



Kate Brown, Governor

Excellence in Mental Health Certified Community Behavioral Health Clinic Demonstration Program

Background

In March of 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302). This legislation includes provisions of the *Excellence in Mental Health Act* — an eight-state demonstration program and the single largest investment in community behavioral health in more than 50 years. This legislation aims to improve quality and access to behavioral health services through the creation of federal criteria for Certified Community Behavioral Health Clinic (CCBHC) as entities to serve adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders. Twenty-five million dollars in planning grants are available to states to develop applications to participate in a 2-year CCBHC demonstration program. Only states awarded a planning grant are eligible to apply for the demonstration program grant.

Oregon has elected to apply for a planning grant, as the demonstration program aligns with the state's broader health care transformation efforts, and will enable Oregon to further advance behavioral health care for Oregonians. The planning grant application must be submitted to the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) by August 5, 2015.

Demonstration Program Requirements

Certify CCBHCs

During the planning grant phase, Oregon is required to certify a minimum of two CCBHCs that will participate in the demonstration program should Oregon be awarded the grant. CCBHCs are entities that serve the behavioral and physical health care needs of individuals with serious mental illnesses and substance use disorders. CCBHCs are required to provide:

- Crisis mental health services, including 24-mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment, and diagnosis, including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor serves and family supports
- Services for members of the armed forces and veterans
- Connections with other providers and systems

CCBHC criteria specifications can be found here - <http://www.thenationalcouncil.org/wp-content/uploads/2015/06/Appendix-II-CCBHC-Certification-Criteria1.pdf>

Develop a Prospective Payment System

Participating states are required to develop a Prospective Payment System (PPS) to reimburse CCBHCs for required services provided by these entities. Alternative payment methodologies to PPS can provide a means of incorporating incentives for improvement on key access and quality of care metrics into the payment methodology, while maintaining the necessary base of support for this innovative model. States can select either a bundled daily or a monthly rate, and can include Quality Bonus Payments for clinics that achieve required quality measures.

Oregon's Proposed Approach

For many individuals with a serious mental illness or substance use disorder, behavioral health organizations serve as the main point of contact with the health care system. In its *2015-2018 Behavioral Health Strategic Plan* the Oregon Health Authority set a specific goal of increasing the number of physical health providers offering care in behavioral health settings to support a behavioral health system that promotes healthy communities and prevents chronic illness. The OHA plans to build upon existing and emerging health system infrastructures that have been central to the State's transformation progress to date to strength physical and behavioral health care delivery in behavioral health settings. Specifically, the OHA proposes to leverage its experience with the Patient-Centered Primary Care Home Program, the OHA Behavioral Health Home Learning Collaborative, and the Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) Pilot.

Behavioral Health Home (BHH) Model

The OHA has developed and implemented the Patient-Centered Primary Care Home Program (PCPCH), Oregon's version of the "medical home model" of primary care organization and delivery. The OHA is leveraging its experience with this program as well as the OHA's Behavioral Health Home (BHH) Learning Collaborative to develop a BHH model. In June 2015, an advisory committee was convened to review the current PCPCH model and develop standards for BHHs. The committee is responsible for developing specific standards and measures that each organization would need to meet in order to be recognized by the OHA as a BHH. The standards and measures for BHHs will draw heavily from local experience in integration of primary care services, national recommendations for BHH models, and other state BHH models. The committee will finish this work by November 2015.

Once the committee has finalized their recommendations for BHH standards, those standards will be compared to the CCBHC criteria outlined by SAMHSA. Oregon is considering taking a BHH approach for this demonstration to ensure that all CCBHCs would be providing truly comprehensive whole-person care. Any clinic wishing to participate in the CCBHC demonstration may be required to be recognized by the OHA as a BHH. Using this approach, clinics would apply for certification through an electronic application system. Prior to certification, OHA staff would visit the clinic to verify required criteria is being met and provide technical assistance if needed.

Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) Pilot

Oregon recently launched a FQHC APM pilot designed to advance the primary care home model forward by transitioning the FQHCs medical revenue to a per-member per-month (PMPM) reimbursement method. PMPM rates are based on the FQHC's historical PPS encounter rate utilization. By transitioning FQHCs to PMPM payments, OHA is now issuing payments for population management rather than the number of billable services. This reimbursement method allows the agency to hold

FQHCs accountable for the health and wellness of their attributed population and ensure that patient access to care is increased. Data confirms that billable office visits have decreased, while innovative non-billable patient engagement strategies have increased. The OHA plans to leverage its experience with the FQHC APM pilot in the development of the PPS for the CCBHCs in the demonstration program.

Demonstration Program Timeline

- August 5, 2015: Deadline for states to submit planning grant applications to SAMHSA.
- October 1, 2015: Deadline for the Secretary to award planning grants to states for the purpose of developing proposals to participate in the demonstration program.
- October, 2016: Deadline for states to submit their applications to participate in the demonstration.
- January, 2017: Deadline for the Secretary to select the states that will participate in the demonstration program.

For more information, contact:

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