

# CCBHC Planning Grant

## Colorado Interest

Presented by: Cristen Bates & Stephen Peng

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# Agenda

- **Grant Overview**
  - Release date, \$, who, what, when
- **Decision options for Colorado**
  - Prospective Payment Systems model selection/rates
  - Creating a certification
  - Risks and benefits
  - Data collection
- **Feedback and Questions**



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# Certified Community Behavioral Health Clinic (CCBHC) Planning Grants

**Purpose:** support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC demonstration program.



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# Grant Overview

**Application Due Date: December 19, 2022**

**Total Funds Available for 15 Awards: Up to \$15M**

**Estimated Award Amount: Up to \$1M**

**Anticipated Project Start Date: March 30, 2023**

**Anticipated Award Date: March 15, 2023**

**Project Length: 1 year**

***No Cost Sharing/Match Required***



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# What this Grant is NOT

- Guaranteed participation in the 4 year demonstration
- Demonstration activities like assisting new providers become CCBHC certified
- Starting increased data collection
- Starting new outcomes metrics for existing CCBHCs
- Starting a new certification process

IT IS A PLANNING YEAR ONLY TO ALLOW STATE AGENCIES AND INTERESTED PROVIDERS PREPARE FOR A **POTENTIAL** DEMONSTRATION



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# CCBHC Overview

CCBHC model increases access to quality BH services, provides integrated and coordinated care for individuals of all ages with and at risk for mental illness, including substance use disorders.

CCBHCs serve their community with coordinated, integrated, accessible and quality care with no rejection for services or limiting of services based on ability to pay or place of residence.

Colorado changes to safety net system are based on CCBHC - some areas CCBHC has higher standards, others Colorado state has higher standards.

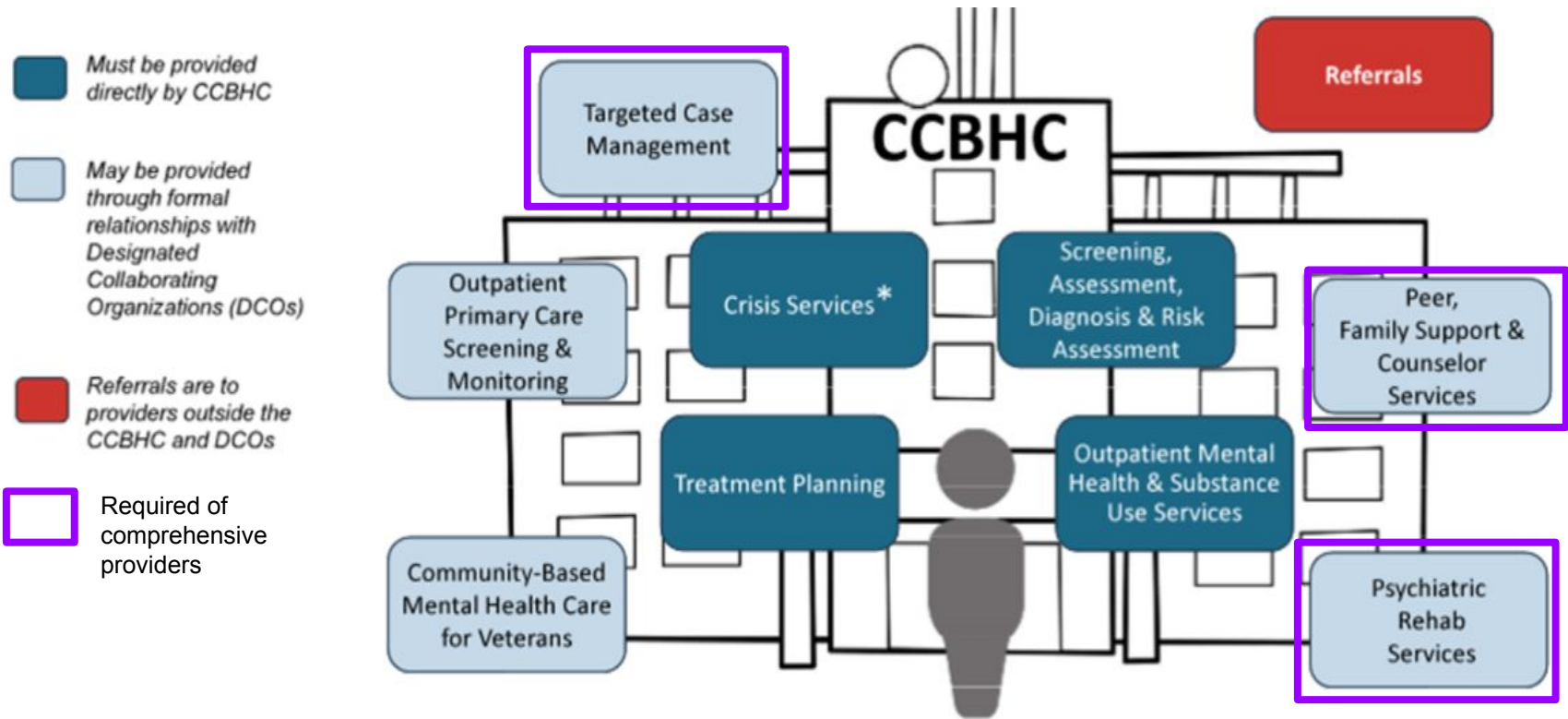


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# CCBHC Essential Services

## 9 Key Services of the CCBHC



14

\* unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise."



# CCBHC Certification (BHA)

Establish procedures and necessary infrastructure to ensure clinic compliance, including:

- Create and finalize application processes, review procedures for clinics to be certified as CCBHCs, clear de-certification process
- Certify CCBHCs which represent diverse geographic areas including rural and underserved areas
- Develop a process for bringing additional clinics to the program, expanding the BH network statewide
- Assist clinics with meeting certification standards by providing access to training and technical assistance



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# CCBHC Certification (cont)

- Facilitate culture, procedural and organizational change to CCBHCs that result in delivery of high quality, comprehensive, person-centered and evidence-based services
- Workforce is culturally diverse & competent, as well as trained and supported to provide high quality services
- Programs have input by consumers, persons in recovery, and family members



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# Why CCBHC is a good choice for Colorado

- Matches recommendations of Colorado's Behavioral Healthcare Transformation Task Force and goals of the BHA:
  - Criteria put patient at the center of care and require clinics to demonstrate improvements in access and outcomes.
  - Requirements mirror new provider definitions in HB 22-1278 and its call for new value-based payment models.
  - Reinforce Colorado's steps toward a more coordinated system of behavioral healthcare.
- Nine Colorado entities have been awarded CCBHC expansion grants. Seven are currently receiving grant funding.

# What are the risks of this model?

HCPF and BHA will be need to ensure the following issues are addressed before moving forward.

- Need to verify the model meets the needs and goals of the State and does not disrupt or delay any efforts to improve the behavioral health system.
- The new model must support timely access to care through an integrated and expanded (not limited) network.
- Model must also equitably support services for substance and mental health services and integrated care. The state will be responsible for ensuring the model is encouraged across multiple provider types in all regions.
- The model allows for CCBHCs to directly provide most services, but contract other services out to other community partners. The model must not place undue burden on providers for contracting or data reporting, including smaller and specialty safety net providers.



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# What are the risks of this model? (Cont'd)

HCPF and BHA will be need to ensure the following issues are addressed before moving forward.

- The funding model must incentivize appropriate care based on individual client needs and be free of perverse incentives to see fewer clients or runaway costs.
- The new model must not duplicate the federal and state requirements regarding care coordination and network expansion.
- The federal agencies are currently updating the CCBHC requirements and standards. While this is an opportunity for Colorado to influence those standards, new federal requirements may impact the state strategy.



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# Who Can Be A CCBHC?

- Must be a safety net provider in Colorado
  - Comprehensive Behavioral Health Providers
  - Federally Qualified Health Centers
  - Health systems such as those with inpatient, outpatient and specialty clinics
  - Other Substance Use treatment and large scale behavioral health providers that are not currently designated by the state as Comprehensive Behavioral Health Safety Net providers (formerly known as CMHCs)
- This program must expand access to quality behavioral health services



# Benefits of Prospective Payment Models

- Consistent, predictable, and sustainable funding
- Provider flexibility to meet need of clients
- Cost-based rate
  - Colorado law also requires rate to consider quality, equity, and access for priority populations
- Moving from volume to value
- Administrative Burden changes
  - Providers still must still document encounters
  - But reduce admin time related to rate negotiation and claim submission



# PPS Rate-Setting Methodologies

Rate Element	CC PPS-1	CC PPS-2
Payments for services provided to clinic users with certain conditions	NA	Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing all services necessary to meet the needs of special populations
Update factor for demonstration year 2	Medicare Economic Index (MEI) <sup>13</sup> or rebasing	MEI or rebasing
Outlier payments	NA	Reimbursement for portion of participant costs in excess of threshold
Quality bonus payment (incentives)	Optional bonus payment for CCBHCs that meet quality measures	Bonus payment for CCBHCs that meet quality measures



# Data Collection for Planning Year

The state is required to collect & report performance measures, will not require community reporting

## Required measures for the Planning Year:

- Number and percentage of work group/advisory council members who are consumers/family members
- Number of orgs collaborating/coordinating/sharing resources with other organizations as a result of the award
- Number of orgs or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices consistent with award goals
- Report on their progress addressing goals & objectives identified in the Project Narrative

**BIG Takeaway-** Planning Year reporting is all HCPF and BHA required and not provider specific



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# Large Activities for Planning Year

- The Department will work with the BHA, providers, advocates, payers, regulators, local community partners, families and clients through multiple types of feedback and events, including
  - Surveys
  - In-person and virtual public meetings
  - Targeted interviews
  - What else?
- Will work to include clients to meet grant requirements without unnecessarily duplicating effort, and build on existing pathways for stakeholder feedback where we can.
- Partnership with advocates and members will be key in informing our choices, Stakeholder feedback on provider interest in participating, payment models, required metrics, data reporting, and the design of certification will be crucial to moving forward
- Policy and Fiscal Analysis
  - Crosswalk of state and federal policy
  - Looking at other state successes, challenges
  - Clear financing direction and budget



# Questions?



# Contact Info

**Cristen Bates,  
Office Director  
Office of Medicaid & CHP Behavioral Health  
Initiatives & Coverage (BHIC)**  
cristen.bates@state.co.us

**Stephen Peng,  
Chief Financial Officer,  
Behavioral Health Administration**  
stephen.peng@state.co.us



# Thank you!

