DHS Team

- Jane King, Certification Specialist
- Julie Pearson, CCBHC Project Manager
- Lucas Peterson, MCO Liaison
- Jerry Storck, Research & Evaluation Supervisor
- Ma Xiong, Quality of Care Analyst
- John Zakelj, Payment Specialist
Background
In 2014, the U.S. Congress enacted the Excellence in Mental Health Act, which established an eight-state demonstration project to test CCBHCs (PAMA, Section 223).

The 2015 Minnesota legislature provided funding to support planning and Minnesota received a SAMHSA planning grant.

The 2016 Minnesota legislature appropriated state Medicaid match.

In December 2016, Minnesota was chosen to be one of eight states to pilot CCBHC.

Clinics will begin providing services under the CCBHC model by July 1, 2017. During the demonstration period, states will receive an enhanced federal match on Medicaid for the services provided by CCBHCs. The pilot is scheduled to run until June 30, 2019.
CCBHC Demonstration Opportunities

• CCBHC service delivery model
  • Comprehensive, coordinated services
  • Serve all ages
  • Provide outreach and increase access to underserved populations
  • Evidence based practices serve as a “one-stop-shop”
CCBHC Demonstration Opportunities

• CCBHC payment model (Prospective Payment Rate – PPS)
  • Reimbursement based on costs of serving CCBHC consumers, not on fee schedule
  • PPS rate is unique to each CCBHC
  • Rate based on allowable costs of furnishing all CCBHC services
  • Same rate is paid for each qualifying day of service (“visit”), regardless of the intensity of services provided
CCBHC Demonstration Opportunities

• Direct Access for CD and TCM services
CCBHC States

Minnesota
Missouri
New York
New Jersey

Nevada
Oklahoma
Oregon
Pennsylvania
Certification/Services
Amherst H. Wilder Foundation
Northern Pines Mental Health Center
Northwestern Mental Health Center
People Incorporated
Ramsey County Mental Health Center
Zumbro Valley Health Center
Clinic Coverage Area
• Outpatient mental health and substance use services

• Primary care screening and monitoring

• Screening, assessment and diagnosis, including risk management

• Crisis mental health services, including 24-mobile crisis teams, emergency crisis intervention services and crisis stabilization

• Patient-centered treatment planning

• Targeted case management

• Peer and family support

• Services for members of the armed forces and veterans

• Connections with other providers and systems

• Psychiatric rehabilitation services
State Specific Standards

- Rule 31 License
- Rule 29 Certification
- ARMHS Certification
- CTSS Certification
- TCM standards (adults and kids)
- Mobile Crisis Response
- Integrated Treatment Certification
EBPs:

- Motivational Interviewing
- CBT
- Stages of Change
- Trauma Treatment
  - TF-CBT
  - EMDR

Peer Recovery Services:

- Certified Peer Specialist
- Family Peer Specialist
- Recovery Support Specialist
Who is considered a CCBHC recipient?

• An individual who is currently receiving services from one of the six identified CCBHCs.
  • Must receive one or more of the nine CCBHC services from the CCBHC to be considered a recipient.

• An individual who is new to receiving services from one of the six identified CCBHCs.
  • Must have completed a preliminary screening and risk assessment and receive one or more of the nine CCBHC services from the CCBHC to be considered a recipient.

• No enrollment process.
Prospective Payment System (PPS)
CCBHC payment model (Prospective Payment Rate – PPS)

- Reimbursement based on costs of serving CCBHC consumers, not on fee schedule
- PPS rate is unique to each CCBHC
- Rate based on allowable costs of furnishing all CCBHC services
- Same rate is paid for each qualifying day of service (“visit”), regardless of the intensity of services provided
- Integrated payment for mental health and substance abuse disorder services
- DHS has worked collaboratively with our CCBHCs, MCOs and state MMIS to implement this model in Minnesota. See following slides.
- Our model is similar to FQHC payment, but with significant differences. See handout.
• In order to meet the CCBHC timelines Minnesota will work with a contractor to develop a payment infrastructure process specific to this project. See wraparound payment methodology slide.

• Upon permanent enactment of CCBHC in Minnesota, PPS methodology will be fully implemented in the State payment system.

• This time-limited payment process mitigates the re-programming burden on the State’s legacy MMIS and MCO claims-payment systems and reconciles traditional payments with PPS rates.
• For this two-year demo, Minnesota will use a uniform wraparound payment methodology for all qualified Medicaid recipients, including fee-for-service (FFS) and managed care.

• MCOs and the state’s FFS system will pay a rate to the CCBHCs that other providers would receive for similar services.

• The State will make a supplemental payment (wraparound) to ensure payment to CCBHCs is equal to the PPS to ensure that all CCBHCs receive the full PPS rate plus appropriate Quality Bonus Payments for all qualified recipients.

• If the minimum payment was not achieved, the state (not the MCO) will make supplemental payments to the CCBHCs to make up the shortfall.

• This methodology includes ongoing oversight of all managed care payments to CCBHCs and a monthly reconciliation process between the state and the CCBHCs.
Evaluation
As a condition of the federal demonstration Minnesota will participate in a national evaluation, including reporting on:

- 22 federally required Quality Measures, and
- 8 state-chosen Impact Measures
- obtained from encounter claims and clinic-reports

**MCOs Role**

- Codes/Claims Payment consistent with NCQA Requirements
- Partnership with demonstration Clinics to improve performance

**CCBHCs and MCOs share interest and accountability in the success of the CCBHC demonstration, e.g. Plan All-Cause Readmission Rate (PCR-AD)**
Thank you!

Julie Pearson, MSW, LISW
Minnesota Department of Human Services
CCBHC Project Manager | Mental Health Division
Julie.Pearson@state.mn.us