

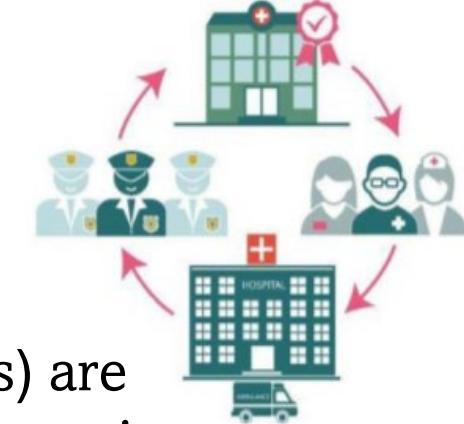


Model Overview: Certified Community Behavioral Health Clinic (CCBHC)

Medicaid Medical Care Advisory Committee
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What is a CCBHC?



- Certified Community Behavioral Health Clinics (CCBHCs) are transformative models of comprehensive integrated community based behavioral care
- CCBHCs are non-profit organizations that meet the CMS, HHS, and SAMHSA criteria requirements
- CCBHCs serve any individual in need of care, regardless of their ability to pay
- CCBHC use a Prospective Payment System model (similar to FQHCs) versus Fee for Service reimbursement payment system

WHAT IS A CCBHC?

A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community. CCBHCs provide care for people with unmet needs.

History of CCBHCs

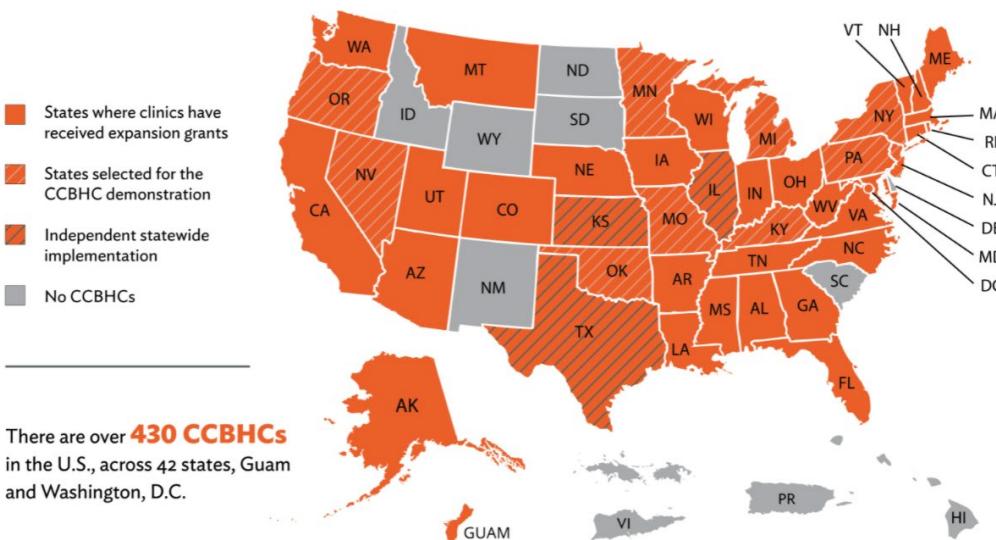
- Protecting Access to Medicare Act (PAMA) (2014) established the CCBHCs and initiated demonstration programs
- Original SAMHSA demonstration program cohort:
 - Section 223 demonstration programs for CCBHCs
 - Originally 6/30/17-6/30/19 but extended to 9/30/23
 - Minnesota
 - Missouri
 - New York
 - New Jersey
 - Nevada
 - Oklahoma
 - Oregon
 - Pennsylvania



CCBHCs

- Currently >430 CCBHCs across 42 states funded as Section 223 demonstration programs, through SAMHSA expansion grants, or independent state amendment implementation
- CCBHC expansion grants are for those not yet certified but meet certification criteria and can be certified within 4 months of award
 - Up to 2 million dollar (≤ 2 years)
- Expansion grants were not developed to provide a mechanism of sustainability → infrastructure and MCO must support
- 1.5 million people served nationwide by 224 CCBHCs (January 2021)
- CCBHCs are serving, on average, 17% more people than prior to CCBHC implementation
- Nationwide average wait time for care (time btw outreach/referral & 1st appointment) is 48 days
 - SAMHSA criteria require CCBHCs to schedule the 1st appointment within 10 days of a patient's outreach/referral

Status of Participation in the CCBHC Model

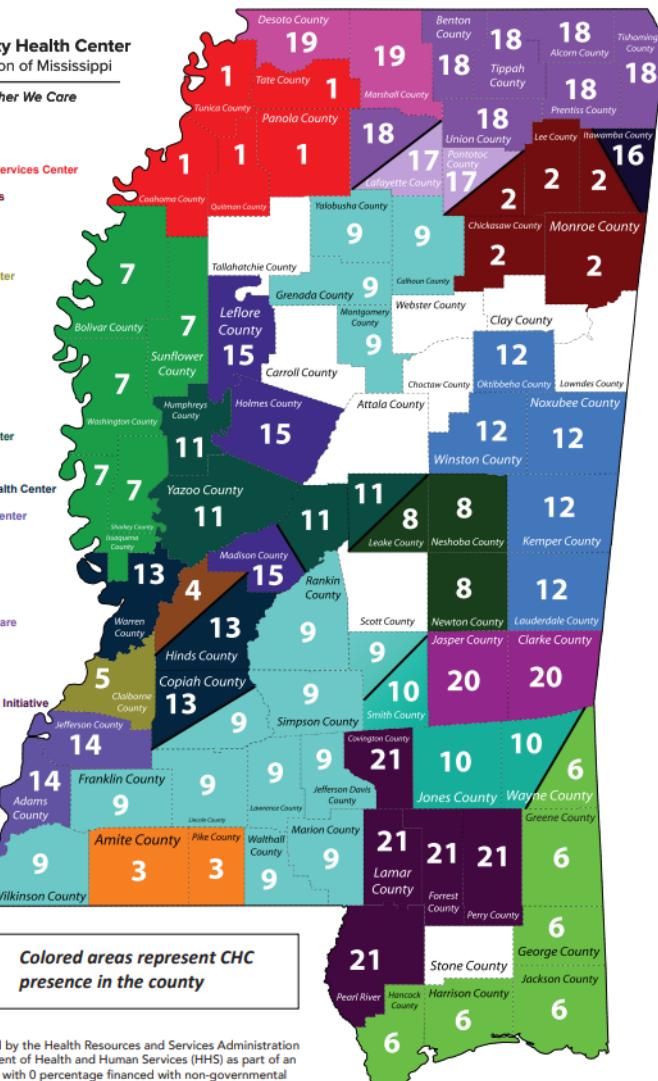


Federally Qualified Health Centers (FQHCs)



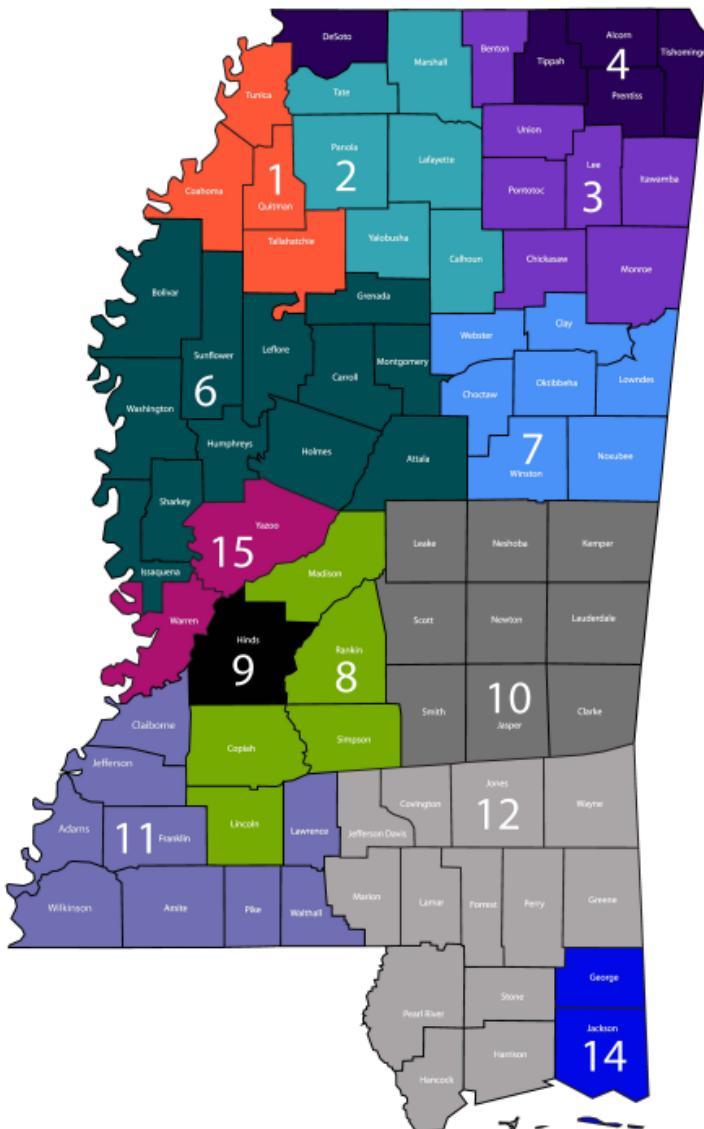
1. Aaron E. Henry Community Health Services Center
2. ACCESS Community Health Services
3. Amite County Medical Services
4. Central Mississippi Health Services
5. Claiborne County Family Health Center
6. Coastal Family Health Center
7. Delta Health Center
8. East Central MS Health Care
9. Family Health Care Clinic
10. Family Health Center
11. G.A. Carmichael Family Health Center
12. Greater Meridian Health Clinic
13. Jackson-Hinds Comprehensive Health Center
14. Jefferson Comprehensive Health Center
15. Mallory Community Health Center
16. Mantachie Rural Health Care
17. MississippiCare
18. North Mississippi Primary Health Care
19. Northeast Mississippi Health Care
20. Outreach Health Services
21. Southeast Mississippi Rural Health Initiative

Colored areas represent CHC
presence in the county



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Mississippi Regional Community Mental Health Centers

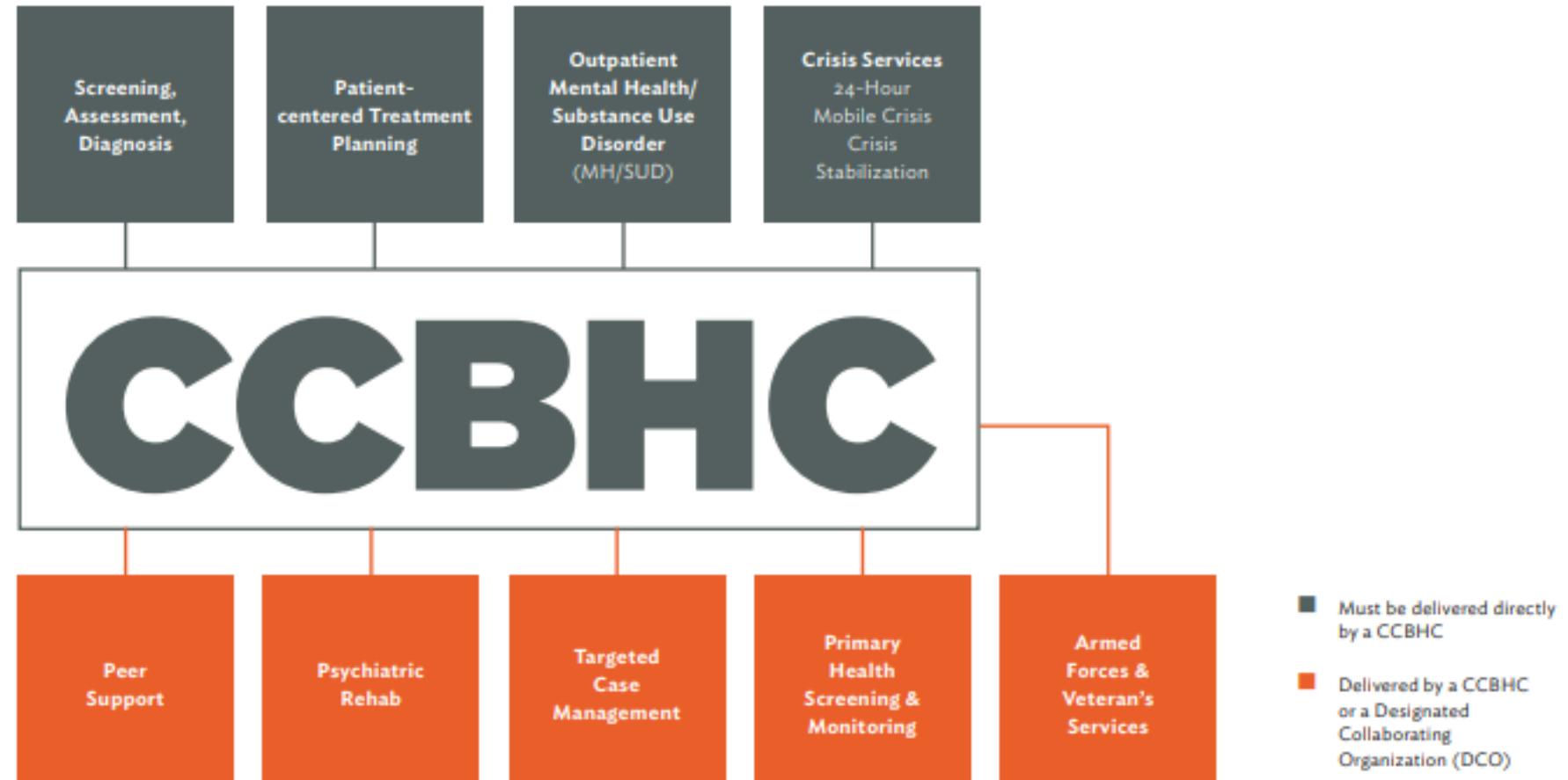


CCBHCs in MS & Current Efforts

- Current SAMHSA CCBHC Expansion Grantees in MS:
 - Communicare (Oxford, MS)
 - Singing River Services (Gautier, MS)
 - Southwest Community Mental Health (McComb, MS)
- MS Department of Mental Health and Life Help (Region 6) represented MS during recent Technical Assistance:
 - Southeast Mental Health Technology Transfer Center CCBHC Learning Collaborative
 - 12 weeks, weekly call (9/23/21-12/16/21)
- Upcoming Technical Assistance:
 - National Council for Mental Wellbeing CCBHC Technical Assistance and Learning Collaborative
 - 10 monthly learning sessions

9 Required CCBHC Services





CCBHC: Care Coordination

- Care coordination is the “linchpin” of the CCBHC program
 - Creation of seamless transitions between service settings
- Care coordination is required of CCBHCs
 - CCBHCs must coordinate care across “safety-net” services (e.g., inpatient care, primary care, housing access)
- Designating Collaborating Organizations (DCOs)
 - Contractual agreements under which the CCBHC purchases the services of another provider, the DCO
 - CCBHC is clinically and financially responsible for services provided by DCOs
- CCBHC and/or formal relationships (aka DCOs) must provide all required services
 - DCOs are not required under the CCBHC demonstration

Role of Medicaid

- To implement CCBHCs in MS using Medicaid funding, MS will need to seek either the 1115 waiver or state plan amendment
 - State plan amendment defines CCBHCs as a Medicaid Service and Prospective Payment System methodology
 - Non-expansion states and states not participating in the demonstration programs are eligible for Federal Medical Assistance Percentage (FMAP) for CCBHC services
 - Approximately 18-month process
- CCBHC is a new provider type through Medicaid
 - Does not increase eligibility
- Centers for Medicare and Medicaid Services (CMS) provided guidance for Prospective Payment System Methodology



Supporting a Better Tomorrow...One Person at a Time

CCBHC FUNDING STREAMS



	CCBHC Demonstration Planning Grant	CCBHC Medicaid Demonstration	CCBHC Expansion Grants
Amount of funding	\$24 million	Not capped	Funds have been available yearly through SAMHSA since FY2018. Grants are awarded for up to \$2 million per year for 2 years.
Source & type of funds	SAMHSA grant to states	Medicaid	SAMHSA grant to clinics
Timeframe	2015-2016; no additional funds expected to become available	2017-present (demo currently authorized through Nov. 30, 2020 with further extension anticipated. In August 2020, 2 states were added for a 2-year demonstration period.)	2018-present
Role of state Medicaid/ BH agencies	Applied for grants; led planning process	Administer and oversee state's CCBHC demonstration program, including clinic certification, payment, compliance and more	None; grants are given directly to clinics with self-attestation that they meet CCBHC criteria
Eligibility for funds	All states were eligible to apply; 28 submitted applications and 24 received grants	24 states that received planning grants were eligible to apply; 19 submitted applications and 8 were selected in 2016. The CARES Act of 2020 expanded the demo to 2 additional states.	Clinics from all states are eligible to apply if they are capable of meeting the CCBHC criteria within four months of the date of award. States do not need to have a certification process in place for a clinic from that state to apply.
Activities	Provided funds to states to plan their participation in the CCBHC Medicaid demonstration and conduct required readiness activities (e.g. needs assessment, certification of clinics, etc.). Only states that received a planning grant were eligible to apply for the CCBHC Medicaid demonstration.	Clinics provide all CCBHC services and conduct all activities of a CCBHC as required and overseen by their state. States supplemented the core SAMHSA criteria by including particular services and requirements to meet state-specific needs and goals and to adapt the program to their own state environment. CCBHCs conduct federal- and state-required data reporting. Clinics serve all individuals regardless of ability to pay.	Clinics provide all CCBHC services and conduct all activities of a CCBHC as required by SAMHSA, including basic reporting requirements. Clinics serve all individuals regardless of ability to pay.
How services are paid for	N/A	Medicaid prospective payment rate for qualifying encounters provided to Medicaid enrollees; payment as usual for Medicare, commercially insured, and uninsured	Grant funds supplement but do not supplant other coverage sources; grantees continue to bill Medicaid and other payers as usual

The Prospective Payment System (PPS)



- The Prospective Payment System (PPS) currently used by Federally Qualified Health Centers (FQHCs) and other types of health care organizations
- Current Fee for Service (FFS) system is a reimbursement of service only, not financially stable
- PPS is an average payment based on the actual costs incurred for the clinic providing services to all patients in a year:
 - Includes only Medicaid allowable costs in cost reports
 - Each CCBHC would have their own rate based on analysis of their cost reports
 - The total costs of providing care (the numerator) are then divided by the total number of designated encounters during a year (the denominator) to arrive at a per-encounter payment rate.

EX:

\$4,000,000
15,000 encounters

= \$266.67

PPS

- Each time a designated encounter occurs, the clinic receives a payment. The payment is the same regardless of the intensity of services the patient receives.
- **CMS PPS Methodologies:**
 - **PPS-1 : Daily Rate**
 - Fixed amount for daily payment for each day a beneficiary receives a CCBHC service
 - State option to provide quality bonus payments to CCBHCs that meet metrics threshold
 - **PPS-2: Unduplicated Monthly Encounter**
 - Incorporate quality bonus payments as part of the payment
 - Fixed amount paid when at least 1 CCBHC service is delivered during the month
 - Preferable for clinics whose rates may vary depending on the populations served by the clinic (e.g., SMI, SUD)

PPS

- CCBHC demonstration program 1st year rates across 56 CCBHCs:
 - Daily rate ranged from \$151-\$667
 - Monthly rate ranged from \$558-\$902
- PPS is a value-based payment system that incentivizes high-quality and cost-effective care





Current MS PPS Medicaid Rates

MISSISSIPPI DIVISION OF MEDICAID RURAL HEALTH CLINIC PER VISIT RATES Current Rates

Provider Name	PPS Rate
ABERDEEN HEALTH CLINIC INC	93.14
AFTER HOURS CLINIC	109.21
AIRPARK FAMILY MEDICAL CLINIC	221.03
ANDERSON CHILDRENS MEDICAL CLINIC	173.58
ANDREW GEORGE MD	97.79
ARRINGTON MEDICAL CLINIC	150.96
ARTHUR E WOOD MEDICAL CLINIC	87.92
BAPTIST CALHOUN RURAL HEA	
BEACHAM RURAL HEALTH CLIN	
BELMONT FAMILY MEDICAL CLI	
BMC ATTALA KOSCIUSKO PRIM	
BMC LEAKE CARTHAGE PRIMA	
BMC LEAKE MADDEN PRIMARY	
BMC LEAKE WALNUT GROVE PI	
BMC YAZOO PRIMARY CARE	

MISSISSIPPI DIVISION OF MEDICAID LONG TERM CARE PROVIDERS AND RATES Current Rates

Provider Name	PPS Rate
2ND GENERATION HEALTH CARE LLC	239.41
ADAMS COUNTY NURSING CENTER	209.72
	260.00
	234.37

MISSISSIPPI DIVISION OF MEDICAID STATE DEPARTMENT OF HEALTH Current Rates

Provider Name	PPS Rate
SBH EPSTD	440.33
SBH FAM PLAN CL	477.15
SBH GEN MED CL	539.69
SBH PHRM	525.28
SBH FIRST STEPS PROGRAM	447.15
	268.77
	231.76
	209.71
	220.20
	228.63
	245.39

BAPTIST NURSING HOME CALHOUN INC	224.33
BEDFORD ALZHEIMERS CARE CENTER LLC	260.53
BEDFORD CARE CENTER OF HATTIESBURG	230.55
BEDFORD CARE CENTER OF MARION LLC	227.88
BEDFORD CARE CENTER OF MENDENHALL	210.57
BEDFORD CARE CENTER OF NEWTON LLC	208.76
BEDFORD CARE CENTER OF PETAL LLC	255.35
BEDFORD CARE CENTER OF PICAYUNE	248.04

MISSISSIPPI DIVISION OF MEDICAID FEDERALLY QUALIFIED HEALTH CENTER PER VISIT RATES Current Rates

Provider Name	PPS Rate
AARON E HENRY COMMUNITY HEALTH SER	150.16
ACCESS FAMILY HLTH SERVSMITHVILLE	139.61
AMITE COUNTY MEDICAL SERVICES INC	134.18
BENTON MEDICAL CENTER	117.80
BYHALIA FAMILY HEALTH CENTER	99.00
CENTRAL MISSISSIPPI HEALTH SERVICES	109.82
CLAIBORNE COUNTY FAMILY HC	120.25
COASTAL FAMILY HEALTH CENTER	114.14
DELTA HEALTH CENTER INC	126.77
FAMILY HEALTH CARE CLINIC	153.34
FAMILY HEALTH CENTER INC	124.99
G A CARMICHAEL FAMILY HEALTH CENTER	114.14
GREATER MERIDIAN HEALTH CLINIC	116.86
JACKSON HINDS COMPREHENSIVE HEALTH	159.94
JEFFERSON COMPREHENSIVE HEALTH CTR	98.00
MALLORY COMMUNITY HEALTH CENTER	140.11
MANTACHIE CLINIC	96.79
OUTREACH HEALTH SERVICES INC	130.26
SEBASTOPOL CLINIC	110.05
SEMINARY FAMILY HEALTH CENTER	156.79

Benefits of CCBHC model

- Reduced inpatient admissions
- Increased state hospital diversion rates
- Reduction in ER admissions for psychiatric symptoms
- Increased # of individuals served by clinic
- Increased access to mental health & addiction treatment
- Expanded capacity to address opioid crisis
- Establish partnerships with LEO and hospitals to reduce recidivism and readmissions
- Investment in workforce (on avg 41 new jobs per clinic)
- **Expanding access to Medication Assisted Treatment (MAT)**
(37k nationwide engaged in MAT across all 224 active CCBHCS)
- **Expansion and greater utilization of crisis services**
(33% operate a crisis drop-in center/23-hour observation style)
- Reduction of health disparities in their communities

Required State & CCBHC Quality Measures

- CCBHC Measures:
 - #/% of new clients with initial evaluation provided within 10 business days & mean # of days until initial evaluation for new clients
 - Preventive care and screening: adult BMI screening and f/u
 - Weight assessment & counseling for nutrition & physical activity for children/adolescents
 - Preventive care & screening: tobacco use- screening & cessation intervention
 - Preventive care & screening: unhealthy alcohol use- screening & brief counseling
 - Child & adolescent major depressive disorder: suicide risk assessment
 - Screening for clinical depression & f/u plan
 - Depression remission at 12 months

Required State & CCBHC Quality Measures

- State Measures:
 - Housing status (residential status at admission or start of the reporting period)
 - F/U after ER for mental health
 - F/U after ER for alcohol or other dependence
 - Plan all-cause readmission rate
 - Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
 - Adherence to antipsychotic medications for individuals with schizophrenia
 - F/U after hospitalization for mental illness (Adult)
 - F/U after hospitalization for mental illness (Child/Adolescent)
 - F/U care for children prescribed ADHD medication
 - Antidepressant medication management
 - Initiation & engagement of alcohol and drug dependence treatment
 - Client experience of care survey and family experience of care survey

Next Steps

- Outline infrastructure strengths and deficiencies to support CCBHC, PPS model of integrated community-based behavioral care
- Partnership with Medicaid and SAMHSA in the development of pilot sites to develop cost reports
- Standardization of data collection and health information systems
- Conduct needs assessment throughout state related to access to care difficulties, care coordination, DCOs, and financial viability FFS model vs PPS model

