

Welcome!

The Certified Community Behavioral Health Clinic (CCBHC)
Informational Webinar will begin shortly.

Thank you!



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Illinois Department of
Healthcare and Family Services

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Certified Community Behavioral Health Clinic (CCBHC) Demonstration Year 2 Learning Collaborative Informational Webinar

October 2024

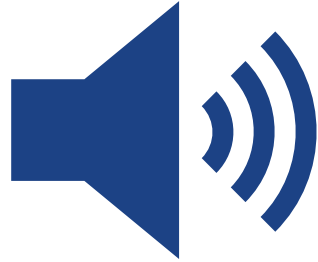


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Housekeeping



Phone lines are in listen only mode.



Submit questions via chat.



Slides and a recording will be posted to the HFS website.

AGENDA

- Introductions
- CCBHC Overview
- CCBHC Growth
- CCBHC Service Model
- CCBHC Learning Collaborative
- CCBHC Learning Collaborative Application
- Questions



Introductions

- Kristine Herman, Chief, Behavioral Health
- Kristen Kennedy, Program Manager, Behavioral Health
- Carrie Muehlbauer, Assistant Director of Behavioral Health, Office of Medicaid Innovation (OMI)
- Lizzie Kepler, Associate Director, Medicaid Technical Assistance Center (MTAC)
- Sara Williams, Senior Compliance Coordinator, MTAC

Introductions



Brian Mallow
Senior Advisor,
Practice
Improvement &
Consulting
Project Lead



Brett Beckerson
Senior Director,
Public Policy
*Subject Matter
Expert*



Anh Pham
Manager,
Public Policy
Project Manager



Taylor Sabol
Policy Associate,
Public Policy
*Project
Coordinator*



Shannon Burns
Project Coordinator,
Practice Improvement &
Consulting





CCBHC Overview

What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children and youth. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.



Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



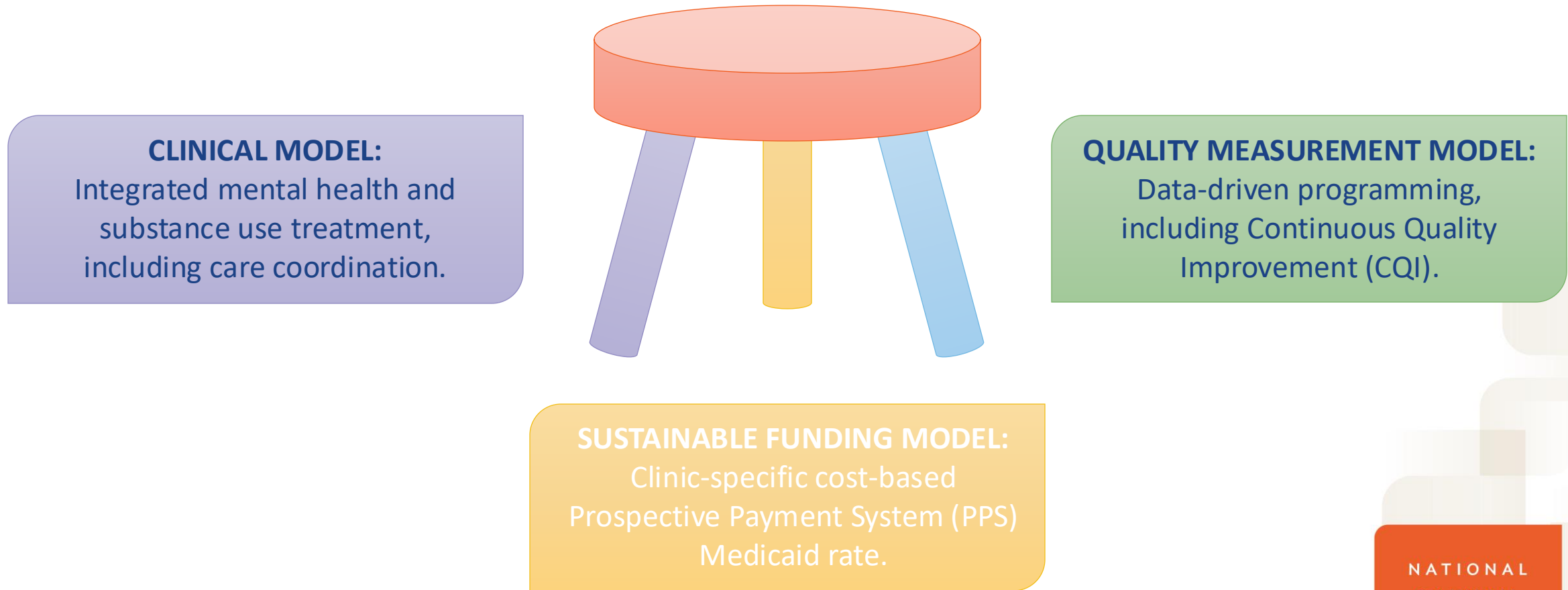
Coordinate care with other behavioral health, physical health, and social services systems in the community.

The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

To make mental wellbeing, including recovery from substance use challenges, a reality for everyone.



Foundation of the CCBHC Model



CLINICAL MODEL:

Integrated mental health and substance use treatment, including care coordination.

QUALITY MEASUREMENT MODEL:

Data-driven programming, including Continuous Quality Improvement (CQI).

SUSTAINABLE FUNDING MODEL:

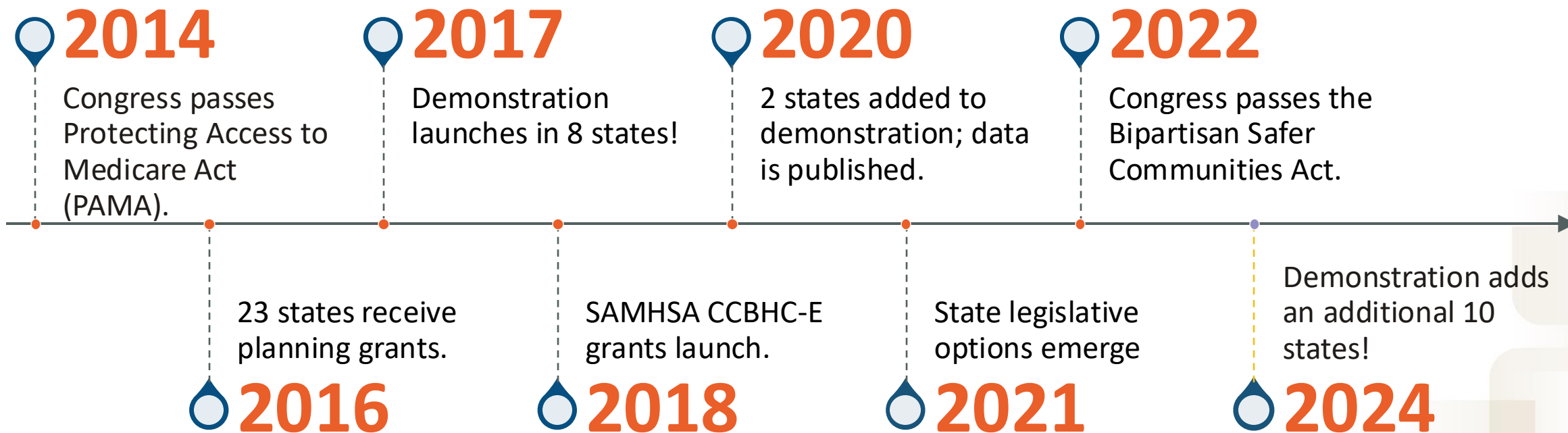
Clinic-specific cost-based Prospective Payment System (PPS) Medicaid rate.

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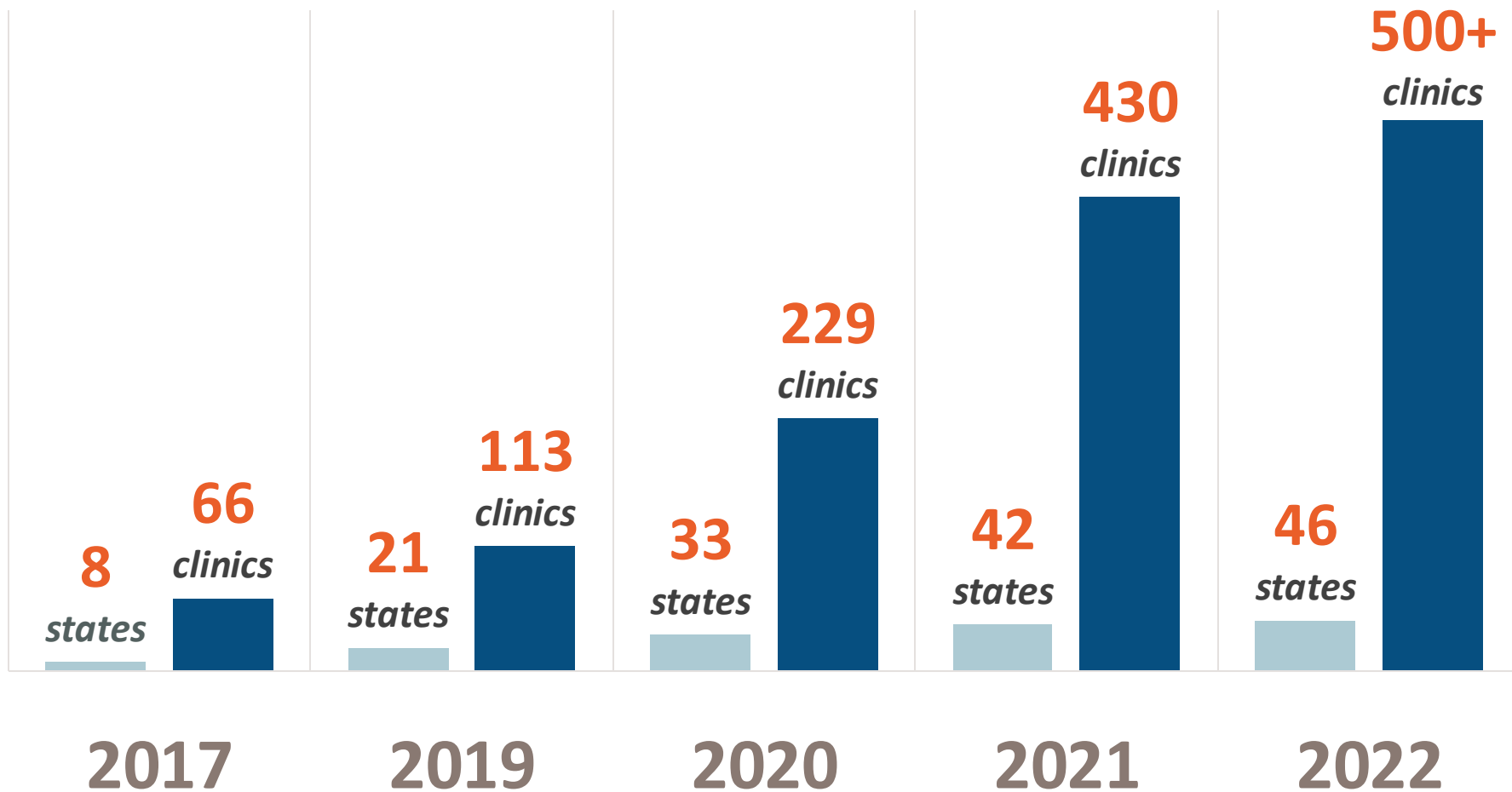


CCBHC Growth

History of the CCBHC Program



Evolution of the CCBHC Program



**19 Provisionally
Certified CCBHCs
under Illinois
CCBHC
Demonstration**

**23 Grantees of
federal CCBHC
Developmental
Awards**

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CCBHC Service Model



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CCBHCs: A New Way Forward

- **The CCBHC model is not business as usual.**
- CCBHCs differ from traditional mental health and/or substance use disorder providers.
- CCBHCs provide:
 - An enhanced array of mental health and substance use services;
 - Physical health screenings; and
 - Comprehensive care coordination services;
- CCBHCs are reimbursed using a Prospective Payment System (PPS) methodology to support the CCBHC array of comprehensive services.

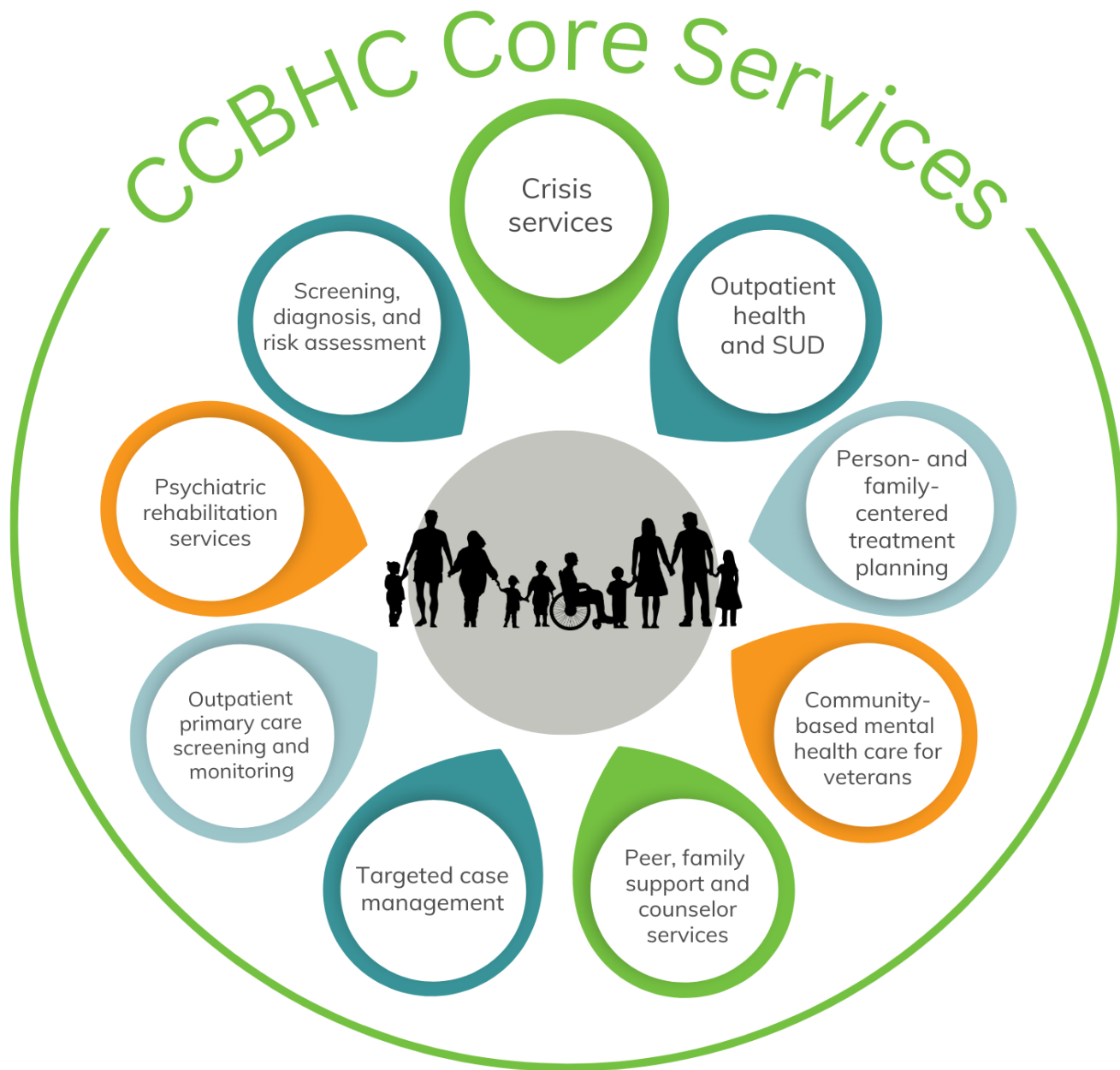
Prospective Payment System

- PPS is a method of reimbursement in which payment for services is made based on a predetermined, fixed amount.
- Under the CCBHC Demonstration, states are required to pay CCBHCs for qualifying services using a CMS-approved PPS methodology.
- Illinois is using the PPS-1 methodology, which is a **daily, all-inclusive encounter** payment.
- PPS rates are based upon facility cost reporting and must be updated/rebased on a regular basis.



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Core CCBHC Services

- These are the nine core service groups (core services) that CCBHCs must provide.
- CCBHCs are required to provide the core service, either directly or by establishing a formal relationship with other providers, known as a designated collaborating organization (DCO).
- Whether delivered directly or through a DCO agreement, the CCBHC is responsible for ensuring access to all core services.
- However, CCBHCs must provide 51% of the core services, excluding crisis services.

Crisis Services

- 24/7 availability of the following services, as detailed in 89 ILAC 140.453:
 - Mobile Crisis Response (MCR);
 - Crisis Intervention; and
 - Crisis Stabilization.

Within 12 Months of CCBHC Status:

Must be able to enhance crisis service accessibility to include the following:

- Integrate SUD protocols into Mobile Crisis Response services.
 - All MCR responders must have training and immediate access to methods of overdose prevention/reversal.
- Access to Medication Assisted Recovery (MAR) within 24-hours of an SUD crisis event.
- Behavioral Health Urgent Care Centers with Observation Units.
 - Walk-in access to behavioral health crisis and outpatient services and observation up to 23-hours.

Within 24 Months of CCBHC Status:

- Must enhance crisis service accessibility to include Crisis Stabilization Unit (CSU) services.
- CSUs provide short term (3-5 day on average), overnight crisis stabilization services to customers experiencing a crisis.
- Services available at a CSU must include peer support, assessment, brief intervention, and access to psychiatric resources.
- CSUs must be limited in size to 16 beds or less.
- CSU services are NOT funded by the CCBHC PPS.

Treatment Planning

- Recording of all service needs and referrals on the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS).
- Crisis Safety and Prevention Planning following a crisis event.

Screening, Assessment, Diagnosis and Risk Assessment

- Assessment:
 - Utilization of the IM+CANS;
 - Substance use disorder assessment using the American Society of Addiction Medicine (ASAM) multi-dimensional assessment; and
 - Psychiatric evaluations.
- Screening:
 - Substance Use Disorder Screening;
 - Mental Health Disorder Screening;
 - Physical Health Screening; and
 - Developmental Screening (including for autism).
- Risk Assessment:
 - Completion of the IM+CANS Health Risk Assessment.

Within 12 Months of CCBHC Status:

Make available psychological and neuropsychological evaluations, as performed by a licensed clinical psychologist.

Outpatient Mental Health & Substance Use Services

- All community-based behavioral health services:
 - Community Support Services;
 - Medication Administration;
 - Medication Monitoring;
 - Medication Training; and
 - Therapy/Counseling (individual, family, group).
- All ASAM Level 1 and Level 2 services detailed on the HFS Substance Use Prevention and Recovery Fee Schedule

Targeted Case Management

- Assists customers in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational and other services and supports.
- Provides an intensive level of support that goes beyond care coordination that is a basic expectation for all people served by the CCBHC.
- Targeted Case Management under CCBHCs is not the same Case Management billed by CMHCs or SUPR providers today.

Care Coordination vs. Targeted Case Management

- All CCBHCs are required to provide care coordination to all customers.
- Costs for care coordination are built into every CCBHC PPS payment but Care Coordination is an activity, not a service.
- When care coordination is provided to an approved targeted population, it may become Targeted Case Management.

HFS Approved TCM Target Populations

- Customers experiencing an acute crisis episode (i.e., in need of ongoing crisis stabilizing supports following a behavioral health crisis event);
- Customers at high risk of suicide or overdose;
- Customers participating in Assertive Community Treatment (ACT), Community Support Team (CST), Violence Prevention – CST (VP-CST) programs;
- Customers needing employment and housing supports;
- Customers transitioning to the community from an institutional setting (e.g., hospital, nursing facility, residential treatment), jail, or prison; and
- Additional CCBHC proposed populations with written approval from HFS.



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Outpatient Primary Care Screening and Monitoring

- Physical Health Screening;
- Referral for Primary/Physical Health;
- Monitoring;
- Vitals and BMI Monitoring

Within 12 Months of CCBHC Status:

- Screening and testing for:
 - Hepatitis;
 - HIV.
- Targeted toxicology services adjunct to behavioral health services.



Community-based Mental Health Care for Veterans

- Coordination with local Veterans Affairs (VA) health providers;
- Specialized veteran support specialists (peers).

Peer, Family Support & Counselor Services

- SUD-based Peer Recovery Support Specialists
- Peer Support Workers (PSW)
 - 89 ILAC 140.453(b)(7).



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Psychiatric Rehabilitation Services

- Cognitive Behavioral Therapy (CBT);
- Wellness Recovery Action Plan (WRAP);
- Motivational Interviewing;
- One of the Team-based MRO Services;
 - 89 ILAC 140.453(d)(4)
- Supportive Employment;
- Supportive Housing;
- All FDA-approved forms of medication to be used in the delivery of Medication Assisted Recovery (MAR), except Methadone
 - Methadone is not a required service but is allowable.
 - Methadone requires extra approvals in the certification process.



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Within 12 Months of CCBHC Status:

- Must enhance psychiatric rehab services to include Dialectic Behavior Therapy (DBT), Trauma Informed Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR).
- Providers located in urban counties as defined by [the Rural/Urban Classification model by the Department of Public Health](#), must offer Assertive Community Treatment (ACT) services.
 - ACT is not a required service for providers located in rural counties but is an allowable service.

Optional Services

- Adaptive Behavior Support (ABS) services
 - Reimbursed pursuant to HFS fee schedule
- Pathways to Success Services (Respite, Therapeutic Mentoring, Family Peer Support, Intensive Home-Based)
 - Reimbursed pursuant to HFS fee schedule



CCBHC Learning Collaborative



Background

- Illinois is offering a Learning Collaborative for provider sites that are interested in becoming a CCBHC for Demonstration Year 2.
- At the request of HFS, the Learning Collaborative will be co-facilitated by the Chief Behavioral Health Officer (CBHO) and Illinois' Medicaid Technical Assistance Center (MTAC) supported by the National Council for Mental Wellbeing.

*To make mental **wellbeing**, including recovery from substance use challenges, a **reality for everyone**.*

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CCBHC Demonstration Requirements

SAMHSA Certification Criteria (2023)

- CCBHCs must adhere to the requirements found within SAMHSA's CCBHC Certification Criteria
- Entities interested in joining Illinois' CCBHC Demonstration must review and understand these requirements.

CCBHC Demonstration Data Requirements

- Additionally, CCBHC Demonstration Sites must provide data consistent with the CCBHC data reporting requirements.

Purpose

The National Council for Mental Wellbeing (NCMW) will work in partnership with MTAC to provide technical assistance (TA) to support Illinois's CCBHC Learning Collaborative. The Learning Collaborative will include TA on the following topics:

- Building and Evaluating Organizational Structure
- Engaging the Community
- Conducting Needs Assessments
- Change Management
- Workforce Development
- Care Coordination
- Scope of Services
- DCOs and Partnerships
- Service Availability & Accessibility
- Data Collection & Reporting
- Continuous Quality Improvement
- Evidence-based Practices
- Trauma-Informed, Person-Centered Care
- Cost Reports
- PPS Rates
- Advancing Health Equity



Learning Collaborative Application



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Learning Collaborative Application Process

- The Learning Collaborative Application will be hosted online as a Qualtrics Survey.
- The link to the online application and a PDF copy of the application will be released via provider notice, targeting the end of October.
- Organizations wishing to implement a CCBHC site in Demonstration Year two must apply for and be chosen to participate in the Learning Collaborative.
- HFS intends to make information and content from the Learning Collaborative available through MTAC at a future date.

Eligibility Criteria

1. Entities that qualify as one of the following:
 - A nonprofit organization;
 - Part of a local government behavioral health authority;
 - An entity operated under the authority of the Indian Health Service, and Indian Tribe, or Tribal Organization;
 - An entity that is an Urban Indian Organization, pursuant to a grant or contract with the HIS under Title V of the Indian Health Care Improvement Act (PL94-437).
2. Proposing a physical location (site) within the state of Illinois that is NOT:
 - Currently part of the CCBHC Demonstration;
 - Proposing geographic coverage area currently covered by another CCBHC Demonstration site.

Eligibility Criteria

(cont.)

3. Does not provide residential services at the site location

- Inclusive of all residential programs, group homes, or other institutional (over night) beds

4. By June 30, 2025, the proposed site must:

- Meet the requirements of a CMHC or BHC; and
- Able to obtain SUPR Licensure for ASAM Level 1 and 2 services.

Note on Selection Priority: Providers currently enrolled in the IMPACT system as both a mental health and SUD provider will be a secondary factor in prioritizing awards.

5. Ability to complete a Community Needs Assessment by October 1, 2025.

Prioritizing Statewide Coverage

- Counties of the state designated as urban may have more than one CCBHC site covering the county.
- Counties of the state designated as rural may only have one CCBHC site covering the county.
- HFS will make a map of existing CCBHC providers and coverage available as an attachment to the application.

Urban/Rural classifications are determined utilizing the Rural/Urban Classification Map found on the IDPH website:

https://www.idph.state.il.us/RuralHealth/Rur_Urb_2021.pdf



Preferred Applicants

- Geographic Areas of the state without CCBHC coverage
- Organizations that do not currently have a CCBHC site in the demonstration
- Providers with existing dual certification (mental health and SUD provider)
- Existing Care Coordination and Support Organizations
- Providers electing to offer enhanced services to children:
 - Adaptive Behavior Support (ABS) services
 - Pathways to Success services (Respite, Therapeutic Mentoring, Family Peer Support, Intensive Home-Based)
- Providers electing to offer methadone



Key Application Details

- If proposing multiple CCBHC sites as an organization, each site requires a unique application.
- Being awarded a federal CCBHC site grant (e.g. CCBHC-PDI, CCBHC-IA) does NOT mean that the site will qualify to participate under Illinois' CCBHC Demonstration program.

Application Components

1. About Your Organization
2. Site and Geographic Service Area
3. Goals for CCBHC
4. Required Services
5. Additional Information
6. Attestations
7. Documents



What to Expect in the Application

- Approximately 50 questions
- General information regarding the organization and the proposed CCBHC site, including current certification and provider enrollment status
- Proposed CCBHC Service Coverage Area
 - The geographic area that would be included in a Community Needs Assessment
- Short answer questions indicating services currently provided by the organization and site;
- Short answer questions covering goals as an organization and the proposed CCBHC site; and
- Services currently being provided or intended to be provided at the proposed CCBHC site



Anticipated Learning Collaborative Schedule



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Targeted Timeline Of Activities

- All dates are subject to change



Resources

- [*SAMHSA Certification Criteria \(2023\)](#)
- [*CCBHC Demonstration Data Requirements](#)
- [*CMS Guidance on Prospective Payment System](#)
- [*HFS Provider Notices](#)
- [Rural/Urban Classification model by the Department of Public Health](#)
- [HFS Medicaid Reimbursement \(Fee Schedules\)](#)
- [HFS Chapter 200 Provider Handbooks](#)
- [CCBHC Webpage](#)
- [89 ILAC 140.453](#)
- [89 ILAC 140.465](#)
- [89 ILAC 141](#)
- [59 ILAC 132](#)
- [77 ILAC 2060](#)

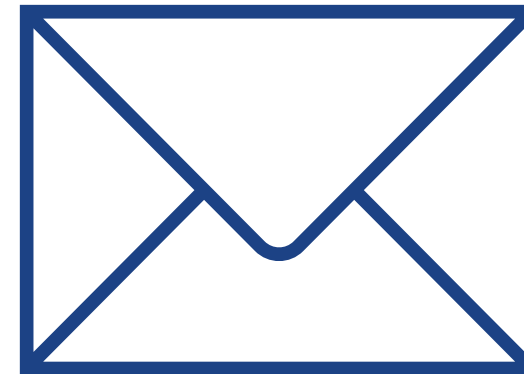
Questions

Please use the WebEx Chat Function



Questions about CCBHC
Requirements

HFS.CCBHC@illinois.gov



Questions about Learning
Collaborative

OMI.CCBHC.LC@uillinois.edu

