Certified Community Behavioral Health Clinics
Advisory Committee

Wednesday, April 12, 2017, 1:00-3:00
Amherst Wilder Foundation
451 Lexington Parkway N
Saint Paul, MN 55104
Conference Call-in: 1-800-791-2345
Pin: 27830

Proposed Agenda

1:00 – 1:20 Welcome & Introductions – Why am I interested in CCBHC? How can I contribute?
MACMHP, DHS Staff Team
J. Storck, DHS
J. King, DHS – certification
A. Ward, Wilder
C. Wilson, AC DHS
H. Geerts, Zumbro Valley Health Center
J. Duncan, Ramsey Co.
L. Lind, South Country/ Co-Based Purchasers
J. Blanchard, DHS – Integration Reform
P. Yang, Wilder Foundation
R. Seifert, MN Pharmacists Assoc.
P. Cullen, Care Providers MN
S. Smith, NAMI MN
J. Peterson, Anoka Co/ MACSSA
A. Shaw, Congresswoman McCollum
M. Dieperink, VA
K. Anderson, Aspire MN
S. Mulvihill, MN MN
A. Niemi, DHS - Housing
J. Drier, MCHP
S. Reitmeier, Northwestern Mental Health Center
W. Wilson, MDH
J. Watson, MNACHC
CCBHC Project Background and State Model Overview
DHS Staff Team

Discussion themes and future topics:

**Payment-services focused conversation** –

**PPS process**

- Biennial rebasing
- FQHC 2017 legislation
- CCBHC claims identified by a combination of Enhanced Service Code on Provider Profile, NPI, and list of CCBHC allowable procedure codes
- PPS rebasing – mechanisms for rebasing for higher acuity, change in case mix/level of services
  - PPS rebasing option in second year of demonstration – we will decide after year one.
  - Intensity of service level – we would need mechanism to reflect this.

**PPS Reconciliation** – services provided by other entities – account for delays in timely billing?

- State-contracted crisis services – Ramsey County
- MCO payments – duplicate claims – lag
- Reconciliation back to July 1, 2017 – beginning of demo period
- Quality metrics – small numbers?
  - Minimums - bonus measures – no negative impact. 1-3 metrics expected reach minimum thresholds; Other metrics not expected to reach minimums.

**Transitions of care** – i.e. multiple care coordinators

**Standards, criteria** – i.e. licensing

**Ultimate responsibility** for clients - enrollment -
Process of coordination between CCBHCs and counties
• Each CCBHC is responsible for making services available – ultimate responsibility of client may be service-by-service; meeting with 6 counties next week to talk about that.
• CCBHCs are talking with counties.
• CCBHCs working with all clients (beyond MA) - looking at all funding streams and what that means.

**Federal requirements for formal care coordination agreements** between entities -
• Care coordination business-to-business agreements for shared clients – schools, adult treatment, clinics
• Release of information between entities needed for sharing client-specific information
• SNBC – good lessons learned

**Workforce impact**
• Staffing/workforce needs are outlined in cost reports – each CCBHC knows staffing needs.
• The State conducted needs assessment – staffing/programming development based on the needs assessment, Federally required to be updated every 3 years.

**Sustainability of CCBHCs beyond two-year demo**

1:50 -2:00

**Committee’s Goals & Outcomes**
CCBHC Advisory Committee discussion

**What topics and actions does the Committee want to discuss, learn, influence?**

**Communications** – whose involved with whom and ways to partner.
• Quality metrics (reports)
• Map points of Care Coordination –
Discussion on web of communication process.

- Sub-specializations – work together across all CCBHCs for public to know the “buffet” of options
- Centralized website – repository of information for public
- Acronyms definitions

**Relationships to and across other infrastructures/ initiatives**

- Behavioral Health Homes (BHH) relationship w CCBHCs

**Data**

- Enrollment numbers – anticipated/ projections v. actual.
- MA expansion pop – 40% or total pop – 80% MA across all CCBHC client pop.
- DHS – 14,000 clients (2016 numbers)

2:00 – 2:30  

**CCBHC agencies’ delivery models**

**CCBHC First Implementers**

**Work flows** – intake triage worker (MH practitioner) does preliminary screening, coverage assessment and determination of medical necessity for services. Elements of care data collection - comprehensive assess/evaluation – drives integrated treatment planning. Integration teams design and offer comprehensive treatment planning.

**Parity conversation** – ongoing legislation – CCBHC obligated to offer services regardless of ability to pay. Demonstration services must be made available to uninsured/underinsured.

**Focus on trauma treatment and children’s services.** Identify staff playing Care Coordinator role. Expanding Rule 31 to adolescents. Primary care offered onsite – coordination of care; formalizing partnerships – hospitals, community corrections, other agencies.
Alignment and transformation of internal systems – opportunities to create better system of care for any family member served. Determine what path to treatment/services look like with the client.

Workforce development – new segments of staffing – new career ladders, mentoring/nurturing, hiring from communities we are serving – i.e. peer specialists. Behavioral Health Homes (BHH) – career paths for folks in positions not currently growing, multiple levels; innovation within agency.

Impact measures – peers, telemedicine, ESL. This is a marriage of SS w medical model.

Centralized integrated care team – smaller teams in each county – Multiple counties with multiple sites. Developing relationships w new grads. NPs for medication management and prescribing.

Transportation – clinicians out to clients and vice versa. Transportation in rural areas is barrier to services. Transportation costs not included in PPS.

Frontier counties – telemedicine; mobile services. Opportunities to break down silos. State MN – opportunities to transform system; work with health plans using model of care to work help plans work with state. Accountability, parity, further relations with communities. Multiple Care Coordination agreements across multiple counties and two-dozen school districts.

2:30 – 2:45

Tracking Progress – data pulls, quality metrics, outcome reports, etc. CCBHC Advisory Committee discussion

Information above.

2:45 – 3:00

Communications Plan & Schedule

CCBHC Advisory Committee discussion

Schedule –
First Wed & Thurs of the month – members in town for CCBHC and MACMHP membership meeting