HIT Requirements For CCBHCs

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RHODE ISLAND

What is a CCBHC?

A Certified Community Behavioral Health Clinic model is designed to ensure access to coordinated comprehensive behavioral health care. 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.

Federal model that can be adapted to state Medicaid programs

https://www.samhsa.gov/certified-community-behavioral-health-clinics

Key Features

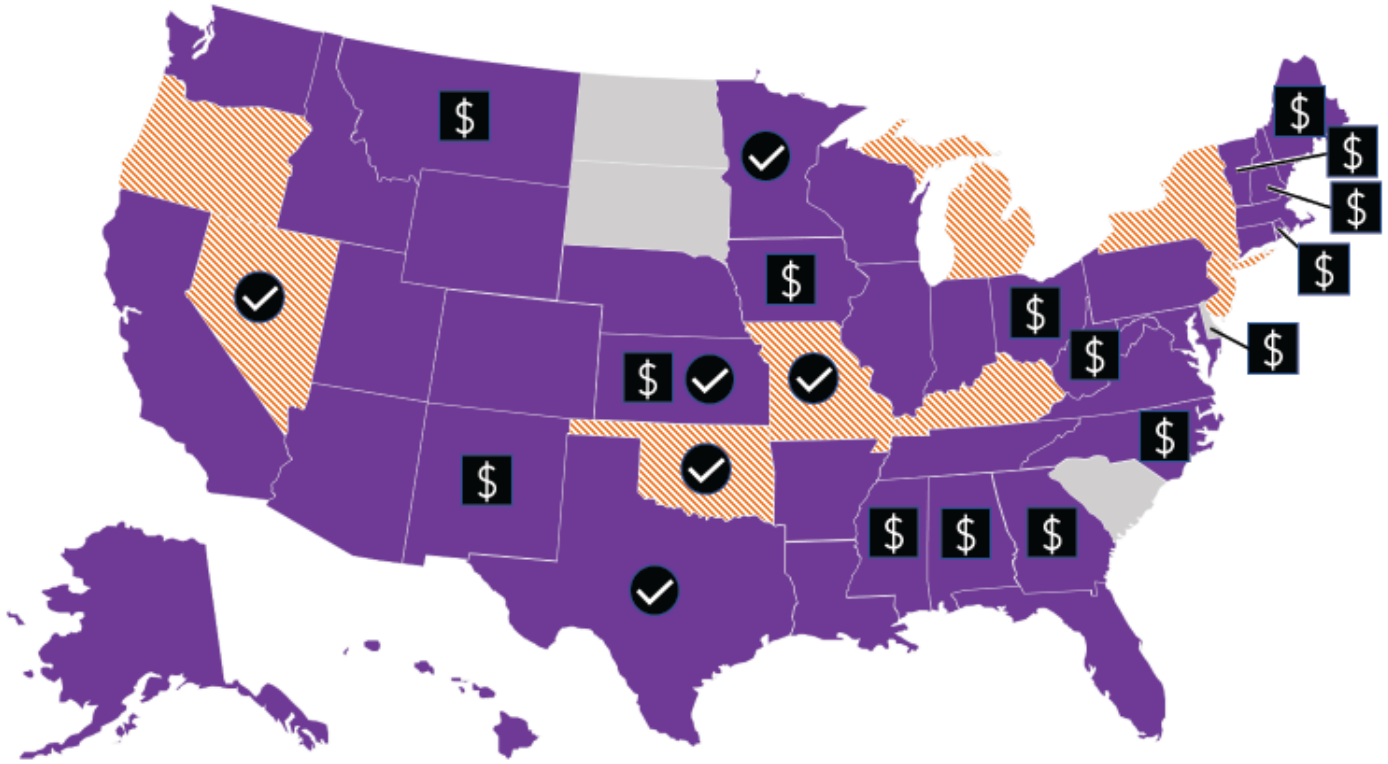
- Includes developmentally appropriate care for children and youth
- Requires local needs assessment and services designed to respond to community needs and special populations (CLAS, LBGTQ+, justice-involved, older adults, I/DD, etc.)
- Extensive requirements for utilizing evidence-based practices, conducting training, and measuring fidelity and quality outcomes
- If CCBHC cannot provide a required service, they can contract with a **Designated Collaborating Organization** (DCO) to provide it or increase capacity

Required Services

1. Crisis Services (24/7)
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services

Map of CCBHCs Across the United States (as of March 6, 2023)

Currently, there are over 500 CCBHCs operating across the country, as either CCBHC-E grantees, as clinics participating in their states' Medicaid demonstration, or as a part of independent state CCBHC programs.



Federal CCBHC Medicaid Demonstration (And SAMHSA Expansion Grants)

State contains at least one local SAMHSA expansion grantee in the state

CMS-approved payment method for CCBHCs via a SPA or 1115 waiver separate from Demonstration

Chosen to receive one-year planning grant needed to join Medicaid Demonstration starting in March 2023

Multiple funding mechanisms:

- SAMHSA grants
- State infrastructure grants ($25.5M in RI)
- Medicaid billable service

RI Infrastructure Grant Awardees

CCBHCs:

- Amos House
- Community Care Alliance
- East Bay Community Action Program
- Family Service of Rhode Island
- Gateway Healthcare
- Newport Mental Health
- The Providence Center
- Thrive Behavioral Health

DCOs:

- Adoption Rhode Island
- Carelink
- Center for Southeast Asians
- Child and Family
- Children's Friend
- CODAC
- Progreso Latino
- Project Weber/RENEW
- Providence Community Health Centers
- Tides Family Services
- Trinity Health Living
- VICTA
- Women's Resource Center of Newport and Bristol County
- Wood River Health Services

https://eohhs.ri.gov/Certified-Community-Behavioral-Health-Clinics-Infrastructure-Grant-Program

Prospective Payment System

- CMS was required to develop a prospective payment system (PPS) for CCBHCs in Section 223 of the Protecting Access to Medicare Act (2014)
- Payment cannot include inpatient, residential, or other non-ambulatory services
- Structured similarly to capitated Federally Qualified Health Center (FQHC) payments
  - On a monthly basis rather than an encounter basis
- States participating in demonstration are directed to determine **clinic-specific PPS rate** by identifying all allowable costs necessary to support the delivery of CCBHC services
- The State CCBHC Interagency Team is in the process of reviewing cost reports from prospective CCBHCs and developing approved rates and billing procedures

https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/certification-resource-guides/prospective-payment-system

Allowable Costs

PPS 4.1.b. If a state chooses to provide CCBHC services via telehealth, costs related to those services should be included in the PPS.

PPS 4.2.c. Non-personnel costs for providing CCBHC services may include… depreciation on equipment used to provide CCBHC services, …and other costs incurred as a direct result of providing CCBHC services.

To the extent HIT costs related to electronic health records are directly attributable to CCBHC services, the costs should be included as a direct, non-personnel cost.

https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/certification-resource-guides/prospective-payment-system

McKinsey & Company

Health information technology and behavioral health

September 2021 MACPAC Public Meeting

Friday, September 24, 2021

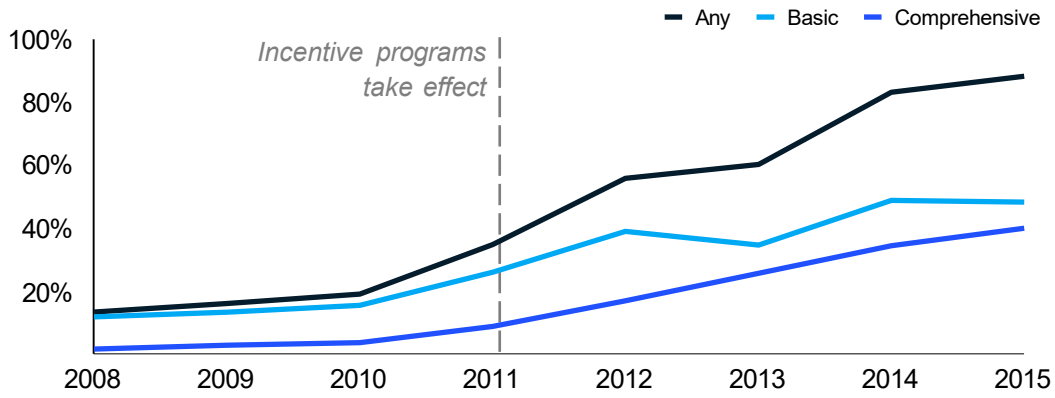
Presented by Jessica Kahn

Incentives have helped increase adoption of electronic health records

As part of the HITECH Act in 2009, significant investments were made to incentivize electronic health record (EHR) adoption[1]

$35B allocated for Medicaid and Medicare incentive programs encouraging hospitals and providers to adopt EHR systems[1]

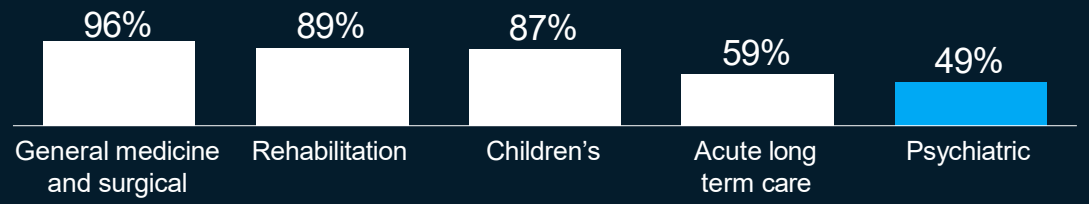
From the inception of the incentive programs in 2011 to 2015, EHR adoption increased 53 percentage points among U.S. non-federal acute care hospitals[2]



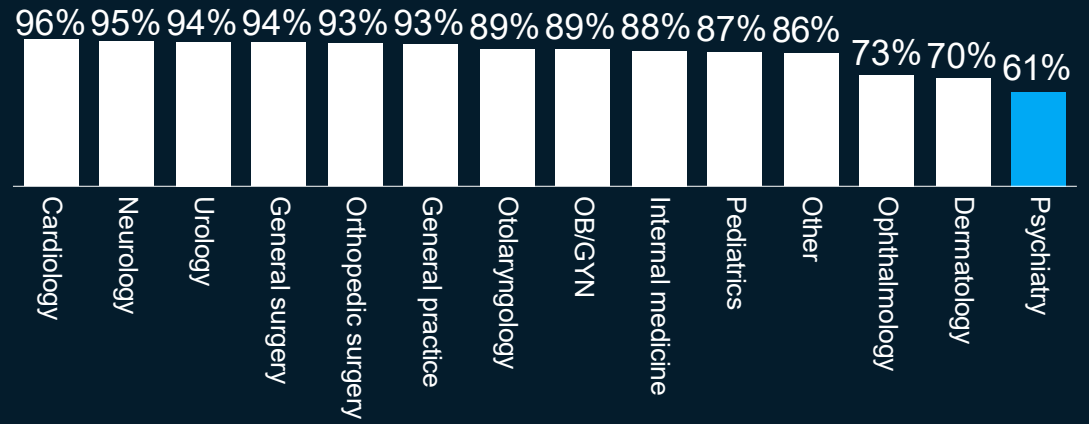
1. "Where Is HITECH's $35 Billion Dollar Investment Going?" Health Affairs Blog, March 4, 2015.
2. Henry, J., Pylypchuk, Y., Searcy T. & Patel V. "Adoption of Electronic Health Record Systems among U.S. Non-Federal Acute Care Hospitals: 2008-2015." ONC Data Brief, no.35. Office of the National Coordinator for Health Information Technology. May, 2016.

… yet adoption has been limited in behavioral health

Psychiatric hospitals lag behind other specialty hospitals in possession of Certified Electronic Health Record Technology[3]



Office-based physicians practicing psychiatry lag behind other specialty physicians in EHR adoption[4]



3. "Percent of Specialty Hospitals that Possess Certified Health IT." Office of the National Coordinator for Health Information Technology. August 2019.
4. Yang N, Hing E. Table of Electronic Health Record Adoption and Use among Office-based Physicians in the U.S., by Specialty: 2015. National Electronic Health Records Survey. 2017.

EHR adoption among behavioral health providers remains low primarily due to four factors

Most behavioral health provider types (psychologists, social workers, marriage and family therapists, etc.) were **ineligible for the federal incentive packages** spurring adoption of EHR systems[1]

Behavioral health providers have less incentive to adopt EHRs as they are **typically not included in health information exchanges,** which often serve as a catalyst for EHR adoption among other providers

Behavioral health providers are **often unable to invest in the hardware, software, and training necessary** for EHR adoption due to low operating margins

Behavioral health providers are subject to **data-sharing regulations beyond Certified Electronic Health Record Technology requirements** and may face challenges implementing compliant systems

Interoperable behavioral health solutions may help bridge the gap: a growing number of companies are offering solutions designed for interoperability with other provider types

Examples of companies with interoperable solutions

NOT EXHAUSTIVE

TherapyNotes™
CREDIBLE Secure. Proven. Easy To Use.
Netsmart
sevocity CUSTOM EHR SOLUTIONS™
CureMD™ Practice without boundaries
ICANotes Behavioral Health EHR
kareo™
vālant

1. "EHRs in Behavioral Health – A Digital Future?", Social Work Today, 2013

Source: "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health", MACPAC, June 2021

Increasing adoption of CEHRT among behavioral health providers could have wide-reaching benefits[1]

Increase clinical integration and achieve cost savings

EHR adoption and information sharing among providers may promote coordinated care and in turn improve population health and healthcare value, a component of which is reduced costs

Enable participation in value-based payment

EHR adoption may facilitate the development of attribution models to realize the captured value of behavioral health care savings and enable participation in value-based payment

Improve the quality of health reporting

As the behavioral health field moves towards measurement-based care, supportive EHR systems are essential to improve the quality and availability of health reporting, and potentially ease the burden of reporting to state agencies or Medicaid MCOs

Sources: "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health", MACPAC, June 2021, "Behavioral Health Integration", SAMHSA

Certification Standards (SAMHSA)

3.B. To participate in SAMHSA's Demonstration, all CCBHCs are required to use an existing or newly established HIT system to support health improvement activities (population health management, quality improvement, reduction of disparities, research, and outreach)

3.b.1. and 3.b.3. The product must be [ONC] certified to meet the following requirements:

- Be capable of capturing structured information in consumer records, including demographic information, diagnoses, and medication lists
- Provide clinical decision support
- Electronically transmit prescriptions to the pharmacy
- Send and receive the full common data set for all summary-of-care records
- Be certified to support capabilities including transitions of care and privacy and security

https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/certification-resource-guides/health-information-technology

Certification Standards (RI)

3.b.2 The CCBHC uses its existing or newly established health IT system to conduct activities such as population health management, quality improvement, reducing disparities, and for research and outreach.

3.b.5 Whether a CCBHC has an existing health IT system, or is establishing a new health IT system, the **CCBHC will develop a plan to be produced within the two-year demonstration program time frame to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system**. This plan shall include information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care.

Certification Standards (RI)

5.a.1 The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing: (1) consumer characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) consumer outcomes

5.a.3 To the extent possible, these criteria assign to the state responsibility for data collection and reporting where access to data outside the CCBHC is required. Data to be collected and reported and quality measures to be reported, however, may relate to services CCBHC consumers receive through DCOs. **Collection of some of the data and quality measures that are the responsibility of the CCBHC may require access to data from DCOs** and it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs and to **ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.**

SAMHSA 2023 Update

Under the CCBHC program, CCBHCs are not required to have all these capabilities in place when certified or when submitting their attestation but should plan to **adopt and use technology meeting these requirements over time**, consistent with any applicable program timeframes. In addition, CCBHCs do not need to adopt a single system that provides all these certified capabilities but can adopt either a single system or a combination of tools that provide these capabilities.

Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria Updated March 2023 (samhsa.gov)

There are additional state-reported quality measures calculated by BHDDH primarily using Medicaid claims.

Quality Measures

Current Quality Measures (pages 58-60):
https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

Currently Proposed CMS Updates (page 6):
https://www.medicaid.gov/medicaid/financial-management/downloads/ccbh-pps-prop-updates.pdf

Measure	RI Source of Data	Responsible for Reporting
Time to Initial Evaluation (Percent of new consumers with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients)	CCBHC EHR (Quarterly Report)	CCBHC
Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up	BHOLD Based on CCBHC entry	BHDDH
Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	BHOLD Based on CCBHC entry	BHDDH
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	BHOLD Based on CCBHC entry	BHDDH
Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	BHOLD Based on CCBHC entry	BHDDH
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	CCBHC EHR (Quarterly Report)	CCBHC
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CCBHC EHR (Quarterly Report)	CCBHC
Screening for Clinical Depression and Follow-Up Plan	CCBHC EHR (Quarterly Report)	CCBHC
Depression Remission at Twelve Months	CCBHC EHR (Quarterly Report)	CCBHC

Looking Ahead…

- A portion of RI infrastructure grant dollars is intended to support the development of IT infrastructure to meet CCBHC program requirements.

- More information regarding RI Medicaid reimbursement for CCBHCs will be forthcoming.

- Prospective CCBHCs recently submitted certification applications and should be notified of results in July. Results of an application may be:
  - *Certified:* Meets all standards for a 2-year period.
  - *Contingent Certification:* Sufficiently meets standards to provide services, with commitments to address identified gaps within the contingent period (6-12 months).
  - *Not Certified:* Required to make specified enhancements prior to providing services.

  All of them will need to establish ePHI exchange with their DCOs for care coordination and quality reporting to achieve and maintain certification.

- If you are interested in receiving further technical assistance on this subject, please reach out to OHHS.CCBHCReadiness@ohhs.ri.gov