



Nevada Certified Community Behavioral Health Clinics Planning Grant

**Stakeholder Kickoff Meeting
January 26, 2016**

Agenda

- **Introductions**
- **Overview of the Excellence in Mental Health Act**
- **What are Certified Community Behavioral Health Clinics (CCBHC)?**
- **Who Can be a CCBHC?**
- **What are CCBHC Required Activities?**
- **CCBHC Grant Phases**
- **Nevada's CCBHC Planning Grant**
- **Planning Grant Activities**
- **Request for Application (RFA)**
- **Next Steps**

2014 Excellence in Mental Health Act

- Protecting Access to Medicare Act (PAMA): enacted on April 1, 2014
- Section 223 of the PAMA includes provisions of the *Excellence in Mental Health Act*
 - Established federal funding for states to transform the delivery of behavioral health and primary health care for children and adults
 - Provided authority to CMS to establish payment methodology to support the new delivery model

What are Certified Community Behavioral Health Clinics (CCBHC)?

- Provide outpatient behavioral health services and primary care screenings and monitoring for children, adults, and families
- Services delivered within a “behavioral health home” model
- Care is coordinated and integrated across the health care system and the patient’s environment
- “Whole” person orientation to address patient’s needs
- Person-centered, culturally and linguistically competent, trauma-informed
- Enhance timely access to care
- Emphasize quality of care in the support of optimal patient-centered outcomes
- Must provide nine core services

Who Can be a CCBHC?

- CCBHCs must be:
 - Nonprofit or
 - Part of a local government behavioral health authority or
 - Operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act, or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act
 - Have established clinical operations prior to April 1, 2014
- If you do not meet this criteria you could still participate as a Designated Collaborating Organization (DCO) in collaboration with a CCBHC

What are CCBHC Required Activities?

- Compliance with CCBHC Certification requirements to directly provide required services or through partnerships
- Commitment to participate in the demonstration project
- Complete cost-reporting
- Establish data reporting for quality measures

CCBHC Services

Services	Provided by	
	CCBHC Directly	CCBHC and/or DCO
Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization intervention and crisis stabilization	✓	
Screening, assessment and diagnosis including risk management	✓	
Patient-centered treatment planning	✓	
Outpatient mental health and substance use services	✓	
Outpatient clinic primary care screening and monitoring of key health indicators and health risk		✓
Targeted case-management		✓
Psychiatric rehabilitation services		✓
Peer support, counseling services, and family support services		✓
Intensive, community-based mental health care for members of the armed forces and veterans, particularly in rural areas; care consistent with minimum clinical mental health VA guidelines		✓

Which Populations do CCBHCs Serve?

- CCBHCs serve any individual in need of care, regardless of the ability to pay:
 - Adults with serious mental illness (SMI)
 - Children with serious emotional disturbance (SED)
 - Individuals with long-term chronic addiction
 - Individuals with mild or moderate mental illness and substance use disorders (SUD)
 - Underserved and/or low income individuals and families
 - Individuals who are insured, uninsured or on Medicaid
 - Individuals with complex health profiles
 - Members of the armed forces and veterans

CCBHC Grants Phases

- Two Phase CCBHC Demonstration Program authorized by the PAMA
 - **Phase 1:** Planning Phase
 - **Phase 2:** Demonstration Phase
- The Centers for Medicare & Medicaid Services (CMS) is authorized under the PAMA to provide:
 - Certification criteria that states will use for a two-year demonstration program
 - Guidance on the development of a prospective payment system (PPS) for payment of CCBHC services
 - Federal matching funds equivalent to the Children's Health Insurance Program (CHIP) rate for CCBHC services to Medicaid beneficiaries
- The Substance Abuse and Mental Health Services Administration (SAMHSA) provides direct project oversight and technical assistance

CCBHC Grants Phases

Planning Grant Phase

- One year grant to plan and develop CCBHC certification and prospective payment system (PPS) reimbursement requirements
- Must certify a minimum of two sites; one rural, one urban
- Apply to participate in the two year demonstration program

CCBHC Grants Phases

Demonstration Phase

- Up to eight states will be selected to participate in the CCBHC demonstration
- Demonstration states will bill Medicaid under a PPS approved by CMS under an enhanced Medicaid Federal Medical Assistance Percentages (FMAP)



State of Nevada CCBHC Planning Grant Overview

Nevada's CCBHC Planning Grant

Nevada received a CCBHC planning grant in the amount of \$933,067

- To engage stakeholders and coordinate activities across the health care community and state agencies to assess needs and ensure services are accessible and available
- To establish a process for certification for CCBHCs
- To support existing behavioral health and primary care providers to explore their capabilities to become CCBHCs
- To identify primary care and behavioral health services that will be available under the 9 required services
- To implement evidence-based practices

Nevada's CCBHC Planning Grant

- To provide technical assistance and support for existing behavioral health and primary care providers to explore their capabilities to become CCBHCs
- To certify at least 2 CCBHCs based on the requirements established by CMS
- To establish a PPS methodology for payment, including a quality-based incentive payment component
- To develop the technology infrastructure, reporting, and monitoring processes for quality measures
- To prepare system for CCBHC's regardless of demonstration grant funding

CCBHC Timeline

- **October 23, 2015:** Planning grants awarded
- **January 2016:** SAMHSA release further guidance on the application to participate in the demonstration program
- **October 23, 2016:** Application deadline for the demonstration program
- **December 31, 2016:** Up to eight states selected for demonstration program
- **January 2017:** Demonstration program starts
- **September 2017** (9 months after start): 1st Cost Report due
- **December 31, 2018:** Demonstration program ends
- **December 31, 2021:** Final report to Congress

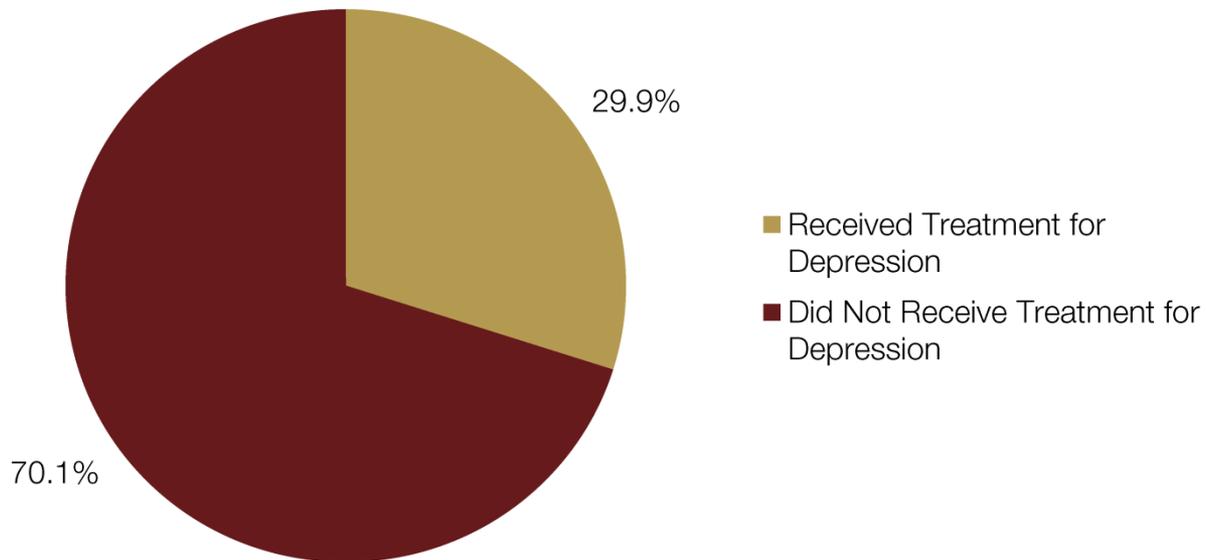
CCBHC Rationale for Nevada

Nevada will take advantage of planning grant funds to design a Nevada CCBHC model that:

- Improves behavioral care for those individuals with the greatest need
- Enhances statewide access to care
- Promotes innovation in the delivery of clinical services and technology
- Establishes quality measures and reporting
- Supports quality bonus payments to providers

Past-Year Depression Treatment Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in Nevada (2009–2013)

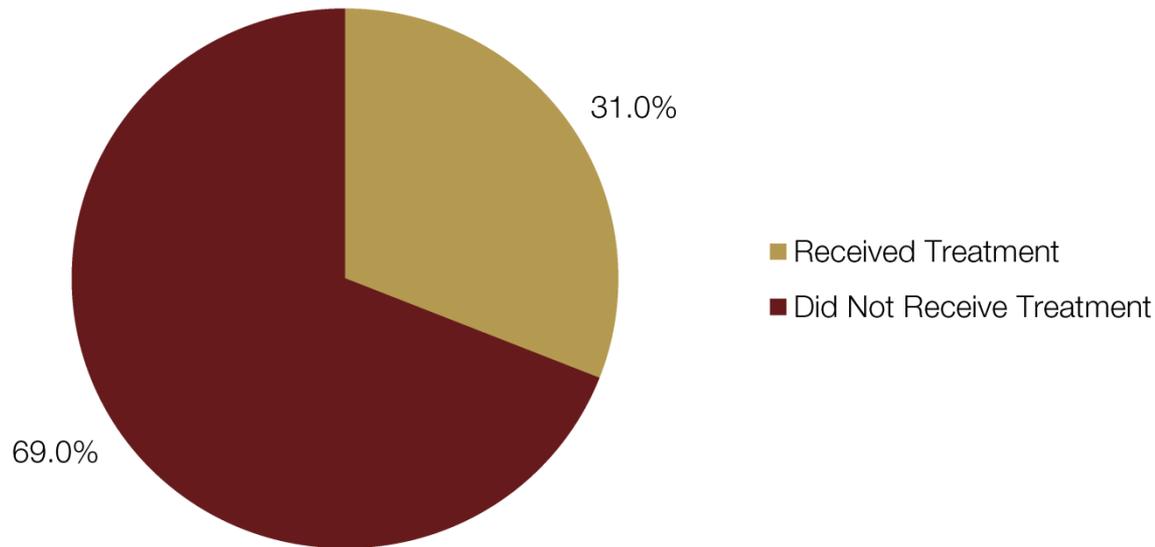
Nevada's percentage of treatment for depression among adolescents with MDE was similar to the national percentage in 2009–2013.



In Nevada, about 5,000 adolescents with MDE (29.9% of all adolescents with MDE) per year in 2009–2013 received treatment for their depression within the year prior to being surveyed.

Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness in Nevada (2009–2013)

Nevada's percentage of mental health treatment among adults with AMI was lower than the national percentage in 2009–2013.

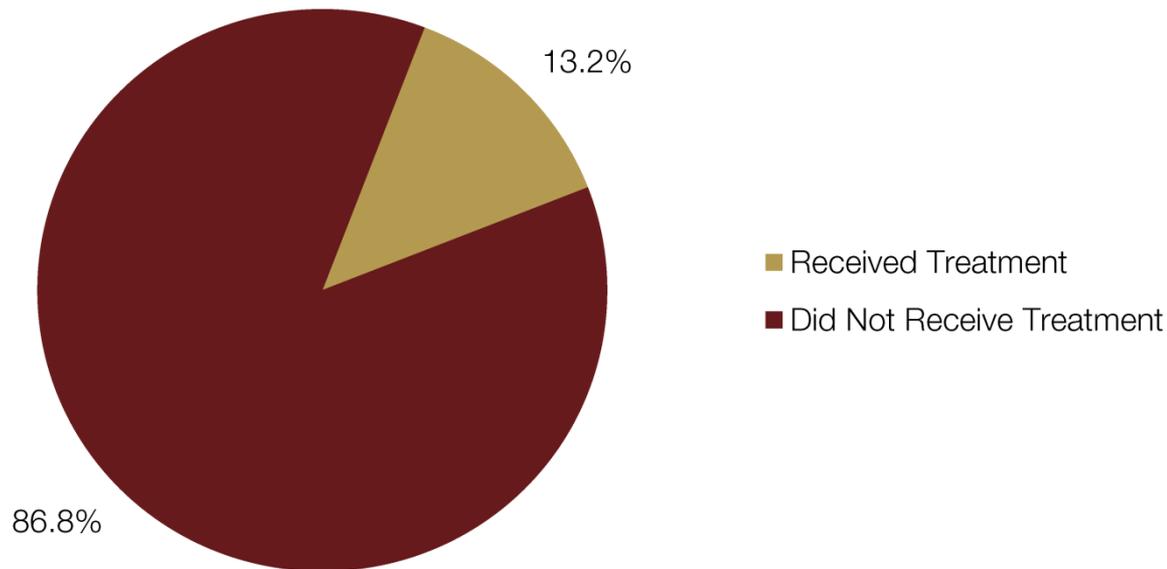


31.0%

In Nevada, about 114,000 adults with AMI (31.0% of all adults with AMI) per year in 2009–2013 received mental health treatment or counseling within the year prior to being surveyed.

Past-Year Illicit Drug Use Treatment Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Nevada (2005–2013)

Nevada's percentage of treatment for illicit drug use among individuals aged 12 or older with drug dependence or abuse was similar to the national percentage in 2005–2013.



In Nevada, among individuals aged 12 or older with illicit drug dependence or abuse, about 9,000 individuals (13.2%) per year in 2005–2013 received treatment for their illicit drug use within the year prior to being surveyed.



State of Nevada CCBHC Planning Grant Activities

Stakeholder Engagement



Key Stakeholders

Stakeholder input from consumers, family members, providers, tribes and others



Steering Committee

Composed of relevant state agencies, providers, service recipients, and other key stakeholders to guide and provide input throughout the grant period



SMI/SED/SUD Population

Engagement of the population of focus including adults with SMI and children with SED and their families, and those with long term and serious SUD, as well as others with mental illness and SUD



Public Agencies

Coordination with other local, state, and federal agencies and tribal communities to ensure that services are accessible and available

CCBHC Model

Role of Stakeholders

- Assist with the assessment of the current environment (“As Is”)
- Input on gap analyses and prioritization
- Support development of the CCBHC model (“To Be”)
- Provide ongoing feedback throughout planning grant process and development of demonstration grant application
- What can stakeholders expect from the State?
 - Meetings
 - Workgroups
 - Status updates via webpage and listserv messaging

Required Certification Activities

Create and finalize application processes and review procedures

Assist with improving cultural diversity and competence of workforces

Assist clinics with meeting certification standards by facilitating access to training and technical assistance

Measure readiness of clinics to meet basic requirements

Facilitate cultural, procedural, and organizational changes to CCBHCs to achieve:

- High quality
- Comprehensive
- Person-centered; and
- Evidence-based services

Verify that CCBHCs have meaningful input by consumers

Minimum CCBHC Standards

- The *Excellence in Mental Health Act* establishes standards in six areas that an organization must meet to achieve CCBHC designation
 - Staffing
 - Availability and accessibility of services
 - Care coordination
 - Scope of services
 - Quality and other reporting
 - Organizational authority, governance and accreditation

Structure of the Certification Criteria

1. Staffing

- Diverse disciplinary backgrounds
- Necessary licensure
- Culturally and linguistically trained

2. Availability and Accessibility of Services

- Crisis mgt available 24 hours/day
- No rejection for services or limiting of services on ability to pay or residency
- Use of sliding scale for payment

Structure of the Certification Criteria

3. Care Coordination

Across settings and providers for seamless transitions for patients across the full spectrum of health services, including:

- Acute
- Chronic
- Behavioral health needs

Requires partnerships or formal contracts with:

- FQHCs
- Inpatient psychiatric facilities, substance abuse detoxification, post-detoxification step-down, and residential programs
- Other community or regional services, supports, providers, including social and human services agencies
- Department of Veterans Affairs medical centers
- Inpatient acute care hospitals and hospital outpatient clinics

Structure of the Certification Criteria

4. Scope of Services

Nine services, which if not available directly through the CCBHC, are provided or referred through formal relationships with other providers:

1. Crisis mental health services
2. Screening, assessment, diagnosis
3. Patient-centered treatment planning
4. Outpatient mental health and substance use services
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support and counselor services and family supports
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly in rural areas; care consistent with minimum clinical mental health VA guidelines

Structure of the Certification Criteria

5. Quality and Other Reporting

Reporting of encounter data, clinical outcomes data, and such other data as required

6. Organizational Authority, Governance and Accreditation

CCBHC must be:

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CCBHC Prospective Payment System (PPS) Rate Elements

Rate Element	Description	CCBHC Cost Report
Base Rate	Daily Rate	<ol style="list-style-type: none"> 1. Utilized to calculate the PPS base rate 2. To be completed by CCBHCs 3. Format developed by CMS – feedback requested from CCBHC stakeholders (data limitations, obstacles, etc). <i>Link to cost report and instructions provided in Additional Resources</i> 4. Provider training and technical assistance will be provided
Base Rate Update Factor	Medicare Economic Index adjustment or rebasing	N/A
Quality Bonus Payment (QBP)	Optional bonus payment for CCBHCs that meet quality measures	N/A

Quality Measures and Other Reporting Requirements

CCBHC-reported Quality Measures: 17 Measures (See Appendix 1)

Data Sources: EHR; Patient Records; Encounter Data; Survey Data
Frequency: Annual

State Required Reporting: 15 Measures

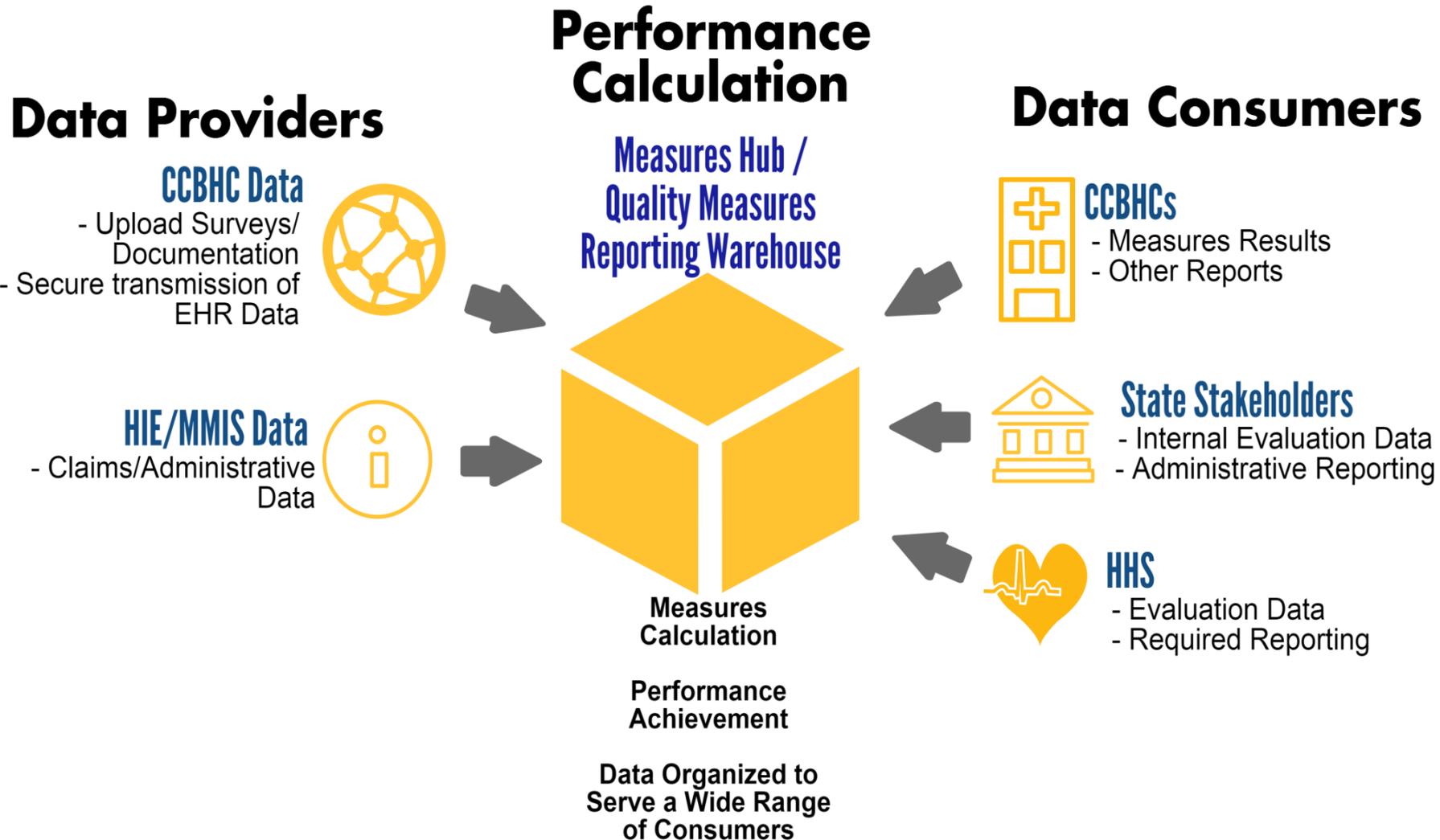
Data Sources: URS; Claims Data/Encounter Data
Frequency: Annual

Quality Bonus Payment : 11 Measures (Potential) – Subset of the 32 State and CCBHC Required Measures

Data Sources: Claims Data/Encounter Data; EHR; Patient Records
Frequency: Annual

Other Measures TBD

Quality Data Collection and Reporting



Examples of CCBHC Quality Measures

17 CCHBC-reported Quality Measures

Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients

Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up

Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)

15 State-reported Quality Measures

Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Dependence

Plan All-Cause Readmission Rate (PCR-AD) (see Medicaid Adult Core Set)

Follow-up care for children prescribed ADHD medication (see Medicaid Child Core Set)

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (see Medicaid Adult Core Set)



Nevada Request for Applications *Certified Community Behavioral Health Clinics*



- Non-Profit;
- Health Authority (Public); or
- Tribal Organization
- Established service prior to April 1, 2014



03/09/2016 Due Date, 4:00 p.m. PST

Letter of Interests from Designated Collaborating Organizations (DCO), if not part of an application, can be submitted to grants@admin.nv.gov on or prior to 03/9/16



Applicants can submit questions (FAQ) on or before 02/11/2016

FAQ's will be posted on or before 02/17/2016

Technical Assistance Phone Conference 02/19/2016 (775) 687-0999 #45676



Certification Criteria Assessment Tool (CCRT)

- Each location site must submit separately
- No wrong answers
- Evaluation on the entire package, not just one question



Narrative is not more than 30-pages

20-pages will be the questions and answers from the CCRT Form

Format is mandatory

Only those selected for the CCBHC under this announcement will be eligible to participate in the demonstration project for enhanced payment methodology, no exception.

Next Steps

- Stakeholder outreach
 - Ongoing community outreach beginning February 2016
 - Continue to provide input and feedback on planning activities and preparing the demonstration application
- RFA Process
- Certification Activities

Contact Information

- Stephanie Woodard, Psy.D., DPBH, CCBHC Project Director:
swoodard@health.nv.gov
- Dennis Humphrey, Project Manager:
dhumphrey@health.nv.gov
- Website: Under Development
- Listserv: <https://listserv.state.nv.us/cgi-bin/wa?A0=ccbhc>

Additional Resources

- PAMA: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/223-demonstration-for-ccbhc.html>
- SAMHSA's Grant Page: <http://www.samhsa.gov/grants/grant-announcements/sm-16-001>
- SAMHSA Behavioral Health Barometer: Nevada, 2014 http://www.samhsa.gov/data/sites/default/files/StateBHBarometers_2014_2/BHBarometer-NV.pdf

Additional Resources

- CCBHC Cost Report and Instructions:
<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/223-demonstration-for-ccbhc.html>
- National Council for Behavioral Health:
<http://www.thenationalcouncil.org/>