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CCBHC-E National Training and Technical Assistance Center

CCBHC New Grantee Learning Community
Session 10: Sustainability Planning

August 13, 2024

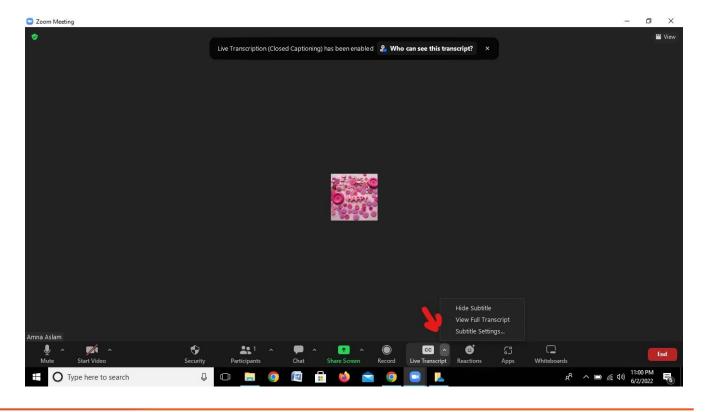
CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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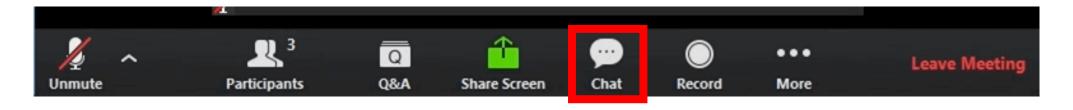
How to Enable Closed Captions (Live Transcript)

Next to "Live Transcript," click the arrow button for options on closed captioning and live transcript.





How to Ask a Question

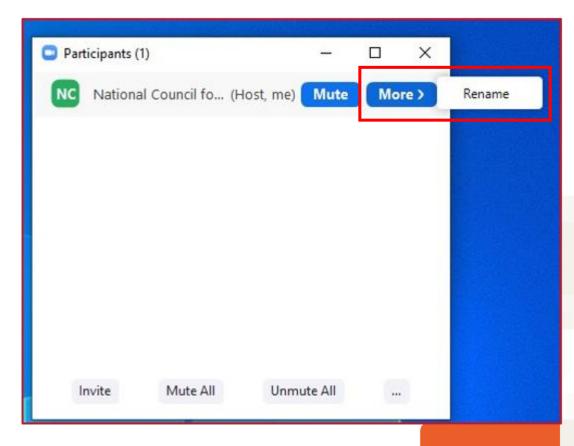


Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**

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Logistics

- Please rename yourself so your name includes your organization.
- For example:
 - D'ara Lemon, National Council
- To rename yourself:
 - Click on the **Participants** icon at the bottom of the screen
 - Find your name and hover your mouse over it
 - Click Rename
- If you are having any issues, please send a Zoom chat message to D'ara Lemon, National Council



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Today's Agenda

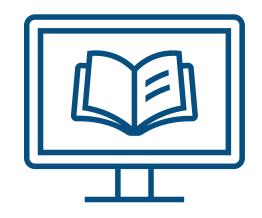
- 1 ---- Definitions and requirements
- Financial strategies for supporting CCBHC sustainability
- Case study

4 ---- Q&A and group discussion

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Learning Objectives

- Participants understand the key aspects of sustainability planning (both financial and organizational)
- Participants gain strategies and tools for understanding costs and maximizing reimbursement
- Participants consider the changes needed to prepare for success under value-based payment models



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Today's Presenters



Mindy Klowden, MNM
Managing Director for
Behavioral Health
Third Horizon Strategies



Peter R. Epp, CPA
Partner,
Community Health –
Practice Leader
CohnReznick LLP



Glenna Phillips
Senior Manager
Central Kansas Mental Health Center

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Mentorship

- Grantees participating in the mentorship program will have their final meeting with their mentor in August.
- A huge thank you to our mentors for participating in this opportunity and sharing their time and expertise.



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Seeking Volunteers to Share Successes

Final Session: September 10, 2024

Agenda: Celebrate successes!

- Share innovative strategies on conducting needs assessment and how findings have been used to support CQI initiatives or drive other changes in your programming?
- Share how you have gathered feedback from individuals with lived experience and how the CCBHC used this information. Do you have recommendations or strategies for developing or engaging a community advisory board?
- Share how quality assurance and quality improvement have changed at your agency since CCBHC funding. What new processes have you engaged? Did you add FTE or subject matter expertise to the team? How has the use of data changed?
- How has the organization experienced adding new services as a result of CCBHC funding?
- What innovations have you made in reaching delivery of the full scope of services?





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Sustainability: Requirements



Key Aspects of Sustainability



CCBHC is woven into the fabric of the organization ("the way we do business", not a grant-funded program)



The value of the CCBHC is articulated and recognized among stakeholders



CCBHC services are provided in a cost-effective manner and with strong outcomes



CCBHC services are reimbursed in a sustainable manner that covers actual costs

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What Can Grantees Do Now?



- Promote an organizational culture of value, embracing the CCBHC model
- Gather data on the impact of CCBHC.
 - NOMS
 - IPP Indicators
 - Quality Measures
 - Client Satisfaction Surveys
 - Other key performance indicators
 - Client success stories and anecdotes that describe the experience of care
- Understand the actual costs of providing CCBHC services.
- Educate key stakeholders about the impacts of CCBHC on access, quality, population health, and total cost of care.





CCBHC Sustainability Plan Requirement



- GOAL: the ability to continue providing the full CCBHC scope of services and meet all CCBHC criteria after the grant period ends.
 - There may be some grant-specific activities you do not need to sustain to continue as a CCBHC.
- Development of a Sustainability Plan is a <u>Required Activity</u> for grant-funded CCBHCs, as listed in SAMHSA's Notice of Funding Opportunity (NOFO):
 - Within 1 year of award, grantees must develop and implement a Sustainability
 Plan to support delivery of services once federal grant funding ends
 - The Sustainability Plan shall be updated annually.



Important Components of a Sustainability Plan

- Activities being undertaken to integrate CCBHC into the organizational culture (including processes, protocols, policies, staff education and training, etc.)
- Current ability to support CCBHC activities with existing funding streams, based on financial analysis
 - Current efforts to maximize billing and assess costs of services
 - Identified revenue cycle gaps by service type based on current payor landscape, and anticipated growth in revenue once addressed
 - Unfunded gap and types of activities that are unfunded, based on financial analysis
- Pursuit of new funding streams and payment models and likelihood of success based on state environment
- Description of efforts to develop a value proposition for CCBHC and demonstrate and disseminate outcomes



What is a Value Proposition? Why Do I Need One?



A value proposition is a positioning statement explaining how the values that guide your organization are expressed in the benefits you provide, who you serve, and how you do it uniquely well.

Clearly understanding - and articulating - your value as a CCBHC is essential to positioning your organization as a behavioral health service delivery leader.

It builds the case that you are positioned to meet the community's needs.

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Consideration for CCBHCs



The CCBHC model is still relatively new; you may need to educate stakeholders about the comprehensive CCBHC services and how the model improves population health.



As a CCBHC, you meet community needs, create hope, and save lives. It is not just your mission but your demonstrated results that form the basis for your value proposition.



As a CCBHC, you already have multiple data points to leverage.



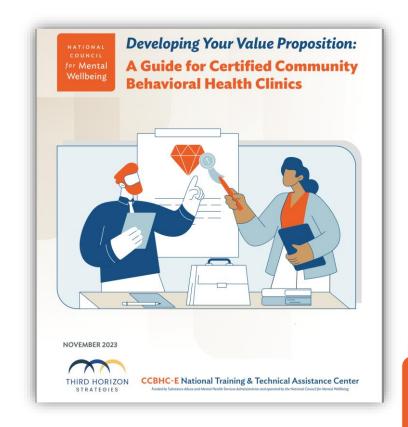
A strong value proposition is essential to planning and achieving sustainability

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Steps to Develop Your Value Proposition

- Determine your organization's goals for a value proposition and conduct a stakeholder analysis
- 2. Identify and collect data to build your value proposition
- 3. Craft your value proposition and communications strategy
- 4. Update and tailor it to different audiences







Financial Strategies for Supporting CCBHC Sustainability

Peter Epp

Partner,
Community Health – Practice Leader
CohnReznick LLP

CCBHC-E National Training and Technical Assistance Center

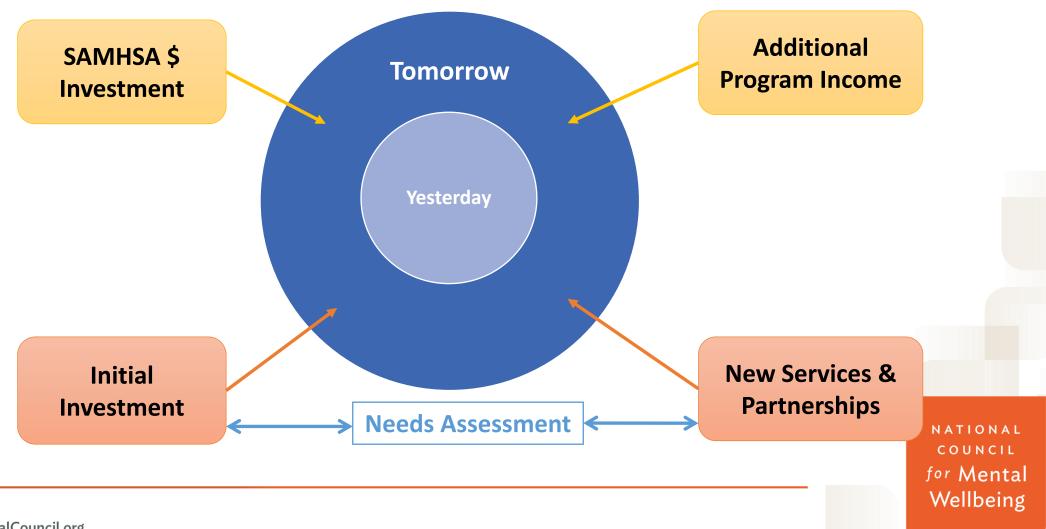
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THINK BIG!

- YESTERDAY Delivery system hampered by inadequate reimbursement
- TOMORROW SAMHSA's investment to innovate and change to a "new" model of care = CCBHC
- THE JOURNEY Develop a multi-disciplinary team from the clinical, program, operations and finance disciplines to:
 - Design a new care model (CCBHC)
 - Decide how to use SAMHSA grant funds to invest in the sustainability of the new care model
 - Develop a plan to sustain the CCBHC model of care



THINK BIG!



What is a "Business Plan"?

How to run your company with a cohesive vision and convince someone to invest in your business

EXECUTIVE SUMMARY

COMPANY AND MANAGEMENT TEAM

OPPORTUNITY

- The Problem and Solution
- Target Market
- Competition
- Future Products and Services

EXECUTION

- Marketing Plan
- Operations
- Strategic Alliances
- Milestones and Metrics
- Key Assumptions and Risks

FINANCIAL PLAN/ PROJECTIONS

- Patient Volume and Services
- Personnel/Staffing
- Profit and Loss
- Cash Flow

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What is a "Sustainability" Business Plan?

• Alignment of the CCBHC Sustainability Plan with a "Business Plan"

Investor

• Federal/State government agencies)

• Third party payers (insurance companies

Opportunity

• Address the current behavioral health crisis with the implementation of the CCBHC service delivery model

Execution

• Understanding the current baseline performance

• Developing Anticipated Services to become CCBHC successful/compliant

Company and Management Team

- Board Governance and organizational authority
- CCBHC Leadership

Financial Plan/Projections

- Forecast of increased client services, volume, and workforce
- Identification of additional revenue streams to sustain the model

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Financial Plan - Overview of Approach

Develop the CCBHC "Total Budget" Concept

The cost and the scope of the CCBHC model is much larger than the portion funded by the SAMHSA CCBHC grants

- Understand the CCBHC program criteria and Total Budget Concept
- 2 components of costing out the CCBHC program
 - Current baseline costs
 - New anticipated costs (budgeted)
- What revenue sources are available now to fund the CCBHC program?
 - CCBHC Expansion grants to support costs not covered by other sources
 - Program income Third party billing & direct client payments (based on sliding fee scale)
 - Potential Medicaid Prospective Payment System (PPS) rates
 - Other funding opportunities (e.g., other grants, Alternative Payment Models, etc.)



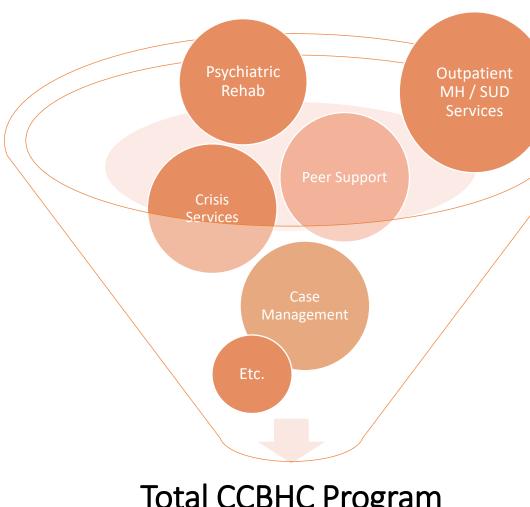
Developing the CCBHC "Total Budget"

Current State:

Assessing and monitoring the financial performance of an array of siloed programs

Future State:

Understanding and monitoring the total cost of CCBHC program operations to strategically plan for sustainability



Programmatic Components

Total CCBHC Program

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Steps to Capturing CCBHC Baseline Costs

1st Understand CCBHC Covered Services*

Review CCBHC core required services in the CCBHC Certification Criteria

2nd Compare Existing Services Versus CCBHC Covered Services*

 Identify what CCBHC Covered Services are currently provided and where captured in the financial and billing systems

3rd Allocate Direct Costs to CCBHC, non-CCBHC and Agency Overhead

- Personnel costs (salaries & wages, and fringe benefits)
- Other then personnel costs (OTPS)

4th Allocate Overhead Costs (Agency Wide)

Overhead costs that benefit both CCBHC and non-CCBHC services should be allocated

* These steps must be performed through a multi-disciplinary effort of the clinical, operational and financial teams!



- Project/Manage Year 1 budgeted costs to comply with CCBHC requirements, align with the Needs Assessment and be successful under the CCBHC model of care!
- Review the 9 core CCBHC services with operations, clinical, and financial personnel to determine:
 - Which services are currently provided to identify gaps
 - Determine whether the CCBHC will expand to provide the new service directly or through a Designated Collaborating Organization (DCO)

Service Requirement	Services Currently	Services Not	Gap to be Covered	Gap to be Covered
	Provided	Currently Provided	Internally	Thru DCO

• Review additional activities outside of the 9 core CCBHC services to determine whether additional services needed to be considered in a cost accounting exercise (e.g., care NATIONAL coordination, quality reporting)

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Process for defining demand for services identified in gaps:

Program
Covered Services

Targeted Population

Client Utilization of Services

DEMAND

What are the types of services covered by the CCBHC program that your agency needs to add access to?

What populations are you targeting with the CCBHC services to be added?

How often do you anticipate a client in the target population would need to access services, by type?

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Process for defining supply (capacity) needed to deliver services:

Staff Profile

Staff Capacity

Infrastructure

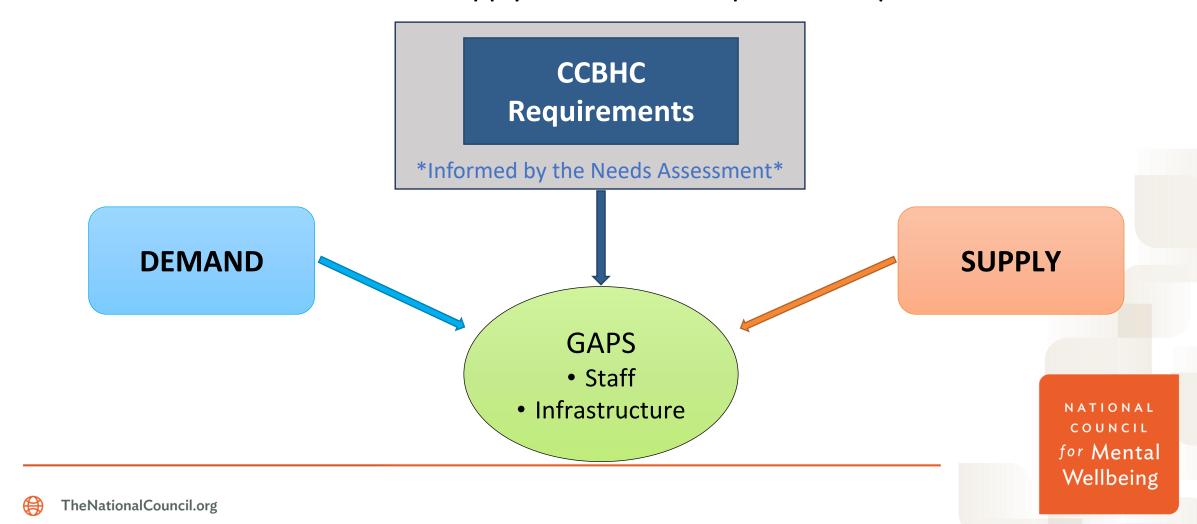
What is the current profile of staff, by position?

Factoring in nonclient, indirect time, what is the capacity of existing staff to provide required services? What is the clinic's infrastructure available to support existing service delivery?

SUPPLY

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Difference between Demand and Supply = Resources Required to Implement CCBHC



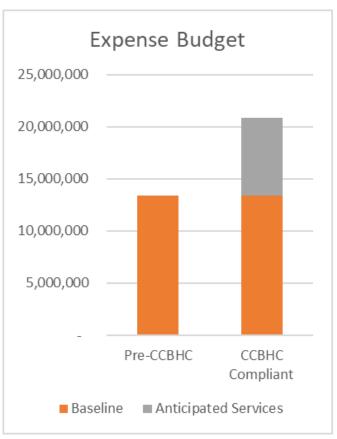
Projecting Revenue in the CCBHC "Total Budget"

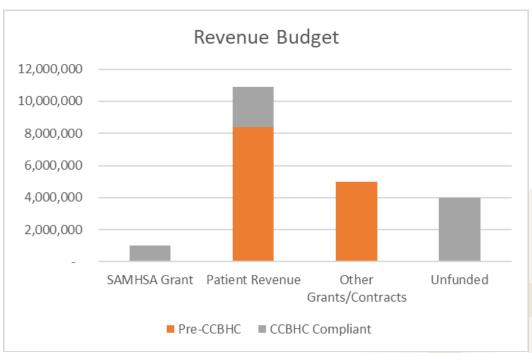
- CCBHCs generally cover the costs of the CCBHC program through various revenue streams
 - Federal/state/local grants and contracts
 - Patient revenue (e.g., Medicaid, self-pay)
 - Other
- Projecting revenue for each revenue stream have different drivers
 - Grant and contracts usually driven by past funding experiences and future, known funding opportunities
 - Patient revenue based on 2 factors
 - Projected clients and services/visits
 - Services/visits split by payer and payer specific payment rates



Developing the CCBHC "Total Budget"

Transitioning the current baseline revenue and expense profile to a fully compliant CCBHC under the "Total Budget" concept will create a need to identify alternative revenue streams to sustain the CCBHC program







Sustaining the CCBHC Service Delivery Model

Sustaining the CCBHC service delivery model (or plugging the "unfunded" hole) can be accomplished through a combination of available alternatives:

Short- to Medium-term options

- Improve the efficiency of the current revenue cycle
- Strategic use of grant funds to invest in infrastructure or pilot new revenue-generating initiatives
- Partnerships with other community-based providers

Long-term options

- New Base Compensation Models
 - Case Rates
 - Partial Capitation
 - Prospective Payment System (PPS)
- Care Management/Care Coordination fees
- Value Based Payment (VBP)/Value Based Care (VBC) and APMs
- Other program designations





Additive Income Generated

- Common Misunderstanding "You cannot charge billable providers to the SAMHSA CCBHC grant because that would be double dipping" or "Any income generated from our providers will reduce our grant"
- Under the Additive Method*, program income (e.g., patient revenue) generated by a grantsupported activity are added to the grant funds and used to further eligible project or program objectives.



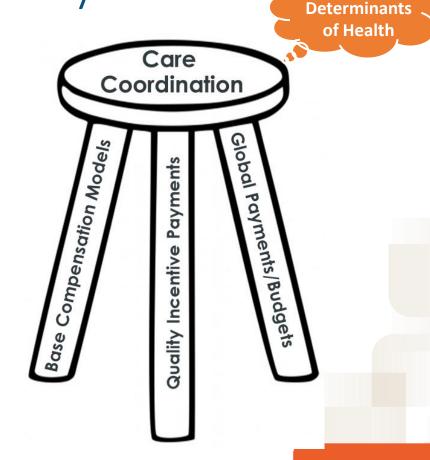
By utilizing the SAMHSA CCBHC grant funds to hire billable providers, the additional revenue generated can be used to fund expenditures required to sustain the CCBHC program!

^{*} The Additive Method of utilizing program income is authorized under the CCBHC program as noted on the grant Notice of Award.



Sustaining the CCBHC Service Delivery Model

- VBP arrangements contain a hybrid of several different payment methodologies to incentivize and tie together desired behaviors
- The key components of VBP arrangements include:
 - Base Compensation Models
 - Fee-for-service
 - Partial capitation
 - Care Coordination Fee PMPM
 - Quality Incentive Payments
 - Global Payments/Budgets (Total Cost of Care)
 - Surplus-sharing/Risk-sharing
 - Support of Social Determinants of Health



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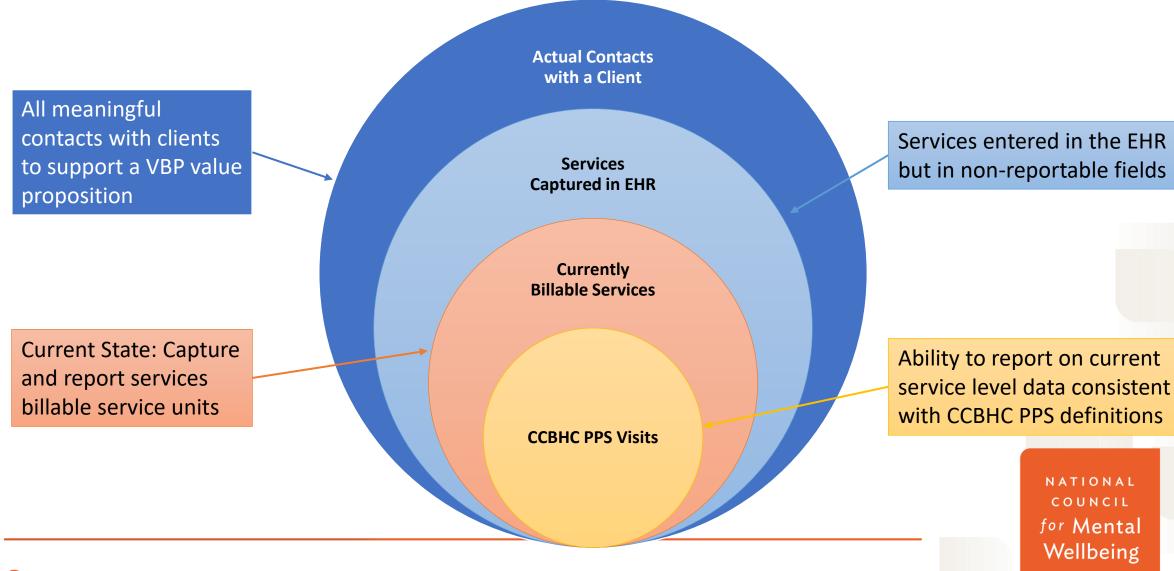
Social

Sustaining the CCBHC Service Delivery Model

- Define alternative Base Compensation models
 - Case Rates a <u>predetermined amount</u> of money paid to a provider organization to <u>cover</u>
 <u>the average costs of all services</u> needed to achieve a <u>successful outcome</u> for a <u>given defined</u>
 <u>episode of care for an individual over an <u>agreed upon time period</u>.*
 </u>
 - Partial Capitation a <u>fixed amount</u> of money <u>per patient per unit of time</u> paid <u>in advance</u> to a provider organization for the delivery of covered health care services in the agreement.
 - Capitation payments often very based on the actuarial class of a patient
 - Prospective Payment System (PPS) PPS is a single, bundled rate for each qualifying patient visit for all covered services and supplies provided during the visit; the PPS rate is established using a base year, and trended annually for inflation and future changes in operations.



Capturing Activities in the EHR for VBC



Capturing Activities in the EHR

- Capturing all meaningful contacts with a client, regardless of its link to a specific billable event, is necessary to position for sustainability alternatives
- All meaningful contacts should be captured in fields that are reportable
 - Contacts with billable clinicians PLUS contacts with other care team members
 - Shadow claims that are submitted for reporting purposes under per diem payment rates should be reportable
- All information necessary to describe each contact should be captured and be reportable
 - Care team member name and credentials
 - Service description (e.g., CPT codes; user-defined codes for non-CPT codable services
 - Charges of a cost-based fee schedule
- Above information is required to:
 - Properly calculate CCBHC PPS billable visits used to calculate the payment rate
 - Support the value proposition when negotiating a VBP arrangement





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Case Study

Glenna Phillips
Central Kansas Mental Health Center

CCBHC-E National Training and Technical Assistance Center

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Central Kansas Mental Health Center

Our CCBHC Implementation timeline



PDI GRANT

February 2021: began our first federal grant

LICENSE

May 2022: one of the first 6 CMHCs in Kansas to receive provisional CCBHC licensure and PPS access

IA GRANT

September 2022: began our second federal grant with the CCBHC IA focused mainly on crisis

FULL LICENSE

January: received our full CCBHC license

CKMHC Sustainability Practices

Budget / Cost Report Experience

- How did this help us understand our costs and needs
- Paying attention to a payer mix and who is covered under PPS (Medicaid)
- Medicare and commercial insurance
- County funding and what needs to be covered

Integrated Care Initiatives

- FQHC Mobile Unit for primary care
- Re-entry program
- Co-responder program
- CKF Peer Mentor collaboration

Value-Based Care

- MCO and payer outcomes:
 - Social Determinants of Health (SDOH)
 - increasing access to peer support,
 - follow-up after hospitalization

Optimized Staffing and Processes

- Thorough training plan to improve competencies and provider confidence
- Revamped Key Performance Indicators and production models to reflect client outcomes
- Walked through barriers to efficiency in all processes and developed care pathways
- Expanding telehealth services
- Training and consultation

Questions?



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Upcoming Events

Next Session: Tuesday, September 10th 2:30pm - 4pm ET - Wrap-up & Celebration

Event Type	Title	Date + Time	Registration Link
Webinar	CCBHCs and Supportive Housing Webinar Series: Session 3: Supportive Housing 101	Session 3: Wednesday, August 14 th 3:30pm-5pm ET	Session 3 Registration
	Session 4: Partnership Examples from CCBHCs	Session 4: Wednesday, September 4 ^{th,} 3:30pm-5pm ET	Session 4 Registration
Webinar	ASAM Educational Resources Webinar	Thursday, August 15 th , 2pm – 3pm ET	Register Here
Webinar	CCBHC Vision Paper Resource Webinar	Tuesday, August 20th, 3pm – 4pm ET	Register Here

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Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

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CCBHC-E National Training and Technical Assistance Center Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing ABOUT US RESOURCES TRAINING & EVENTS REQUEST TRAINING/ASSISTANCE



Questions or Looking for Support?



Visit our website and complete the <u>CCBHC-E NTTAC Request Form</u>

Slides, recordings and session resources will be available on our New Grantee Learning
Community webpage approximately 2 days following each session



thenationalcouncil.org/program/ccbhc-e-nationaltraining-and-technical-assistance-center/requesttraining-assistance/ national council for Mental Wellbeing

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