

Certified Community Behavioral Health Clinics (CCBHC) Planning Grant Summary

Prepared for the Behavioral Health Partnership Oversight Council
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Background:

In October 2015, Connecticut was one of 24 states to receive a SAMHSA planning grant to develop Certified Community Behavioral Health Clinics (CCBHCs), a demonstration program authorized under Section 223 of the Protecting Access to Medicare Act (PAMA). The planning grant dollars were awarded with the purpose to support states' efforts in certifying eligible providers, using discretion to develop criteria, and to establish a prospective payment system for the delivery of behavioral health services that are Medicaid reimbursable. Connecticut's intention under this Planning Grant was to develop scalable and replicable Medicaid behavioral health system transformation that could first be tested in a controlled environment with a limited number of providers and demonstration authority that exceeded current capabilities under CMS regulation.

Project Team Roles and Responsibilities Operational Structure



Decision to Withdraw:

Connecticut withdrew from the Planning Grant process with the realization that moving forward to apply for the demonstration would not be in the state's best interest, as this model design does not comprehensively address the system transformation that is expected and in some cases, dismantles existing structure that has taken years to achieve.

Specific Challenges included the prescriptiveness of the model especially around contractual arrangements (referred to as the DCO model), sustainability post-demonstration, and challenges related to required data collection.

Lessons Learned:

The process created for the Planning Grant yielded important information about the fit of the CCBHC model for Connecticut, and helped to identify areas for consideration moving forward. As part of the wrap up on this project, each project team met in a focus group format to help gather final views from the stakeholders, family and consumers. The trends in their responses are outlined below:

- CCBHC model was considered to be comprehensive and on the path to integration
- Did not adequately address the unique needs of serving the lifespan
- Anticipated challenges with regulatory oversight; would need consensus from every state agency that oversees part of their service delivery to reduce burden
- Tremendous lift to transition to a Prospective Payment system from fee-for-service
- Developing a Quality Management Council with significant involvement from individuals and families, who had true advisory capacity related to program recommendations, should be the model for projects moving forward
- The rigorous requirements around Board of Director composition were challenging to meet
- Telehealth/telemedicine could have been included in the model but regulations and payment are not developed enough in Connecticut yet- should be included in a future model
- The state should not mandate certain Evidence-Based Practices- should be at the discretion of the agencies
- It was helpful to consider and plan for other populations including veterans through collaboration with the Connecticut VA
- Required outcome reporting would be difficult absent an Health Information Exchange or comparably interoperable system for reporting; behavioral health providers do not have this capability currently

Conclusion:

The SAMHSA planning grant offered the State of Connecticut a unique opportunity to analyze the current universe of Medicaid reimbursable behavioral health services. There are several aspects of the CCBHC model that the state agencies are interested in developing or improving within the current system (e.g. collection of quality measures, value-based payment reform, and evidence based clinical interventions). Additionally, the stakeholder engagement process initiated through the planning grant provided valuable insight into the system from a broad perspective of stakeholders. The work associated with the development of comprehensive services within a behavioral health clinic, stakeholder involvement, initiating a process to collect quality measures, and transitioning to a value-based payment system are all CCBHC components that the state agencies would like to consider when planning for the future of Medicaid reimbursable behavioral health services in Connecticut.