



# 2023 Certified Community Behavioral Health Clinic (CCBHC) Kickoff

September 13, 2023



Behavioral and Physical Health and Aging Services Administration

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# CCBHC KICKOFF AGENDA

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- Welcome
  - Demonstration Overview
  - *Break*
  - Break Out Session (pick one): CCBHC/BHH Perspective, Co-Occurring Services, Care Coordination
  - CCBHC Metrics
  - *Lunch: Grub Hub a delicious lunch!*
  - Panel of Current CCBHCs
  - Evidence-Based Practices
  - National Council
  - Closing



# OVERVIEW OF MICHIGAN'S CCBHC DEMONSTRATION

MDHHS CCBHC TEAM

# YOUR CCBHC TEAM

## LEADERSHIP

- [Erin Emerson](#), Director, Office of Strategic Partnerships and Medicaid Administrative Services
- [Lindsey Naeyaert](#), Manager, Service Delivery Transformation Section

## PROGRAM AND POLICY DEVELOPMENT

- [Hailey Dziegelewski](#), CCBHC Program Analyst
- [Amy Kanouse](#), Behavioral Health Program Specialist
- [Jennifer Ruff](#), CCBHC Certification Specialist
- Leah Julian, Behavioral Health Specialist
- Danielle Hall, Behavioral Health Innovation Specialist
- Kelsey Bowen, Health Home Specialist

## ACTUARIAL AND ENCOUNTER SUPPORT

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# MICHIGAN'S CCBHC DEMONSTRATION

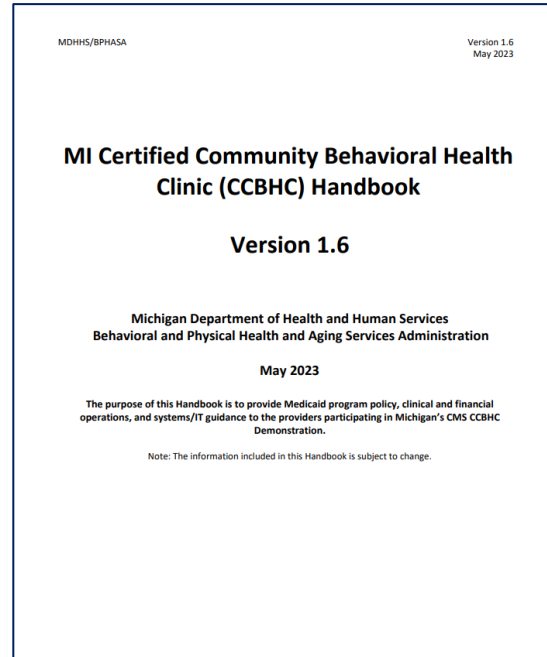
- PIHP and CCBHC responsibilities within the CCBHC demonstration
  - Service Requirements
- Designated Collaborating Organizations (DCOs)
- Metric Reporting Requirements
- Health Information Technology (HIT) Requirements
- Encounter Reporting
- PPS Rate Development and Reconciliation

# CCBHC DEMONSTRATION LEGISLATION

- CMS named Michigan a CCBHC Demonstration State in August 2020
- Authorized by Section 223 of the Federal Protecting Access to Medicare Act of 2014
- Demonstration launch date: October 1, 2021
- Opportunity to transform Michigan's public behavioral health system
  - Will serve all Michiganders with a mental health and/or substance use disorder regardless of insurance or ability to pay
  - Will serve all Michiganders with a mental health and/or substance use disorder regardless of severity
  - Must provide a comprehensive set of physical, behavioral, and social services
- The Bipartisan Safer Communities Act of 2022 extended eligibility to participate in the demonstration for an additional four years making it a six-year demonstration projected to end September 2027
- MDHHS announces to pursue funding to expand the demonstration, allowing new locations to apply for participation with an October 1, 2023 start date.

# REQUIREMENTS OVERVIEW

- CCBHC Demonstration Policy (MSA 21-34)
  - Released in September 2021
  - Update: Fall 2023
- Michigan CCBHC Demonstration Handbook
  - New update to be released October 1, 2023.



The [CCBHC Handbook](#) is a detailed companion document to the broader policy. It outlines the operational facets of the CCBHC demonstration.

The Handbook is reviewed and updated quarterly. Revisions are first sent to PIHPs for reviewed prior to the official release. Unless otherwise noted, policies described in the Handbook are considered effective as of the version release.

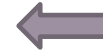
# STRUCTURE AND ORGANIZATION OF CCBHCS IN MI

## CMS

- Demonstration implementation authority
- Provides enhanced match for Medicaid beneficiaries

## SAMHSA

- Establish certification criteria



## MDHHS

- Responsible for certifying and monitoring CCBHCs
- Funds PIHPs with enough to pay PPS rate to CCBHCs

## PIHPs

- Provides oversight and support of CCBHCs
- Fund CCBHCs, reconciling to clinic-specific PPS rate

## CCBHCs

- Delivers 9 core services to all Michiganders with a behavioral health diagnosis
- Meets all CCBHC requirements
- May have fee-for-service arrangement with a DCO to deliver any of 9 services

## DCOs

- Provides CCBHC services as established in contract with CCBHC
- Must meet CCBHC requirements for services



# PIHP RESPONSIBILITIES

For Specifics: CCBHC Demonstration Handbook (Section 2.B.1)

# PIHP REQUIREMENTS

## CCBHC Oversight and Support

- Contracts
- Access for enrollees
- Technical assistance

## Enrollment and Assignment

- Waiver Support Application

## Coordination and Outreach

- Community referral network
- Michigan Crisis and Access Line

## Payment

- PPS-1 Payment

## Reporting

- Cost and quality metrics
- Grievance monitoring
- Financial status reports



# CCBHC RESPONSIBILITIES

For Specifics: CCBHC Demonstration Handbook (Section 2.C.  
CCBHC Requirements)

# WHAT IS A CCBHC?

CCBHCs are non-profit or local government agencies that must:

- Meet robust certification criteria
- Provide comprehensive and coordinated services
- Serve all people regardless of insurance status or ability to pay
- Adhere to stringent quality and cost reporting requirements
- Utilize a state-developed prospective payment system model (CMS demonstration only)

# CCBHC REQUIREMENTS

- ❑ CCBHC Certification (2.C.2.)
  - CCBHCs must be certified by MDHHS
  
- ❑ Medicaid (2.C.3)
  - CCBHCs must comply with all Medicaid laws, regulations, and policies when providing services to CCBHC recipients. Additionally, CCBHCs must follow the Mental Health Code when applicable.
  
- ❑ Behavioral Health Treatment Episode Data Set (BH-TEDS) (2.C.4.)
  - BH-TEDS data must be collected for all CCBHC recipients.
  
- ❑ Community Outreach and Education (2.C.5)
  - Provide information about CCBHC to potential enrollees
  
- ❑ Staffing (2.C.6.)
  - Utilize an interdisciplinary team
  - Maintain appropriate staff that meets state and accreditation standards

# CCBHC COEXISTS WITH EXISTING BEHAVIORAL HEALTH SERVICES

- CCBHC not a program, it's an organization-wide change in the way behavioral health is provided and funded
- The demonstration must continue to integrate with existing behavioral health delivery structures, Medicaid policies, expanded crisis services, MDHHS priorities (MKN)

## Required Principles of Service Delivery

1. Integrated Care
2. Freedom to Choose
  - Important: DCOs must meet same standards of quality
3. Person/Family-Centered Care
4. Grievances
  - PIHP/CCBHC Responsibility
  - Unique Situations for non-Medicaid CCBHC recipients – Grievances follow individual

# MAINTAINING CERTIFICATION

- To keep CCBHC certification documentation accurate, CCBHCs must notify PIHPs and MDHHS of any significant change in policy or practice that would impact a clinic's ability to meet certification and/or state budgeting. Examples include a change in ability (long or short term) to provide any of the 9 CCBHC services, annual changes or updates to DCO agreements, or significant changes in the ability to serve the service population in a timely manner
- **Specific situations requiring notification include, but are not limited to:**
  - Individuals eligible for CCBHC services, regardless of payer, are turned away for any reason
  - Closing or opening a service delivery site, including starting or ending a DCO arrangement
  - Staff changes limiting the ability to provide services as certified (for example – 24/7 mobile crisis response)
  - Change in capacity to implement required evidence-based practices

**Michigan CCBHC Demonstration  
Certification Update Notice**

To keep CCBHC certification documentation accurate, CCBHCs must notify PIHPs and MDHHS of any significant change in policy or practice that would impact a clinic's ability to meet certification and/or state budgeting. Examples include a change in ability (long or short term) to provide any of the 9 CCBHC services or significant changes in the ability to serve the service population in a timely manner. (See CCBHC Handbook Section 2.C.2.2.5.)

**CCBHC Information**

CCBHC: \_\_\_\_\_ CCBHC Contact: \_\_\_\_\_  
Date: \_\_\_\_\_ CCBHC Contact Email: \_\_\_\_\_

**Certification Update**

Description  
\_\_\_\_\_

Certification Criteria Impacted  
\_\_\_\_\_

Reason for Change  
\_\_\_\_\_

Anticipated Timeline/Plan to Meet Requirement  
\_\_\_\_\_

Barriers/Support Needed from MDHHS  
\_\_\_\_\_

*CCBHCs should submit a Certification Update Notice describing changes to MDHHS.*

# 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
9. Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans

# 1. CRISIS SERVICES

The crisis is defined by individual or individual's family

CCBHCs must work to build a comprehensive crisis continuum either internally or with care coordination partnerships.

CCBHCs should maintain crisis plans for service recipients.

## Required Services

- 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 or the individual's provider of choice.

## Mobile crisis response should include the following components:

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

## Models of mobile crisis response can vary to meet community needs.

- Children's Mobile Crisis must align with the Intensive Crisis Stabilization Services (ICSS) outlined in the MPM, with the addition of 24/7 availability
- CCBHCs can use their state-sanctioned mobile crisis providers (county-based mobile crisis)

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# CRISIS INTERVENTION SERVICES

## 24 Hour Crisis Line

- Option to forward after hours calls to MiCAL
- Ability to deploy mobile crisis if needed

## Face to Face Crisis Intervention for Urgent Needs

- Crisis evaluation, intervention, and disposition

## Crisis stabilization Services

- Prevent or reduce symptoms in a behavioral health crisis, including crisis plan development when transitioning from inpatient care.
- CCBHCs are not required to have Crisis Stabilization Units but can partner with existing CSUs to develop a comprehensive crisis care continuum.

## 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

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Includes risk assessment and crisis planning

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Assessment informs the treatment plan and service provided

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Includes needs, strengths, and preferences

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Includes advanced wishes

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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.

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Treatment plans developed for veterans should follow guidance outlined in the CCBHC Handbook (see Chapter 8).

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## 4. OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE SERVICES

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- CCBHCs must provide BOTH outpatient mental health and outpatient 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

#### Required EBPs:

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

#### Recommended EBPs:

- An EBP of the CCBHC’s choice addressing trauma in adult populations
- An EBP of the CCBHC’s choice addressing needs of transition age youth (such as the Transition to Independence Process [TIP] model)
- An EBP of the CCBHC’s choice addressing chronic disease management
- Dialectical Behavior Therapy for Adolescents (DBT-A)
- Supported Employment (IPS model)
- Permanent Supportive Housing
- An EBP of the CCBHC’s choice to addressing older adult population (such as Wellness Initiative for Senior Education or Wellness Recovery Action Plan)\*

## EVIDENCE BASED PRACTICES

\* DEMONSTRATION SITES WITH A 10/1/23 START DATE: BE SURE TO HAVE THESE IMPLEMENTED BY 10/1/2024

\*MORE INFORMATION ON IMPLEMENTATION AT AN EXISTING CCBHC THIS AFTERNOON

# 5. OUTPATIENT CLINIC SCREENING AND MONITORING

- CCBHC is responsible for screening and monitoring, not treatment.
- Care coordination with primary care providers is necessary to obtain some of the data points necessary to calculate these measures.

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

## 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

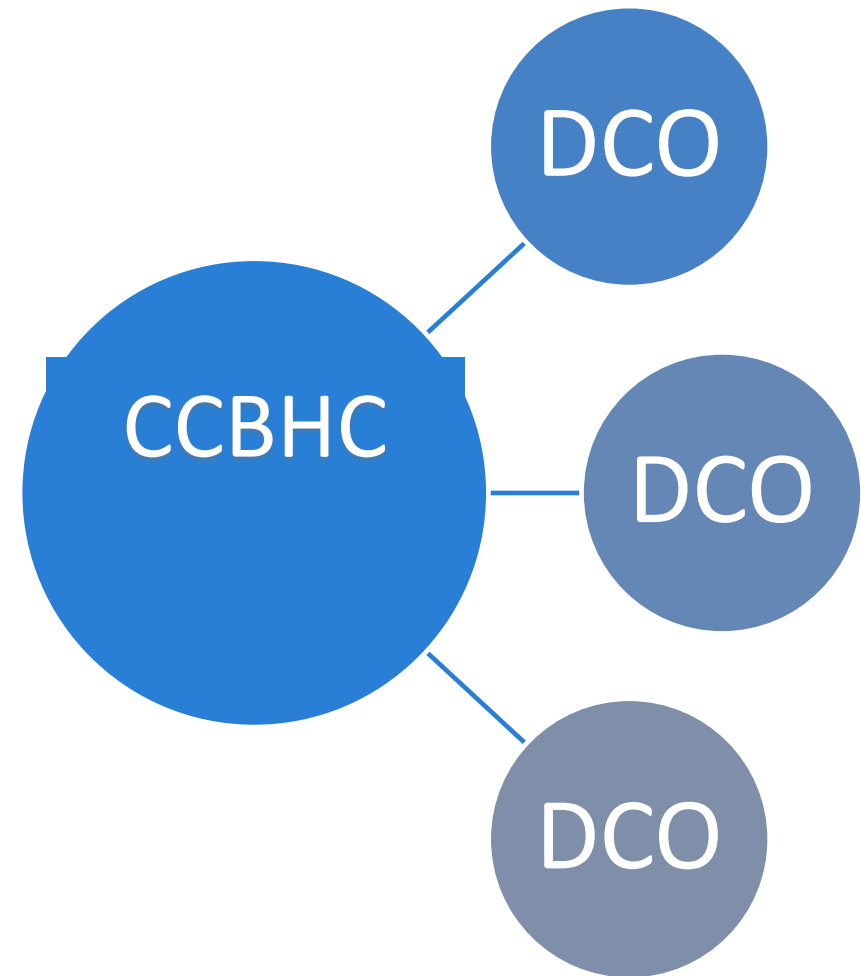
## Veterans must have a “Principal Behavioral Health Provider”

- Care Coordinator
- Must be noted and tracked

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

# WHAT IS A DESIGNATED COLLABORATING ORGANIZATION (DCO)?

- A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. Persons receiving CCBHC services from DCO personnel under the contract are CCBHC recipients.
- CCBHCs must establish formal agreements if they choose to utilize a DCO. For the demonstration, the agreement must contain a purchase of service arrangement.



# DCO REQUIREMENTS

## The CCBHC must establish formal agreements with DCOs to include:

- The CCBHC remains financially and clinically responsible for services provided by DCO.
- The CCBHC remains responsible for Care Coordination.
- DCO and DCO staff must have necessary credentials and licensures to provide services.
- DCO must follow the grievance procedures of the CCBHC.
- The DCO must be part of the CCBHCs health IT system.
- The DCO must follow all federal and state requirements for confidentiality and data privacy.
- CCBHCs must report on metrics for individuals served by DCOs

## Scope of Services

- A DCO provides some of the nine (9) CCBHC services on behalf of the CCBHC.
- CCBHCs must provide majority of CCBHC service array.
- The CCBHC must be involved in care coordination activities with DCOs.

## Payment

- Payment for DCO services is included within the scope of the CCBHC PPS rate.
- DCO encounters will be treated as CCBHC encounters and reimbursed directly to the DCO from the CCBHC based on agreed upon contractual service rates.
- Only one (1) CCBHC visit can be reimbursed at the PPS-1 rate for that day.

## Key Differences Distinguishing DCOs from Care Coordination

	DCOs	Care Coordination
<b>Scope</b>	A DCO provides some of the required nine CBHC services and may include outpatient primary care screening and monitoring targeted case management, psychiatric rehabilitation, peer and family supports, intensive community-based outpatient, behavior health care of veterans and members of the U.S. Armed Forces and in some situation's crisis behavioral health services.	Care coordination is regarded as an activity rather than a service. CCBHCs must maintain care coordination relationships with various entities and social service agencies. In general, the services provided by the care coordination partner do not fall within the scope of CCBHC services.
<b>Type of Agreement</b>	Structured as a purchase of services agreement.	Structured as a referral agreement.
<b>Responsibility</b>	CCBHC is clinically and financially responsible for the DCOs provision of CCBHC services on the CCBHC behalf.	CCBHC does not assume responsibility for the services provided by the other entity or social service agency. The organizations maintain autonomous operations.

	DCOs	Care Coordination
<b>Billing Provider</b>	CCBHC is the billing provider for CCBHC services provided by the DCO.	Each care coordination partner is the billing provider for the services that it furnishes.
<b>Consideration</b>	CCBHC compensates the DCO providing CCBHC services on the CCBHC's behalf.	No consideration money, or anything else of value, is exchanged between the CCBHC and the other entity or social services agency.
<b>Schedule of Fees and Discounts</b>	DCOs furnish CCBHC services in accordance with the CCBHCs schedule of fees, schedule of discounts and corresponding written policies and procedures.	The entity or social services agency bills consumers and or payors for the services it provides, as applicable, independent of the CCBHC and in accordance with its own schedule of fees and schedule of discounts.
<b>Mandatory or Optional</b>	DCO contracting is optional. If a CCBHC is able to furnish all nine CCBHC services directly, it need not contract with a DCO.	Care coordination arrangements with other providers in the community are a mandatory component of the CCBHC demonstration.

# DEMONSTRATION METRIC REQUIREMENTS

CCBHCs are required to collect, report, and track a robust set of encounter, outcome, and quality data that includes consumer characteristics, staffing, access to services, use of services, screening, prevention, and treatment, care coordination, other processes of care, costs, and consumer outcomes.

CMS has defined reporting requirements for the CCBHC Demonstration

- CCBHCs – 9 measures
- States – 13 measures

# CLINIC REPORTED MEASURES

- Includes all CCBHC consumers served by a CCBHC provider (Medicaid and Non-Medicaid), including DCO service recipients.
- Uses a combination of health record and administrative data
- CCBHCs calculate and review quarterly for data quality control
- Reviewed by PIHPs quarterly, final metrics sent to MDHHS March 31

Time to Initial Evaluation (I-EVAL)

Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)

Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)

Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BHC)

Major Depressive Disorder: Suicide Risk Assessment (SRA-A)

Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

Depression Remission at Twelve Months (DEP-REM-12)

# STATE REPORTED MEASURES

- CCBHC full-coverage Medicaid beneficiaries
- Attribution based on CCBHC WSA assignment and/or clinic identified by T1040\*
- Standard Adult and Child Core Set measures allow for comparison
- Calculated using administrative data, usually a 6-month lag

Housing Status (HOU)
Patient Experience of Care Survey (PEC)
Youth/Family Experience of Care Survey (Y/FEC)
Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
Plan All-Cause Readmission Rate (PCR-AD)
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD-AD)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (FUH-CH)
Follow-up care for children prescribed ADHD medication (ADD-CH)^
Antidepressant Medication Management (AMM-AD)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)

\*Attribution methodology currently under review

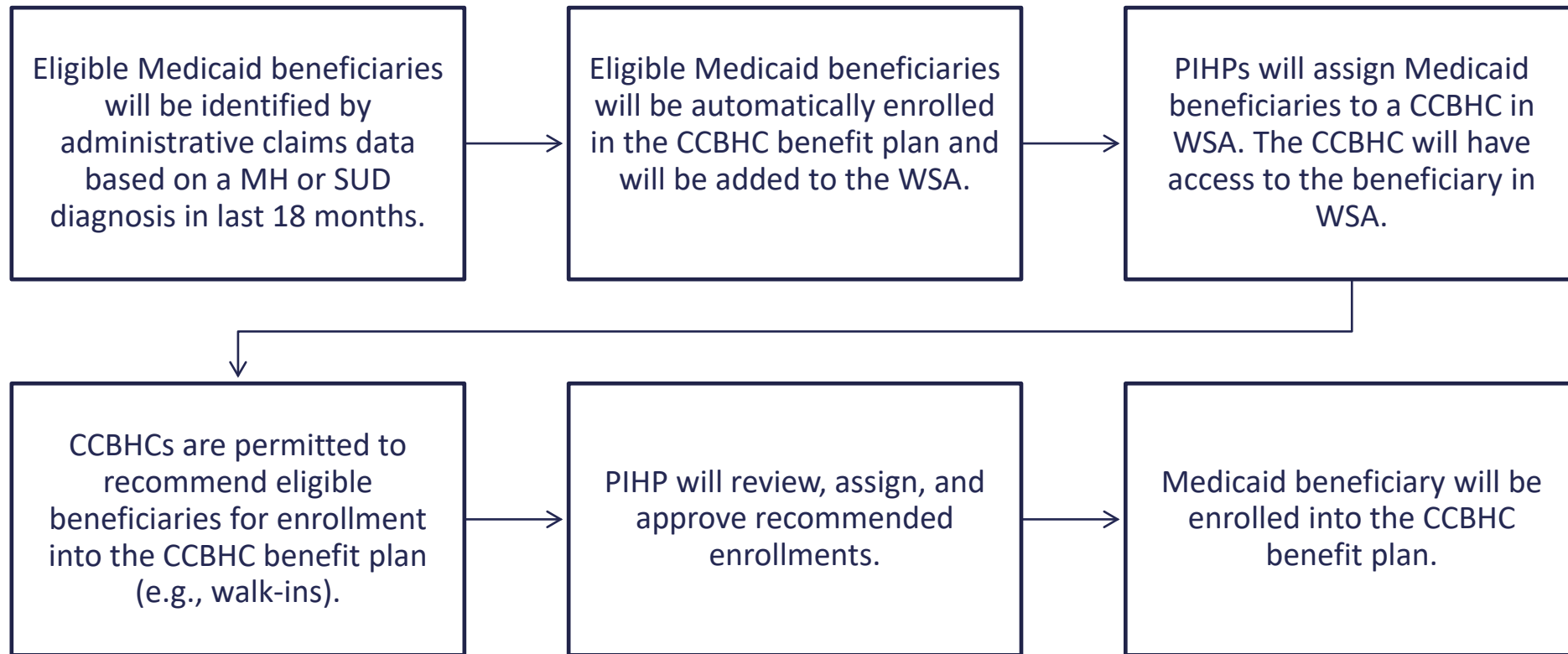
# HEALTH INFORMATION TECHNOLOGY REQUIREMENTS

- BHDDA Customer Relationship Management (CRM) Database
  - CCBHC Certifications
- Waiver Support Application (WSA)
  - Enrollment/Assignment maintenance and management tool
- CareConnect360
  - Statewide care coordination management web portal
- File Transfer Service (FTS)
  - Billing agents (PIHPs) will submit and retrieve files electronically

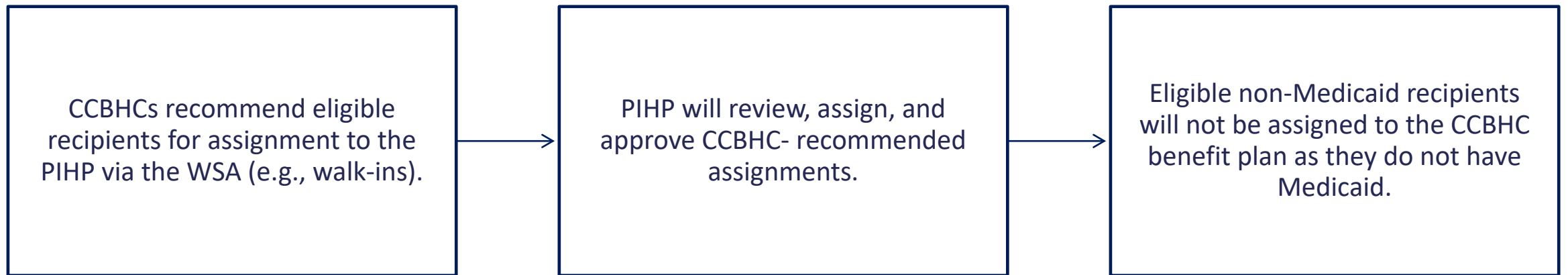
# WAIVER SUPPORT APPLICATION

- The Waiver Support Application (WSA) is the assignment, maintenance, and management tool for the CCBHC demonstration. WSA will be used for the following:
  - Identify eligible CCBHC Medicaid beneficiaries (*PIHP*)
  - Assign eligible Medicaid and Non-Medicaid CCBHC recipients to a CCBHC, transfer CCBHC recipients, and disenroll (*PIHP*)
  - Verify clinical criteria and signed consent to share behavioral health information (*PIHP*)
  - Recommend eligible recipients for CCBHC assignment, recommend CCBHC recipient transfer, and disenrollment (*CCBHC*)
  - View beneficiary demographics and chronic condition counts (*PIHP and CCBHC*)
  - Communicate between the PIHP and CCBHC using comments (*PIHP and CCBHC*)
  - Upload and share documents (*PIHP and CCBHC*)
  - Review reports and develop a CCBHC recipient roster (*PIHP and CCBHC*)

# MEDICAID BENEFICIARIES



# NON-MEDICAID RECIPIENTS



# WAIVER SUPPORT APPLICATION TRAINING

## DSA Training– How to request access to the WSA

- September 12th, from 9:00am – 10:30am

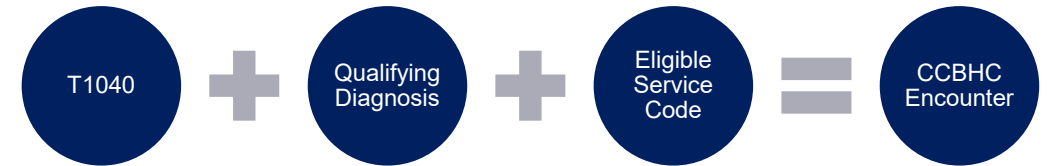
## WSA Training– How to use the WSA once you have access

- September 28, from 10:30am-12:00pm
- October 4, from 1:00-2:30pm

- You only need to attend ONE WSA training - we are offering multiple sessions to accommodate schedules.
- You will not have access to the DSA or WSA until after October 1

# CCBHC ENCOUNTER REPORTING

- T1040: Medicaid certified community behavioral health clinic services, per diem
- CCBHCs must submit valid CCBHC encounter codes reflecting qualifying services (as cited in Appendix A of the CCBHC Handbook) with a corresponding T1040 code to the PIHP *within 30 days following the month in which the CCBHC services are adjudicated*. In turn, PIHPs will submit all encounters to MDHHS via CHAMPS *within 90 days following the month in which CCBHC services are adjudicated*.
- Encounter reporting systems must have the capacity to report at least two service lines and at least two diagnoses.
- Applicable ICD-10-CM Z diagnosis codes should be submitted, as applicable, with the CCBHC encounters to document social determinants of health (See Handbook 5.C.1.4).



For a single day, for a single individual:

T1040 (header)  
H0031  
99201

*Exception: More than one T1040 can be submitted for a given day if needed to submit mental health services (using Mental Health Member ID) and SUD services (using SUD Member ID Type)*

# NEW: TF MODIFIER\*

- A TF Modifier should be submitted with a T1040 to identify services provided to individuals with mild to moderate needs.
- Purpose: CCBHC services provided to the mild to moderate population are funded entirely with supplemental funding (no base capitation). Identifying these individuals allows for more accurate rate setting and budget monitoring.
- Current policy: Use CAFAS and LOCUS definitions (See Handbook for additional information).
- IMPORTANT: The definition of M/M does not dictate/ and or limit which clinical services may be provided. It is for rate setting purposes only and should NOT be used for clinical decision making.

Population	Definition
Youth/Young Adults	CAFAS < 50 is the mild/moderate population (per the Medicaid Manual identifying <50 score is mild to moderate and a score 50+ is SED)
Adults with Mental Illness	LOCUS level of care identified; Level I 10-13 score/Level II 14-16 score would be identified as M/M intensity.

# REPORTING DETAIL

- All CCBHC service encounters, whether provided directly or through a DCO, must be submitted to the PIHP with the CCBHC as the Billing NPI.
- Charge and payment amounts on the individual CCBHC service lines should align with historical reporting:
  - Charge = estimated actual costs
  - Payment Amount = historically paid amounts
  - *Note: it is not expected that the charge or paid will reflect the PPS amount, rather this reporting is to remain consistent with historic reporting methodology and reporting of non-CCBHC services*
- PIHPs may determine what amount should be reported on the T1040 Claim Charge Amount and Payment Amount, but SUD Block Grant non-Medicaid encounters (if applicable) must be reported at \$0.

# DCO REPORTING

- For CCBHC encounters where the service is provided by a DCO, the name, address, and NPI of the DCO will be reported in the Facility Location (2310C loop).

2310C Loop – SERVICE FACILITY LOCATION NAME – Claim Level

NM1\*77 segment – Service Location

NM1\*77\*2\*ABC Provider\*\*\*\*\*XX\*1234567890~

- 77 – Service Location
- 2 – Non-Person Entity
- ABC Provider – Organization Name
- XX – Centers for Medicare and Medicaid Services National Provider Identifier [is in next data element]
- 1234567890 – Identification Code - NPI

# FINANCING: PROSPECTIVE PAYMENT SYSTEM (PPS)

- **Prospective Payment System (PPS)**

- Cost approximated reimbursement for CCBHC services
- PPS-1 = a daily clinic-based rate

- Derived from Cost Report

- PPS rate is unique to each CCBHC

- PPS rate is paid for each qualifying service, ***no matter the intensity of services***

- For CCBHCs with multiple sites and/or DCOs, only one visit per day is allowed for CCBHC PPS-1 reimbursement

- Example: CCBHC beneficiary/recipient visits CCBHC site A for a therapy session and its DCO for a peer recovery coach session in the same day. **Only 1 CCBHC visit can be reimbursed at the PPS-1 rate for that day.**

***PPS 1 Calculation:***

$$\frac{\text{Allowable CCBHC Costs}}{\# \text{ CCBHC Daily Visits}}$$

# CCBHC PAYMENT & RECONCILIATION PROCESS

- 1. Payment – Base **and** Supplemental Payments
- 2. Supplemental Payment – 75%
- 3. Reconciliation Reporting – Quarterly (FY24 template in development)
- 3. Final Reconciliation -- Annual (payment/recoupment MDHHS to PIHP)

## PIHP to CCBHC

- CCBHC will receive the full PPS-1 for each daily visit. This is financed through a 'base' portion of the PPS rate, through the PIHP and CCBHC, and a supplemental portion that, while flowing through PIHPs, are monthly direct capitation payments pass throughout the CCBHC.

## MDHHS to PIHP

- MDHHS will reconcile with the PIHP payments to costs annually per FSR timelines.

# CCBHC: KEY FINANCING GUIDELINES

- 1. Access to Care Requirement vs. Medicaid Reimbursement  
(CCBHC Program Requirement [Criteria 2.D](#) and CMS Q&A Set II, [Answer 1](#))
  
- 2. CCBHC PPS: Reimbursement Flexibility, Additional Risk  
([Congressional CCBHC reporting](#))
  
- 3. Federal Guidelines
  - SAMSHA Rate Setting Guidance ([2016](#)). (Updated [draft guidance shared](#), finalized shortly)
  - CMS PPS Guidance ([4 sets of Q&A](#))
  - CCBHC Cost Reporting Guidance ([2015 document](#))

# CCBHC FY 2024 & FY 2025 RATES

## **1. FY 2024 CCBHC PSS Rates (Expansion Sites)**

- 1. Draft PPS-1 Rates Shared, MDHHS still finalizing Quarterly – reporting
- 2. Final PPS rate materials expected in ~ 1-2 weeks
- 3. CCBHC Demonstration Fee Schedule to be posted

## **FY 2025 CCBHC Rates and Rebasing (FY24 Expansion Sites 2<sup>nd</sup> Year)**

- 1. CMS requires rates to be ‘rebased’ in site’s 2<sup>nd</sup> year
- 2. One approach: Mid-year (~ May 2025) PPS rate change effective to 10/01/2024
- 3. MDHHS still assessing other ways to comply with federal rebasing requirements

# THANK YOU!

## ■ Helpful resources:

- MI CCBHC Demonstration Website: [www.Michigan.gov/ccbhc](http://www.Michigan.gov/ccbhc)
- SAMHSA CCBHC Website: <https://www.samhsa.gov/section-223>
- CMS CCBHC Demonstration Website: <https://www.medicare.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html>
- MI CCBHC Email: [MDHHS-CCBHC@michigan.gov](mailto:MDHHS-CCBHC@michigan.gov)
- MDHHS Mental Health & Substance Abuse Reporting Requirements: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

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# CCBHC KICKOFF AGENDA

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- Welcome
  - Demonstration Overview
  - *Break*
  - Break Out Session (pick one): CCBHC/BHH Perspective, Co-Occurring Services, Care Coordination
  - CCBHC Metrics
  - *Lunch: Grub Hub a delicious lunch!*
  - Panel of Current CCBHCs
  - Evidence-Based Practices
  - National Council
  - Closing