

Certified Community Behavioral Health Clinics: An opportunity for value-based payment

Thursday, March 8, 2018

Origin and Timeline on CCBHC

- In 2014, Congress passed the Excellence in Mental Health Act.
- In December 2016, Minnesota was chosen to be one of eight states to pilot CCBHC to pilot a comprehensive, integrated service delivery model and payment methodology.
- In July 2017, six organizations in Minnesota began providing services under the CCBHC model.
- States will receive an enhanced federal match to Medicaid for the services provided by CCBHCs.
- Minnesota's demonstration period is July 1, 2017 - June 30, 2019.
- Anticipate serving 15,000 Medicaid recipients in the first year.

What is a CCBHC?

- CCBHC service delivery model
 - Comprehensive, trauma-informed, evidence based, person- and family-centered services including care coordination
 - Serve all ages
 - Provide outreach and increase access to underserved populations
 - Serve as a “one-stop-shop”
 - Free choice of providers
 - Non 4-walls

CCBHC Services

- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Screening, assessment and diagnosis, including risk management
- Crisis mental health services, including 24-mobile crisis teams, emergency crisis Intervention services and crisis stabilization
- Person-centered treatment planning
- Targeted case management
- Peer and family support
- Services for members of the armed forces and veterans
- Connections with other providers and systems
- Psychiatric rehabilitation services

Program Requirements

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and other Reporting
6. Organizational Authority, Governance and Accreditation

Section 223 Program Requirements - [full criteria](#)

State Specific Standards

- Rule 31 Chemical Dependency License
- Rule 29 Mental Health Center/Clinic Certification
- ARMHS Certification
- CTSS Certification
- TCM Services (adults and kids)
- Crisis Response Services (adults and kids)
- Rule 47 – Medicaid standards for outpatient mental health services

State-Specific Standards

Evidence Based Practices:

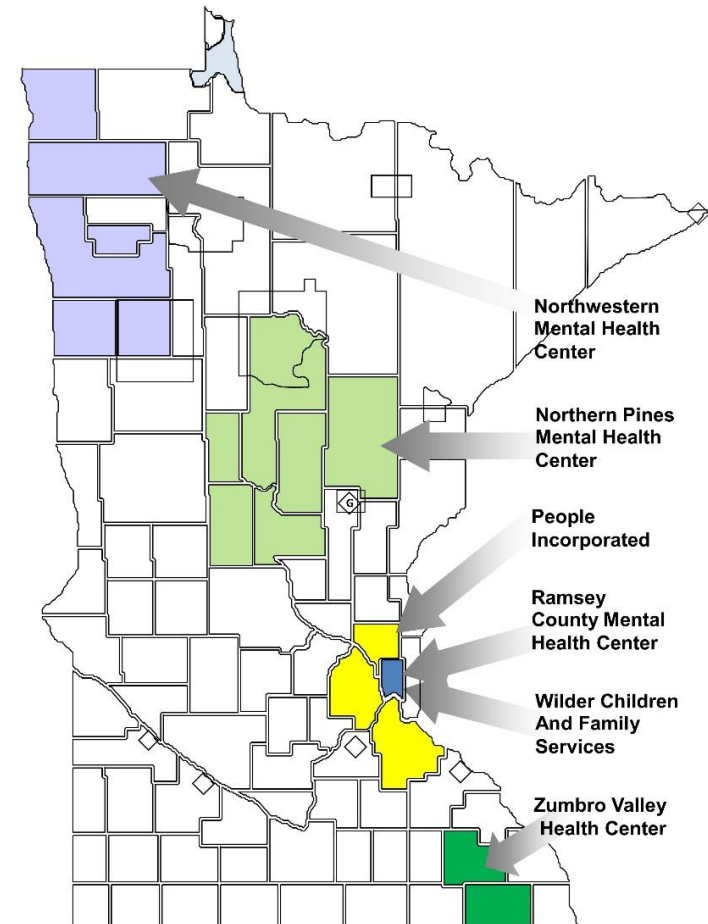
- Motivational Interviewing
- CBT
- Stages of Change
- Trauma Treatment
 - TF-CBT (Children)
 - EMDR (Adults)
 - Seeking Safety (Adults)

Peer Recovery Services:

- Certified Peer Specialist
- Family Peer Specialist
- Recovery Support Specialist

CCBHC Clinics

- Northern Pines Mental Health Center
- Northwestern Mental Health Center
- People Incorporated
- Ramsey County Mental Health Center
- Wilder Children and Family Services
- Zumbro Valley Health Center



Current MA payment model

- Fixed rates per unit of service
- Rates are inadequate to support quality services
- Incentive is for quantity over quality
- Limited flexibility to tailor services to individual needs
- Separate payment structures for mental health and substance abuse disorder services

CCBHC payment model (Prospective Payment Rate – PPS)

- Reimbursement based on actual and projected costs of serving CCBHC consumers, not on fee schedule
- PPS rate is unique to each CCBHC – established through CMS cost report
- Rate based on allowable costs of furnishing all CCBHC services

CCBHC payment model (Prospective Payment Rate – PPS)

- Same rate is paid for each qualifying day of service (“visit”), regardless of the intensity of services provided
- Integrated payment for mental health and substance abuse disorder services
- DHS has worked collaboratively with our CCBHCs, MCOs and state MMIS to implement this model in Minnesota.

CCBHC payment model (Prospective Payment Rate – PPS)

- Will provide about \$30 million per year in new state and federal funding
- Most of the new funding will come in supplemental wrap payments
- Wrap payments will support integrated, coordinated, quality services
- We preferred a full, upfront PPS payment, but the wrap payment was a compromise for the demo, due to a number of factors

Quality Bonus Program

- CCBHCs will be eligible for Quality Bonus Payments based on their performance on quality measures described in a later slide
- The first bonus payments will be made after data is complete regarding performance during Year 1
- The second bonus payments will be made after data is complete regarding performance during Year 2
- These bonus payments will be in addition to all other payments and can average up to a 5% add-on to the other payments

Demonstration Quality Bonus Measures

	Acronym	Measure	Lead of Measure
DY1 bonus	FUH - C	Follow-up after Hospitalization for Mental Illness (child)	State
	FUH - A	Follow-up after Hospitalization for Mental Illness (adult)	State
DY1 bonus after 6 mo.	IET	Initiation and Engagement of Alcohol and Other Drug Treatment	State
	SAA	Adherence to Antipsychotics for Individuals with Schizophrenia	State
	SRA - C	Major Depressive Disorder: Suicide Risk Assessment (child)	Clinic
Include in DY2 bonus	SRA - A	Major Depressive Disorder: Suicide Risk Assessment (adult)	Clinic
	CDF	Screening for Clinical Depression and Follow-up Plan	Clinic
	PCR	Plan All-Cause Readmission Rate	State

Demonstration Quality Bonus Measures

- Performance Targets established
 - Historical CCBHC Medicaid statewide weighted average performance
 - Available regional and national benchmark data for NCQA/HEDIS
 - Targets reasonably achievable for all CCBHCs, allowing for opportunity for incremental improvement compared to historical performance rates

Thank you!

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