



NC Department of Health and Human Services Joint DMH/DD/SUS & DHB (NC Medicaid) Consumer Webinar

Certified Community Behavioral Health Centers (CCBHCs) Planning Grant

July 24, 2023

Today's Objective

Introduce SAMHSA's Certified Community Behavioral Health Clinic (CCBHC) Model and North Carolina's participation in a CCBHC Planning Grant.

Overview of Certified Community Behavioral Health Clinics (CCBHCs)



Source: <https://www.youtube.com/watch?v=Uu-fF9hyYJ8>

The CCBHC Model

Certified Community Behavioral Health Clinic (CCBHC) - A specially-designated clinic that receives flexible funding to expand the scope of mental health & substance use services available in their community to ensure health equity and high-quality care for underserved populations.

- **Standard Definition:** Every CCBHC must have the same standard minimum requirements for care delivery
- **Integrated Services:** Each CCBHC will provide affordable, community-based mental health and substance use services, including but not limited to evidence-based prevention, treatment and recovery supports
- **At-Cost Reimbursement:** Each CCBHC will have a site-specific bundled-payment rate such as a prospective payment system (PPS) and adhere to the CCBHC federal criteria established by SAMHSA for the CCBHC Medicaid Demonstration
- **High Quality Care:** Each CCBHC – and the state leaders in which they reside – will maintain quality measures and reporting structures required of the CCBHC model with additional tailored metrics to ensure population health

Key Features of CCBHCs

CCBHCs must:

- Ensure **staffing** is multidisciplinary and able to meet cultural and linguistic needs of a CCBHC's patient population.
- Ensure crisis management services are **available 24/7; cannot deny services** for lack of ability to pay and must offer a sliding scale for payment.
- Offer **care coordination** to “ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs.” They must partner with FQHCs, hospitals, a range of mental health and SUD providers, and other health and social service providers.
- Meet requirements for **reporting** encounter, clinical outcomes, and quality data.
- Be a **non-profit, state-operated clinic, or tribal health** organization.

Minimum Scope of Services (Offered or Referred To)



Crisis mental health services



Screening, assessment, and diagnosis, including risk assessment



Outpatient mental health and substance use services



Psychiatric rehabilitation services



Outpatient clinic primary care screening and monitoring



Peer support and counselor services and family supports



Targeted case management



Mental health care for members of the armed forces and veterans

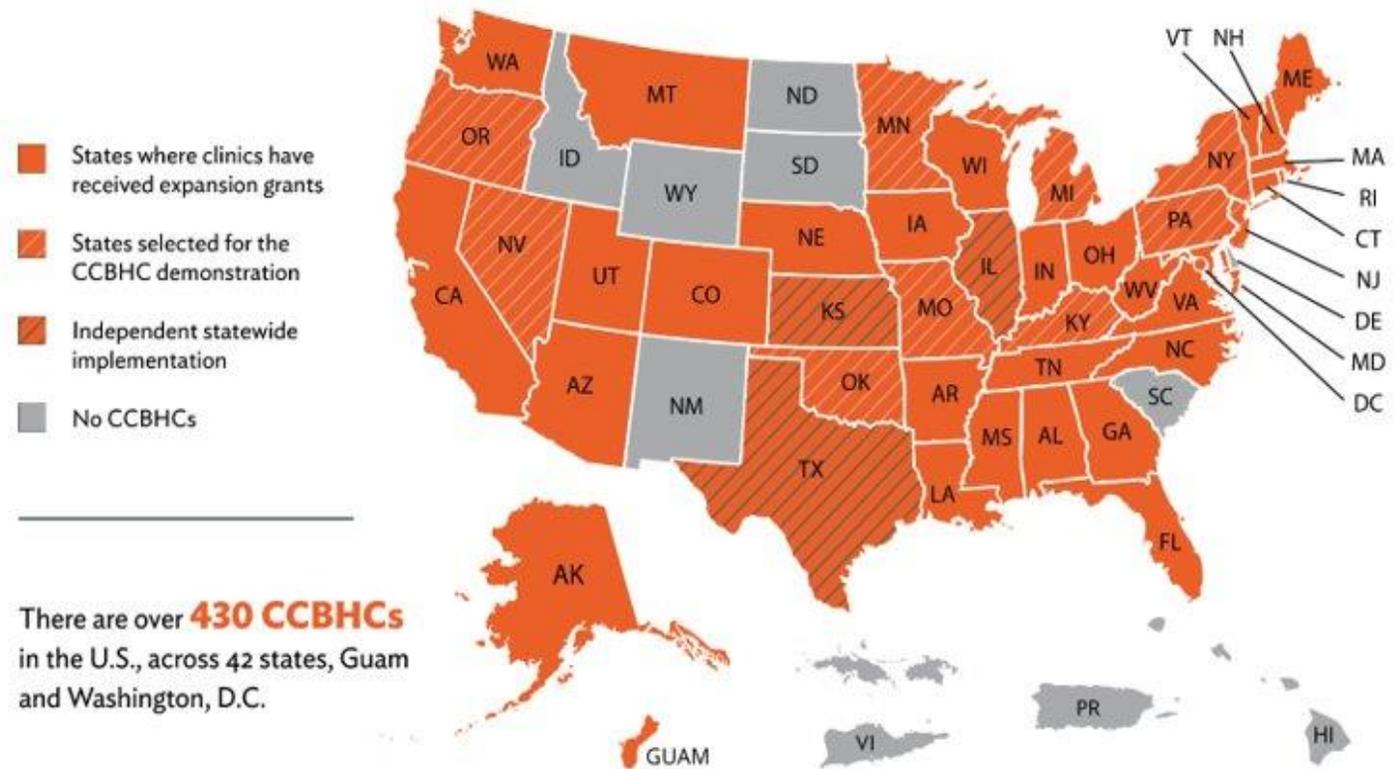


Patient-centered treatment planning or similar processes

Additional Background on CCBHCs

- The 2014 [Protecting Access to Medicare Act](#) authorized the creation of the CCBHC Demonstration Program.
- CCBHCs are intended to “ensure access to coordinated comprehensive behavioral health care” by providing integrated and coordinated community-based care in partnership with collaborating organizations.
- CCBHCs focus on individuals with serious mental illness or serious emotional disturbance, severe substance use disorders, and co-occurring mental, substance use or physical health disorders.
- It is envisioned that CCBHCs provide a comprehensive range of services—required by statute—that are tailored to the local needs of the population and integrate evidence-based practices to be the nexus of service delivery and care coordination for individuals served.

Status of Participation in the CCBHC Model



Source: [National Council for Mental Wellbeing](#)

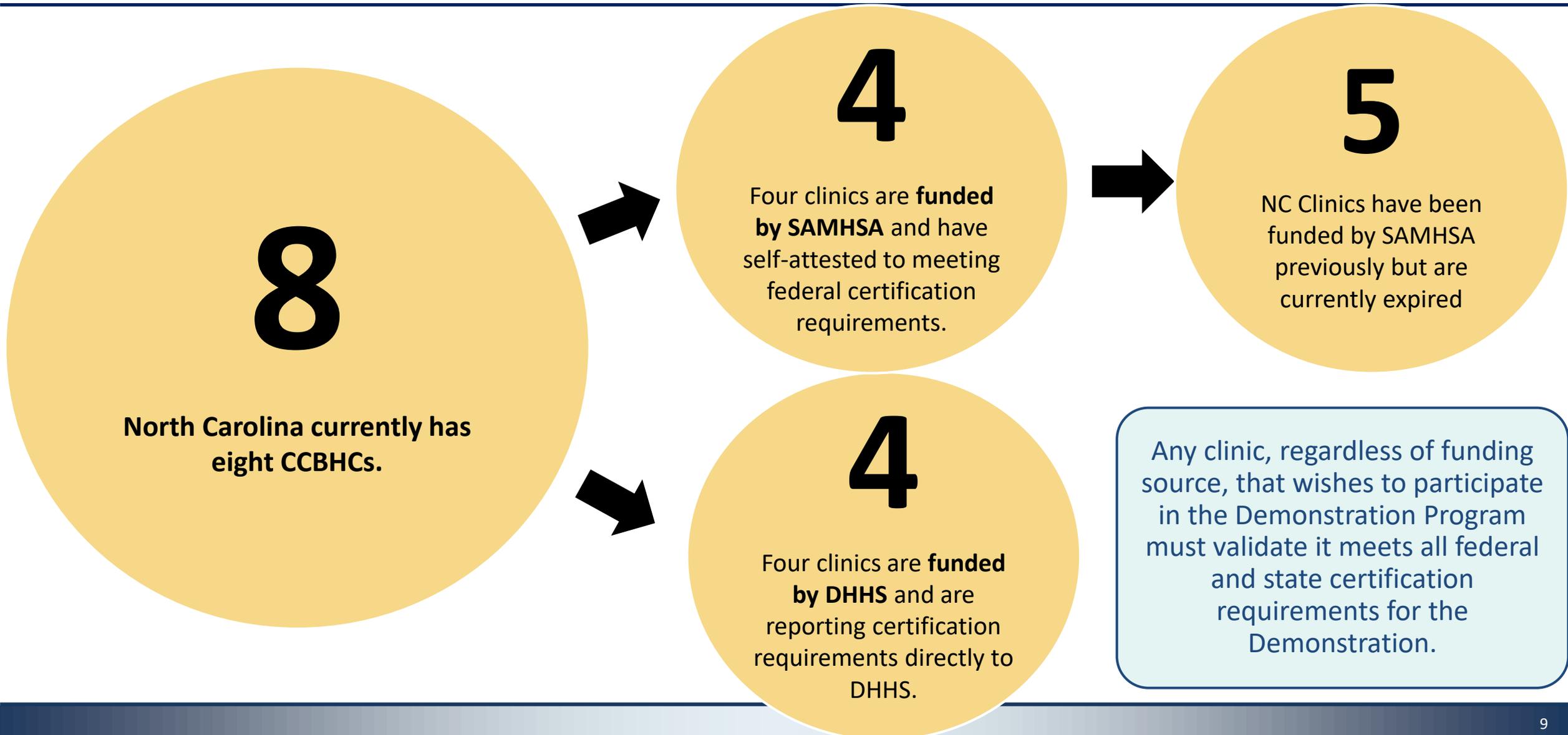
North Carolina's CCBHC Planning Grant from SAMHSA

- Authorized under the Bipartisan Safer Communities Act, the federal government expanded its Planning Grants and Demonstration Program, opening the opportunity to more states.
- North Carolina was one of 15 states awarded a CCBHC Planning Grant from SAMHSA in March 2023. Through a subsequent application, the Centers for Medicare & Medicaid Services (CMS) will select 10 states to enter the Demonstration Program beginning in **June 2024**.
- North Carolina will develop provider applications for CCBHC certification, ahead of the **March 20, 2024** deadline to submit CCBHC proposal to CMS.
- The Demonstration Program will last four years and providers will be paid via a prospective payment system (PPS) for Medicaid enrollees. The State will receive an enhanced match rate for CCBHC services if they are approved for the Demonstration Program.
- Through implementing the Planning Grant, North Carolina will certify an initial set of CCBHCs to participate at the beginning on the Demonstration Program. Additional clinics can be certified and added to the Demonstration Program throughout the four-year period.

Key Populations for NC CCBHCs

- Federal requirements state that CCBHCs must serve adults with serious mental illness (SMI), as well as those with any mental illness (AMI), children with serious emotional disturbance (SED), and those with SUD.
- To meet these requirements, the State's population of focus for the CCBHC Demonstration will be North Carolinians:
 - of all ages;
 - who need behavioral health services; and
 - are Medicaid-eligible, or who are at or below 300% of FPL and are uninsured/underinsured.
- There is a demonstrable need for increased access to behavioral health services that will align well with North Carolina's CCBHC program:
 - 5% of adults in North Carolina have an SMI, and 23% have any mental illness. However, only 19% of adults received mental health services in 2021.
 - 16% of adults in North Carolina have SUD and 14% of adults are not able to access SUD services at specialized facilities. For children and adolescents in the state, 7.7% have SUD and 5.9% are not able to access SUD services at specialized facilities.
- Additionally, there will be a specific focus on developing CCBHCs for individuals residing in rural and underserved areas and areas of the state with high need for mental health and SUD services.

The Current State of CCBHCs in North Carolina



Status of Funded CCBHCs in NC

- **Currently 4 DHHS Funded Clinics pursuing CCBHC certification: Anuvia Prevention & Recovery Services (Charlotte), B & D Integrated Health Services (Durham), MAHEC (Asheville), SouthLight Healthcare (Raleigh)**
- **Currently 4 SAMHSA Funded Clinics pursuing CCBHC certification: Coastal Horizons Center (Wilmington), Freedom House Recovery Center (Chapel Hill), Meridian Behavioral Health Services (Sylva), Metropolitan Community Health Center (DBA Agape) (Washington)**
- **SAMHSA funding ended: Cape Fear Valley Health (Fayetteville), Daymark Recovery Services (Concord), Monarch (Albemarle), The Carter Clinic (Lumberton), Winston-Salem State University (Winston-Salem)**

Aligning NC's CCHBC Demonstration Program with Other DHHS Priorities

North Carolina's CCBHC program will add to many other new initiatives that are being implemented by DHHS. The Steering Committee will provide guidance on how the program will be synergistic with the State's overall Medicaid transformation.

Strong & Inclusive Workforce



We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

Child & Family Well-Being



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and A. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and to **reduce the stigma** around accessing these services.



- ### Key Strategic Initiatives to Promote Behavioral and Physical Health Integration
- Tailored Care Management (*December 2022*)
 - Collaborative Care Model (*December 2024*)
 - **CCBHC Demonstration** (*March 2024*)

Planning Grant Team Structure

② *Feedback on Policy and Rate Design*

③ *Policy and Rate Guidance*

Implementation Committee

- Comprised of DHHS subject matter experts and program staff.
- Responsible for executing all required activities of the CCBHC Demonstration Planning Grant, including provider certification requirements and process.
- Meets weekly.

Steering Committee

- Brings together perspectives of key stakeholders to advise DHHS on the design and implementation of the CCBHC Demonstration.
- Members will review and advise on proposals developed by the Implementation Committee.
- Meets monthly.

NC DHHS

- DMH/DD/SUS and DHB will be responsible for the design and implementation of the CCBHC Demonstration.
- Other DHHS divisions will provide input on CCBHC vision and design.

① *Policy and Rate Design*

Targeted Work Groups

Working groups will be convened as needed to solicit input from specific stakeholders or populations of focus.

Policy and Rate Design Support

Manatt Health will support program and policy design, ensuring alignment with NC's broader Medicaid transformation initiatives.

Mercer will support development of the required PPS rate methodology for CCBHCs and cost reporting.

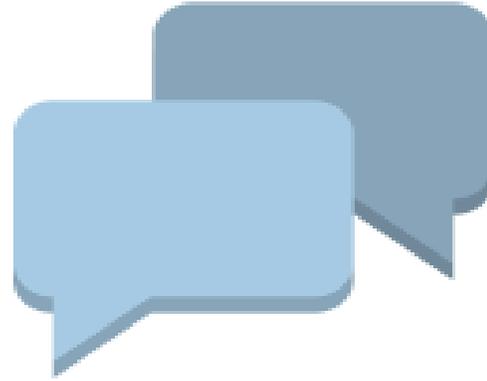
Required Activities Under the Planning Grant

DHHS will prepare for application to CMS' CCBHC Demonstration Program while ensuring that demonstration planning aligns with North Carolina's broader Medicaid transformation, including Tailored Care Management.

Required Activities Under the Planning Grant

- **Solicit input on the development of the CCBHC Demonstration Program**
 - Establish a steering committee that represents relevant state agencies, providers, service recipients, and other key stakeholders.
 - Solicit input from the population of focus.
 - Engage with other local, state, and federal agencies and tribes in planning to ensure that services are accessible and available.
- **Establish a PPS for behavioral health services furnished by CCBHCs**
- **Establish the capacity to provide behavioral health services under SAMHSA's CCBHC Certification Criteria**
 - Ensure sufficient geographic representation in rural and underserved areas.
 - Provide training and TA to clinics to meet certification standards.
- **Identify clinics that meet the criteria for CCBHCs.**
 - Create clinic application process and certification procedures.
- **Develop or enhance data collection and reporting capacity for CCBHC Demonstration Program proposal evaluation**
- **Submit a proposal to participate in the CCBHC Demonstration Program**

Questions and Answers



Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.NCEngagement@dhhs.nc.gov

Previous recordings and presentation slides for this webinar series can be found on the Community Engagement and Training webpage: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training>

Member Resources

- NC Medicaid Enrollment Broker
 - Website ncmedicaidplans.gov
 - Call Center 1-833-870-5500 TTY: 711 or RelayNC.com
(Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
 - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
- NC Medicaid Ombudsman
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)
- NC Medicaid Website medicaid.ncdhhs.gov