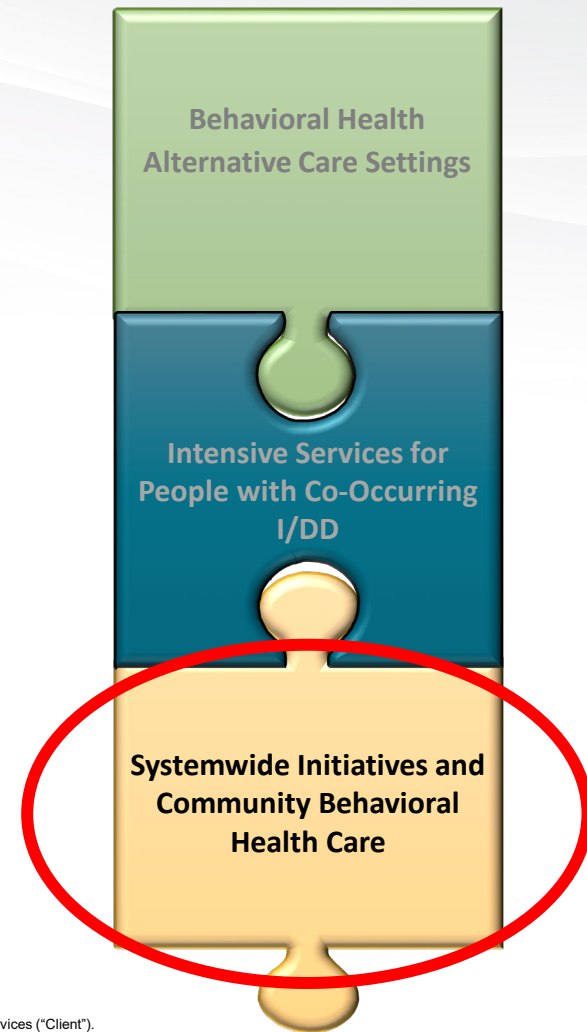


Certified Community Behavioral Health Clinic Initiative in Montana

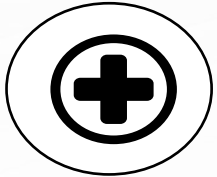
DPHHS Planning Activities, Readiness Review, and Considering Rate Development

January 26, 2023



Envisioning a Revitalized Behavioral Health System Across Montana

Holistically improving care takes addressing all the puzzle pieces that need to be addressed across the behavioral healthcare continuum.



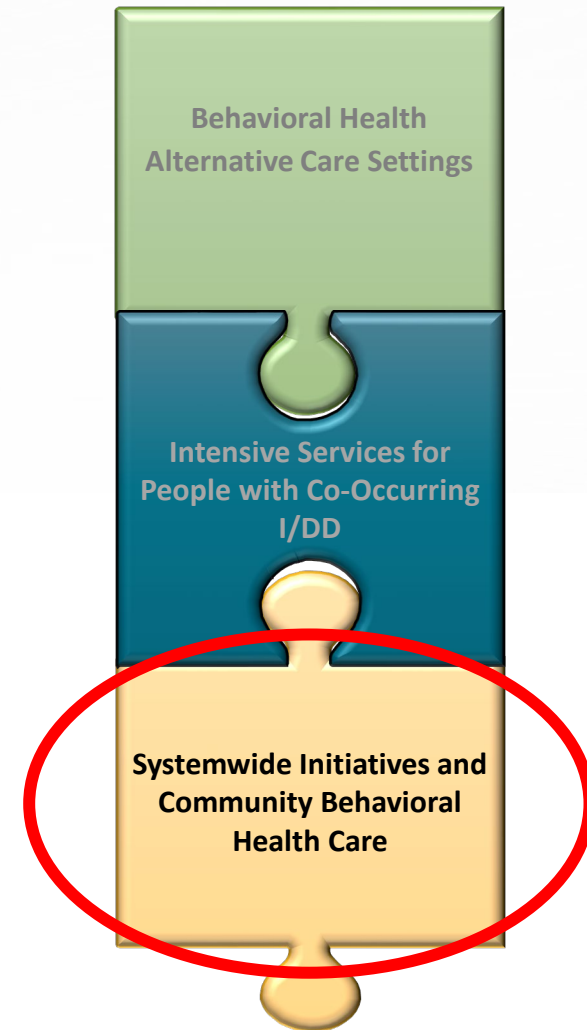
1. Design and implement regional **behavioral health alternate care settings**



2. Modernize **intensive services for people living with dual-diagnosed developmental disabilities**



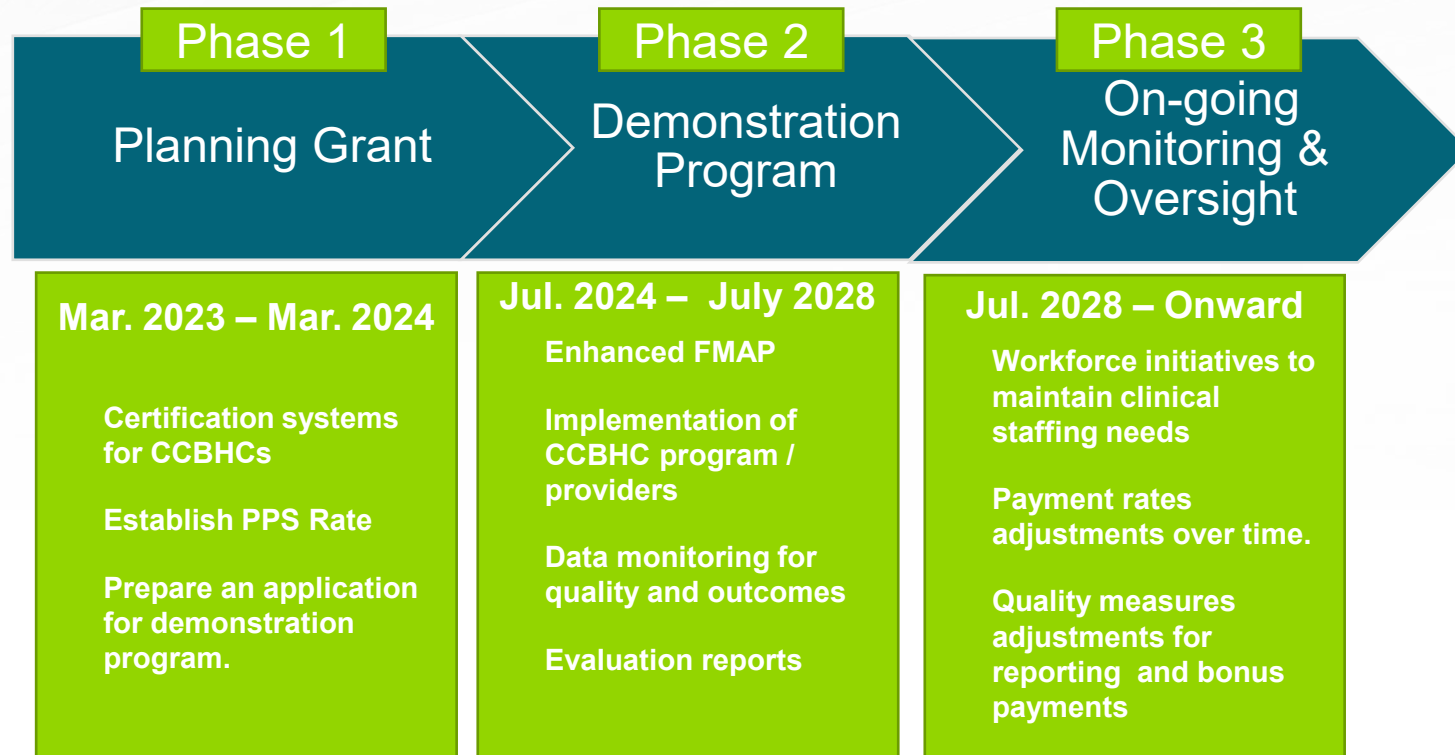
3. Invest in **systemwide and community-based initiatives** such as certified community behavioral health centers



Agenda

1. CCBHCs - Current State
2. CCBHC Readiness
3. PPS Rate Methodology

CCBHCs Implementation Stages: Phases and Timeline



**Note: dates and times are subject to change at the discretion of DPHHS and based on potential federal changes, provider needs, etc.*

Preparing for CCBHCs in Montana – DPHHS Activities To-Date

Planning Grant

DPHHS submitted a proposal due December 19th, 2022, for a SAMHSA Notice of Funding Opportunity for FY 2023 Cooperative Agreements for CCBHC Planning Grants.

- This CCBHC **Planning Grant** is state-agency targeted and differs from other SAMHSA CCBHC provider grants by allowing DPHHS to evaluate and prepare for the feasibility and implementation of the CCBHC model through the demonstration program.
- Supports states to develop and implement:
 - Certification systems for CCBHCs;
 - Establish Prospective Payment Systems (PPS) for Medicaid reimbursable services; and
 - Prepare an application to participate in a four-year SAMHSA CCBHC Demonstration program.
- The program will meaningfully involve consumers, youth, family members, and communities in the development, implementation, and ongoing monitoring of the state's planning efforts to develop CCBHCs and prepare to apply for the CCBHC demonstration program.

Planning for CCBHC—Looking Ahead

Demonstration Program

- At the end of Planning Grant period (Phase 1) and beginning July 1, 2024, and every 2 years thereafter, 10 states that have completed planning grants and submitted successful applications will be selected to participate in the **Demonstration Program (Phase 2)**
 - Up to 10 states will be selected for the demonstration program.
 - Selected states for phase 2 will join the demonstration for a four-year period, and
 - Begin the implementation of CCBHC services through approved providers
 - Pay for Medicaid services under an established **Prospective Payment System (PPS)** approved by CMS for behavioral health services provided to individuals eligible for medical assistance under the state Medicaid program.
 - Provide ongoing reporting to HHS per requirements of the demonstration program

Planning for CCBHC—Looking Ahead (cont.)

demonstration Program Requirements

- DPHHS submits a proposal to participate in the CCBHC Demonstration Program no later than March 20, 2024
 - Demonstration program award is conditional based on award of SAMHSA Planning grant
- The CCBHC Demonstration application must include, but is not limited to:
 - The target Medicaid population
 - List of CCBHCs that will participate in the CCBHC Demonstration
 - The desired geographic spread of the CCBHC program by the end of the CCBHC Demonstration period
 - Process and schedule for adding additional CCBHCs to the CCBHC Demonstration that meets the requirements
 - Verification that the state has certified at least two participating community behavioral health clinics as CCBHCs that represent diverse geographic areas, including rural and underserved areas.
 - Description of the scope of behavioral health services available under the state Medicaid program that will be paid for under the PPS tested in the CCBHC Demonstration program.

CCBHCs in Montana – Current State

Demonstration – Requirements (continued)

- Verification that the state has agreed to pay for services funded under the CCBHC Demonstration program at the rate established under the PPS.
- Selection of states participating in the CCBHC Demonstration program will be prioritized based on State CCBHC programs that:
 - Have taken concrete steps to develop a CCBHC program in their state;
 - Provide a complete scope of services through participating clinics;
 - Improve the availability of, access to, and participation in, services outlined in the Certification Criteria for individuals eligible for medical assistance under the state's Medicaid program;
 - Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state;

OR

- Demonstrate the potential to expand available behavioral health services in the geographic area chosen for the CCBHC Demonstration by the State and increase the quality of such services without increasing net federal spending.

CCBHCs in Montana – Current State

DPHHS Initial Readiness Assessment

Work is currently underway, and includes conducting a summary assessment to analyze costs, effectiveness and readiness for implementing a CCBHC model in the state of Montana

Assessment Objectives

- Document findings
- Roadmap and considerations to inform statewide planning
- Final summary assessment report
- Development of strategies and implementation plan

CCBHCs – Readiness

Scanning the State to Understand CCBHC Readiness

Provider Readiness Reviews

- DPHHS engaged Guidehouse, Inc. to conduct a provider readiness review to explore current-state provider ability to meet the SAMHSA mandated CCBHC criteria.*
- DPHHS' aim was to focus on those providers who are both interested and demonstrate a ***reasonable likelihood*** of meeting CCBHC standards in the future.
- Per federal rules, the following entities may be considered:
 - A nonprofit organization
 - Part of a local government behavioral health authority
 - An entity operated under authority of the Indian Health Service (IHS), an Indian tribe, or tribal organization
 - An entity that is an urban Indian organization pursuant to a grant or contract with the IHS
- On site reviews were conducted between December 2022 and January 2023 with findings to be shared with DPHHS in February of 2023.

CCBHC Readiness

Certification Process

Providers interested in becoming a CCBHC must have capabilities that meet required SAMHSA criteria in the following six domains.

Domain Description



Staffing

Pursuant to state licensure and certification requirements, CCBHC staffing will include **Medicaid-enrolled providers who adequately address the needs of the consumer population served**



Availability & Access

Services will be **accessible and available to individuals in their community**. Significant aspects of accessibility and availability include, but not limited to the need for access at times and places convenient for those served, prompt intake and engagement in services, access **regardless of ability to pay residence**



Care Coordination

A keystone of CCBHC care, CCBHCs organize patient care activities and share information among all care providers to achieve safer and more effective care. Patient's needs and preferences are known ahead of time and communicated at the right time to the right individuals



Service Scope

CCBHCs are required to **provide nine core services***, which they can provide directly or via formal relationships with Designated Collaborating Organizations (DCOs)



Quality & Other Reporting

Collect and report on encounter, clinical outcomes, and quality improvement data



Governance & Accreditation

Provide **comprehensive oversight of high-quality services** in a manner reflecting evidence based and best practices in the field

CCBHC Readiness

Provider Selection

DPHHS selected, with stakeholder guidance from BHAM and PHC Association, 10 providers from the list of 32 providers who demonstrated some level of interest in—and indicate readiness to move forward with CCBHC implementation.

Provider Selection Criteria

- ✓ Initial exclusion: For Profit Centers (ineligible to be a CCBHC as defined federally definition)
- ✓ Inclusion of SAMHSA Grantees (7 results)
- ✓ Identify total state population by health planning region to identify which regions are underrepresented per the size of the population (Region 5 and Region 4); prioritizing FQHCs

Provider Selection

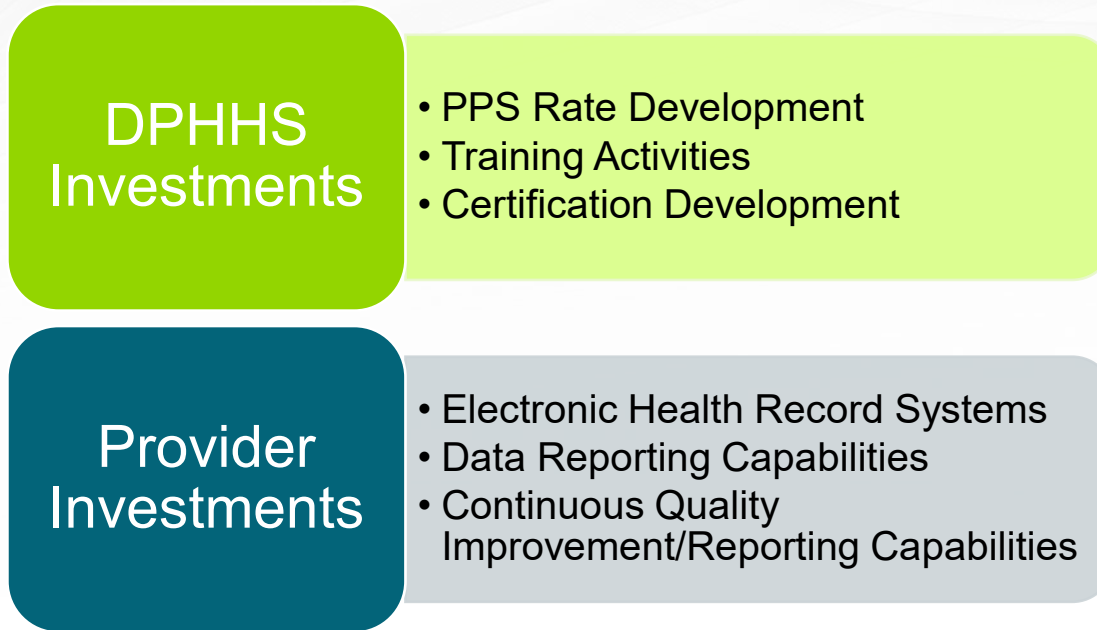


- A. Alluvion Health*
- B. Aware Inc.
- C. Eastern Montana CMHC
- D. Many Rivers Whole Health
- E. Rimrock
- F. Western Montana MHC*
- G. Missoula Partnership HC*
- H. Butte SWMTCHC
- I. Kalispell at Greater Valley HC
- J. Community Health Partners

*Provider doesn't appear on the map due to the proximity to another provider (A->D, F/G->B)

CCBHC Readiness

Anticipated Investments in Infrastructure and Technical Assistance



CCBHC Provider Grant Funding

CCBHC-PDI grant opportunities assist organizations in the planning for and development and implementation of a CCBHC that meets the certification criteria

- 4 MT providers have received grant funding
- 2 MT providers have or will apply

Prospective Payment System (PPS)

CCBHC Prospective Payment System (PPS)

The PPS model allows for more provider flexibility and allows for the provider to be rewarded for delivering high-quality care

PPS

- ✓ Rate is **clinic specific**, which accounts for varying geography
- ✓ Rate is the **same regardless of service intensity and/or quantity** during patient encounter
- ✓ **Prioritizes care quality and patient need** over higher-margin and/or high-volume services
- ✓ **Translation of services** into units is not required

PPS Structure and Options

- **Daily Rate (PPS-1):** One payment per patient for any day the patient receives—at least—one service
- Quality bonus payments are **optional for PPS-1**
- **CCBHCs must submit standardized state developed** annual cost reports
- Cost of Designated Collaborating Organizations (**DCO**) is **included in the payment.**
 - Note- DCO treatments are reimbursed like CCBHC treatments

Sources:
[nextgen healthcare](#)
[National Council for Mental Wellbeing](#)

PPS Rate Methodology Overview

- All services provided by the clinic will be priced using existing fee schedules.
- New CCBHC services will be priced using existing fee schedules through government-approved sources such as Medicaid and /or Medicare.
- The state will engage services from a contracted vendor to perform a thorough analysis of cost details from provider submitted cost reports, Department of Labor statistics, and other available data on cost items to develop a final and suitable PPS-1 rate.
- Rate adjustment factors will be calculated for those individuals with higher acuity and in need of more intense services or longer duration services. Rate adjustment factors may also include age and region/geography.
- A base rate for each clinic will be established using frequency and expected service utilization
- Cost updates will be collected throughout Year 1 of the demonstration to inform the rebasing methodology for Year 2