

CCBHC Demonstration Kick-Off

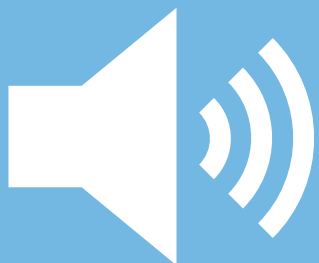
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HFS

Illinois Department of
Healthcare and Family Services

Housekeeping



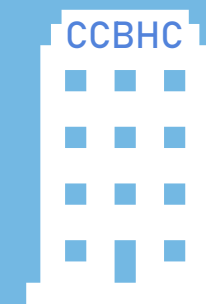
Phone lines are in **listen only** mode.



Submit questions via **chat**.



Slides, a recording, and an updated FAQ will be posted to the HFS website.



Demonstration provider questions will be prioritized today.



AGENDA

1. Welcome
2. Implementation Timeline
3. IMPACT Provider Enrollment
4. PPS Rates
5. Working with Managed Care
6. Data Reporting
7. National Evaluation



Congratulations to Our Partners!

- Welcome to the 4-Year Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program!
- You have done an incredible job building the foundation for an excellent CCBHC Demonstration Program.
- Participation in the Demonstration Program comes with new opportunities, challenges, and expectations.
- SAMHSA, CMS, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) will be supporting HFS.
- HFS will be supporting you through continued partnership as we jointly implement this important CCBHC work.

CCBHC Demonstration Provider Locations

- Centerstone (Alton)
- Chestnut Health Systems (Bellville, Granite City)
- Heritage Behavioral Health Center (Decatur)
- The Robert Young Center (Moline, Rock Island)
- Rosecrance (Champaign, Rockford)
- Sinnissippi Centers (Dixon)
- Ecker Center for Behavioral Health (Elgin)
- Human Resources Development Institute (Chicago)
- Lutheran Social Services of Illinois (Chicago)
- Thresholds (Chicago, Woodstock)
- Bridgeway (Galesburg)
- The Link & Option Center (South Holland)
- Preferred Family Healthcare dba Clarity Healthcare (Quincy)
- Transitions of Western Illinois (Quincy)
- Trilogy Behavioral Health (Chicago)



Year 1 Implementation Timeline

CCBHC On-Site Reviews	7/16/2024 – 8/22/2024
CCBHC One-on-Ones	Starting 7/29/2024
IMPACT Enrollment Live	8/15/2024 (targeted)
Provider Handbook	9/1/2024 (targeted)
Monthly Operations Calls	Starting September 2024 (date TBD)
CCBHC Billing Webinar	Week of September 9, 2024
Demonstration Start Date	October 1, 2024
Data Quality Committee Kick-Off	End of September 2024 (date TBD)
Urgent Care Policy	2/15/2025 (targeted)
CSU Policy	3/1/2025 (targeted)

IMPACT Provider Enrollment



IMPACT Enrollment Steps

IMPACT Enrollment Live: 8/15/2024 (targeted)

1. Obtain a new NPI for each certified CCBHC site location.
 - CCBHCs will utilize taxonomy: 261QC1500X
2. Create and submit a new IMPACT Application for the CCBHC provider type, including the following licenses/certifications (number, begin date, end date):
 - CCBHC Provisional Certification
 - SUPR License

IMPACT Enrollment Steps

3. Modify the existing CMHC/BHC and SUPR enrollments in IMPACT for the same location to end date those enrollments effective 9/30/24.
 - **Exception:** CCBHCs also serving as a CCSO (see slides 11 and 12).
4. MTAC will review all submitted modifications and new applications from CCBHC providers.
 - Once approved, providers will receive an HFS Provider Information Sheet from the MMIS system for their CCBHC. Providers should review the information and contact MTAC if anything looks incorrect.

Additional Enrollment Considerations

CCBHCs that provide Methadone

- Must also enter their DEA licensure number in IMPACT.
- Additional certification and review steps may be required to complete certification.

CCBHCs that are also a CCSO

- Will retain CMHC enrollment and Care Coordination & Support subspecialty for the sole purpose of receiving CCSO reimbursement.

Designated Collaborating Organizations (DCOs)

- At this time, partnering organizations serving as a DCO are not required to take any action in IMPACT.
- CCBHCs seeking to DCO with a partnering location to provide Methadone must seek technical assistance from HFS.

IMPACT Enrollment Guide

Provider Type	Specialty	Subspecialty	IMPACT Step 4: License/Certification	Billable Services
Certified Community Behavioral Health Clinics	CCBHC Services	No subspecialty	<ul style="list-style-type: none"> • CCBHC Certification • SUPR license 	<ul style="list-style-type: none"> • CCBHC encounter rate
Certified Community Behavioral Health Clinics	CCBHC Services	Methadone Clinic	<ul style="list-style-type: none"> • DEA approval 	<ul style="list-style-type: none"> • CCBHC encounter rate
Certified Community Behavioral Health Clinics	CCBHC Adaptive Behavior Support	No subspecialty	N/A	<ul style="list-style-type: none"> • All services from the ABS Fee Schedule
Certified Community Behavioral Health Clinics	CCBHC Home and Community Based Services	Children's Services	N/A	<ul style="list-style-type: none"> • Respite • Therapeutic Mentoring
Certified Community Behavioral Health Clinics	CCBHC Home and Community Based Services	Intensive Home-Based Services	<ul style="list-style-type: none"> • IHB Program Approval 	<ul style="list-style-type: none"> • Intensive Home Based Clinical • Intensive Home Based Support
Community Mental Health Center	Home and Community Based Services	Care Coordination and Support	<ul style="list-style-type: none"> • CCBHC Certification • Care Coordination & Support Program Approval 	<ul style="list-style-type: none"> • Care Coordination and Support • Individual Support Services • Therapeutic Support Services • FSP Application Assistance • FSP Clinical Case Participation

CCBHC Enrollment Support

- MTAC will be providing direct technical assistance and enrollment support to CCBHC sites.
- CCBHC sites seeking assistance with their IMPACT enrollment should contact:

omi.impact@uillinois.edu



CCBHC Certification

- CCBHCs are considered a Moderate Risk provider and require an on-site certification review.
- All CCBHC sites that successfully pass their on-site review will retain a Provisional CCBHC Certification for a period of 1 year, starting October 1, 2024.
- Participating Demonstration providers must be operationally in compliance with all CCBHC certification criteria on October 1, 2024.
- “What if a site isn’t going to be ready by October 1, 2024?”
 - Notify HFS of readiness concerns
 - HFS will seek guidance from SAMHSA



Maintaining CCBHC Certification

- Under the terms of the Demonstration, HFS is required to ensure providers establish and maintain the standards of operating as a CCBHC.
- Many states have been required to decertify CCBHC sites for failing to meet standards.
- To avoid this issue in Illinois, HFS will provide ongoing monitoring and technical assistance to all sites to support the transition to this new provider type.

Prospective Payment System (PPS) Rates





PPS Rates

- CCBHC sites should have received written notification of their PPS Rate from Meyers and Stauffer on or around July 10.
- Providers have 2 weeks to respond with any questions/information before their PPS rate is finalized.
 - This will constitute the site's PPS rate for Demonstration Year 1 (DY1).
- PPS rates will be updated for annually for each DY via rebasing or applying the Medicare Economic Index (MEI).
 - PPS rates must be rebased minimally once every 3 years.
 - The DY2 PPS will be established using rebasing.

PPS Rates: Cost Reporting

- CCBHCs are required to complete an annual cost report covering the Demonstration Year (DY) period.
- Cost reports are due 6 months after the end of each DY.
 - Cost reports will be used to rebase PPS rates.
- Providers will continue to work with Meyers and Stauffer on the CCBHC Cost Reporting process.
- HFS will submit all CCBHC cost reports to CMS and the federal evaluator 9 months after the end of each DY.



What to Know About DY2 Rebasing

- CCBHCs will be paid a DY2 Interim PPS Rate until the site's official DY2 PPS Rate is established.
- DY2 Interim PPS Rates will be constituted by taking a site's DY1 PPS rate and applying the appropriate MEI.
- The DY2 PPS rate will be established using the CCBHC's DY1 cost report and will be effective retroactive to the start of DY2 (October 1, 2025).
- HFS intends to complete an adjustment on DY2 CCBHC claims to reflect the finalized DY2 PPS once established.

Interface with Managed Care



Managed Care

- HFS and MCOs will be meeting regularly to discuss the introduction of CCBHCs into the managed care service delivery system.
- MCOs are expected to:
 - Contract with ALL CCBHC sites.
 - Reimburse CCBHCs sites using the PPS payment methodology.
 - Provide technical assistance to CCBHCs around credentialing, contracting, and claiming as needed.
- CCBHC sites should begin to message to their MCO partners about their pending change in status and begin discussion on updating contracts and enrollment information with the MCOs.

Billing/Claiming



PPS-1 Policy

- Claims for PPS services are different from historical claims for substance use and mental health services.
- Illinois is following the PPS-1 methodology, which is a daily, all-inclusive encounter rate system.
- Services delivered to a single customer that are **started** between 12:00am and 11:59pm all get recorded on a single claim to be reimbursed by a single PPS payment.
- The list of qualifying CCBHC procedure codes has been shared directly with CCBHCs and will be maintained on the HFS website.



CCBHC Billing Requirements

- The HFS Handbook for CCBHC Providers will overview the full billing requirements for CCBHC sites.

For an activity to qualify as a billable PPS payment, the CCBHC must engage with a customer in a manner that at a minimum, one (1) unit of service from the qualifying list of procedures, is delivered to the customer.

- The Billing Provider must always be the CCBHC.
- No Rendering Provider is required.

Claims for PPS Covered Services

CCBHC Claims (PPS covered)

- Must be submitted with procedure code T1040 on the first service line of the claim.
- Include all actually rendered services to the customer using appropriate procedure codes and modifier combinations.
- Include the use of modifier XP, when a procedure is delivered by a DCO.

Claims for Non-CCBHC Services

- Sites that provide Pathways to Success or Adaptive Behavior Support (ABS) services must submit claims using the appropriate billing standards for the respective service type (CBS/ABS) and fee schedule.



Data Reporting



Data Reporting

Data Quality Committee Kick-Off: End of September 2024
(date TBD)

- CCBHC Demonstration sites must:
 - Generate claims for PPS services that will be used by the Department to generate State-Collected Measures
 - Collect sufficient data at the CCBHC (including DCOs) to report on Clinic-Collected Measures
 - Coordinate with HFS on the Customer Satisfaction Survey process



Data Reporting

SAMHSA Technical Guidance on Data Reporting and Quality Metrics:
<https://www.samhsa.gov/certified-community-behavioral-health-clinics/guidance-and-webinars>

- CCBHCs must collect all required data points beginning Oct. 1, 2024.
- Clinic-Collected data is required for 100% of customers served, regardless of payer.
- CCBHCs should review the SAMHSA Technical Guidance on Data Reporting and Quality Metrics and optimize intake procedures and workflows to reduce Demonstration Data Reporting requirements.

Data Reporting Periods

- Demonstration Year (DY) = October 1 – September 30
- Measurement Year (MY) = January 1 – December 31

Demonstration Year (DY)	Dates Covered
DY 1	October 1, 2024 – September 30, 2025
DY 2	October 1, 2025 – September 30, 2026
DY 3	October 1, 2026 – September 30, 2027
DY 4	October 1, 2027 – September 30, 2028

Measurement Year (MY)	Dates Covered
MY 1	January 1, 2025 – December 31, 2025
MY 2	January 1, 2026 – December 31, 2026
MY 3	January 1, 2027 – December 31, 2027
MY 4	January 1, 2028 – December 31, 2028

Data Submission Windows

- CCBHCs must report the clinic-collected quality measures to HFS 9 months after the end of the MY.
- HFS will submit all quality measures (state and clinic) to SAMHSA 12 months after the end of the MY.
- In the weeks ahead, additional information about the manner and expectations for CCBHC Demonstration data submission will be released by the Department.

State-Collected Measures

Measure Name	Steward	CMS Medicaid Core Set
Patient Experience of Care Survey	SAMHSA	N/A
Youth/Family Experience of Care Survey	SAMHSA	N/A
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	Adult
Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)	NCQA	Adult
Follow-Up After Hospitalization for Mental Illness, ages 6-17 (FUH-CH)	NCQA	Child
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA	Adult
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Adult and Child
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	NCQA	Adult and Child
Plan All-Cause Readmissions Rate (PCR-AD)	NCQA	Adult
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Child
Antidepressant Medication Management (AMM-BH)	NCQA	Adult
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Adult
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	NCQA	Adult

Clinic-Collected Measures

Measure Name	Steward	CMS Medicaid Core Set
Time to Services (I-SERV)	SAMHSA	N/A
Depression Remission at Six Months (DEP-REM-6)	MN Community Measurement	N/A
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA	N/A
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	Adult and Child
Screening for Social Drivers of Health (SDOH)	CMS	N/A

National Evaluation Requirements

- Demonstration States and participating CCBHCs are required to participate in a national evaluation of the CCBHC Demonstration, coordinated through the Office of the Assistant Secretary for Planning and Evaluation (ASPE).
- The evaluation team will:
 - Use required submissions (cost reports, quality measure data) and collect information from states, CCBHCs, and customers directly.
 - Periodically contact CCBHCs to confirm certain data (e.g., missing or unusual data in quality measures or cost reports), as needed.

National Evaluation Requirements

Anticipated key activities and timelines from the evaluation team:

- Early Fall 2024: confirm points of contact and demo start dates with HFS.
- November of each year: schedule and conduct state interviews
- Mid-Fall 2025: interview a subset of CCBHCs
- Summer/Early Fall 2026: distribute a survey to CCBHCs
- Summer/Early Fall 2027: distribute a second survey to CCBHCs



THANK YOU!



HFS.CCBHC@illinois.gov

OMI.IMPACT@uillinois.edu