

Certified Community Behavioral Health Clinic (CCBHC) Model

An Overview of CCBHC Demonstration Impact,
Certification Criteria, Prospective Payment, and
Opportunities for State Implementation

October 2, 2020

Presenters



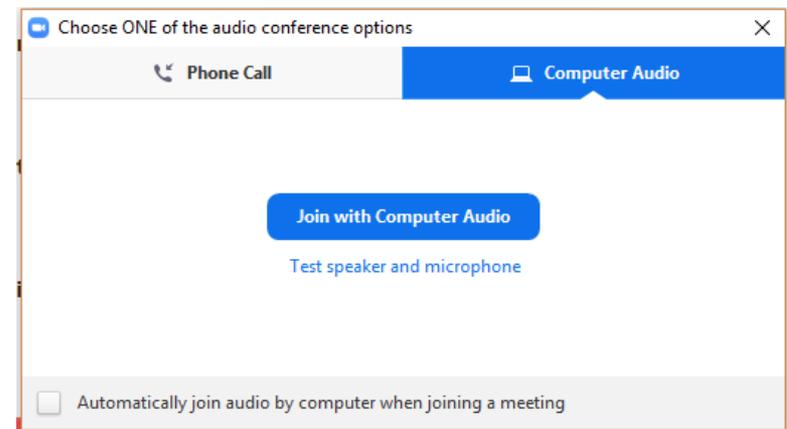
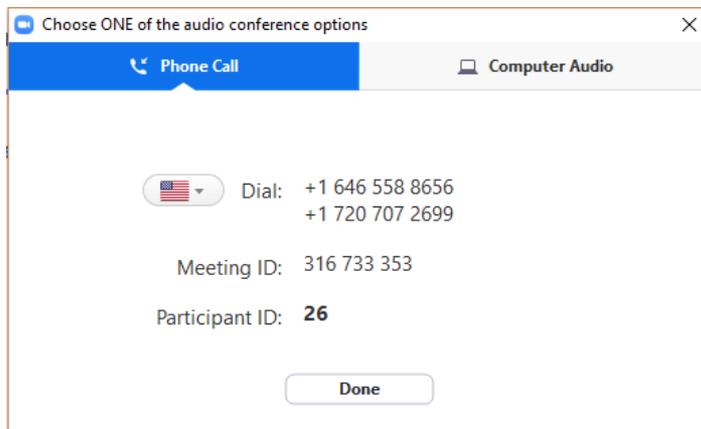
Rebecca Farley David, MPH
Senior Advisor, Public Policy & Special Initiatives
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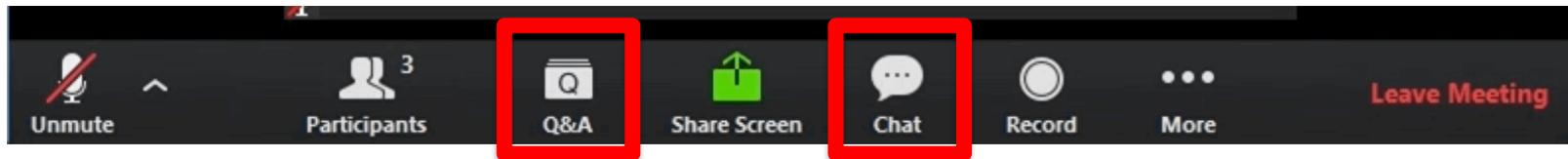
Brett Beckerson, MSW
Director, Policy & Advocacy
National Council for Behavioral Health

Zoom Logistics

- Call in on your telephone, or use your computer audio option
- If you are on the phone, remember to enter your Audio PIN



How to Ask a Question



Type in the chat box or use the Q&A function. Both are located at the bottom of your screen. You can choose who to send a chat or question to, and you can “up-vote” questions.

We’ll answer as many questions as we can throughout today’s session.



Context and CCBHC Overview

Poll Question

How much do you already know about CCBHCs?

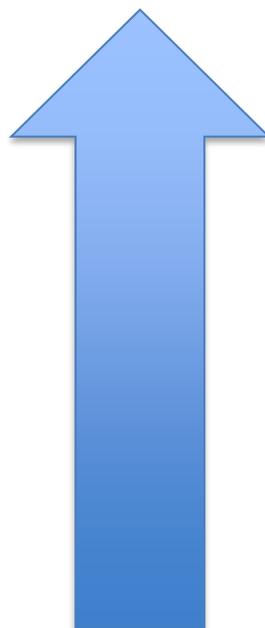
- I'm an expert!
- Enough to be dangerous
- I've heard the acronym
- CC-huh?



Delivery system trends

Growing interest in value-based purchasing

Increasing need for behavioral health care due to COVID-19



Growing awareness that insufficient access to behavioral health is a big problem

Increasing pressure on state budgets due to fallout from pandemic

Increasing desire to better address health disparities



Where does this lead us?

States are searching for solutions that:

- **Address the high health care spend attributable to people with mental illness or substance use disorders**
 - Allocate existing dollars more efficiently
 - Engage people in treatment early and keep them from developing poor health outcomes
 - Go beyond episodic crisis response to models that link people in crisis to a full care continuum
 - Acknowledge and address the contributing role of social determinants of health
 - Improve care integration and adequately address physical health conditions among people with behavioral health diagnoses
- **Reduce high levels of unmet need**
 - Bring people into care whose needs have long gone unmet
 - Address unique needs in rural areas
 - Strengthen partnerships and referral relationships across social service systems
 - Build capacity in the behavioral health system to respond to rising community need
- **Align with existing state initiatives** (e.g. APMs, waivers)



CCBHCs: A New Model

Built on the concept that the way to expand and improve care is to pay for the activities that make those goals possible.

- **National definition** re: scope of services, timeliness of access, etc.
- Standardized **data and quality reporting**
- **Payment rate** that covers the real cost of opening access to new patients and new services...
 - ...including non-billable activities like outreach, care coordination, and more...

CCBHCs provide a financial foundation for providers to...

Recover from years of cuts

- Cost-related reimbursement
- Funding for certain non-billable activities/technologies
- Strengthen partnerships and referral relationships

Alleviate the crisis in access

- Workforce expansion
- Access supported by technology
- Increased service capacity
- Increased access to SUD care
- Evidence-based, non-billable activities





Current CCBHC Program Status

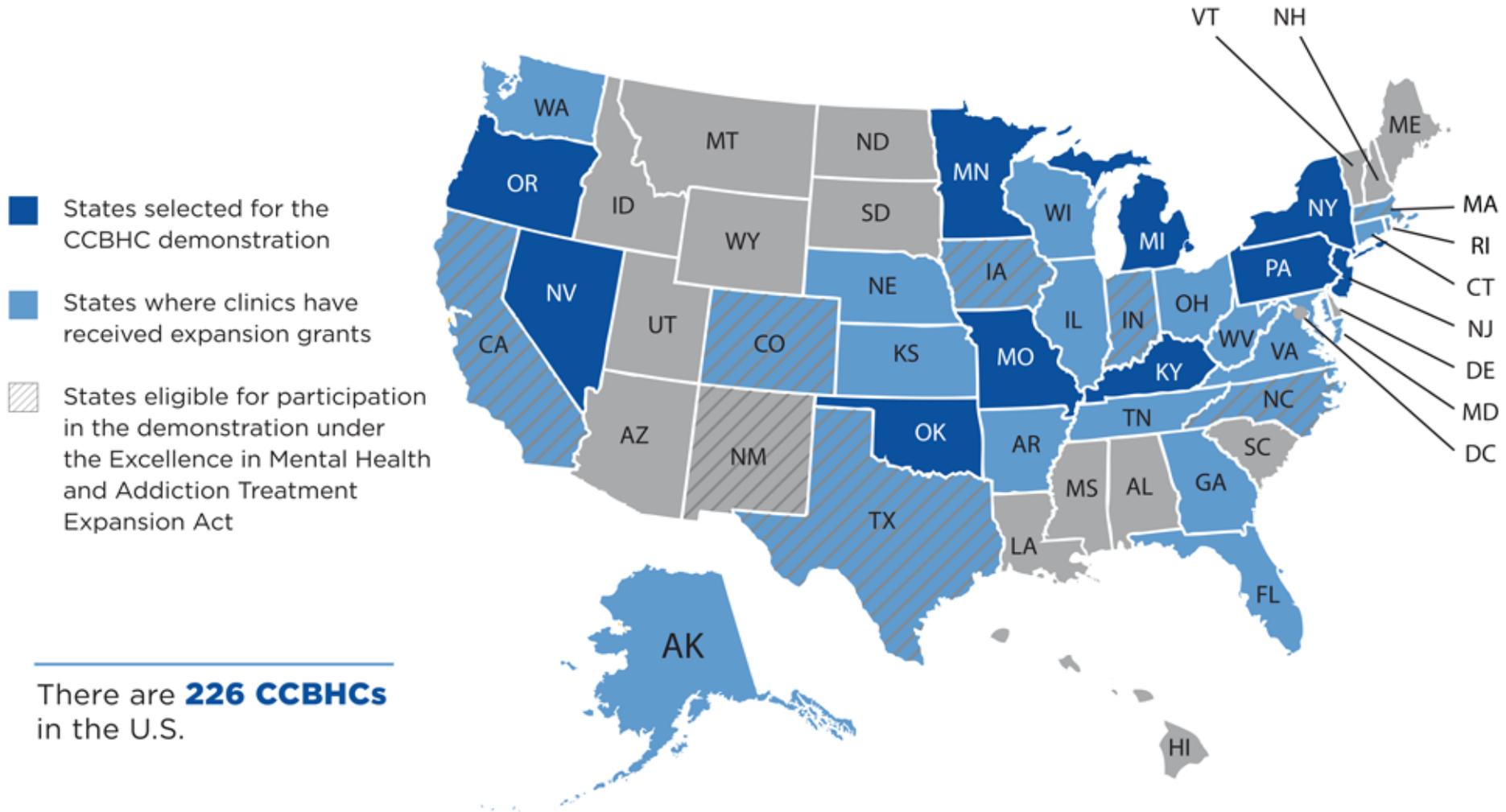
The CCBHC Landscape

Two funding tracks, plus state options

- Medicaid demonstration (with cost-related payment methodology known as PPS)
- Federal grant funding
- Some states moving forward with their own CCBHC adoption via waiver or SPA



Status of Participation in the CCBHC Model



There are **226 CCBHCs** in the U.S.



CCBHC Demonstration Impact

CCBHCs' Successes, 2.5 Years In

- Increased hiring / recruitment
- Greater staff satisfaction & retention
- Redesigning care teams
- Improved access to care
 - More clients served
 - Elimination of waitlists
 - Clients accessing greater scope of services (e.g. addiction care)
- Launch of new service lines to meet community need
 - New initiatives designed to reach target populations or address key Medicaid agency goals
- Deploying outreach, chronic health management outside the four walls of the clinic
- Improved partnerships with schools, primary care, law enforcement, hospitals
- Outcome-driven treatment

CCBHCs Produce Substantial Cost Savings Over Time

- CCBHCs have:
 - Launched or expanded crisis services, resulting in hospital diversion
 - Strengthened collaboration with hospitals to improve post-discharge continuity of care, resulting in decreased readmissions
 - Launched or strengthened partnerships with law enforcement to prevent incarceration and support officers responding to calls

Case Study: New York

- All-cause readmission dropped **55%** after year 1
- BH inpatient services show a **27% decrease** in monthly cost
- BH ED services show a **26% decrease** in monthly cost
- Inpatient health services **decreased 20%** in monthly cost
- ED health services **decreased 30%** in monthly cost

CCBHC Status/PPS: Driving Value, Organizational Resilience

CCBHC Status

- PPS = cost-related reimbursement

Enhanced Operations

- New staff & service lines
- Redesigned access & staffing
- Technology
- Data tracking & analytics
- Internal communications/change mgmt.
- Partnership development

Better client care

- More clients served, faster access
- Population health management
- Data-driven care

Randy Tate, National Council Board Member and CEO of NorthCare in Oklahoma City



“Now that we’ve seen what service delivery can be like, it would be impossible to go back.”





CCBHC Certification Criteria

What Goes Into Being a CCBHC?

CCBHC Criteria

- Organizational Authority
- Staffing
- Access to Care
- Scope of Services
- Care Coordination
- Quality Reporting

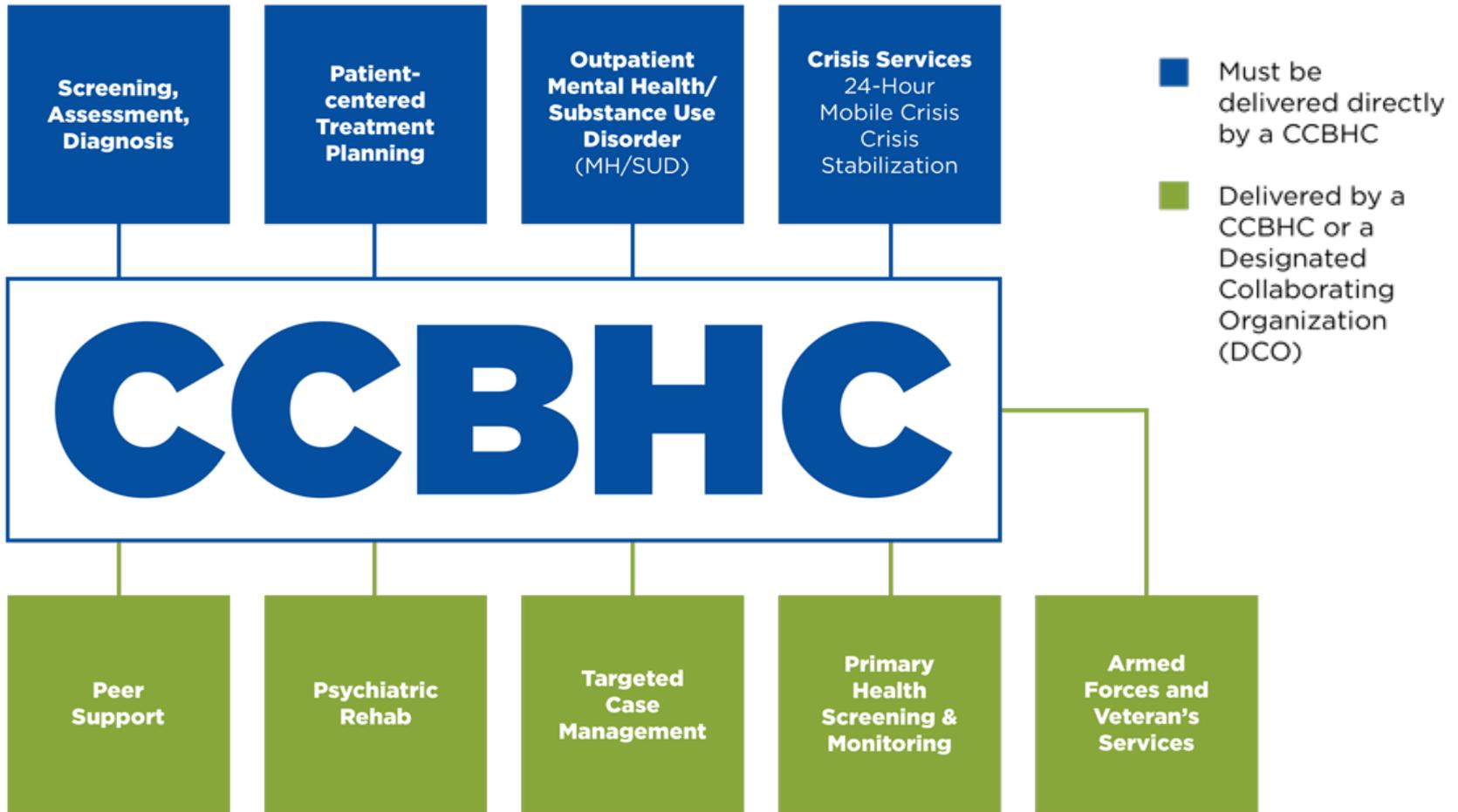
CCBHC Payment

- Cost-related Medicaid reimbursement rate (demonstration participants)
- OR
- Grant funds: \$2 million/year for 2 years (expansion grantees)

Important note: states had significant flexibility to craft their CCBHC programs.

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

CCBHC Scope of Services



Scope of Services

Scope of SUD Services

Required CCBHC Addiction Treatment Services
Crisis care: 24-hour mobile crisis teams, emergency crisis intervention services and crisis stabilization
Evidence-based outpatient substance use services (e.g., addiction counseling, medication-assisted treatment, addiction technologies, assertive community treatment, cognitive behavioral therapy)
Ambulatory and medical detoxification
Treatment for co-occurring addiction and mental illness
Screening, assessment and diagnosis, including risk assessment for substance use
Brief intervention and referral to treatment for problematic substance use identified during screening
Peer recovery support and family support services
Treatment planning, including risk assessment and crisis planning
Referral to outside providers for specialized substance use services outside the expertise of the CCBHC
Targeted case management

Breaking through old limitations...

Services are not confined to delivery within the 4 walls of a clinic

- Think creatively!
- In-home services for newly placed foster youth?
- Pre-release assessment in jails?
- Outreach to homeless populations?
- And more...



Poll Question

In your community, where do you see high levels of need for improved access to care? (Select all that apply)

- Criminal justice system (e.g., law enforcement, courts)
- Human services system (e.g., homelessness services, child welfare)
- Education system (e.g., schools, colleges)
- Health care system (e.g., hospitals, primary care)
- Tribal communities
- Rural areas



Care Coordination

- Partnerships or care coordination agreements required with:
 - FQHCs/rural health clinics
 - 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

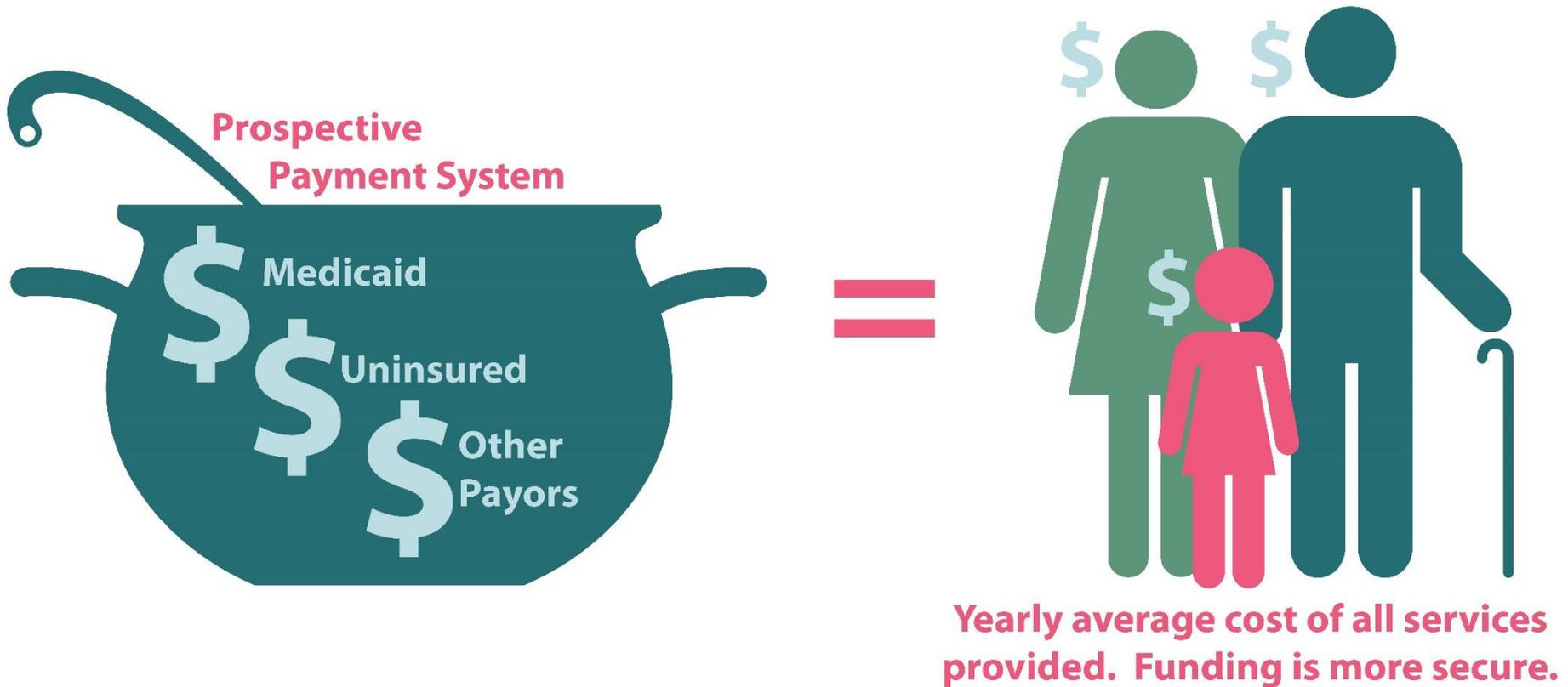
Additional requirements are specified in the CCBHC criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf



CCBHC Prospective Payment System (PPS)

CCBHC Payment

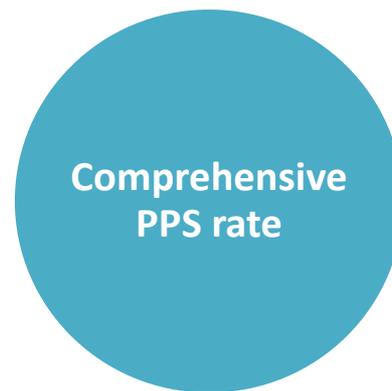
Establishment of a Prospective Payment System



CCBHCs offer financial flexibility for person-centered service delivery



Services are time-limited, not uniformly available, often limited to special populations/programs



All services available to all clients, regardless of ability to pay

“This model shows that when you’re given the financial flexibility to do the right thing, you get results that previously would have been unfathomable.”

Implications of PPS

- Reimbursement is based on the anticipated cost of providing the array of services required by the entire client population over a year
- Implications compared to Fee-for-Service (FFS) model
 - Under PPS, reimbursement is **tied to the cost** of providing services
 - Does not prioritize higher-margin services over services that may better fit patient need
 - No financial incentive to provide lots of units of service when fewer services would be as effective
 - Provides financial support for non-billable activities





Is CCBHC Status Right for Me?

Readiness considerations

- Current service delivery landscape and gaps
 - Staffing needs
 - New service lines and/or new contractual partnerships
 - Infrastructure needs
 - Technology/billing/data reporting capacity
- Financial considerations
 - Knowing your costs – historic and anticipated
 - Payer mix: will the math work?
- State-specific options and opportunities
 - Possibilities for your org based on your state’s unique “take” on the CCBHC model

Not all organizations will be a CCBHC—
many opportunities are available as a “DCO”

What is a DCO?

“Designated Collaborating Organization”

Activities & requirements

- Augment or fill gaps in CCBHCs’ service array
- Coordinate care with CCBHC
- Provide access to all CCBHC clients (regardless of ability to pay)

Relationship with CCBHC

- Formal contract = “purchase of services”
- DCO reports patient visits to CCBHC; CCBHC bills for visits and pays DCO the agreed-upon rate

Advantages to the DCO

- Negotiate favorable (i.e. cost-related) payment with CCBHC
- Improved access to full continuum of care for clients and/or families through CCBHC/DCO network

What does a DCO look like?

A DCO can be many things...

- Organization offering a category of services the CCBHC lacks (e.g. psych rehab)
- Organization supplementing CCBHCs' basic services in a category with a more comprehensive range of care (e.g. OTP)
- Organization serving a special population (e.g. child/youth serving organization)
- "State-sanctioned" crisis system
- And more...



State Options and Opportunities

What's next for CCBHCs?



- Broad bipartisan support in Congress and the Administration
 - Medicaid demonstration extended through Dec. 11, 2020
 - 2 states added to demonstration in August 2020
 - Legislation to extend and expand the demonstration gaining support
 - Continued/expanded funding of CCBHC Expansion Grants; eligibility extended nationwide
- **States can implement without congressional action**

Options for States via Medicaid

Section 1115 Waiver

Enables states to experiment with delivery system reforms

Requires budget neutrality

Must be renewed every 5 years

State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in state plan)

With CMS approval, offers opportunity to continue PPS

Subject to CMS approval process; consider timing of request

State Plan Amendment

Enables states to permanently amend Medicaid plans to include CCBHC provider type, scope of services, requirements, etc.

Does not require budget neutrality

With CMS approval, can continue PPS

Cannot waive statewideness, may have to certify additional CCBHCs (future CCBHCs may be phased in)

Subject to CMS approval process; consider timing of request

Getting started in your state

- The National Council CCBHC team is here to help!
 - Advice on SPA/waiver approach
 - Lessons learned from other states
 - Implementation “roadmap”
 - Training for prospective CCBHCs
 - Data, informational materials, and more



<https://www.thenationalcouncil.org/ccbhc-success-center/>

Email us at: ccbhc@thenationalcouncil.org



Thank You!

The image shows a screenshot of the CCBHC Success Center website. At the top left, the logo reads "CCBHC SUCCESS CENTER" in blue and green. To the right is the logo for the "NATIONAL COUNCIL FOR BEHAVIORAL HEALTH". Below the logo is a dark blue navigation bar with white text for "OVERVIEW", "TAKE ACTION", "IMPLEMENTATION SUPPORT", and "CONTACT US". The main content area has a teal background and features the following text:

Welcome to the National Council for Behavioral Health's Certified Community Behavioral Health Clinic (CCBHC) Success Center, a hub for data, implementation support and advocacy to support the Certified Community Behavioral Health Clinic initiative.

<https://www.thenationalcouncil.org/ccbhc-success-center/>

Contact us: CCBHC@TheNationalCouncil.org