

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Danielle Hall

Phone Number: 517-335-5419

Initial

Public Comment

Final

Brief description of policy:

This policy will expand Michigan's CMS Certified Community Behavioral Health Clinic (CCBHC) Demonstration to additional sites.

Reason for policy (problem being addressed):

To expand the number of CCBHCs participating in the demonstration.

Budget implication:

budget neutral

will cost MDHHS \$ 225 million gross annually (\$25 million GF), and is budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes

Does policy have operational implications on other parts of MDHHS?

Yes, the Community Health Automated Medicaid Processing System (CHAMPS) and the Waiver Support Application (WSA) will be impacted.

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date: Approval Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2329-CCBHC	Date: July 19, 2023

Comments Due: August 23, 2023
Proposed Effective Date: October 1, 2023
Direct Comments To: Danielle Hall
Address:
E-Mail Address: Halld32@michigan.gov

Phone: 517-335-5419

Fax:

<p>Policy Subject: Centers for Medicare & Medicaid Services (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, MICHild</p> <p>Distribution: All Providers</p> <p>Summary: This policy will implement Michigan's CMS CCBHC demonstration expansion.</p> <p>Purpose: The CCBHC demonstration expansion will increase access to and quality of behavioral health services in Michigan by requiring CCBHC sites to serve all Michigan residents with a behavioral health need and utilizing a prospective payment system for sustainability. CCBHCs are federally required to provide nine comprehensive behavioral health services, such as 24/7 mobile crisis and medication assisted treatment. Moreover, CCBHCs must meet stringent standards for care coordination, quality and financial reporting, staffing, and governance.</p> <p>Cost Implications: \$225 million (\$25 million GF), and is budgeted in current appropriation.</p> <p>Potential Hearings & Appeal Issues:</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration

Distribution: All Providers

Issued: September 1, 2023 (Proposed)

Subject: Centers for Medicare & Medicaid Services (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration

Effective: October 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

The purpose of this policy is to define operational changes necessary to implement the CCBHC demonstration and provide for coverage and reimbursement of CCBHC services. In addition, MDHHS will develop and continuously update a companion operational guide for providers called the CCBHC Demonstration Handbook, which will be posted on the [MDHHS CCBHC website](#).

I. General Information

The CMS CCBHC Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder (SUD) diagnosis. Refer to the CCBHC section of the Behavioral and Intellectual and Developmental Disabilities Supports and Services chapter within the [MDHHS Medicaid Provider Manual](#) for detailed description of the CCBHC structure.

II. Eligibility

A. Site Eligibility

Per CMS directive, states have the flexibility to determine which behavioral health providers can participate in the CCBHC Demonstration. Sites must meet all requirements as outlined in the CCBHC Demonstration Handbook and be certified by MDHHS to be designated as a CCBHC demonstration site.

III. Enrollment

All eligible Medicaid beneficiaries will be automatically enrolled in to the CCBHC benefit plan. CCBHCs and PIHPs have the authority to add additional beneficiaries as appropriate. Non-Medicaid individuals are not automatically enrolled in the CCBHC benefit plan. MDHHS reserves the right to review and verify all enrollments.

IV. Service Requirements

In accordance with the Protecting Access to Medicaid Act of 2014 (PAMA), CMS requires CCBHCs, directly or through designated collaborating organizations (DCOs), to provide a set of nine comprehensive services to address the complex and myriad needs of persons with mental health or SUD diagnoses services. These services include the following:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas.

V. Designated Collaborating Organization

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.

VI. Certification Requirements

CCBHCs must meet the minimum certification criteria defined by Substance Abuse and Mental Health Services Administration (SAMHSA) and MDHHS minimum standards as detailed in the CCBHC Demonstration Handbook. Certification criteria address the following components:

A. Staffing Requirements

Staffing requirements include criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population. CCBHCs must provide an interdisciplinary team-based set of services to ensure the totality of one's needs (physical, behavioral, and/or social) are met through the provision of CCBHC services.

VII. Reporting Requirements

CCBHCs are responsible for the reporting of encounter data, clinical outcomes data, quality data, and other data as federally required or requested by MDHHS. Data will be used to assess the impact of the demonstration on access to services, quality and scope of services, and costs of providing a comprehensive array of behavioral health services. MDHHS will require the PIHP to collect, maintain, and organize CCBHC reporting data; MDHHS will also require the PIHP to send all reports to MDHHS in accordance with state and federally defined timelines.

A. Cost Reporting

CCBHCs must submit an annual cost report with supporting data to the PIHP and MDHHS. Cost reports are based on the CCBHC financial records and must follow the template provided by the State. When reporting costs, the CCBHC must adhere to the 45 Code of Federal Regulations (CFR) §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for the U.S. Department of Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. The CCBHC records must be detailed, orderly, complete, and available for review or audit.

B. Quality Metric Reporting

CCBHCs are required to collect a core set of quality metrics as defined by CMS. Specifications for the required metrics are defined per federal guidance and detailed in the CCBHC Demonstration Handbook.

C. Reporting by DCOs

CCBHCs must report data on individuals served by DCOs. It is the responsibility of the CCBHC to arrange for access to data required for reporting purposes.

VIII. Responsibilities of PIHPs

A. Enrollment

PIHPs are responsible for reviewing and verifying diagnostic eligibility for all CCBHC service recipients. PIHPs will enroll and assign individuals to CCBHCs by conferring with the beneficiary and the prospective CCBHC site.

IX. Payment Methodology

MDHHS will utilize the prospective payment system 1 (CC PPS-1) methodology in which CCBHCs receive a daily clinic-specific rate based on the average expected daily cost to deliver CCBHC services. MDHHS will also employ a Quality Bonus Payment (QBP) that will reward CCBHCs based on attainment of outcomes.

CCBHCs must submit valid CCBHC Encounter Codes cited in Appendix A of the CCBHC Demonstration Handbook with a corresponding T1040 service encounter code to receive payment.

A. PPS-1 Rates

MDHHS will utilize pertinent cost and utilization data from the submitted annual Cost Report to develop clinic-specific PPS-1 rates. MDHHS will maintain a fee schedule for the PPS-1 rate on the MDHHS CCBHC website and in the CCBHC Demonstration Handbook.

B. Quality Bonus Payments

MDHHS will afford QBPs based on providers meeting CMS-defined quality benchmarks. To receive a QBP, a CCBHC must achieve or exceed the threshold for all QBP-eligible measures as specified by CMS. The QBP will be based on 5 percent of the total Demonstration Year Costs as reported by the CCBHCs.

X. Metrics, Assessment, and Distribution

The methodology for metrics, specifications, and distribution will be maintained on the MDHHS CCBHC website and in the CCBHC Demonstration Handbook.