Certified Community Behavioral Health Clinics: Transforming Behavioral Health in Nevada

National Alliance on Mental Illness
State of Nevada Annual Conference
May 12, 2017
Stephanie Woodard, Psy.D.
Presentation Outline

• Overview of the CCBHC demonstration program
• Introduction of the model and required services
• Key components of certification criteria and why they are critical to obtaining quality outcomes
• Quality Measures and the link to high quality standards of care
• Payment reform as a driver for innovations in the delivery of care
2014 Excellence in Mental Health Act

• Protecting Access to Medicare Act (PAMA): enacted on April 1, 2014

• Section 223 of the PAMA includes provisions of the *Excellence in Mental Health Act*
  
  • Established federal funding for states to transform the delivery of behavioral health and primary health care for children and adults
  
  • Provided authority to CMS to establish payment methodology to support the new delivery model
CCBHC Grants Phases

• Two Phase CCBHC Demonstration Program authorized by the PAMA:
  • **Phase 1**: Planning Phase
  • **Phase 2**: Demonstration Phase

• The Centers for Medicare & Medicaid Services (CMS) is authorized under the PAMA to provide:
  • Certification criteria that states must use for a two-year demonstration program
  • Guidance on the development of a prospective payment system (PPS) for payment of CCBHC services
  • Federal matching funds equivalent to the Children’s Health Insurance Program (CHIP) rate for CCBHC services to Medicaid beneficiaries
  • Required cross-DHHS collaboration between Divisions of Public and Behavioral Health, Child and Family Services, Health Care Financing and Policy, and Welfare and Supportive Services
CCBHC Grants Phases

Planning Grant Phase

• One year grant to plan and develop CCBHC certification and prospective payment system (PPS) reimbursement requirements
• Must certify a minimum of two sites; one rural, one urban
• Apply to participate in the two year demonstration program
CCBHC Grants Phases

Demonstration Phase

• Nevada was selected to participate in the CCBHC demonstration along with New York, New Jersey, Oklahoma, Minnesota, Missouri, Oregon, and Pennsylvania

• Demonstration states will bill Medicaid under a PPS approved by CMS under an enhanced Medicaid Federal Medical Assistance Percentages (FMAP)
Demonstration Goals for CCBHCs

States must select at least one of the following goals for CCBHCs:

1. Provide the most complete and comprehensive scope of services

2. Will improve availability of, access to, and participation in, services to individuals

3. Improve availability of, access to, and participation in assisted outpatient mental health (MH) treatment in the state

4. Demonstrate the potential to expand available MH services in a demonstration area and increase the quality of such services without increasing net federal spending
Prospective CCBHCs

- CCBHC selection completed on 4/12/16
- Currently undergoing final Certification Reviews
- 4 Prospective CCBHC Participants:
  - Vitality Unlimited, Elko, Nevada
  - New Frontier Treatment Center, Fallon, Nevada
  - Bridge Counseling Associates, Las Vegas, Nevada
  - WestCare Nevada, Henderson, Nevada
  - WestCare Nevada, Reno, Nevada
Locations of Prospective CCBHCs
Quadruple Aim

Improvement in Population Health

Greater Value for Health Care Spending

Better Health Care

Provider Satisfaction
How do we achieve these outcomes?

• Right service at the right time in the right way for each individual; care is coordinated within and between providers - **Efficiency**

• Train and support staff to utilize EBP’s for high quality care - **Efficacy**

• Measure performance and outcomes to evaluate the - **Effectiveness**

• Provide supports to address whole health and social determinants of health - **Ecology**
What is a CCBHC? What will it do?

• Provide outpatient behavioral health services and primary care screenings and monitoring for children, adults, and families to

  – Improve behavioral care for those individuals with the greatest need

  – Enhance statewide access to care

  – Promote innovation in the delivery of clinical services and technology

  – Establish quality measures and reporting

  – Support quality bonus payments to providers
What is a CCBHC and What will it do?

- Services delivered within a “behavioral health home” model
- Outpatient BH services / primary care screenings and monitoring for children, adults, and families
- Emphasize quality of care in the support of optimal patient-centered outcomes
- Provides nine core services
- Care coordinated and integrated across the health care system and patient's environment
- Person-centered, family-centered, culturally and linguistically competent, trauma-informed
- “Whole” person orientation to address patient's needs and families needs
- Care coordinated and integrated across the health care system and patient’s environment
- Person-centered, family-centered, culturally and linguistically competent, trauma-informed
- “Whole” person orientation to address patient's needs and families needs
Which Populations do CCBHCs Serve?

• CCBHCs serve any individual in need of care, regardless of the ability to pay:
  – Adults with serious mental illness (SMI); Adults with mental illness (Non-SMI)
  – Children with serious emotional disturbance (SED); Children with emotional disturbance (Non-SED)
  – Individuals with long-term chronic addiction (SUD)
  – Individuals with mild or moderate mental illness and substance use disorders (COD)
Additional Priorities of Focus

– Significant focus on individuals and families to provide
  • Support for transitions of care
  • Reduction of risk for unnecessary institutionalization, incarceration, and hospitalization
  • Recovery supports to individuals and families
  • Coordination across and between systems of care
CCBHC Model

CCBHC #2

DCO

State Sanctioned Crisis Services

Other Community Agencies

Hospital Non-Ambulatory Detox

Schools

ERs

Jails

Other Community Programs

DHHS, DPBH - Nevada Certified Community Behavioral Health Clinics
Prepared by Myers and Stauffer
Development of Nevada’s CCBHC Model

- DHHS Collaboration
- Bold Innovation
- Solution-Focused

Guiding Principles
Development of Nevada’s CCBHC Model

- Technical Assistance
- Cost Report
- Strategic Partners and DCOs
- Stakeholder Engagement
- Data
- PPS Methodology/QBP
- Evidence Based Practices
- Community Based Needs Assessment
- Availability and Accessibility of Services
- Existing State Plan Services

Nevada CCBHC Model
Services and Evidence-Based Practices

• Identified gaps in services in state plan
• Developed comprehensive services under each of the 9 required service types
• Reviewed existing and needed EBP’s
• EBP’s must be embedded into each of the 9 required service types
<table>
<thead>
<tr>
<th>Services</th>
<th>Provided by CCBHC Directly</th>
<th>Provided by CCBHC and/or DCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization intervention and crisis stabilization</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Screening, assessment and diagnosis including risk management</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Patient-centered treatment planning</td>
<td>✓</td>
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State-Sanctioned Crisis Service Definition

• In Nevada, there are no state-sanctioned crisis intervention services that provide all of the elements required of a CCBHC and also none that provide services to all of the different population designations served by a CCBHC.

• However, a CCBHC may contract with any service(s) that is(are) currently providing crisis intervention to assist the CCBHC in developing services that will provide all the following elements:
  ✓ 24 hour services, delivered within 3 hours from initial contact to the CCBHC (including mobile crisis teams)
  ✓ Both behavioral health (including suicide intervention) and substance abuse (including detoxification services)
  ✓ Service provision to all of the population designations (including, children, adults and members of the military/veterans)
# Example of CCBHC Allowable Services

<table>
<thead>
<tr>
<th>Provider Qualifications</th>
<th>CPT or HCPCS Code*</th>
<th>Identify limitations/restrictions related to populations, place of service, services and Prior Authorizations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Any State Imposed Restrictions?</td>
<td>Any CMS Restrictions?</td>
</tr>
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</table>

## 24 Hour Crisis Services including Crisis Intervention, Crisis Stabilization, and 24 hour Mobile Crisis

### Crisis Intervention

- **QMHP, Physician/MD/DO, Psychologist**  
  - H2011, H2011, GT/HT  
  - Description: Crisis intervention service

- **QMHP, Physician/MD/DO, Psychologist**  
  - H2011, 90839/90840, 90846/90847/90849  
  - Description: Intensive family intervention services can be utilized with a combination of services: Crisis Intervention Services (H2011), Psychotherapy for Crisis (90839 and 90840), and Family Psychotherapy with or w/out the patient (90846, 90847 and 90849).

- **QMHP, Physician/MD/DO, Psychologist**  
  - H2011, H2011, GT/HT  
  - Description: Crisis intervention service

### Patient-Centered Treatment Planning or Similar Processes Including Risk Assessment and Crisis Planning

- **QMHP, Physician/MD/DO, APRN, PA, Psychologist**  
  - 96101-96103, 96111, 96118-96120, 96150-96151  
  - Description: Treatment Planning is combined with behavioral health and/or psychological screens and assessments to determine the needed services for a recipient.

- **QMHP, Physician/MD/DO, Psychologist**  
  - H2011, H2011, GT/HT  
  - Description: Crisis intervention service

- **SAPTA**  
  - H0007  
  - Description: Risk Assessment (Suicidality) H0007 - Alcohol and/or drug services; crisis intervention (outpatient)
# Example of Non-State Plan Services

<table>
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<th>Identify limitations/ restrictions related to populations, place of service, services and Prior Authorizations</th>
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<tr>
<td><strong>Hospital outpatient, Physician/MD/DO, APRN, PA, Psychiatrist</strong></td>
<td><strong>Est. Patient 99211-99215, New Patient 99201-99205</strong></td>
<td></td>
<td>Ambulatory Withdrawal Management is an outpatient detoxification that requires medication monitoring to either assist a recipient to detox by using medications or to assist in titrating down from medications. This requires a higher level of safety protocols to be put in place for monitoring and safety of the recipient. These codes would be best utilized through office visit codes (established 99211-99215 and new patient 99201-99205).</td>
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## 24 Hour Crisis Services including Crisis Intervention, Crisis Stabilization, and 24 hour Mobile Crisis

### Crisis Intervention

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<tbody>
<tr>
<td><strong>QMHP, QMHA</strong></td>
<td><strong>H0006</strong></td>
<td>Not a current Target Group Services cannot be considered duplicative to TCM</td>
<td>Targeted Case Management - Substance Abuse only H0006 - Alcohol and/or drug services; case management</td>
</tr>
</tbody>
</table>

### Psychiatric Rehabilitation Services

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<thead>
<tr>
<th>Provider Qualifications</th>
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<th>Identify limitations/ restrictions related to populations, place of service, services and Prior Authorizations</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>QMHP, QMHA, SAPTA</strong></td>
<td><strong>H2023</strong></td>
<td>Not currently covered</td>
<td>Supported Employment H2023 - Supported employment, per 15 min</td>
</tr>
<tr>
<td><strong>QMHP, QMHA, SAPTA</strong></td>
<td><strong>H2025</strong></td>
<td>Not currently covered</td>
<td>Ongoing support to maintain employment, per 15 min</td>
</tr>
</tbody>
</table>

### Behavior Change Intervention & Counseling Risk Factors

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<th>Provider Qualifications</th>
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<tr>
<td><strong>QMHP, QMHA, QBA, SAPTA, Psychologist</strong></td>
<td><strong>H0038 HR</strong></td>
<td>Not currently covered</td>
<td>Family to Family service - H0038 - Self-help/peer service; per 15 minutes (HR) - Family/couple with client present</td>
</tr>
<tr>
<td><strong>QMHP, QMHA, QBA, SAPTA, Psychologist</strong></td>
<td><strong>H0038 HS</strong></td>
<td>Not currently covered</td>
<td>Family to Family service - H0038 - Self-help/peer service; per 15 minutes (HS) - Family/couple without client present</td>
</tr>
</tbody>
</table>
Evidence-Based Practices
Screening and Assessments

• 1. **Collaborative Management and Assessment of Suicidality**
• 2. **Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA/CIWA-Ar)**
• 3. **Clinical Opiate Withdrawal Scale (COWS)**
• 4. **Achenbach Children’s Behavioral Checklists**
• 5. **Ages and Stages Questionnaire-Social Emotional**
• 6. **CRAFFT Screen for Adolescent Substance Use**
• 7. **The Patient Health Questionnaire-9 (PHQ-9)**
• 8. **DSM-5 Level 1 and 2 Cross-Cutting Symptom Screening tools**
• 9. **Child and Adolescent Needs and Strengths (CANS)**
• 10. **Children’s Uniform Mental Health Assessment (CUMHA)**
• 11. **Child and Adolescent Service Intensity Instrument (CASII)**
• 12. **Level of Care Utilization System (LOCUS)**
• 13. **American Society of Addiction Medicine-Patient Placement Criteria (ASAM)**
• 14. **World Health Organization Disability Assessment Scale (WHODAS 2.0)**
• 15. **Body Mass Index (BMI)**
• 16. **Metabolic Monitoring**
Evidence-Based Practices

Treatments and Recovery Supports

• 1. Targeted Case Management (TCM)
• 2. Solution Focused, Brief Psychotherapy (SFBT)
• 3. Wellness Recovery Action Plans (WRAP)
• 4. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
• 5. Cognitive behavioral therapies
• 6. Family-Check-up and Everyday Parenting
• 7. Motivational Interviewing
• 8. Integrated Dual Diagnosis Treatment-Life Skills
• 9. Illness Management and Recovery
• 10. Medication Management
• 11. Basic Skills Training and Psychosocial Rehabilitation
• 12. Supported Employment
• 13. Assertive Community Treatment (ACT)
• 14. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
• 15. Nursing Smoking Quit-Line
• 16. Chronic Disease Management
• 17. Peer to Peer
• 18. Family to Family
Minimum CCBHC Standards

The *Excellence in Mental Health Act* establishes standards in 6 areas that an organization must meet to achieve CCBHC designation.

- **Staffing**
- **Availability and Accessibility of Services**
- **Care Coordination**
- **Scope of Services**
- **Quality and Other Reporting**
- **Organizational Authority, Governance and Accreditation**
### Structure of the Certification Criteria

| 1. Staffing | • Diverse disciplinary backgrounds  
|             | • Necessary licensure  
|             | • Culturally and linguistically trained |
| 2. Availability and Accessibility of Services | • Crisis management available 24 hours/day  
|                                                   | • No rejection for services or limiting of services on ability to pay or residency  
|                                                   | • Transitions of care  
|                                                   | • Evaluations within 10 days |
### Structure of the Certification Criteria

| 3. Care Coordination | Across settings and providers for seamless transitions for patients across the full spectrum of health services, including:  
• Acute  
• Chronic  
• Behavioral health needs  

Requires partnerships or formal contracts with:  
• FQHCs  
• Inpatient psychiatric facilities, substance abuse detoxification, post-detoxification step-down, and residential programs  
• Other community or regional services, supports, providers, including social and human services agencies  
• Department of Veterans Affairs medical centers  
• Inpatient acute care hospitals and hospital outpatient clinics |
## Structure of the Certification Criteria

| 4. Scope of Services | Nine services, which if not available directly through the CCBHC, are provided through Designated Collaborating Organizations (DCO):
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<tr>
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<tbody>
<tr>
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<tr>
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<td>2. Screening, assessment, diagnosis*</td>
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### Structure of the Certification Criteria

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<tr>
<th>5. Quality and Other Reporting</th>
<th>Reporting of encounter data, clinical outcomes data, and such other data as required</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Augmentation of EHR to capture reporting requirements</td>
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<tr>
<td></td>
<td>Billing capabilities for daily episode and services rendered</td>
</tr>
<tr>
<td>6. Organizational Authority, Governance and Accreditation</td>
<td>CCBHC must have 51% Board Membership of individuals with lived experience</td>
</tr>
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</table>
CCBHC Quality Measures

• CCBHC-lead measures: CCBHCs report the required measures to the State, which then reports to SAMHSA.

• State-lead measures: State data and CCBHC measures data will be reported to SAMHSA. The data submitted to SAMHSA will be reported for each CCBHC separately using the data-reporting templates.

• Benefit: Quality data will provide Nevada with access to exceptional data in the future
# State-Lead Measures

<table>
<thead>
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<th>Measure Name</th>
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<tbody>
<tr>
<td>Housing Status</td>
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<tr>
<td>Patient Experience of Care Survey</td>
</tr>
<tr>
<td>Youth/Family Experience of Care Survey</td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Mental Illness</strong></td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence</strong></td>
</tr>
<tr>
<td><strong>Plan All-Cause Readmission Rate</strong></td>
</tr>
<tr>
<td><strong>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications</strong></td>
</tr>
<tr>
<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</td>
</tr>
<tr>
<td><strong>Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult)</strong></td>
</tr>
<tr>
<td><strong>Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent)</strong></td>
</tr>
<tr>
<td>Follow-up care for children prescribed ADHD medication</td>
</tr>
<tr>
<td>Antidepressant Medication Management</td>
</tr>
<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
</tr>
</tbody>
</table>
Quality Bonus Payment Measures

**Required:**
1. Follow-Up After Hospitalization for Mental Illness (adult age groups)
2. Follow-Up After Hospitalization for Mental Illness (child/adolescents)
3. Adherence to Antipsychotics for Individuals with Schizophrenia
4. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
5. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
6. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

**Optional:**
7. Plan All-Cause Readmission Rate
Monitoring and Oversight of CCBHCs

✓ The CCBHC Demonstration is “not business as usual”
✓ Monitoring and oversight needed across Divisions (DPBH, DHCFP and DCFS)
  • Performance of CCBHCs: sustained commitment to certification requirements, compliance quality measures and reporting, consumer satisfaction, etc.
  • PPS rates and re-balancing
  • MCO compliance with CCBHC model
CCBHC Contact Information

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• Website:
  http://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/
• LISTSERV: https://listserv.state.nv.us/cgi-bin/wa?A0=ccbhc