



# **Certified Community Behavioral Health Clinics CCBHCs Stakeholders**

New Jersey Department of Human Services  
Division of Mental Health & Addiction Services

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# Background on Excellence in Mental Health Act

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- Nationally there are inconsistent services, structures and payments for community behavioral health services
- Protecting Access to Medicare Act (H.R. 4302) created criteria and authorized two-Phase CCBHC Demonstration:

## **Planning Grant:**

- 1 year grant to plan and develop CCBHC certification and establish Medicaid prospective payment system (PPS)
- Certify >2 sites (urban and rural, underserved areas)
- Apply to participate in 2 year demonstration program

**Demonstration Phase:** >8 states will be selected to participate in CCBHC demonstration

- Bill Medicaid under established PPS under enhanced Medicaid Federal Medical Assistance Percentage (FMAP)

# CCBHC Model

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## **“This is a game changer”**

Community Mental Health Clinics have struggled for decades to deliver comprehensive care. CCBHCs represent an opportunity to:

- Establish behavioral health safety net
- Integrate and coordinate care for mental health, substance abuse and primary care
- Promote access to improved care via standards for quality and accessibility
- Expand care coordination

# Intended Impact of CCBHC Demo

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- Improved **coordination** and integration of care for all
- Special focus on care for those with **Serious Mental Illness (SMI)**, **Serious Emotional Disturbance (SED)**, and chronic **Substance Use Disorders (SUD)**
- Expansion of person-centered, family-centered, trauma-informed and recovery oriented care that integrates physical and behavioral health to serve “whole person”
- Utilization of **evidence-based practices (EBPS)** on more consistent basis
- Expanded and improved **data** collection

# Opportunities of Planning Grant

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- Support implementation of Medicaid modernization
- Understand provider capacity and potential service gaps
- Solicit broad-based stakeholder input, including from providers and consumers
- Standardize BH delivery system requirements and identify areas for improvement
- Understand level of effort necessary to implement CCBHC services under PPS reimbursement structure

# Prospective Payment System

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During Planning Grant, establish and enact **Prospective Payment System** (PPS) to reimburse CCBHC services

- Receive enhanced Medicaid match rate (cost-based plus enhanced Federal Medical Assistance Percentage/CHIP rate for expansion population)
- Design/modify Electronic Health Record (EHR) data collection systems to collect required performance measures to evaluate CCBHC demo as well as receive optional Bonus Payment
- Assist CCBHCs to use data for continuous quality improvement, including fidelity to evidence based practices during demonstration

# Planning Phase Evaluation Metrics

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- Organizations implementing mental health/substance use-related training
- People newly credentialed/certified to provide MH substance use-related practices
- Financing policy changes completed
- Communities that establish management information technology links across multiple agencies to share service population and service delivery data
- Advisory group/council members who are consumers/family members
- Policy changes completed
- Organizational changes made to support improvement of MH/substance use-related practices
- Organizations collaborating/coordinating/sharing resources with other organizations

# Program Requirement 1: Staffing

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- CCBHC staffing will include Medicaid-enrolled providers. Staff must also include:
  - Medically trained behavioral health care provider who prescribes/manages medications
  - Credentialed substance abuse specialists
  - Individuals with expertise in addressing trauma
- CCBHCs may utilize telehealth/telemedicine and online services to alleviate staffing shortages
- Staff training must address cultural competence; person-centered and family centered, recovery oriented, evidence based and trauma informed care; and primary care/behavioral health integration
- Use of interpretation/translation service(s), auxiliary aids and services appropriate for size/needs of consumer population



# Program Requirement 2: Availability & Accessibility of Services

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- Availability includes clinic access at places and times convenient for community served (i.e., night and weekend hours)
- Prompt intake and engagement in services
- Access regardless of ability to pay (sliding scale fees) and place of residence
- Crisis management services 24 hours/day delivered within 3 hours
- Clearly established relationships with local EDs to facilitate care coordination, discharge and follow-up, and relationships with other sources of crisis care
- Accessibility promoted via peer recovery and clinical supports and increased access through telehealth/telemedicine, online treatment services and mobile in-home supports
- Outreach to assist consumers and families access benefits
- Transportation support

# Program Requirement 3: Care Coordination

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- Care coordination should include partnerships with:
  - Federally Qualified Health Centers (FQHCs)
  - Inpatient psychiatric facilities and substance use detox, step down and residential programs
  - Other community services (i.e., schools, child welfare, juvenile and criminal justice agencies)
  - Department of Veterans Affairs medical centers
  - Inpatient acute care hospitals and hospital outpatient clinics
- CCBHC will establish and maintain health information technology (HIT) system that includes electronic health records. Privacy and confidentiality (i.e., HIPAA) must be adhered to, including patient privacy requirements specific to minors
- CCBHC will designate Interdisciplinary Treatment Team responsible for directing and managing care with consumer or family/caregiver that includes consumer, family/caregiver of child consumers, adult consumer's family and other natural supports

# Program Requirement 4: Scope of Services

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CCBHCs are responsible for ensuring all services, if not available directly through CCBHC, are provided through Designated Collaborating Organization (DCO). First 4 must be directly delivered by provider.

- 1. Crisis mental health services**
- 2. Screening, assessment and diagnosis (including risk assessment)**
- 3. Patient centered treatment planning (including risk assessment and crisis planning)**
- 4. Outpatient mental health and substance abuse services**
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric Rehab
8. Peer Support and Counselor Services and Family Support
9. Intensive, community-based mental health care for members of Armed Forces and veterans.



# Evidence-based Practices CCBHCs Will Provide

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- Organizations meeting CCBHC standards should provide comprehensive and high quality services in manner reflecting evidence based and best practices (e.g., Illness Management and Recovery, Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, smoking cessation)
- Evaluate evolving needs of population served and utilize EBPs to address those needs. EBTs will be prioritized based on gaps identified by CCBHC Steering Committee and gaps already identified by NJ DMHAS such as Medication Assisted Treatment.
- CCBHCs will be provided with training and technical assistance in implementing EBPs
- Statewide Wellness Learning Community for MH and addiction agencies was established to focus on shared decision making and best practices that support wellness and recovery. Forum will be used for discussion regarding further implementation of EBPs<sup>13</sup>

# Program Requirement 5: Quality & Other Reporting

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- As condition of participation in demonstration, statute requires states to collect and report on encounter, clinical outcomes, and quality improvement data. Statute also requires annual reporting that will entail collection of data that can be used to assess impact of demonstration program.
- Throughout demonstration, states will need to collect and annually report on data related to:
  - Access to community based behavioral health services
  - Quality and scope of services
  - Federal and State costs of behavioral health services
- During Planning Phase, Evaluation Team will assess CCBHCs to determine which data elements are currently included in EHR and what elements will need to be enhanced
- NJ can make Quality Bonus Payments using additional measures only after CCBHC has met performance goals for required measures

# Program Requirement 6: Org. Authority, Gov. & Accreditation

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- CCBHCs will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders and family members of CCBHC consumers through:
  - 51% of Governing board reasonably represent those served “geographic areas, race, ethnicity, sex, gender identity, disability, age, and sexual orientation”; or
  - Implementation of other means of enhancing its governing body’s ability to ensure CCBHCs are responsive to needs of consumers, families and communities

# Why Pursue CCBHCs?

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- Improved care and enhanced access to care
- Opportunity to benefit from largest single federal investment in community-based mental health in more than a generation
- Potential for secure on-going payment via Prospective Payment System for chronically underfunded, overwhelmed, and critical component of delivery system
- Opportunity to leverage initiatives such as Health Homes, Balancing Incentive Programs, and Home and Community Based Services Transition plans



# Future Planning Considerations

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- Enhanced Federal Medical Assistance Percentages are available through demonstration period
- Funding enables provision of comprehensive MH/SUD services for individuals who typically do not seek care, including existing Medicaid populations who elect to receive services outside specialty BH system
- Currently non-covered CCBHC services are payable through demonstration, enabling states to measure return on investment on additional Evidence Based Practices
- Grant could support activities necessary for BH providers to actualize state quality goals (e.g., training on EBPs, support information exchange, etc.)
- Unless demonstration is extended or unless CCBHCs are codified under Title XIX of Social Security Act prior to demonstration's end, Medicaid payment of CCBHC services will end

# Please Contact

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