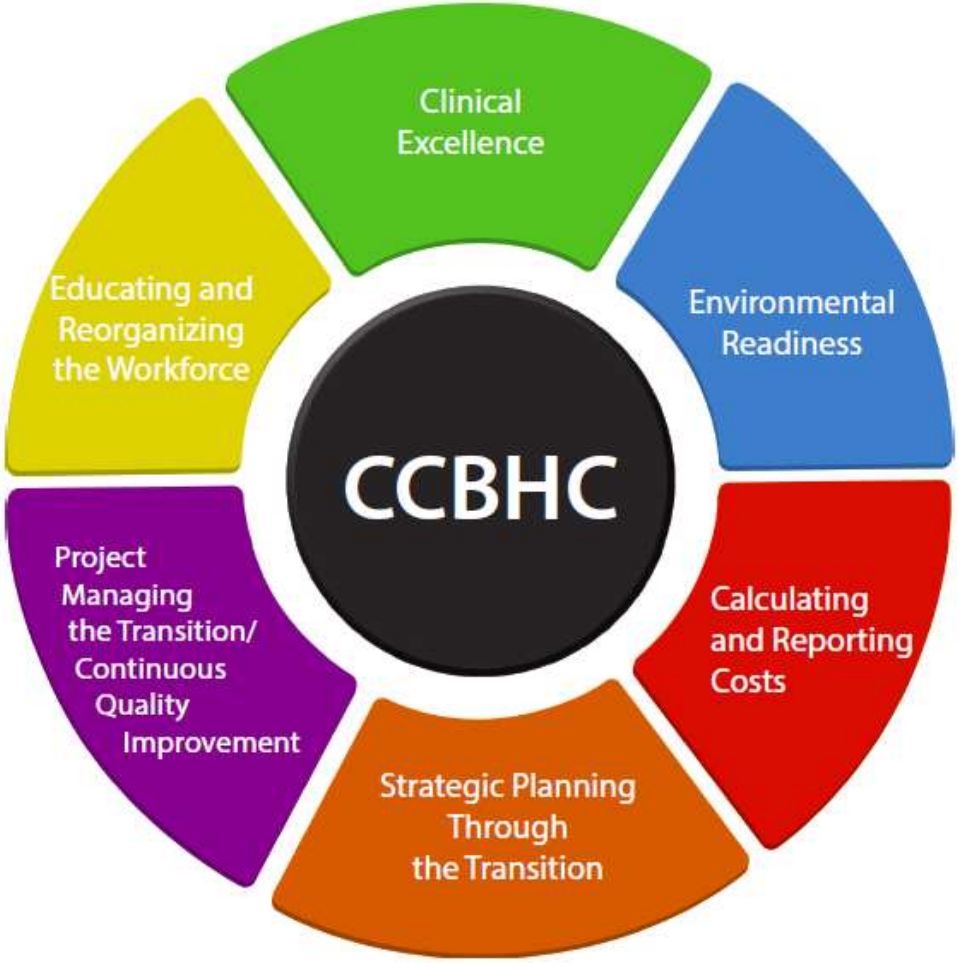
What Will it Take?



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Thank you!

Nina Marshall, MSW
Director of Public Policy
NinaM@thenationalcouncil.org
National Council for Behavioral Health

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