

State Strategies for the CCBHC Demonstration Planning Grant Opportunity

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W W W . H E A L T H M A N A G E M E N T . C O M

W W W . T H E N A T I O N A L C O U N C I L . O R G

■ Welcome & Introductions



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HMA



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Kristan McIntosh
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Josh Rubin
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Today's Discussion

Welcome & Introductions



National Council's 2022 CCBHC Impact Report

Planning Grant NOFO Overview

Developing a Competitive Application

What to Expect and Other Planning Considerations

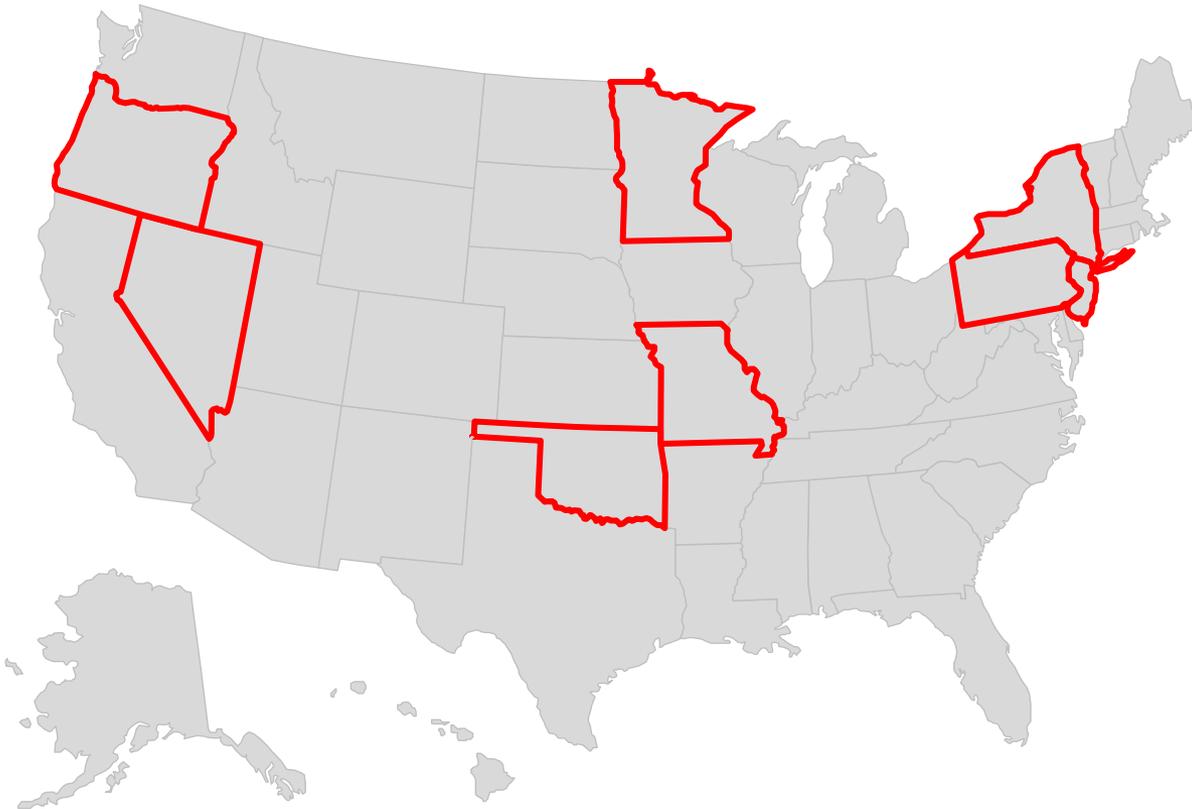
Questions & Discussion

- As questions arise, please put them in the Zoom Q&A box

But first, a poll!

CCBHC GROWTH

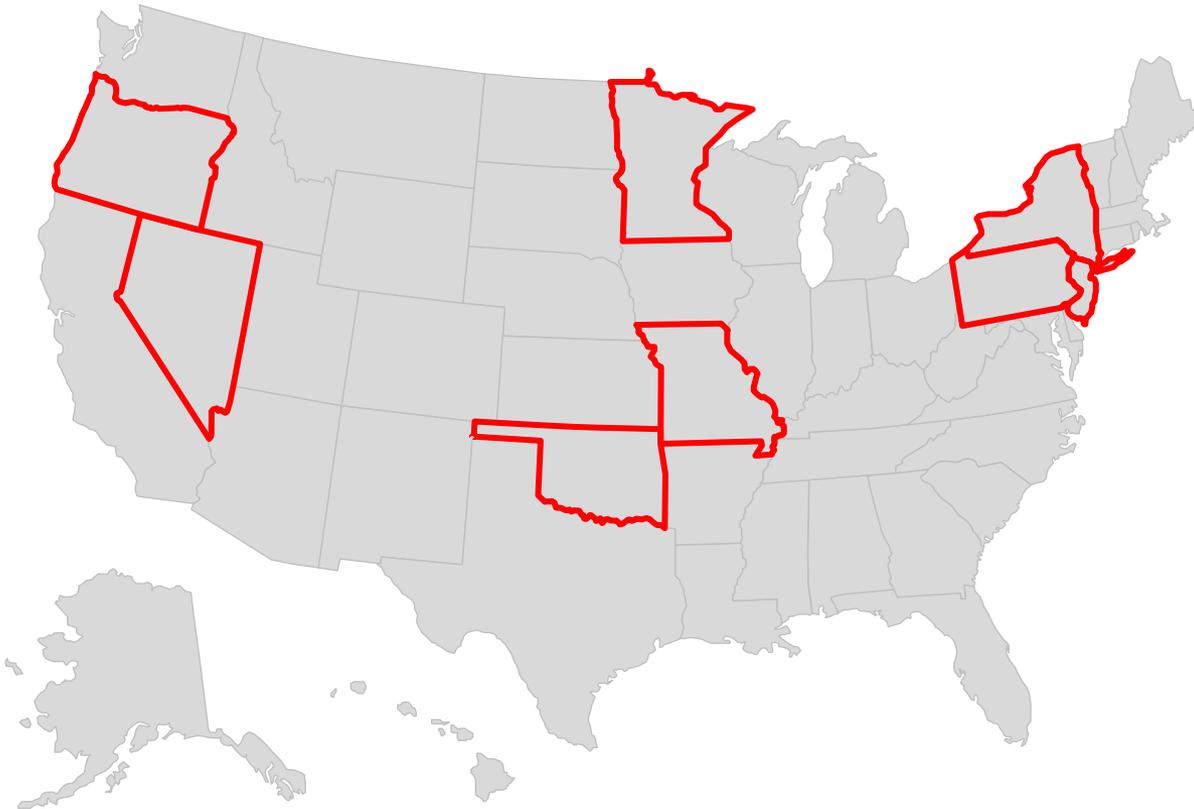
2016



- 1-5 expansion grantees
- 6-10 expansion grantees
- 11-15 expansion grantees
- 16-20 expansion grantees
- 21-29 expansion grantees
- 30-49 expansion grantees
- 50+ expansion grantees
- CMS Demonstration
- SPA/1115

CCBHC GROWTH

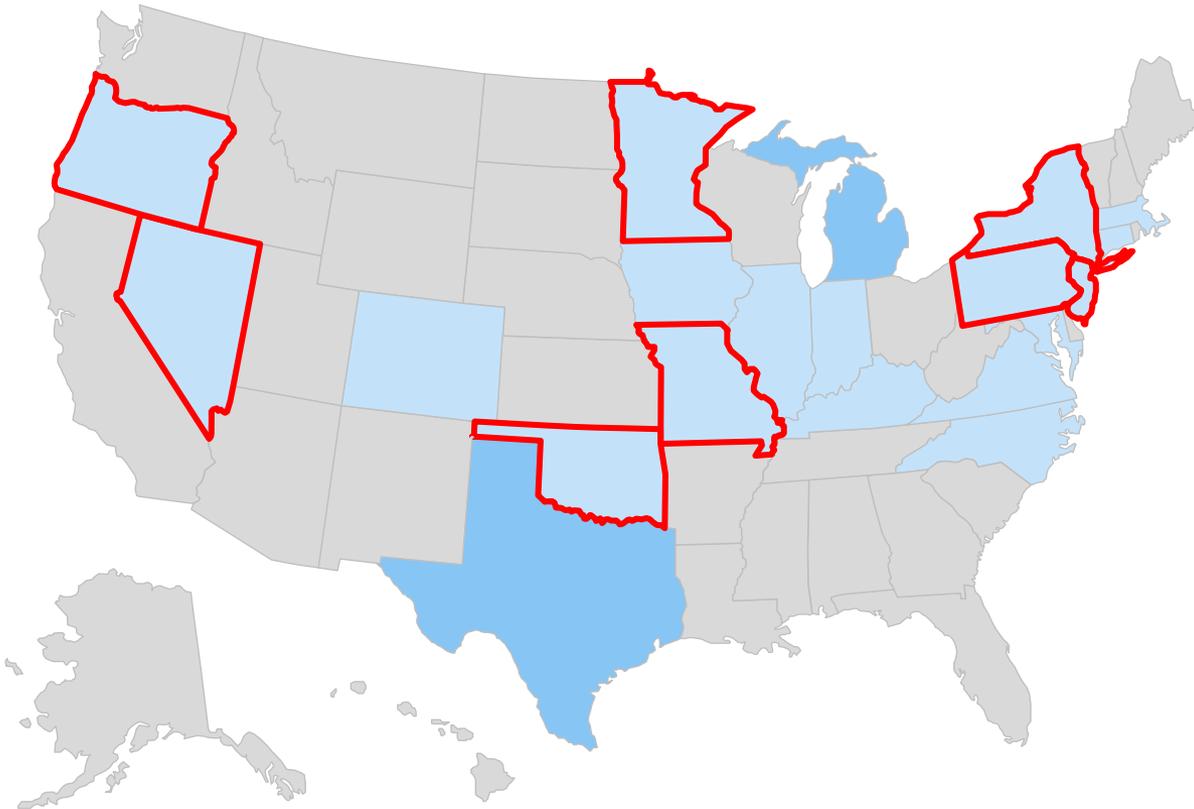
2017



- 1-5 expansion grantees
- 6-10 expansion grantees
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- 16-20 expansion grantees
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CCBHC GROWTH

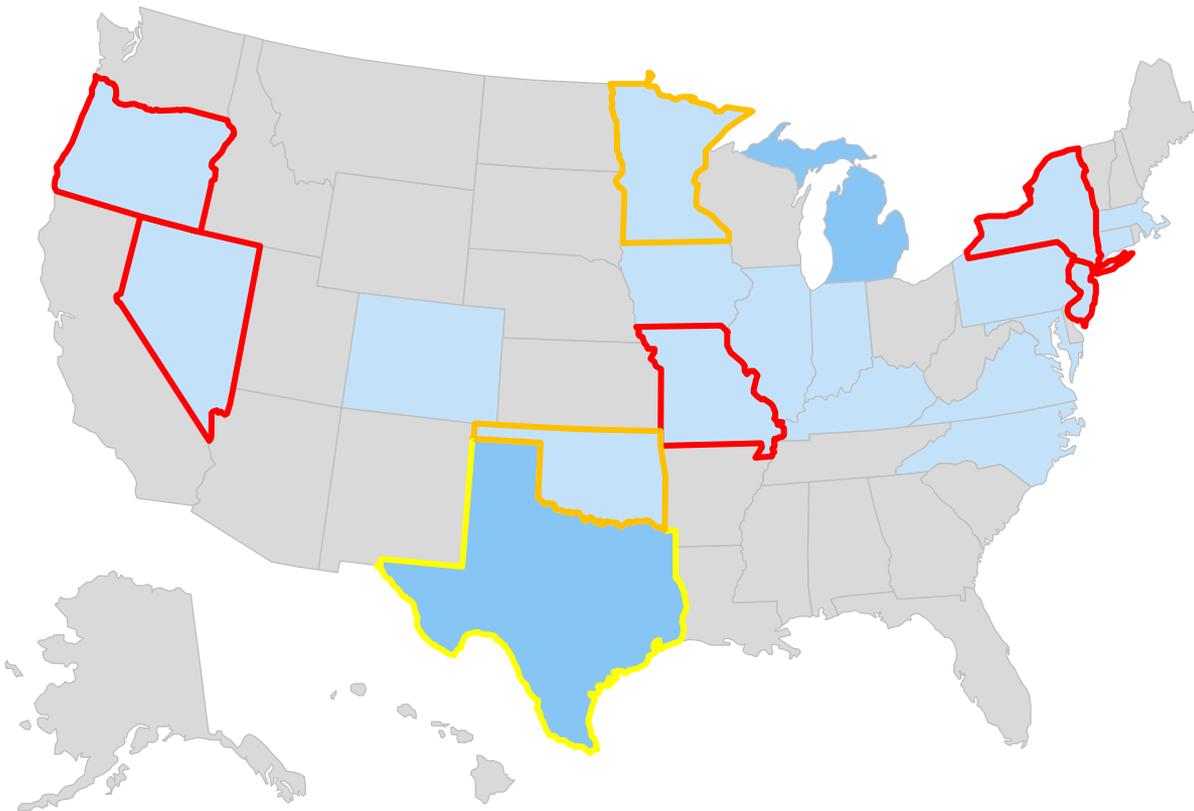
2018



-  1-5 expansion grantees
-  6-10 expansion grantees
-  11-15 expansion grantees
-  16-20 expansion grantees
-  21-29 expansion grantees
-  30-49 expansion grantees
-  50+ expansion grantees
-  CMS Demonstration
-  SPA/1115

CCBHC GROWTH

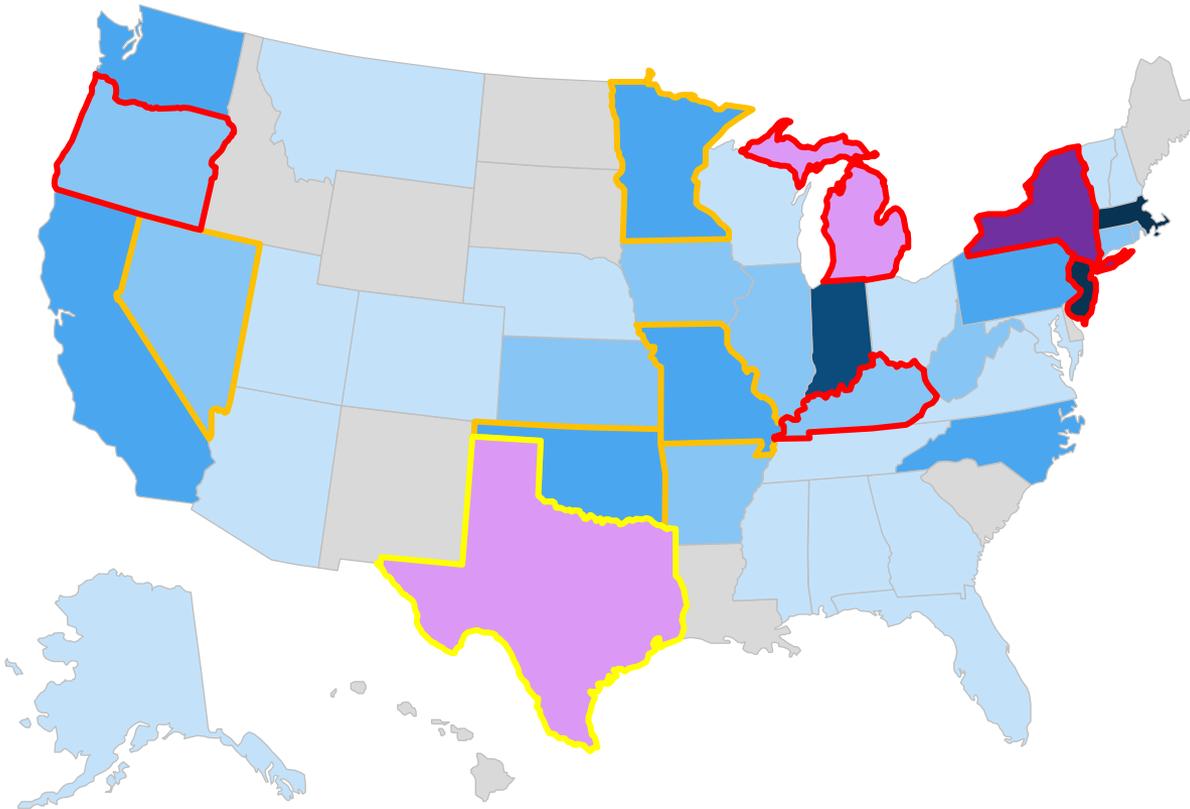
2019



-  1-5 expansion grantees
-  6-10 expansion grantees
-  11-15 expansion grantees
-  16-20 expansion grantees
-  21-29 expansion grantees
-  30-49 expansion grantees
-  50+ expansion grantees
-  CMS Demonstration
-  SPA/1115

CCBHC GROWTH

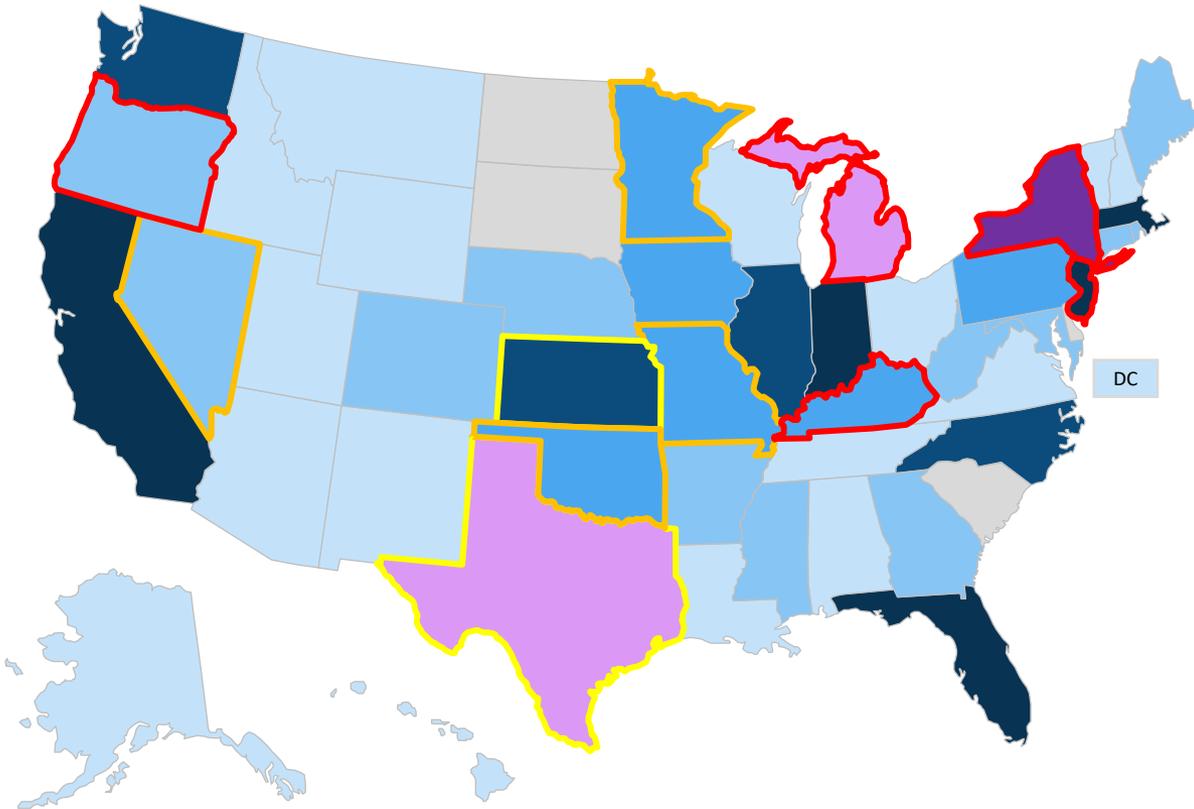
2021



- 1-5 expansion grantees
- 6-10 expansion grantees
- 11-15 expansion grantees
- 16-20 expansion grantees
- 21-29 expansion grantees
- 30-49 expansion grantees
- 50+ expansion grantees
- CMS Demonstration
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CCBHC GROWTH

2022



- 1-5 expansion grantees
- 6-10 expansion grantees
- 11-15 expansion grantees
- 16-20 expansion grantees
- 21-29 expansion grantees
- 30-49 expansion grantees
- 50+ expansion grantees
- CMS Demonstration
- SPA/1115

2022 CCBHC IMPACT REPORT

Data Highlights

Full report: <https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/>

■ About the National Council's CCBHC Impact Survey

- Conducted annually since 2017
- Incorporated information about CCBHC grantees beginning in 2021
- Most up-to-date snapshot of CCBHCs and grantees' activities nationwide
- 2022 report includes data from 249 of the 450 CCBHCs that were active as of August 2022, with comparable response rates (~55%) among state-certified sites and grantee-only organizations

■ Number of Individuals Served

1.2 MILLION CLIENTS

are currently served by
249 responding CCBHCs
and grantees

Estimated

2.1 MILLION

people currently served
across all 450 active
CCBHCs and grantees



This represents a steep increase
from the estimated 1.5 million
people served across 224 active
CCBHCs as of 2021.

Caseload Expansions

77%
CCBHCs & GRANTEES
say their caseload has
increased since becoming a
CCBHC

Nearly
180,000
total new clients served by
these clinics


This represents a 23%
increase since becoming
a CCBHC

State-certified clinics had larger average caseload increases (30% average increase for state-certified sites vs. 18% for grantee-only sites).*

*Difference is statistically significant

■ Employees and Vacancies



- These workforce expansions represent a 13% increase compared to prior to becoming a CCBHC.
- Grantee-only sites had a 10% increase in staff, and state-certified sites had a 16% increase in staff.*

*Difference is statistically significant

Number of Clients Engaged in Medication Assisted Treatment



38,396 CLIENTS

with substance use disorder
currently engaged in MAT across
responding clinics



Estimated

69,400 CLIENTS

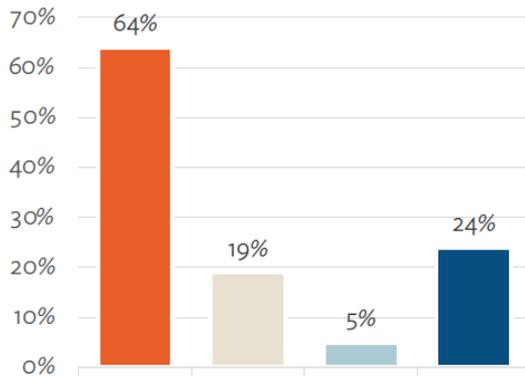
nationwide engaged in MAT
across all 450 active CCBHCs.

State-certified sites were more likely to say their number of clients on MAT has increased significantly (51% of state-certified respondents vs. 17% of grantee-only respondents)*

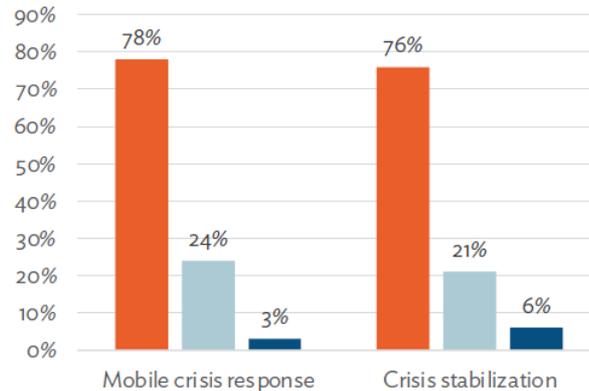
*Difference is statistically significant

Availability of Crisis Services

CCBHCs and Grantees Providing 24/7 Call Line(s)



CCBHCs and Grantees Providing Access to Selected Crisis Services



With their array of crisis response services and partnerships, CCBHCs are important partners in states' efforts to strengthen their 988 and crisis response systems.

- We operate a 24/7 crisis line that is available to anyone
- We operate a 24/7 crisis line that is available only to clients enrolled in our services
- We operate a crisis line that is open limited hours, not 24/7
- We refer individuals to a 24/7 crisis call line operated by another provider in our community

- Directly deliver
- Partner with a DCO to provide
- Still working to meet this requirement

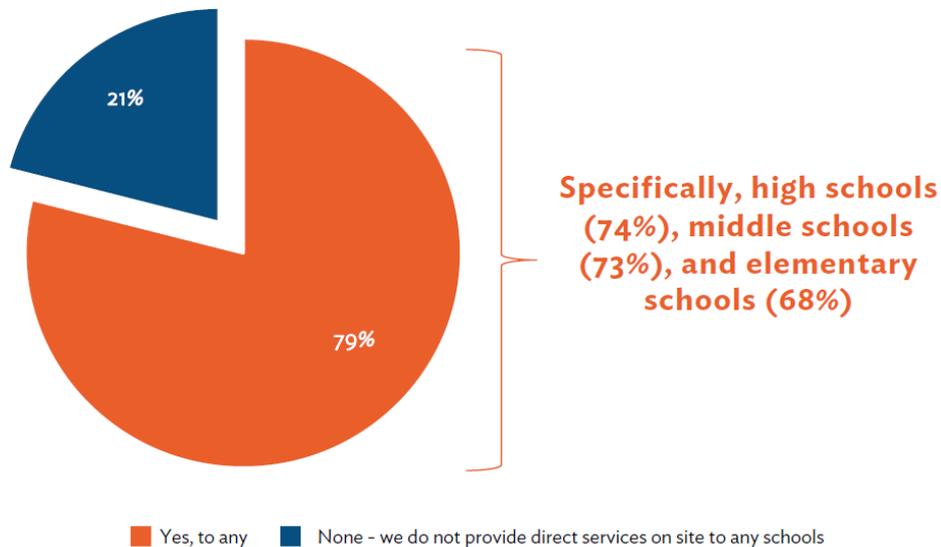
Other Crisis Response Activities

Innovative Practices in Crisis Response	Percentage of participating CCBHCs
Offers post-crisis wrap around services to facilitate linkage and follow-up	83%
Partners with statewide, regional, or local crisis call line to take referrals for non-urgent or post-crisis care	67%
Has mental health and substance use provider co-respond with police / EMS	45%
Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization	38%
Has mobile mental health and substance use teams respond to relevant 911 calls instead of police / EMS	30%
Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff	22%
Other	18%

Child & Youth Services

Most respondents (94%) directly deliver services to children and youth; some (8%) collaborate with a DCO for child/youth services, and some do both.

CCBHCs Providing Direct Services on Site at Schools



■ Considerations for states approaching the planning process

- What investment in data platform(s) might we want to include as a planning year activity to enable us to collect outcomes data and support CCBHCs' performance improvement efforts?
- How do we intend to link our CCBHC efforts with the 988 network and any activities underway to strengthen the crisis response continuum?
 - What other BH system goals might we aim to target?
- What partnerships do we want to see between CCBHCs and other health, criminal justice, or social service entities? How will we build these into our requirements and engage stakeholders in the planning process?
- What innovative opportunities are there for CCBHCs to deliver services outside the four walls of the clinic, and how will we enable or incentivize that within our program design?
- What technical assistance might our CCBHCs need to launch new services, establish new partnerships, and more?
- What technologies need to be in place to support the state and clinics in achieving our CCBHC goals?

The background is a green-tinted image of a document. On the left side, there is a map of the state of Texas. To the right of the map, there are several lines of handwritten text in black ink, which appear to be notes or a list. The overall image has a soft, slightly blurred appearance.

OVERVIEW OF THE STATE PLANNING GRANT NOFO

■ Notice of Funding Opportunity (NOFO) Overview

	CCBHC Planning Grant NOFO
Eligibility	State Mental Health Authorities, Single State Agencies, or State Medicaid Agencies, including those in the District of Columbia, that have not previously participated in the CCBHC Demonstration Program
Grant Award	Up to \$1 million per award for a 1 year Planning Grant
# of Awards Expected	15
Application Due Date	Monday, December 19 th (6 weeks from today!)
Purpose of the Funding	<p><u>To support states to:</u></p> <ul style="list-style-type: none"> • Develop and implement certification systems for CCBHCs • Establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, • Prepare an application to participate in a four-year CCBHC Demonstration program
Link to SAMHSA's NOFO Page	https://www.samhsa.gov/grants/grant-announcements/sm-23-015

Anticipated Timeline

Planning Grant Application *Applications Due December 19, 2022*

- Review existing certification and other CCBHC requirements
- Identify subject matter experts for each certification area
- Consider PPS payment implications
- Develop the Planning Grant Application

Pre-Award Planning *Application Submission-March 30, 2023*

- Develop working assumptions about structure, roles and models of care
- Identify needed rule and other policy changes
- Updates to CCBHC Criteria & PPS Guidance anticipated
- Strategize about PPS given existing payment structure
- Strategize, assess, and prioritize provider readiness and capacity gaps
- Awards expected to be made on or around March 15, 2023

Planning Grant Funding Period *March 30, 2023-March 29, 2024*

- Broad stakeholder engagement
- Certification development and adoption
- PPS development
- Certify at least two CCBHCs that represent diverse geographic areas, including rural and underserved areas
- Written quarterly reports 15 days after the end of each grant quarter, starting on July 15, 2023
- Develop and submit a proposal to participate in the Demonstration program by March 20, 2024

4-year CCBHC Demonstration Period *July 1, 2024-June 30, 2028*

- 10 states selected to implement CCBHC demo
- Support CCBHCs via PPS and expand number of certified providers (if desired)
- Track, measure and report on performance and participate in the National Evaluation of the Demonstration

Anticipated Timeline



- Act states that beginning July 1, 2024, and every 2 years thereafter, 10 states that have completed planning grants and submitted successful applications to participate in the CCBHC Demonstration will be eligible to join the program for a four-year period

- Eligibility includes the 41 states, including DC, who have not participated in the Demonstration program to date
- Planning Grant applications due December 19, 2022
- Selected states will apply to participate in the Demonstration Program by March 20, 2024

- Phase 2 of the Demonstration period anticipated to begin on July 1, 2024

■ Planning Grant Activities

■ Required Activities during the Planning Grant:

- **Solicit input** from consumers (including youth), family members, providers, tribes, and other key stakeholders
- **Certify** an initial set of clinics using the Certification Criteria and establish procedures and infrastructure to ensure clinic compliance
- Establish a **PPS** for behavioral health services furnished by a CCBHC
- Establish the **capacity** to provide behavioral health services that meet the Certification Criteria
- Develop or enhance **data collection and reporting** capacity and provide information necessary for HHS to evaluate proposals submitted by states to participate in the CCBHC Demonstration program
- Submit a **proposal** no later than March 20, 2024, to participate in the four-year CCBHC Demonstration program
- If selected, **agree** to pay for services at the rate established under the PPS system during the CCBHC Demonstration program

■ Planning Grant Activities

- States must hire/name a Project Director that is committed to the Planning Grant at least 0.5 FTE

- Other Allowable Activities during the Planning Grant:
 - Training and technical assistance in planning to participate in the CCBHC Demonstration program
 - Create a plan for **workforce development and retention** based upon identification of provider shortages across the state to support successful CCBHC implementation.

■ Consumer & Other Stakeholder Involvement is Essential During Planning Grant Period

- SAMHSA expects that 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
- States must:
 - Develop/Utilize a **steering committee** composed of relevant state agencies, providers, service recipients, and other key stakeholders to guide and provide input throughout the grant period
 - *Will report on the number of workgroup members who are consumers/families during the Planning Grant period*
 - Solicit input from the CCBHC Demonstration program's **population of focus**
 - Establish partnerships and engage with **other local, state, and federal agencies and tribes** in planning to ensure that services are accessible and available
 - *Will also report on the number of organizations collaborating as a result of the award*
 - Verify that CCBHCs have **meaningful input** by consumers, persons in recovery, and family members as described in the criteria

Certification of CCBHCs During Planning Grant Period

- CCBHCs serve individuals most in need of coordinated, integrated, accessible, quality care
 - No rejection or limiting of services based on a person's ability to pay or place of residence
- As part of the Planning Grant, states must accomplish the following:

Finalize **application processes** and review procedures for clinics to be certified as CCBHCs

Certify CCBHCs that represent **diverse geographic areas**

Must include providers in both rural and underserved areas

If planning to add additional CCBHCs during the demonstration period, finalize a **process for bringing additional clinics on board** to reach the desired geographic spread by the end of the CCBHC Demonstration

Assist clinics with meeting certification standards by facilitating access to **training and technical assistance**

Assist CCBHCs with **improving the cultural diversity and competence** of their workforce

Recruit and train the workforce necessary to provide high quality services through CCBHCs, and provide that workforce with evidence-based resources and supports to promote their mental well-being and resilience

Verify that CCBHCs have **meaningful input** by consumers, persons in recovery, and family members

Will report on the number of organizations and communities that demonstrate improved readiness to change during grant period

■ Prospective Payment System (PPS) Activities in Planning Grant Period

- Use of PPS to pay the participating clinics for the provision of CCBHC services is required under the Demonstration Program
 - Applies to all CCBHC services, regardless of whether they are delivered directly by the CCBHC or through a Designated Collaborating Organization (DCO)
- In their applications in response to this NOFO, states are expected to outline which PPS they intend to use and their process to establish the PPS rates

PPS 1

- Daily Rate
- Optional bonus payment for CCBHCs that meet quality measures

PPS 2

- Monthly rate
- Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing care for special populations
- Required bonus payments for CCBHCs that meet quality measures

■ Prospective Payment System (PPS) Activities in Planning Grant Period

- Required activities during the Planning Grant period related to the PPS include:

Implement an approved CCBHC PPS rate-setting methodology for payments made via fee for service or through managed care systems

Determine the PPS rates that will be used by clinics at the beginning of the CCBHC Demonstration period in compliance with CMS guidance

Develop actuarially sound rates for payments made through managed care systems

Prepare to collect, as appropriate, CCBHC cost reports and submit them to CMS, no later than 9 months after the end of each CCBHC Demonstration year

Design and implement billing procedures to support the collection of data necessary to help determine program costs and evaluate the overall CCBHC Demonstration

Data Collection & Reporting Capacity for Planning Grant Period

Participating states must accomplish the following during the Planning Grant Period:

Develop or enhance data collection and reporting capacity and provide information in support of meeting PPS requirements, quality reporting requirements, and CCBHC Demonstration evaluation reporting requirements

Design/modify and implement data collection systems, including registries or electronic health record functionality that report on access, quality, and scope of services

• Including CCBHC administrative data and personnel records, claims, encounter data, patient records, and patient experience of care data

Design/modify and implement data collection systems that report on the costs and reimbursement of providing behavioral health services

Use a cost report format as required that is developed to conform to CMS guidance and collect cost reports from CCBHCs.

• See: <https://www.medicaid.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html>

Assist CCBHCs with preparing to use data to inform and support continuous quality improvement processes, including fidelity to evidence-based practices, and person-centered, and recovery-oriented care

Prepare CCBHCs to provide requested information to the Behavioral Health Services Information System (BHSIS) through their State and participate in the SAMHSA treatment locator by completing the annual National Substance Use and Mental Health Services Survey (N-SUMHSS).

- *More information about the required CCBHC Quality measures can be found here: <https://www.samhsa.gov/section-223/quality-measures>*

■ Data Collection & Reporting Capacity for Planning Grant Period

- **Additionally, states must prepare to participate in the CCBHC Demonstration Program’s National Evaluation, which is designed to:**
 - Compare accessibility to community-based behavioral health services in participating clinics with accessibility for patients who are not served by CCBHCs
 - Assess the cost, quality, and scope of services provided by CCBHCs and the impact of the CCBHC Demonstration programs on the federal and state costs for a full range of mental health and substance use services

- **States must commit to the following:**
 - Collaborate with the national evaluation planning team and provide input on the evaluation design, data sources, and performance measures
 - Work with HHS and the evaluation planning team to ensure that claims from CCBHCs can be identified and correspond to CMS-64 reporting and quality measure counts of clients for CCBHCs
 - Work with HHS and the evaluation planning team to ensure that, as required, cost reports and CCBHC quality measures are submitted in a timely fashion and that staff are available for any follow-up questions regarding the submissions
 - Prepare requests for an Institutional Review Board’s approval to collect and report on process and outcome data (as necessary)

Changes to the CCBHC Criteria & PPS Requirements Anticipated but Not Known

- **Applicants are expected to utilize the current CCBHC Certification Criteria and PPS Guidance during their application development**
 - Current CCBHC Certification Criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf
 - Current CCBHC PPS Guidance: <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf#page=94>
- **SAMHSA is updating the Certification Criteria through a process which will include a significant opportunity for public comment**
 - Updates about these changes and opportunities for public comment can be found here: <https://www.samhsa.gov/certified-community-behavioral-health-clinics/ccbhc-criteria-update-announcements>
 - No major changes to the scope and shape of the Certification Criteria are expected
- **CMS is also working to update the CCBHC PPS guidance**
 - PPS changes will be made available prior to the planning grant execution period and included as part of technical assistance provided to states during the planning grant execution period
 - Once the updated PPS Guidance is released, states will have the opportunity to update their PPS plans and selections prior to submitting a subsequent application to participate in the CCBHC Demonstration

■ CCBHC Demonstration Program Application

- **Required to be submitted by Planning Grant States by March 20, 2024**
- **Must include, but is not limited to:**
 - The target Medicaid population to be served under the CCBHC Demonstration program
 - A list of CCBHCs that will participate in the CCBHC Demonstration at the beginning of the CCBHC Demonstration period
 - The desired geographic spread of the CCBHC program by the end of the CCBHC Demonstration period and a process and schedule for adding additional CCBHCs to the CCBHC Demonstration
 - 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
 - A 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
 - Verification that the state has agreed to pay for services funded under the CCBHC Demonstration program at the rate established under the PPS

Other Application Considerations

- Applications must be submitted electronically through Grants.gov Workspace or eRA Commons ASSIST

D-U-N-S Number:
<https://fedgov.dnb.com/webform/>

Unique Entity Identifier (UEI) & System for Award Management (SAM):
<https://sam.gov/content/home>

Grants.gov:
<https://www.grants.gov/web/grants/applicants/organization-registration.html>

- Person Submitting Application must have “Authorized Organizational Representative (AOR)” role

eRA Commons:
<https://www.era.nih.gov/>

- Project Director Must Have the “Principal Investigator (PI)” Role
- AOR Must have the “Signing Official (So)” Role

Review Appendix A of the NOFO if you are unfamiliar with these systems or registrations

■ Other Application Considerations

- Applications are due on December 19th, but early submission is encouraged!
- This is a Cooperative Agreement, meaning significant SAMHSA involvement should be expected
- Regardless of the entity applying as the lead state representative, collaboration between the State Mental Health Authority, the Single State Agency for Substance Abuse Services, and the State Medicaid Agency is essential
 - The application must include a signed Memorandum of Agreement (MOA) between the applicant agency and the other two partnering agencies describing roles and responsibilities and committing to collaborate for this planning grant and CCBHC Demonstration program (Attachment 1)



STRATEGIES FOR DEVELOPING A COMPETITIVE PLANNING GRANT APPLICATION

Collaborate Closely with Fellow State Agencies

- Convene and orient a planning team of “deciders” from each collaborating state agency who are empowered to leverage the CCBHC’s transformational opportunity
 - ensure that everyone understands *this is not a standard grant proposal*
- Identify a Project Lead, Subject Matter Experts, Writers for each section, and Administrative Support
- Prepare a Workplan for the proposal writing period, with responsible individuals and internal deadlines for planning, writing, and review (for the narrative, required documents, letters of commitment, etc.)
- Develop a shared vision for how CCBHC aligns with your state BH strategy and system reform
- Establish buy-in and formalize agreement that will describe roles, responsibilities, and shared commitment to collaborate for this planning grant and CCBHC Demonstration program as required for Attachment 1- the signed Memorandum of Agreement (MOA)
- Identify other partnering organization and solicit Letters of Commitment
- Collaborate to develop the plan and coordinate review for the evolving Application Narrative

■ Scored Application Narrative

Address every question directly and thoroughly, responding to each sub item in order

30 Page Written Response

Section A	Population of Focus/Statement of Need	15 points	6 pages
Section B	Approach	35 points	14 pages
Section C	Staff and Organizational Experience	30 points	6 pages
Section D	Data Collection and Performance Measurement	20 points	4 pages



*Single Spaced with 1 inch margins
Times New Roman, 12 pt. font; Charts can be 10 pt. font*

Section A: Needs Assessment and Gap Analysis- 15 points & 6 pages

- Describe the population your ultimate State Demonstration Program will serve
 - Demographic Profile for population
 - Identified subpopulations such as adults with SMI and children with SED, individuals with SUD
 - Populations experiencing BH disparities
- Describe the Extent of the Problem
 - Prevalence data
 - Service and Access Gaps
- Describe how BH is organized, funded and provided in your state
- Describe the capacity of the Medicaid State Plan and 1115 Demonstration Authority to provide the CCBHC Services:
 - Crisis Services
 - Treatment Planning
 - Screening, Assessment, Diagnosis & Risk Assessment
 - Outpatient Mental Health & Substance Use Services
 - Targeted Case Management
 - Outpatient Primary Care Screening and Monitoring
 - Community-Based Mental Health Care for Veterans
 - Peer, Family Support & Counselor Services
 - Psychiatric Rehabilitation Services
- Describe the state's current BH Medicaid payment and service delivery system
 - Identify components of this system that will enhance or inhibit the provision of CCBHC services

■ Section B: Proposed Approach—35 points & 14 pages

- Describe how the capacity, access, and availability of services to the population(s) of focus will be expanded:
 - outreach and engagement
 - staff training
 - workforce diversity
 - activities that address social determinants of health
 - development of services that are responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the population(s) of focus
- Describe how CCBHCs will be selected to participate, whether the state has already certified any of them as a CCBHC, and how the state will work with clinics not already certified to meet or prepare to meet the requirements in the Certification Criteria.
- Describe how the state will include community behavioral health clinics in both urban and rural areas.
- Describe the process for adding clinics to the CCBHC Demonstration program throughout the CCBHC Demonstration period and the desired geographic spread of the program (if sites will be added over the course of the Demonstration).
- Describe how the state will finalize planning activities and assist with the transition to implementation of the CCBHC Demonstration program, if selected

■ Proposed Approach continued

- Describe and justify the selection of the PPS rate-setting methodology.
 - Describe how CCBHCs will base cost with supporting data, as specified in the prospective payment guidance and collect this data. (plans can be updated during the planning project)
- Describe how the state will establish a PPS for behavioral health services provided by CCBHCs in accordance with CMS guidance in the prospective payment guidance. (Note: States will have the opportunity to update these plans during the planning project period following the release of updated guidance about PPS options.)
- Describe how the state will work with CCBHCs to develop a process of board governance or other appropriate opportunities for meaningful input by consumers, persons in recovery, and family members.
- Describe how input on the development of the CCBHC Demonstration program will be solicited from consumers, family members, providers, and other stakeholders including American Indian/Native Alaskans
 - Describe how they will be kept informed of the activities, changes, and processes related to the project.

Section C: Staff and Organizational Experience- 30 points & 6 pages

- Discuss any steps the state has already taken to develop a CCBHC program in their state (*e.g., Medicaid state plan amendments, support through Medicaid managed care, implementation of policies or statutes that are supportive of CCBHCs, support of CCBHCs through state revenues or block grant funds or planning for development of CCBHCs programs*)
- Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. ***Include Letters of Commitment from these organizations in Attachment 1 of the application.***
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
 - Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

■ Section D: Data Collection and Performance Measurement- 20 points & 4 pages

Document the ability to collect and report on the required performance measures as specified in Section I-2.2 of this NOFO. Describe the plan for data collection, management, analysis, and reporting of data for the program. Specify and justify any additional measures the state plans to use for the project.

- Describe how the state will support CCBHCs as they build the performance measurement infrastructure and implement continuous quality improvement processes.
- Describe the plan for conducting the performance assessment as specified in Section I-2.3 of this NOFO and document the ability to conduct the assessment.
- Discuss the challenges that may be encountered in collecting the data required for the national evaluation and how the state will address these challenges.
- Describe the capacity to collect data to inform the national evaluation of the CCBHC Demonstration program including claims, encounter data, patient records, chart-based/registry data, and patient experience data.



WHAT TO EXPECT & OTHER PLANNING CONSIDERATIONS

■ During the planning grant NOFO response process you should expect

- A breakneck pace
- Close collaboration between your single state agency and your state BH authority(ies)
- Lots more questions than answers
- Hard decisions with very imperfect information
- Proliferating stakeholders
 - More state agencies
 - More providers
 - More advocates
- You will find things out about your BH delivery system that may alarm and/or surprise you
- Anxiety
- Territoriality as people begin to worry about what might be lost

■ During the planning grant NOFO response process you should plan for

- Late nights reviewing drafts
- Lots of meetings
- Getting stakeholder input
- Data collection
- Provider support
 - Programmatic
 - Practices
 - PPS
- The disruptions that will inevitably result from an initiative with the scale, complexity, and importance as this one

■ During the planning grant period you should expect

- A breakneck pace – a year seems long until it doesn't
- Providers fighting for turf
- Local elected officials getting interested
- Providers in need of support
- Bandwidth challenges within your bureaucracy
- Lots of stakeholder input – and not all of it laudatory
 - People served
 - Providers
 - Plans
 - Politicians
- Tension between the model you want to implement and the funds to which you have access
- Tension between the needs of people with SMI/SED/significant SUD and the needs of people with more moderate conditions
- A heavy lift on the demonstration grant application
- Territoriality as people begin to worry about what might be lost

■ During the planning grant period you should plan for

- Difficult decisions about how to evolve your existing service delivery system
 - 2703 health homes
 - Mobile crisis services
 - Catchment areas
 - Managed care organizations
- Lots of work related to establishing PPS rates and their mechanics
 - Rebasing
- Training, technical assistance, and other types of support for providers
- Certifying as many providers as possible
- Investing in data capture, analysis, and sharing at both the provider and state agency level
 - Show me a state prepared to quantify the outcomes of the CCBHC initiative, and I'll show you a state that is going to win
- Seeking Medicaid authority through either a state plan amendment or a waiver
- Expanding capacity
- Providing people with court ordered treatment

■ During the demonstration period you should expect

- The work is far from over
- The bloom to come off the rose
- Providers on the outside trying to get in
 - Build a process
 - Make sure you have budget
- PPS rates to be wildly off
 - Process for truing up
 - Process for rebasing
- Audits and lots of them
- Hard decisions about provider accountability
- Territoriality as people begin to worry about what might be lost

■ During the demonstration period you should plan for

- A way to sustain all this once the demonstration ends
- Demonstrating to other critical stakeholders the impact of the CCBHC demonstration
 - Savings for OMB and Medicaid
 - Improved outcomes for Aging and Child, Youth, and Family
 - Access for consumers and their advocates
 - Financial viability for providers and their advocates
- Adding additional CCBHCs so you can get to statewide coverage
- Supporting your bureaucracy

The background features a whiteboard with several white markers scattered across it. The whiteboard has some faint, illegible handwritten text. A semi-transparent green overlay covers the entire image. Centered on the whiteboard is the text "QUESTIONS & DISCUSSION" in a bold, white, sans-serif font.

QUESTIONS & DISCUSSION

Contact Us



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Thank you!



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Reference Links

- (1) SAMHSA's Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants NOFO Page:
<https://www.samhsa.gov/grants/grant-announcements/sm-23-015>
- (2) The National Council for Mental Wellbeing. 2022 CCBHC Impact Report. <https://www.thenationalcouncil.org/wp-content/uploads/2022/10/2022-CCBHC-Impact-Report.pdf>
- (3) CCBHC Demonstration Program Criteria.
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf
- (4) CCBHC PPS Reference Guide: <https://www.samhsa.gov/section-223/certification-resource-guides/prospective-payment-system>
- (5) FY2023 CCBHC Criteria Update Announcements:
<https://www.samhsa.gov/certified-community-behavioral-health-clinics/ccbhc-criteria-update-announcements>
- (6) Bipartisan Safer Communities Act. (2022).
<https://www.congress.gov/bill/117th-congress/senate-bill/2938/text>