Sustaining Statewide Certified Community Behavioral Health Clinic Programs

March 6, 2023
3:00 – 4:00 pm ET

Supported by the National Council for Mental Wellbeing
Welcome & Introductions
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Agenda

• Welcome
• Introduction: The CCBHC Model and Landscape
• Lessons for CCBHC Sustainability from Health Homes and the Primary Care Fee Bump
• Spotlight on Missouri and Kansas: Experiences in Building and Sustaining CCBHC Programs
• Moderated Q&A
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Meet the Team/Today’s Presenters

Valerie Huhn, MPA
Director, Department of Mental Health, Missouri

Joe Parks, MD
Medical Director, National Council for Mental Wellbeing

Sarah Fertig, JD
Medicaid Director, Kansas

Logan Kelly, MPH
Senior Program Officer, Center for Health Care Strategies
Introduction:
The CCBHC Model and Landscape

Joe Parks, MD
Medical Director,
National Council for Mental Wellbeing
CCBHCs: Supporting the Clinical Model with Effective Financing

- Standard definition: Raises the bar for service delivery
- Evidence-based care: Guarantees the most effective clinical care for consumers and families
- Quality reporting: Ensures accountability
- Prospective payment system: Covers anticipated CCBHC costs
What Goes into Being a CCBHC?

**CCBHC Criteria**
- Organizational authority
- Staffing
- Access to care
- Scope of services
- Care coordination
- Quality reporting

**CCBHC Payment**
- PPS: Cost-related Medicaid reimbursement rate (demonstration/SPA participants)
- OR
- Grant funds: $1 million/year for 4 years (expansion grantees)

To view the full criteria: [https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)
## Two Kinds of CCBHCs

<table>
<thead>
<tr>
<th>Grant-funded</th>
<th>State-certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinics that have received a SAMHSA CCBHC-Expansion grant (CCBHC-PDI or CCBHC-IA) and clinics that have received a state-funded CCBHC grant (IN, WA, ME, NC)</td>
<td>Clinics that are certified through their state’s demonstration, SPA, or Medicaid waiver</td>
</tr>
<tr>
<td>Grantees self-attest to SAMHSA that they meet grant requirements — they are not considered “certified”</td>
<td>States conduct a certification process to verify clinics’ compliance with criteria</td>
</tr>
<tr>
<td>Grant funding is capped, available only for duration of the grant</td>
<td>Medicaid payment rate (PPS) is cost-related, sustainable, secure</td>
</tr>
<tr>
<td>Clinics bill Medicaid and other payers at usual rates; grant supplements but does not supplant other payment</td>
<td>Clinics receive Medicaid PPS — a bundled daily or monthly rate inclusive of all CCBHC services and activities</td>
</tr>
<tr>
<td>State receives normal Medicaid FMAP for CCBHC services</td>
<td>Demonstration states receive 4 years of enhanced FMAP; SPA/waiver states receive normal FMAP</td>
</tr>
</tbody>
</table>

*State-certified sites may also apply for grants.*
CCBHC Prospective Payment & Options

- **Daily rate (PPS-1):** One payment per client for any day in which the client receives at least one service.
- **Monthly rate (PPS-2):** One payment per client for any month in which the client receives at least one service.
  - Rate may be stratified by population complexity, with higher rates for higher-complexity clients and lower rates for the general population.
- **Quality Bonus Payments** are optional in PPS-1 and required in PPS-2.
- PPS may be paid through **managed care contracts**, or as a **wraparound payment** by the state.
- CCBHCs are required to submit annual **cost reports**.

CCBHCs aren’t “business as usual” with higher reimbursement

• Requires **greater scope of services** than most clinics previously provided
• Establishes standards and expectations related to **active collaboration** with health and non-health partners, aimed at producing measurable improvements in clients’ lives
• Requires and supports **improved integration** across partner organizations
• Supports delivery of services **outside the four walls of the clinic**... with innovative use of clinical and non-clinical staff to engage with individuals in the right place at the right time
• **Standardizes and aligns quality reporting** with national model (with options for state customization)
• Introduces **risk (and flexibility) into provider pay** via encounter-based payment
• Offers opportunities for partner provider organizations to **participate in the financial model** under the umbrella of the CCBHC
Accelerating Growth in Number of CCBHCs

CCBHCs’ Growth, 2017-2022

- 2017: 66
- 2018: 101
- 2019: 113
- 2020: 224
- 2021: 430
- 2022: 500+
State Implementation Landscape

To make mental wellbeing, including recovery from substance use challenges, a reality for everyone.
Upcoming Opportunities

• Next round of **CCBHC-Expansion grants (for clinics)** expected in 2023
• 15 states to be selected for **demonstration planning grants** in March 2023
• 10 of the 15 will be added to the demonstration in July 2024
• Additional opportunities to join the demonstration in 2026, 2028, etc.
• States can implement CCBHCs via a **Medicaid state plan amendment or waiver** at any time
Lessons for CCBHC Sustainability from Health Homes and the Primary Care Fee Bump

Logan Kelly, MPH
Senior Program Officer,
Center for Health Care Strategies
Learning from Past Initiatives with Temporary Enhanced Federal Funding

Medicaid Primary Care Fee Bump

- All states required to increase fees for primary care services to Medicare levels from 2013-2014, approx. 1/3 of states continued fee bump

Medicaid Section 2703 Health Homes

- Established state plan option for provider organizations to provide health home services, approximately 1/3 of states now operate health home programs

CHCS interviewed current and former state Medicaid leaders to explore lessons for sustaining CCBHCs from these past initiatives.

chcs.org/resource/planning-for-certified-community-behavioral-health-clinic-program-sustainability-lessons-from-state-medicaid-leaders/
Planning for CCBHC Program Sustainability: Lessons from State Medicaid Leaders

### APPENDIX A

<table>
<thead>
<tr>
<th>State</th>
<th>Summary of State-Certified CCBHC Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>n/a</td>
</tr>
<tr>
<td>Alaska</td>
<td>Received planning grant in 2015</td>
</tr>
<tr>
<td>Arizona</td>
<td>n/a</td>
</tr>
<tr>
<td>Arkansas</td>
<td>n/a</td>
</tr>
<tr>
<td>California</td>
<td>Received planning grant in 2015</td>
</tr>
<tr>
<td>Colorado</td>
<td>Received planning grant in 2015</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Received planning grant in 2015</td>
</tr>
<tr>
<td>Delaware</td>
<td>n/a</td>
</tr>
<tr>
<td>Florida</td>
<td>n/a</td>
</tr>
<tr>
<td>Georgia</td>
<td>n/a</td>
</tr>
<tr>
<td>Hawaii</td>
<td>n/a</td>
</tr>
<tr>
<td>Idaho</td>
<td>Enacted legislation to establish a behavioral health community crisis center model.</td>
</tr>
<tr>
<td>Illinois</td>
<td>Received planning grant in 2015; enacted legislation in 2021 to independently implement the CCBHC model.</td>
</tr>
<tr>
<td>Indiana</td>
<td>Received planning grant in 2015; enacted legislation in 2022 to independently implement the CCBHC model.</td>
</tr>
<tr>
<td>Iowa</td>
<td>Received planning grant in 2015</td>
</tr>
<tr>
<td>Kansas</td>
<td>Enacted legislation in 2021 to independently implement the CCBHC model; received approval for State Plan Amendment to define CCBHCs as a Medicaid service.</td>
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LESSON 1
Align CCBHC Implementation with State Priorities

• Plan and budget early for when enhanced FMAP ends — upfront state commitment will maximize provider-level transformation

• Tailor CCBHC design (certification, performance incentives) to address state priorities
  → Access to behavioral health and crisis services
  → Workforce shortages
  → Health equity
  → Primary care integration

States can use various resources to sustain CCBHCs, including State Plan Amendments to cover CCBHC services under Medicaid, and enhanced match through American Rescue Plan Act to fund CCBHC services.
LESSON 2
Engage a Wide Range of Stakeholders

• Engaging stakeholders early and often is key — especially since it may take time to see the impacts of CCBHCs
  → Build lasting support
  → Inform program design

• Achieving more integrated care requires breaking down siloes between administration of physical and mental health and substance use care
  → Align CCBHC design and implementation with Medicaid priorities
  → Engage criminal justice and child-serving agencies
LESSON 3
Use Data to Build the Case for Sustainability

• Augment data collection program requirements with additional cost, access, quality data to build the evidence and analyze impact

• Incorporate expenditure data from in and outside of Medicaid
  → Evaluate impact of CCBHC program activities on Medicaid budget
  → Evaluate cross-sector impacts such as state-only mental health and substance use services, human services, and criminal justice

• Anticipate that costs will shift over time, will likely see increased spending when CCBHCs launch
LESSON 4
Align with Value-Based Payment Efforts

• Connect CCBHCs with broader Medicaid payment reforms
  → Quality bonus payments
  → Monthly rates in Certified Clinic Prospective Payment System Alternative (PPS 2)

• Customize payment design to align with state goals
  → When rates are recalculated
  → Definition of billable encounter
  → Role of managed care in administering PPS rates

• Providers may need support to take on greater risk
  → Infrastructure supports (statewide population health management systems, etc.)
  → Technical assistance
Key Takeaways

✔ Experiences with past initiatives show that state leaders value whether programs and funding can be adapted to their own needs and policy contexts

✔ Enhanced FMAP may spark stakeholder interest, but is just one piece of the broader work to identify a pathway for sustainability

✔ CCBHC model well-positioned to help states respond to pressing needs and pursue long-term priorities
Spotlight on Missouri and Kansas: Experiences in Building and Sustaining CCBHC Programs

Valerie Huhn, MPA, Director for the Department of Mental Health, Missouri
Sarah Fertig, JD, Medicaid Director, Kansas
Questions & Answer
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