Certified Community Behavioral Health Clinics (CCBHC) An Overview

### Background

- Protecting Access to Medicare Act (PAMA) of 2014 Section 223 authorized the Department of Health and Human (HHS) Services to:
  - Establish criteria that states will use to certify community behavioral health clinics (lifespan) that will participate in two year demonstration programs to improve community behavioral health services
  - Provide guidance on the development of a Prospective payment System (PPS) for payment of CCBHC services provided by certified clinics
  - Award grants to states for planning purposes and to develop proposals to participate in demonstration program
  - Pay states participating in the demonstration program federal matching funds equivalent to standard Children's Health Insurance Program (CHIP) matching rate for services provided to currently enrolled Medicaid beneficiaries
  - Evaluate the project and prepare annual reports to Congress

# Background

- Origin of this effort is based on the concept that a federal designation for community behavioral health clinics could be established using consistent criteria and a prospective payment system similar to Federally Qualified Health Centers (FQHCs)
- SAMHSA issued an RFA for the planning year on May 20, 2015.
- Applications were due August 5, 2015
- Connecticut was one of 24 states that were awarded the planning grant in October 2015. The grant was reduced from up to \$2,000,000.00 to just under \$1,000,000.00
- Applications for the 2 year Demonstration are due October 31, 2016 at which time 8 states will be selected.
- Department of Social Services is the lead applicant with the Department of Children and Families (DCF) and Mental Health and Addiction Services (DMHAS) as partners.

## **CCBHC Planning Year**

- DSS, DCF and DMHAS released an RFA on August 31, 2015 seeking applications from interested providers who wished to seek certification as a CCBHC. The evaluation team recommended the selection of six applicants based upon the distribution of scores.
- Of those six applicants, two will be selected/certified by the state and will be included in the state's application to be one of the eight demonstration states.
- Staff from the six providers will be assigned to Learning Communities for technical assistance in any areas of weakness identified on a Readiness tool that was administered.
- Substantial stakeholder input including individuals in recovery, families, advocates, providers, other state agencies are being gathered via a Steering Committee called the Quality Management Council (QMC) with associated subcommittees or Project Teams.

#### **CCBHC** Criteria

- Standards in 6 areas: staffing, accessibility, care coordination, service scope, quality reporting, and organizational governance
- Service array offered by CCBHCs (services with \* must be provided by CCBHC others can be provided by a Designated Collaborating Organization):
  - crisis assessment and stabilization\*;
  - screening\*;
  - person/family centered planning\*;
  - outpatient mental health and substance abuse treatment\*;
  - outpatient primary care screening;
  - Targeted case management;
  - Psychiatric rehabilitation;
  - Peer and family support
  - Intensive care for veterans, service members and families

### Additional CCBHC Requirements

- Providers must collect and report on multiple quality measures
- Connecticut specific preserve the children's behavioral health system, consistency with Children's Behavioral Health Plan and System of Care model
- Care Coordination activities that support linkages and communication with outside agencies/systems such as education, child welfare, corrections, primary care

# **CCBHC** Payment

- CCBHCs will receive prospective payment during the demonstration years.
- Connecticut proposed a PPS-2 approach. Features include:
  - A monthly rate;
  - Special payments for certain conditions;
  - Outlier payments, and
  - ► A quality bonus payment for achieving specified outcomes.

#### What's in it for Youth?

- Under the Demonstration:
  - Targeted Case Management under the Medicaid Prospective Payment
  - Evidence Based Practices (EBPs): training, fidelity and on going quality assurance under the Medicaid Prospective Payment
  - Those EBPs include: Adolescent Screening, Brief Intervention and Referral to Treatment for Substance Abuse (A-SBIRT); Wraparound; Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC).

# **Questions?**