DEPARTMENT OF HUMAN SERVICES

Bulletin

NUMBER
17-51-01

DATE
February 27, 2017

OF INTEREST TO
County Directors

Social Services Supervisors and Staff

Case Managers and Care Coordinators

Managed Care Organizations

Mental Health Providers

Chemical Dependency Providers

ACTION/DUE DATE
Please read information and prepare for implementation

EXPIRATION DATE
July 1, 2019

DHS Provides Policy for Certified Community Behavioral Health Clinics

TOPIC

Minnesota has been selected by the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as a demonstration state for Certified Community Behavioral Health Centers (CCBHC). Counties, managed care organizations, and other stakeholders should be aware of opportunities this presents for referrals as well as reimbursement and service standard changes that will happen as part of this model.

PURPOSE

Provide information on how counties and managed care organizations will interact with Certified Community Behavioral Health Centers as the federal demonstration project begins on July 1, 2017.

CONTACT

The CCBHC certification and standards team, Mental Health Division. Submit questions to Julie.pearson@state.mn.us .

SIGNED

CLAIRE WILSON
Assistant Commissioner
Community Supports Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

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I. Background

Certified Community Behavioral Health Centers (CCBHC) is an exploratory model for further integration of substance use disorder and mental health services, using a cost based reimbursement structure. Authorized in 2014 under Section 223 of the Protecting Access to Medicare Act (PAMA) Public Law Number 113-93, also known as the "Excellence in Mental Health Act," this model is intended to create improved outcomes for individuals served, while providing Medicaid payment at rates that allow for broad access to services in urban and rural communities. CCBHCs will provide outreach, increase access, improve services, and serve as a "one-stop-shop." Efforts will focus on reaching those who are currently underserved, including Veterans, service members and their families, immigrants, persons of color and individuals with limited English proficiency.

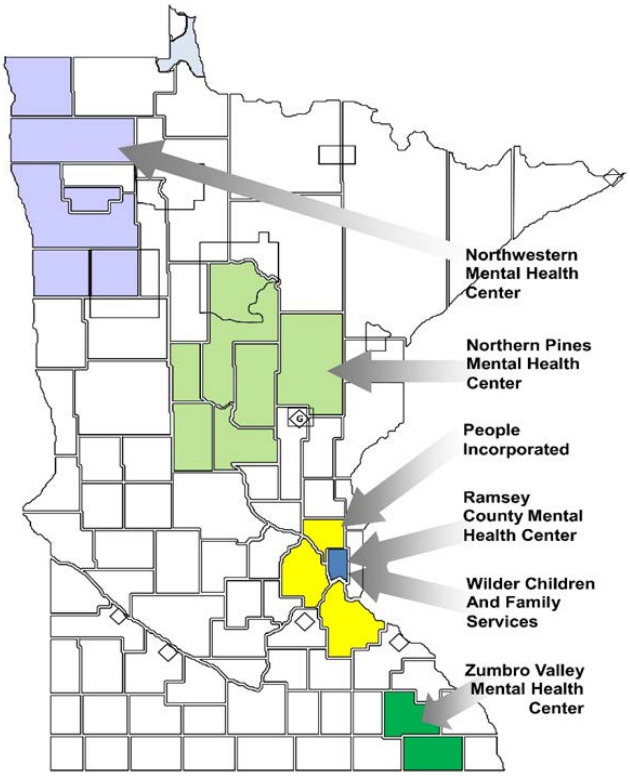
Navigating mental health and substance use disorder systems can be difficult. Typically, a person with a mental illness will need to contact several different agencies to obtain a different level of care, and rarely can someone obtain both mental health and substance use disorder treatment through the same agency.

CCBHC will improve the way Minnesotans access mental health and addiction treatment by creating a model of community clinics providing comprehensive, coordinated and integrated care to children and adults with complex mental and chemical health conditions.

This new service delivery model aims to coordinate care across settings and providers to ensure seamless transitions for individuals across the full spectrum of health and social services, increase consistent use of evidence-based practices, and improve access to high-quality care. As part of the state's participation in the demonstration program, CCBHCs will provide an array of required services, including crisis, outpatient mental health and substance use disorder services, targeted case management, rehabilitative services, care coordination and one new service – non-residential withdrawal management. And certain restrictions that currently apply to Medical Assistance (MA) (Minnesota's Medicaid program) coverage will not apply to CCBHCs; for example, family psychoeducation and clinical case consultation will not be limited to children but could be offered for adults.

A. Project Timeline and Scope

In 2014, the U.S. Congress enacted the Excellence in Mental Health Act, which established an eight-state demonstration program to test CCBHCs. In 2015, Minnesota applied to receive federal planning funding. Through that work, the governor proposed and the 2016 Minnesota legislature authorized funding to implement this model on the condition that Minnesota was selected as a demonstration state. In December 2016, Minnesota was chosen to be one of eight states to pilot CCBHC.



Minnesota used a Request for Proposals process to select six clinics interested in becoming CCBHCs. These clinics are working towards meeting all state and federal criteria prior to implementation. Not all regions of the state will have a CCBHC during the pilot. The coverage area represents urban, rural, and frontier counties, per the requirements of the federal demonstration. Additional CCBHCs cannot be added during the program's two-year demonstration period.

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. State law requires DHS to seek federal approval to continue CCBHC after the demonstration period.

B. Defining a CCBHC

A CCBHC serves a defined area, providing a comprehensive array of outpatient services both within and outside the clinic. A daily encounter rate is paid for all qualified services, with the intent of supporting the broader outreach, trust building, and supports that a CCBHC will provide to individuals. CCBHCs must provide the following services for all age groups:

- Outpatient mental health and substance use disorder 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
- Psychiatric rehabilitation services, including ARMHS and CTSS

Certain specialized services may be provided by the CCBHC or through a referral arrangement with another provider. Regardless of how the service is provided, the CCBHC retains the responsibility to coordinate care. CCBHCs are expected to perform care coordination across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral needs. The CCBHCs must have agreements establishing care coordination expectations with inpatient psychiatric hospitals and residential programs, and a variety of community or regional services, supports, and providers. Because of the holistic responsibility that a CCBHC takes on for persons served, there are important changes in how payment and responsibility for services are determined for a client served by a CCBHC.

II. Interactions between Counties, MCOs and CCBHCs

A. County Contract

Because a CCBHC is mandated to provide a broad array of coordinated services, a certified clinic is not subject to county authorization requirements that might otherwise apply to MA-eligible clients. However, since coordination and support in accessing county services is critical to the success of the CCBHC demonstration, DHS will require that the CCBHC obtain a letter of support from the host county confirming that the CCBHC and county/counties it serves have ongoing relationships to facilitate access and continuity of care, especially for individuals who are uninsured or who may go on and off medical assistance. This is similar to the letters provided by a county in response to a Rule 31 application.

The following statutory language was developed in consultation with the Minnesota Association of County Social Service Administrators (MACSSA) for the 2016 Session, Minnesota Statutes, section 245.735, subdivision 3(c):

> *Notwithstanding any other law that requires a county contract or other form of county approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets CCBHC requirements may receive the prospective payment under paragraph (f) for those services without a county contract or county approval. There is no county share when medical assistance pays the CCBHC prospective payment. As part of the certification process in paragraph (a), the commissioner shall require a letter of support from the CCBHC's host county confirming that the CCBHC and the county or counties it serves have an ongoing relationship to facilitate access and continuity of care, especially for individuals who are uninsured or who may go on and off medical assistance.*

Note that these changes only apply to clients who are on MA. These changes do not supersede county responsibility and authority under the Commitment Act (Minn. Stat. § 253B).

CCBHCs are required to ensure that no individual is denied behavioral health care services, including but not limited to crisis management services, because of place of residence or homelessness or lack of a permanent address. CCBHC services will be accessible and available to all eligible individuals in their community, subject to

the service areas described in the map above, at times and places convenient for those served. Individuals can receive an intake evaluation and engagement in services within 10 days of initial contact regardless of ability to pay. CCBHCs will have a published sliding fee discount schedule(s) that includes all services covered by the demonstration.

B. County Share

Because a county contract will not be required and to effectively pilot the cost-based payment structure, a county will not be responsible for the typical county share when Medical Assistance pays for a CCBHC to perform outpatient Substance Use Disorder (SUD) services or Rule 79 Mental Health Targeted Case Management. Clients will also have direct access to these services, without county approval or authorization.

Although these payment changes only apply to clients who are on MA, CCBHCs are required to provide a full range of CCBHC services to non-MA eligibles. For SUD treatment, some of these non-MA individuals may be covered by the Chemical Dependency Consolidated Treatment Fund (CCDTF). Counties and CCBHCs should continue to follow current procedures to access chemical dependency treatment for non-MA eligibles. Payment for non-CCDTF chemical dependency and mental health services for non-MA eligibles should continue to be worked out between the provider and the counties, as it is now.

C. Crisis Services

In some areas, crisis services are currently delivered by an entity other than the CCBHC. Regardless, a CCBHC must provide services directly or reach contractual agreements outlining communication, payment, and clinical responsibility for services. DHS can provide technical assistance regarding this process.

D. MCO

DHS is working closely with the state's Managed Care Organizations (MCOs) to ensure coordination of the CCBHC pilot with MCO services for MA-eligible individuals in managed care. MCOs will continue to be responsible for mental health and SUD services for their enrollees, and will continue to pay for these services when they are provided by CCBHCs. The services will meet federal CCBHC standards, and DHS will provide a supplemental payment to the CCBHCs on a monthly basis. As long as there is no conflict with federal CCBHC standards, CCBHC services will continue to be subject to MCO medical necessity review. DHS is working with the MCOs regarding streamlined authorization procedures for additional services that might exceed current authorization thresholds but might be required to comply with CCBHC standards. For example, compliance with federal standards might require exceeding the two diagnostic assessments per year that are currently allowed.

E. Free Choice of Provider

Receipt of CCBHC services does not preclude clients from choosing other enrolled providers for any and all of their behavioral health services. CCBHCs have a responsibility to coordinate CCBHC services with other

providers, and are encouraged to work out HIPAA-compliant information exchange with other providers, with the consent of the individuals served.

F. Implementation Details

Certain implementation details, such as interactions with the Chemical Dependency Rule 25 assessment process, are under development. Additional details will be provided in an updated bulletin prior to July 2017.

Legal References:

Public Law Number: 113-93, section 223

Minnesota Statutes, section 245.735

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-2225 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.