CCBHC Public Meeting
November 2, 2022

Overview
The Rhode Island CCBHC Interagency Planning team sought feedback and input regarding the recently issued CCBHC Certification FAQ.

State Updates
- The Interagency Planning team is pleased to announce the eight organizations that received CCBHC infrastructure grants:
    - Amos House
    - Community Care Alliance
    - East Bay Community Action Program
    - Family Service of Rhode Island
    - Gateway
    - Newport Mental Health
    - The Providence Center
    - Thrive Behavioral Health
- At this time, the Interagency Planning team is unable to provide the names of the Designated Collaborating Organizations that were awarded infrastructure grants due to procurement regulations.
- The CCBHC Interagency Planning team understands that the December 1st Cost Report deadline is challenging. The current plan is that once the Interagency Planning team releases the technical guidance, organizations will have 10 weeks to complete the Cost Report.
- With regards to the Federal SAMHSA CCBHC Planning Grant, the State intends to apply to be one of the 15 planning grantees, so that we have the opportunity to be in the first tranche of 10 additional states that HHS may select to participate in the CCBHC demonstration program.
- Regarding insurance requirements, the state understands that cyber security insurance is a challenge for some organizations and is having ongoing conversations with the Department of Administration on this topic.
- The State is in the process of procuring a vendor for Provider Technical Assistance.

The CCBHC Interagency Team presented on the CCBHC FAQ document with this CCBHC PowerPoint deck. The following notes are from the additional questions posed by meeting participants. There are some decisions that are firm, and some where the state is seeking additional feedback and input. Those requests for input are noted with yellow highlights below.

Question and Response
State responses to questions asked during the meeting are shown below each question.

1. Can the state clarify what the requirements are for the specified needs assessment?
    a. The state is planning to discuss this further and will provide additional clarification in the forthcoming technical guidance. The state is also open to feedback on what to include as part of the needs assessment.

2. What parameters is the state using to define the catchment areas?
    a. As mentioned in Question #7, these are currently the eight areas designated to the CMHCs.

3. Will the state be following federal certification criteria?
    a. To clarify, organizations who have received CCBHC-E Grants from SAMHSA are not federally certified. Certification is done by the state. Rhode Island will be aligning with the federal standards but also incorporating additional state-specific requirements.

4. Will any organization certified by the state be qualified for the PPS and does the PPS require the state to submit a State Plan Amendment (SPA)?
    a. Yes, certified organizations would qualify for the PPS and the state must submit a SPA.

5. Can certified or provisionally certified CCBHCs work across catchment areas?
    a. Please refer to Questions #3 and #7. BHDDH intends to certify one CCBHC per catchment area unless the data indicate to BHDDH that there is an unmet need for additional services for either youth or adults in that area.
    b. Organizations with sites in multiple catchment areas will need to apply by catchment area.
    c. Applicants will need to meet all of the CCBHC standards in each catchment area for which they are applying.
    d. Applicants must submit a separate application and cost report for each catchment area for which they are applying.
    e. If a behavioral health provider organization providing services in a specific catchment area chooses NOT to apply as a CCBHC in that catchment area, they may either
        i. Contract with another CCBHC applicant serving that catchment area as a DCO, and therefore be included in the application of the partner CCBHC; OR
        ii. Continue to be paid Fee-for-Service in accordance with existing contracts/agreements for services provided in that catchment area ~~for a limited time~~

6. Can the state provide additional clarity on the "limited time" language referenced in Questions #7 and #8?
    a. The state is continuing to review this language and we welcome feedback from community partners before we make a final decision.
        1. In terms of any suggestion that providers would only be able to bill FFS Medicaid for a limited time if they were providing services outside of their catchment area, it was never our intention to reduce the number of providers in the state. Rather, we hope for a more coordinated service system with a single point of accountability for the hardest to serve individuals with behavioral healthcare concerns. To that end we will not plan to stop service providers from offering services if there is a need, but would hope to encourage collaboration through referral pathways or DCO relationships if there is a CCBHC already in a catchment area in which another provider offers services.

7. In reference to Question #3, what data will be used when assessing community need (transportation availability, unhoused population, etc.)?
    a. The state intends to use multiple data sources including, but not limited to, the RI Behavioral Health On-Line Database (BHOLD) system, the BHDDH Block Grant Needs

Assessment, and the Rhode Island Behavioral Health System Review. The state will also seek technical assistance from the National Council for Mental Wellbeing.

8. The state legislation specifies Medication Assisted Treatment (MAT)? Will that be covered?
    a. Yes. Please see Appendix A of the FAQ which includes MAT (but not methadone) as an adult required evidence-based practice (EBP).

9. Can the state provide any clarification on what will happen with IHH? It is currently allowed as a SAMHSA EBP.
    a. The state is planning to discuss this further, will accept community feedback, and will then provide additional clarification. While SAMHSA has been willing to fund IHH through the community CCBHC grants, IHH is not listed as an evidence-based practice on the federal registry.

10. Could the state provide clarity on mobile crisis services that are included as part of CCBHC and the recent Children's Mobile Response and Stabilization Services (MRSS) RFP?
    a. The Children's MRSS is currently in procurement but is a separate RFP from this content. However, it is the state's intention for CCBHCs and their mobile crisis components to collaborate closely with the Children's Mobile Response and Stabilization Services (mobile crisis) project that is being procured at this time. We will be working with the MRSS vendors to determine the most effective alignments between the services.

11. How does CAHOOTS align with the CCBHC model?
    a. CAHOOTS is considered a form of mobile crisis response. The state is planning to discuss this further with the CAHOOTS vendor, and will provide additional clarification in the forthcoming technical guidance.

12. Does the state intend to fully fund 988 through CCBHC or only the dispatch component?
    a. The state understands that it must fund all components of 988, not just dispatch – and so as we continue to iron out long-term sustainability for 988, it will be for the whole program. The state is also applying for a Transformation Transfer Initiative (TTI) grant to support 988 as a dispatcher for mobile crisis.

13. Can the state provide clarification on the relationships between AEs and CCBHCs?
    a. The CCBHC Interagency Team knows that this is a critical question. It is on the list of Next Steps for discussion (see Slide 23 from the Presentation Deck), and we will definitely include the AEs in this discussion.

14. Please confirm: if a CCBHC has a DCO that is providing a particular Medicaid service, the DCO would not bill Medicaid as they would be billing through the CCBHC?
    a. This is correct.

15. How should CCBHCs who have not previously entered an arrangement with a DCO project the DCO's costs in the Cost Report?
    a. The answer to this question, and questions like it on payment issues will be answered in the forthcoming technical guidance.

16. Will EBP training be considered an allowable cost under the Cost Report?
    a. Yes

Follow-up Questions and Clarifications

At the end of the meeting, the State inquired if participants had any additional questions or comments. Attendees noted:

1. Further clarifying the "limited time" language regarding Questions #7 and #8
2. Will the state provide a document that list the codes that will be included in the CCBHC model? State response: The Interagency Team is in the process of developing a Fee for Service and Managed Care Organization (MCO) code list.
3. To support Cost Report development, can the state clarify the definition of a visit?
4. How will providers interact with 988 in the CCBHC Model?
5. Needs assessment guidance
6. Cost report instructions including definitions of conditions and outlier thresholds
7. The use of certified peer recovery specialists and how to bill for those services – included in CCBHC or separate Medicaid billing?
8. Clarity on behavioral health organizations that are providing services outside of the CCBHC
9. For services that are traditionally paid for by DCYF, is that an allowable DCO relationship and what could that look like?
10. Where do school-based mental health services fit in?
11. What happens to IHH? Can that be added to the EBP list?

The state encourages participants to send any additional feedback and questions related to the 11/2 Community Meeting discussion to Ellie Rosen (ellie.rosen.ctr@ohhs.ri.gov) or Marti Rosenberg (marti.rosenberg@ohhs.ri.gov).