Questions

- How do we assign eligible non-Medicaid individuals without a BH-TEDS record to the WSA?
  - There will be an option in WSA to recommend a non-Medicaid case that is not in the WSA. The CCBHC will input the case start date, demographic information, and verify clinical criteria and consent obtained. The recommendation will be sent to the PIHP to review and assign the individual to a CCBHC.

- Is the consent to share required for Medicaid and Non-Medicaid and who or what entity should be named on the consent to share?
  - Yes, the consent to share is required for both Medicaid and Non-Medicaid recipients in order to share data through the WSA. Your organization must decide who should be listed on the consent to share document, it is recommended to include the CCBHC, PIHP, and anyone else who might provide treatment to the individual, DCOs for example.
  - Please see the Consent to Share FAQ document on the MDHHS Consent to Share Website for more information. MDHHS - Consent Form (michigan.gov)

- Will CCBHC be identified in CHAMPS and on the 271?
  - Yes

- Will MDHHS go back 18 months for BH-TEDS data to find a MH or SUD diagnosis?
  - Inclusion criteria is anyone with a service end date within the past 18 months or an open ended (removing anyone with a closed BH-TEDS record)

- Is the signed consent to share behavioral health information required for a PIHP to assign an individual to a CCBHC?
  - Yes, the CCBHC or PIHP must obtain the consent before assigning them to a CCBHC. Please note the consent is not required to be uploaded in the WSA. Services should still be provided even if a consent has not been obtained.

- Will all the CCBHC state reporting measures be available through CC360?
  - Our goal is to create a CCBHC dashboard in CC360 but it will not be available at implementation (October 1, 2021).

CCBHC Demonstration Requirements

LINDSEY NAEYAERT, MPH

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Which Program Requirement do you feel your CCBHC is *MOST* prepared for?

- ❑ Staffing
- ❑ Access & Availability
- ❑ Care Coordination
- ❑ Scope of Services
- ❑ Data Collection and Reporting
- ❑ Governance/Accreditation

Which Program Requirement do you feel your CCBHC is *LEAST* prepared for?

- ❑ Staffing
- ❑ Access & Availability
- ❑ Care Coordination
- ❑ Scope of Services
- ❑ Data Collection and Reporting
- ❑ Governance/Accreditation

Background on CCBHC Requirements

SAMHSA-developed Requirements

Existing Medicaid Requirements / CMS Guidelines

State-Specific Requirements

Meeting Requirements for Certification

Goal: Meet all requirements on October 1

Reality: Some requirements will be a work in progress

- Short term:
  - Submit documentation
  - Update website to post extended hours
- Longer term:
  - Establishing care coordination agreements
  - Finalizing DCO arrangements
  - Ability to staff 24/7 mobile crisis
  - Train staff on required evidence-based practices

Program Requirements

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance, and Accreditation

* Program requirements are detailed in the Appendix F of the CCBHC Demonstration Handbook.

PROGRAM
REQUIREMENT #1

Staffing Requirements

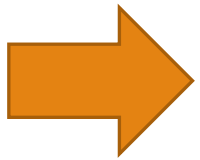
Needs Assessment: *Current and Future Expectations*

Current:

- Align with CMHSP Needs Assessment Requirements
- Annual Updates per Michigan's Mental Health Code
- Must include consumer and family/caregiver input

Future:

- Opportunity for more robust Needs Assessment and translation to CCBHC service delivery

Needs Assessment  Staffing Plan

- ❑ “Service Areas”
- ❑ Staffing
- ❑ Programming/EBTs
- ❑ Cultural Needs
- ❑ Linguistic Needs
- ❑ Availability and Locations
- ❑ Unmet need

Staffing Standards

Medicaid-enrolled providers

Appropriately credentialed/licensed

Provide services across the lifespan

Meet Training Requirements:

- Cultural competence.
- Person-centered and family-centered care.
- Recovery-oriented, evidence-based, and trauma-informed care.
- Primary care/behavioral health integration.
- Risk assessment, suicide prevention and suicide response.
- Collaborating with families and peers.
- Military culture

Cultural and Linguistic Competency

- Required cultural competency training
- Linguistic Competency:
  - Access for individuals with Limited English Proficiency
  - Interpretation/Translation Services
  - Documents, Auxiliary Aids available

PROGRAM REQUIREMENT #2

Availability and Accessibility of Services

Availability/Accessibility Criteria

- Welcoming environment
- Outpatient services available at times and locations that meet the needs of the population served
  - Primary provider within 30 miles or 30 minutes in urban areas and 60 miles or 60 minutes in rural areas
- Transportation – current Medicaid requirements
- Telehealth is encouraged to ensure access to CCBHC services

Outreach and Engagement

- Outreach to individuals with new service access under the CCBHC, including those without Medicaid and with mild/moderate levels of behavioral health needs

- PIHPs have access to all eligible beneficiaries. CCBHCs and PIHPs should work together to determine best outreach strategy

- MDHHS marketing materials

Timeliness Requirements

Timelines for Initial Assessment	
Screening Identifies an Emergency/Crisis Need	Immediate Action • Mobile crisis response is delivered within 3 hours • Pre-admission screening for psychiatric inpatient care should be completed in three hours
Screening Identifies an Urgent Need	Initial evaluation completed within one business day
Screening Identifies Routine Needs	Initial evaluation completed within 14 calendar days

Service Timelines	
Completion of Comprehensive Evaluation	Within 60 days of first request for services
Initiation of Outpatient Services	Within 14 calendar days of completion of initial assessment
Update of Initial Assessment	Every 90 days

PROGRAM
REQUIREMENT #3

Care Coordination

Care Coordination

CCBHC coordinates care across a wide array of health and social services

Goal: Wellness and Recovery of the whole person

Care Coordination happens:

- Through referrals
- Through exchange of health information and information about the individual's needs and preference

Care coordination is a core CCBHC activity but ***not a CCBHC service***

- ***Instead, captured on Cost Report and incorporated into PPS rate calculation***

Coordination with Medicaid Health Plans (MHPs) and Integrated Care Organizations

- CCHBCs must coordinate services for MHP beneficiaries who request CCBHC services
- CCBHCs can catch referrals that were previously unserved due to eligibility limitations
- Important for ongoing communication between the CCBHC and health plans

Confidentiality/Privacy

MDHHS-5515, Consent to Share Behavioral Health Information

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005-343686--,00.html

Other Important Care Coordination Requirements

Referral follow-up: CCBHCs should be able to track referrals and ensure individuals were successfully connected to external supports and resources.

Freedom of Choice and Consumer Preference: CCBHC recipients can choose their own provider at either a CCBHC or DCO. Preferences for care are communicated in care coordination activities (including crisis planning).

All treatment planning and care coordination activities must be **person-centered, and family centered.**

Health Information Technology (HIT) Systems

At a minimum, CCHBCs must use electronic health records, capture individual-level information in consumer records, provide clinical decision support, and electronically submit prescriptions to the pharmacy.

HIT systems should be used for:

- Data and quality measure reporting
- Population health management
- Quality improvement
- Reduce disparities
- Research/Outreach

Required Care Coordination Agreements

- ❑ Health Care Services
  - FQHCs and other primary care providers
- ❑ Inpatient Services
  - Inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential program
  - Must be able to track admissions, follow-up after discharge
- ❑ Community Services
  - Array of community supports and services
- ❑ VA/Veteran's Services
- ❑ MiCAL

PROGRAM REQUIREMENT 4

Scope of Services

9 Required Services

1. Crisis services.
2. Screening, assessment, and diagnosis.
3. Person-centered treatment planning.
4. Outpatient behavioral health services.
5. Outpatient primary care screening and monitoring.
6. Targeted case management.
7. Psychiatric rehabilitation.
8. Peer and family supports; and
9. Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans.

Principles of Service Delivery

- Integrated Care
- Freedom to Choose
  - Important: DCOs must meet same standards of quality
- Person/Family-Centered Care
- Grievances
  - PIHP/CCBHC Responsibility
  - Unique Situations for non-Medicaid CCBHC recipients – Grievances follow individual
  - Goal: statewide tracking system

1. Crisis Services

The crisis is defined by individual or individual's family

Must include:

- 24/7 mobile crisis response
- Emergency crisis intervention services
- Crisis stabilization

Medical Detoxification

- CCBHCs must have services for first four ASAM levels of withdrawal management available and accessible to people experiencing a crisis

Mobile Crisis Service Delivery

At a minimum, mobile crisis teams must incorporate:

- A clinician capable of assessing the needs of the individual, regardless of population.
- Community response, not restricted to select locations within the region or days/times; and
- Warm hand-offs and coordination with other service locations, including ongoing treatment at CCBHCs.

Mobile crisis response should include the following components:

- Assessment
- Crisis de-escalation
- Planning
- Crisis and safety plan development
- Brief therapy
- Referral

2. Screening, Assessment, and Diagnosis

Screening, assessment, and diagnosis can be provided by CCBHC or DCO, it is recommended to be provided directly by CCBHC

The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques

Must utilize ASAM Continuum Assessment for adults or GAIN for adolescents

Comprehensive, person-centered and family centered diagnostic and treatment planning evaluation must be completed within 60 days by licensed behavioral health professional

3. Treatment Planning

- Includes risk assessment and crisis planning
- Assessment informs the treatment plan and service provided
- Includes needs, strengths, and preferences
- Includes advanced wishes
- Must meet all additional requirements for person-centered planning as described in the Michigan Mental Health Code, the Medicaid Provider Manual, and person-centered planning guidance.

4. Outpatient Mental Health and Substance Use Services

- Provided directly or through DCO arrangement
- CCBHC should make specialized services outside the expertise of the CCBHC available through referral or other arrangement
  - Telehealth
  - Traditional practices/treatment

Evidence Based Practices

"Air Traffic Control" Crisis Model with MiCAL	Assertive Community Treatment (ACT)	Cognitive Behavioral Therapy (CBT)	Dialectical Behavior Therapy (DBT)
Infant Mental Health	Integrated Dual Disorder Treatment (IDDT)	Motivational Interviewing (MI) for adults, children, and youth	Medication Assisted Treatment (MAT)
Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Zero Suicide

Also Recommended:

EBPs specific to needs of CCBHC population that:

- Address trauma in adult populations
- Address needs of transition age youth (TIP, Supported Education)
- Address chronic disease management
- DBT for Adolescents
- Permanent Supportive Housing
- Supported Employment (IPS Model)

5. Outpatient Clinic Screening and Monitoring

Measure Name	Measure Steward
Time to Initial Evaluation (I-EVAL)	SAMHSA
Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	CMS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BH)*	NCQA
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	AMA-PCPI
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	AMA-PCPI
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)*	AMA-PCPI
Major Depressive Disorder: Suicide Risk Assessment (SRA-A)	AMA-PCPI
Screening for Clinical Depression and Follow-Up Plan (CDF-BH)*	CMS
Depression Remission at Twelve Months (DEP-REM-12)	MNCM

*CCBHC is responsible for screening and monitoring, not treatment.

6. Targeted Case Management

- Provide high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports
- Follow guidelines in the Medicaid Provider Manual

7. Psychiatric Rehabilitation Services

- Supported services
- Medication education
- Self-management
- Training in personal care skills
- Individual and family/caregiver psychoeducation
- Community integration services
- Recovery support services
  - Illness management and recovery
  - Financial management
  - Dietary and wellness education

8. Peer Supports, Peer Counseling, and Caregiver Supports

Peers should be available for each population.

Required Peer Staff:

- Peer Support Specialist
- Peer Recovery Coach
- Parents Support Partner
- Youth Peer Support Partner

9. Care for Members of the Armed Forces

Identify Military/Veterans

- Ask all about military background
  - If current military -> Connect to MTF Primary Care Manager
  - If veteran not enrolled in VHA -> Offer assistance to enroll
- CCBHCs should help facilitate transition into VHA services

Care should be integrated

Veterans must have a “Principal Behavioral Health Provider”

- Care Coordinator
- Must be noted and tracked

Consideration of veteran’s culture (training) and recovery principles

PROGRAM REQUIREMENT 5

Quality and Other Reporting

Data Capacity and Requirements

- CCBHCs must have capacity to collect, report, and track encounter, outcome, and quality data to capture the following:
  - CCBHC recipient characteristics
  - Staffing
  - Access to services
  - Use of services
  - Screening, prevention, and treatment
  - Care coordination
  - Other processes of care
  - Costs
  - CCBHC recipient outcomes
- DCOs must report to CCBHCs
- Quarterly Cost Report to PIHPs

Continuous Quality Improvement Plan (CQI)

- CQI Plan
  - Annual
  - Must address:
    - CCBHC consumer suicide deaths or attempts
    - 30-day hospital readmissions
    - Other events (to be defined as a collaborative network of CCBHCs)

PROGRAM REQUIREMENT 6

Organizational Authority, Governance, and Accreditation

Requirements

- ❑ Organizational Authority
- ❑ Board Membership
- ❑ 51% consumer membership
  - Or plan to
  - Alternative: advisory group
- ❑ Requirements around board membership and expertise
- ❑ Accreditation

Thank you!

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