State Discussion: NCQA's Certified Community Behavioral Health Clinic (CCBHC) Program

July 10, 2024
Tom Curtis, Director, State Affairs
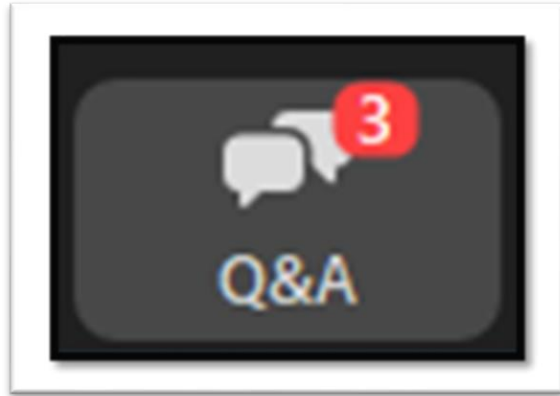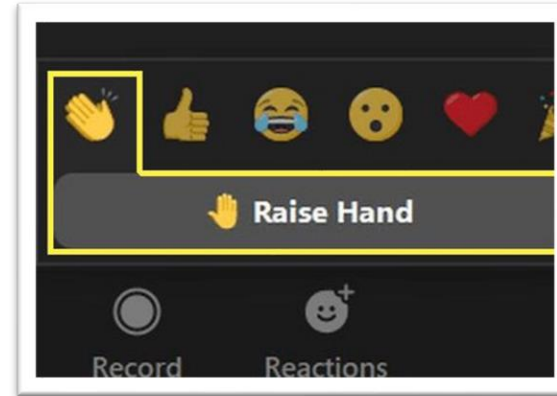Michael Grier, Director, Federal Affairs

Agenda

— **WELCOME AND STATE/FEDERAL UPDATES**

— **NCQA CCBHC PROGRAM OVERVIEW**

— **NCQA CCBHC SUPPORT TOOLS:**

• **READINESS ASSESSMENT**

• **COMMUNITY NEEDS ASSESSMENT TEMPLATE**

— **DISCUSSION: QUESTIONS AND ANSWERS**

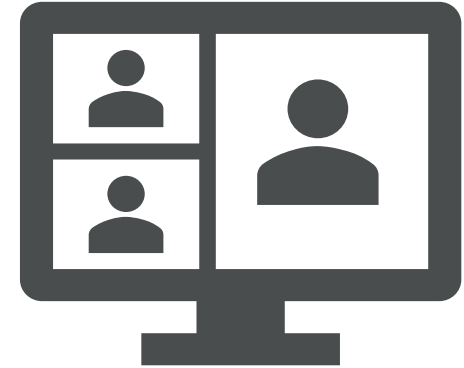# Housekeeping

Ask Now

Enter your questions in the Q&A function in Zoom

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.

Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

State Engagement on CCBHCs

State Engagement
- Began engaging states on CCBHCs in Fall of 2023.
- Over 10 months, we engaged with 20+ states on CCBHCs; convening 8 states monthly in a state working group to develop and finalize CCBHC program between January-May 2024.

Three common themes emerged
1. CCBHCs are generally meeting most criteria; some criterion remain challenging, states are providing TA.
2. CCBHC sustainability and spread will require close collaboration between BH and Medicaid in states.
3. CCBHC review is a real issue that states are addressing through scope/scale of CCBHC implementation

NCQA's Role and Approach with CCBHCs
We can best support states and CCBHCs by serving as a policy partner. This means we are committed to the long-term care model changes in CCBHCs, and that our review approach will support state staff, payment policies, public health strategies, and quality performance evaluation and improvement.

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Federal Affairs Update

Action in SAMHSA

- Proposed language to require CCBHC accreditation in the FY25 Budget Proposal:

  "...accreditation process will allow for improved accountability for CCBHCs...[and ensure they] are consistently providing access to quality behavioral health care."

Action in Congress

- Consolidated Appropriations Act 2024 **(Enacted)**
  - Established a state plan option for states to add CCBHC services with no enhanced federal match
  - Still requires an organization to meet the demonstration criteria

- H.R. 8543: Permanently authorize certified community behavioral health clinics **(Not Enacted)**
  - Permanently authorizes a Medicaid payment system
  - Creates a definition for CCBHC services in Medicare
  - Establishes a new certification and accreditation process

Polling Question #1

Are you planning on utilizing a State Plan Amendment (SPA) authority in your state to support CCBHCs?

A. Yes.

B. No.

C. Maybe/Internal discussions.

D. I didn't know about this option.

Polling Question #2

What payment approaches are you currently using to support CCBHCs in your state?

A. Planning Grant.

B. Medicaid waiver.

C. State Plan Amendment.

D. PPS.

E. Something else (please enter in chat).

CCBHC Program Overview

JENI SOUCIE, SENIOR MANAGER, PRODUCT MANAGEMENT

MARIA DIAZ, PROGRAM CONTENT ENGINEER

NOAH HAMMES, MANAGER, RECOGNITION POLICY
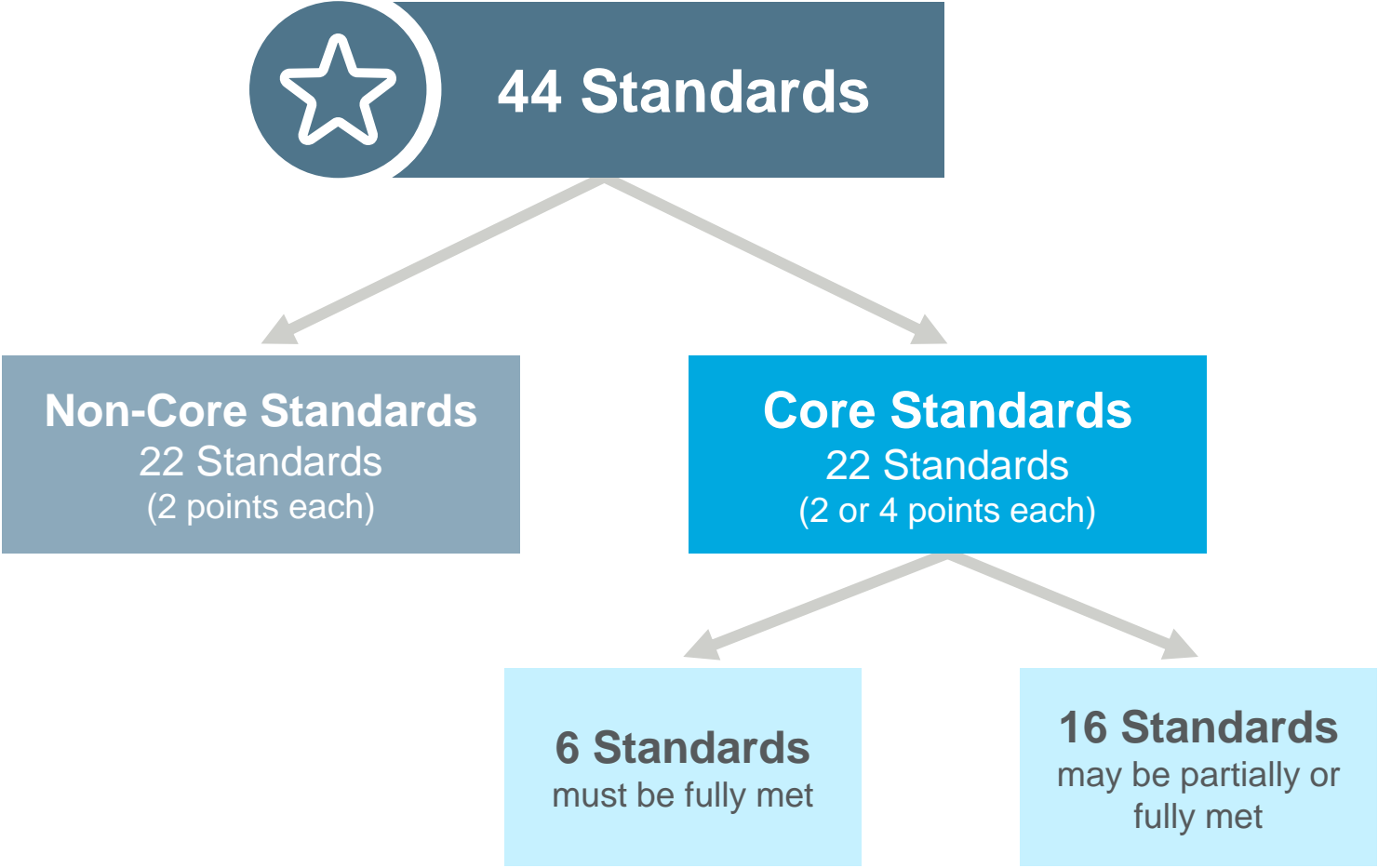
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CCBHC Accreditation Launch: July 2024

113 Criteria → **44 Standards Policies & Procedures**

Program Areas (Same as SAMHSA Criteria)	
Staffing	Community needs assessment Staffing (model, training, licensure)
Availability and Accessibility of Services	Timely, attainable, safe access
Care Coordination	Partner with agencies/facilities, health IT systems
Scope of Services	CCBHC and DCO partner-provided services Individual treatment plans and evaluations
Quality and Other Reporting	QI and measure tracking
Organizational Authority, Governance and Accreditation	Operational requirements

Up to 32 quality measures (15 HEDIS measures)

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Overview of Standards & Scoring

44 Standards

Non-Core Standards
22 Standards
(2 points each)

Core Standards
22 Standards
(2 or 4 points each)

6 Standards
must be fully met

16 Standards
may be partially or fully met

Overview of Status

Accredited

► Must score 70% and meet all core* standards

► Organizations receive seal, status, scorecard

► 3-year status

Provisional

► Must score 50%-69% and meet all core* standards

► Organizations resurveyed with in 18 months

► Organizations receive seal, status, scorecard

No Status Issued

► Total score is <50% and/or core standards are not met

► Organizations receive scorecard to share with state

► NCQA does not publicly report denied Accreditation

Standards are scored one of three ways:

1. **Met:** The CCBHC earns full points on the requirement.
2. **Partially Met:** The CCBHC earns half the points on the requirement.
3. **Not Met:** The CCBHC earns no points on the requirement.

*16 of 22 core standards are eligible to be partially met; 6 of 22 must be fully met.

CCBHC Accreditation Product Includes…

For 3-year renewal cycle

$ **Product Cost** **$10,120**

- Standards, Guidelines, P&Ps
- Survey & Annual Reporting
- Scoring Table
- Readiness Assessment
- Community Needs Assessment
- Access to NCQA staff
- Education Modules
- SAMHSA/NCQA Crosswalk

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Program Supports for CCBHCs

Access to NCQA's team of experts

Templates for key elements of CCBHC standards

Increase confidence in quality of care and services

Streamlined evidence process for demonstrating compliance

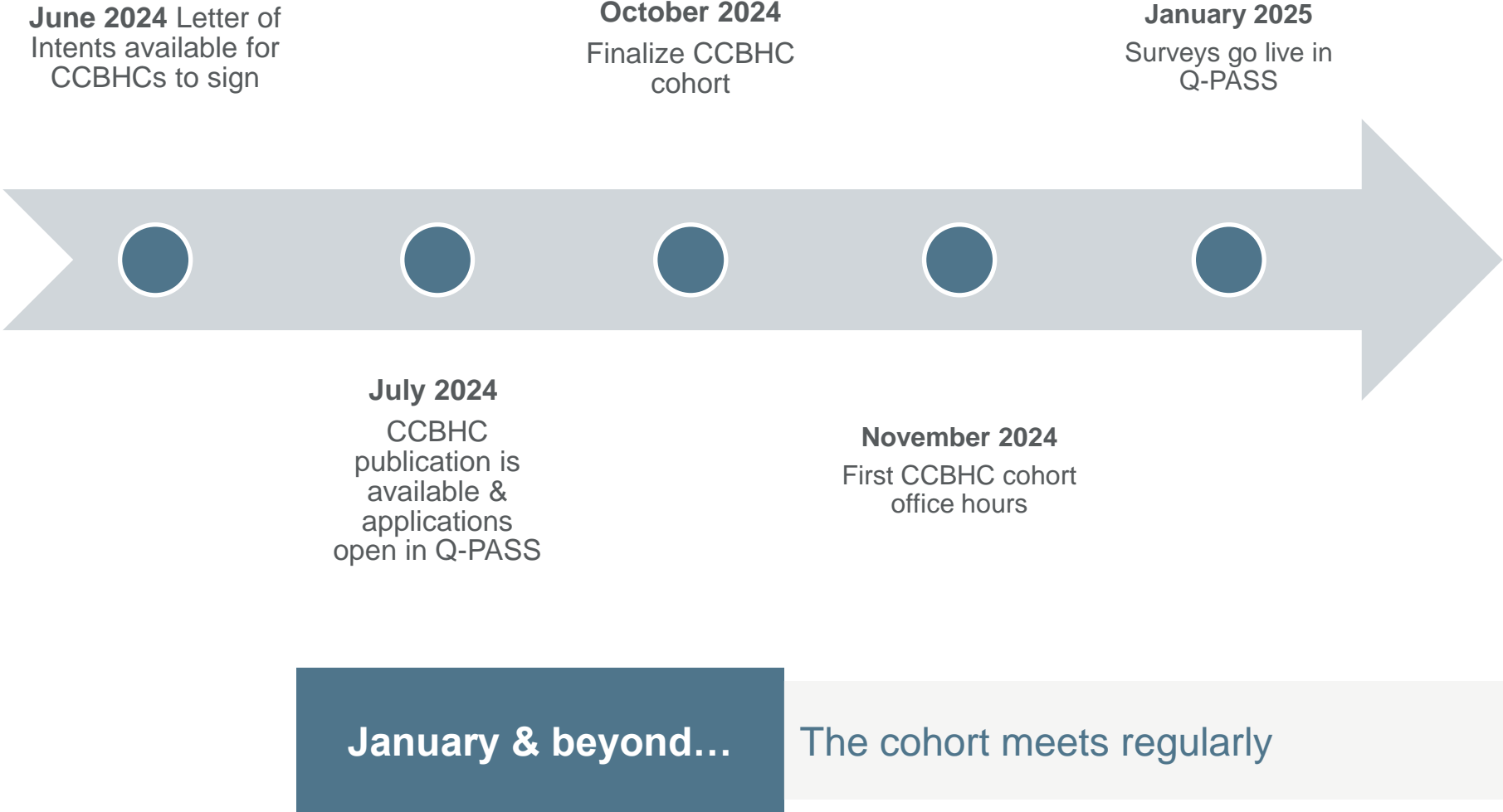Clear, objective, ongoing **standard review**

NCQA CCBHC Early Adopters Cohort

- NCQA is seeking CCBHCs to join the early adopter cohort

- Cohort will begin fall 2024 to help organizations prepare for surveys in January 2025

- Benefits of participation:

  - "Office hours" with NCQA staff monthly

  - Engage with NCQA State Affairs team to promote incorporating NCQA-Accredited CCBHCs into state Medicaid delivery systems

  - Marketing toolkit

  - Opportunity to provide real-time feedback to NCQA to help shape future program iterations

Email Soucie@ncqa.org to learn more or recommend a CCBHC!

Next Steps

June 2024 Letter of Intents available for CCBHCs to sign

October 2024
Finalize CCBHC cohort

January 2025
Surveys go live in Q-PASS

July 2024
CCBHC publication is available & applications open in Q-PASS

November 2024
First CCBHC cohort office hours

January & beyond... The cohort meets regularly

Readiness Assessment Tool

An optional resource for your reference and not required to be shared with NCQA.

Designed to help CCBHCs prepare for the survey by:

- organizing check in dates and delegate tasks
- preparing evidence requirements for each standard
- identifying strengths and challenges for discussion

Information tab	Survey Checklist tab	Program Requirements tabs
Guidance on how to use the tool and helpful reminders or tips for the survey process	Lists each standard and a space to mark completion of its evidence requirements, assign a task and owner, and designate requirements for a specific check in date	Addresses each standards section and a space to mark progress toward meeting each requirement

Readiness Assessment Tool

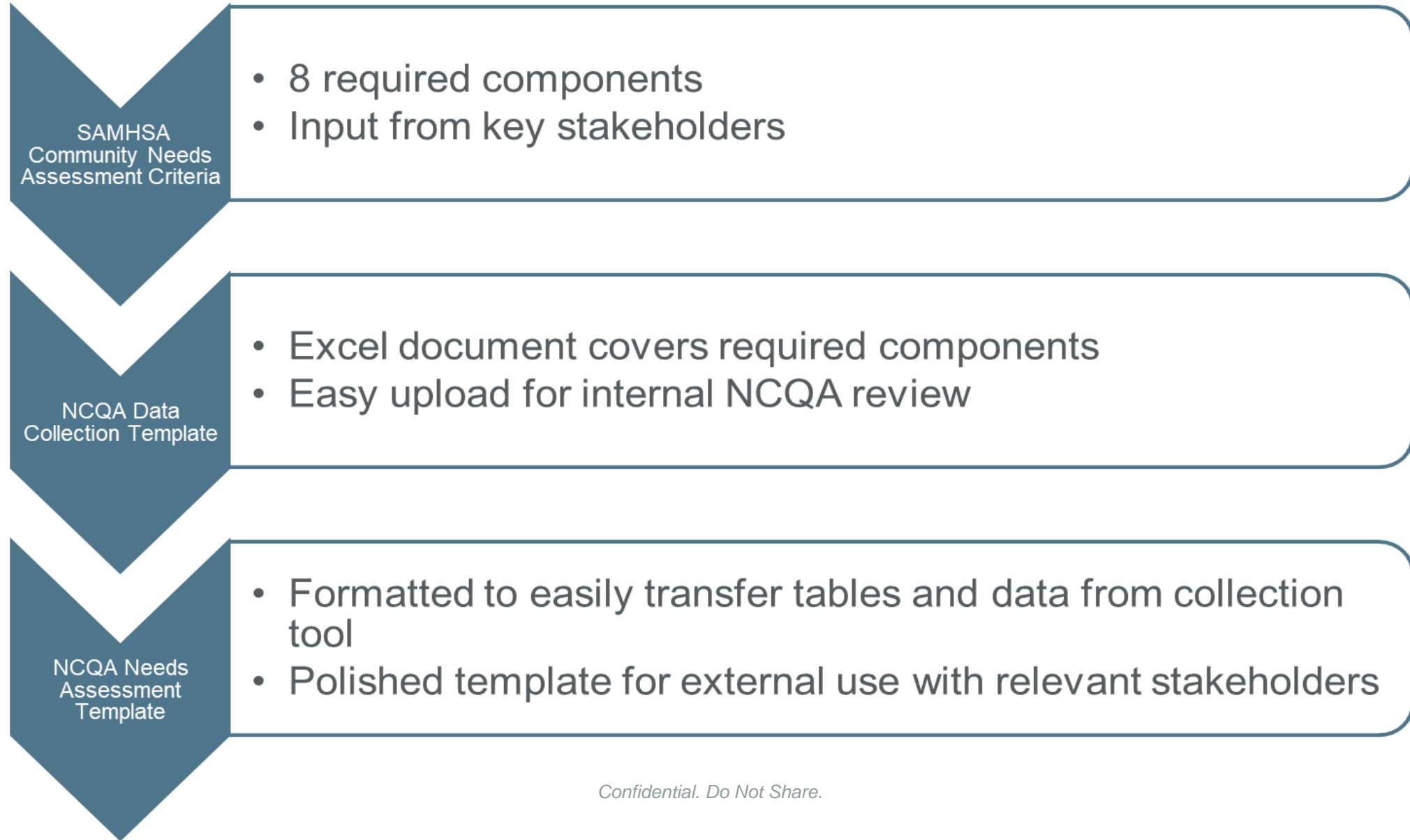| Survey Readiness Checklist							NCQA Representative: _____			Contact Email: _____

Program Requirements and Criteria		Evidence		Related Tasks	Owner	Status	Check In 1	Check In 2	Check In 3	Notes for Check In
		Documented Process	Evidence of Implementation				Date: 02/20/2026	Date: 06/06/2026	Date: 8/18/2026	
Program Requirement 1: Staffing	ST 01: Community Needs Assessment	✔	⏳	Gather assessment docs	Maria D	⏳	▶			
	ST 02: Staffing Plan	⏳	⏳	Review plan and save as PDF	Tom C	✔	▶	▷		
	ST 03: Management Team	⏳	⏳	Review evidence requirements	Jeni S	⏳	▷	▷		
	ST 04: Staff Training	✔	✔	Save docs in NCQA folder	Noah H	✔	▶	▶	▷	
	ST 05: Cultural and Linguistic Training	✔	✔	Save docs in NCQA folder	Noah H	✔	▶			
	ST 06: Information Available	✖	✖	Create screenshots and PDF materials	Maria D	✖	▶	▷	▶	
Program Requirement 2: Availability and Accessibility of Services	AAS 01: Safe Access to Care									
	AAS 02: Timely Access									
	AAS 03: Person-Centered Treatment Plan									
	AAS 04: Crisis Management									
	AAS 05: No Refusal of Services									
	AAS 06: Access to Services									

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Readiness Assessment Tool

Program Requirement #1: Staffing

	Status	Notes
Community Needs Assessment		
An optional template is provided.		
1. We have completed a community needs assessment within the past three years.	🟢	
Date of last assessment: ___/___/___		
2. Our assessment includes data and input from community stakeholders, people who provide services to the patient population, and populations not historically engaged with health services outlined in the standards document under ST01.	🟡	
3. Our assessment provides the relevant information about the geographic area and population served by our CCBHC as outlined in the bulleted list under ST 01.	🔴	
4. Our assessment describes our process for updating the assessment at least every 3 years.	🔴	
Staffing Plan		
1. Our staffing plan is informed by the community needs assessment. The plan describes how it is shaped by the assessment and services we provide.	🟢	
2. We have an organizational chart or plan that outlines roles and responsibilities for all clinical and non clinical staff. The plan addresses staff for all the services we provide.	🟢	
Management Team		
1. Our management team consists of a CEO or equivalent (such as project director) and a Chief Medical Officer who is a psychiatrist, or someone with similar experience and credentials. If this is not the case, it is explained in our plan.	🟡	
	🟡	
Training Plan		
1. We maintain training materials, schedules, attendance logs, or any combination of these documents on file for all employees.	🟢	
2. We maintain documentation of trainer competencies on file.	🟢	
3. Our plan describes how we assess, train, and educate staff at orientation and other intervals on the topics listed in the standards document.	🔴	
Cultural and Linguistic Training		
1. Our CCBHC provides cultural and linguistic services for the population(s) we serve.		

... | **Staffing** | Availability & Accessibility | Care Coordination | Scope of Services | Qualit

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Community Needs Assessment Tools

An optional resource to help develop a comprehensive community needs assessment

SAMHSA Community Needs Assessment Criteria
- 8 required components
- Input from key stakeholders

NCQA Data Collection Template
- Excel document covers required components
- Easy upload for internal NCQA review

NCQA Needs Assessment Template
- Formatted to easily transfer tables and data from collection tool
- Polished template for external use with relevant stakeholders

Community Needs Assessment Overview

SAMHSA Requirement	Community Needs Assessment Data Tab
Description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.	Service Area Scope
Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose.	Behavioral Health Needs, Behavioral Health Conditions
Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.	Social Determinants of Health
Cultures and languages of the populations residing in the service area.	Demographics
The identification of the underserved population(s) within the service area.	Demographics, Social Determinants of Health
A description of how the staffing plan does and/or will address findings.	Staffing
Plans to update the community needs assessment every 3 years.	Full Template
Input with regard to: cultural, linguistic, physical health, and behavioral health treatment needs; evidence-based practices and behavioral health crisis services; access and availability of CCBHC services including days, times, and locations, and telehealth options; and potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.	Staffing, Services Provided, Identified Barriers, SMART Goals, Key Stakeholder Input

Community Needs Assessment Data Collection Tool

Instructions: Provide the prevalence rate in your service area for each mental health or substance use condition listed. Add additional rows for any high-prevalence mental health conditions and their associated prevalence rates.

	Service Area Annual Prevalence Rate	Example Data Source	Actual Data Source Used
Any Mental Illness (AMI)			
Serious Mental Illness (SMI)			
[INSERT LINE FOR EACH SPECIFIC MENTAL HEALTH CONDITION (E.G., MAJOR DEPRESSIVE DISORDER)]			
Suicide (per 100,000)		National Survey on Drug Use and Health Web-based Injury Statistics Query and Reporting System (WISQARS)	
Opioid Misuse		National Survey on Drug Use and Health	
Alcohol Misuse		National Survey on Drug Use and Health	
Stimulant Misuse		National Survey on Drug Use and Health	
Illicit Drug Misuse		National Survey on Drug Use and Health	
Overdose Death Rate (per 100,000)			
Dual Diagnosis Mental Health Condition and Substance Use Disorder			

Instructions: Provide the usage rate in your service area for each of the following behavioral health services over a specified time period.

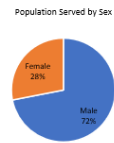|	Usage Rate per Behavioral Health Service in the Service Area for [SPECIFY TIME PERIOD]	Example Data Source	Actual Data Source Used
Outpatient Substance Use Care		National Substance Use and Mental Health Services Survey	
Outpatient Mental Health Care		National Substance Use and Mental Health Services Survey	
Crisis Services/Emergency Behavioral Health Services		National Substance Use and Mental Health Services Survey	
Primary Care Screening and Monitoring		National Substance Use and Mental Health Services Survey	
Psychiatric Rehabilitation		National Substance Use and Mental Health Services Survey	
Targeted Case Management		National Substance Use and Mental Health Services Survey	
Community-Based Veterans' Behavioral Health		VA Mental Health Survey	
Peer and Family Support and Counselor Services		National Substance Use and Mental Health Services Survey	

Community Needs Assessment Template

Page 1 (left thumbnail)

SECTION 3: DEMOGRAPHICS

AGE

[Provide a written summary of the population served by age.]

Population Served by Age

- ≥ 65 years 21%
- 18-64 years 24%
- < 18 years 55%
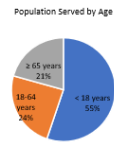
SEX AND GENDER

[Provide a written summary of the population served by sex.]

Population Served by Sex

- Female 28%
- Male 72%

[Provide a written summary of the population served by gender.]

Population Served by Gender

- Transgender, Non-Binary, Other 2%
- Female 48%
- Male 50%

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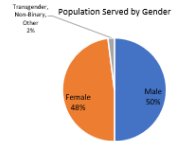
RACE AND ETHNICITY

[Provide a written summary of the population served by race.]

Population Served by Race

- Two or More Races 10%
- American Indian or Alaska Native 5%
- Asian 10%
- Black or African American 20%
- Native Hawaiian or Pacific Islander 5%
- White 50%

[Provide a written summary of the population served by ethnicity.]

Population Served by Ethnicity

- Not Hispanic or Latino 20%
- Hispanic or Latino 80%
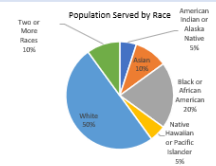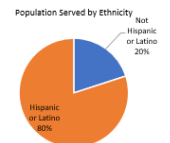
SEXUAL ORIENTATION

[Provide a written summary of the population served by sexual orientation.]

Population Served by Sexual Orientation

- Bisexual 9%
- Lesbian 10%
- Gay 23%
- Straight 58%

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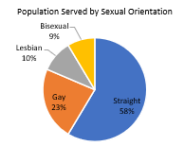
SECTION 4: BEHAVIORAL HEALTH NEEDS

MENTAL HEALTH CONDITIONS

[Provide a written summary of annual prevalence rates for *any* mental illness (AMI), *serious* mental illness (SMI), and specific mental health conditions (e.g., schizophrenia, bipolar disorder, major depressive disorder) in the service area. As definitions of SMI can vary, define to the best of your ability what qualifiers are being utilized to define SMI for your report. Also, specify the estimated annual suicide rate (per 100,000) in the service area.

To demonstrate the unique behavioral health needs of your community, compare prevalence rates in your community with those of the nation and/or state. Additionally, describe instances in which there are notable sociodemographic disparities in prevalence rates in your service area (e.g., higher rates of a particular mental health condition among a particular age/gender/race group).]

Table X. Prevalence rates for mental health conditions in the service area.

Mental Health Condition	Annual Prevalence Rate
Any Mental Illness (AMI)	
Serious Mental Illness (SMI)	
[INSERT LINE FOR EACH SPECIFIC MENTAL HEALTH CONDITION (E.G., MAJOR DEPRESSIVE DISORDER)]	
Suicide (per 100,000)	

Note: [Provide a table note that specifies the year(s) of reporting for the prevalence rates listed in the table above, e.g., "Rates for any mental illness, serious mental illness, and specific mental health conditions are reported for year 2023. Suicide rate is reported for year 2022."]

SUBSTANCE USE CONDITIONS

[Provide a written summary of annual prevalence rates for specific substance use disorders (e.g., opioid, alcohol, stimulant, illicit drugs) in the service area. Also, include the estimated annual overdose death rate (per 100,000) in the service area.]

Table X. Prevalence rates for substance use disorders in the service area.

Substance Use Disorder	Annual Prevalence Rate
Opioid Misuse	
Alcohol Misuse	

Simulant Misuse	
Illicit Drug Misuse	
Overdose Death (per 100,000)	

Note: [Provide a table note that specifies the year(s) of reporting for the prevalence rates listed in the table above, e.g., "Rates for alcohol, illicit drug, opioid, and stimulant use disorders are reported for year 2023. Overdose death rate is reported for year 2022."]

To demonstrate the unique behavioral health needs of your community, compare prevalence rates in your community with those of the nation and/or state. Additionally, describe instances in which there are notable sociodemographic disparities in prevalence rates in your service area (e.g., higher rates of a particular substance use condition among a particular age/gender/race group).]

DUAL DIAGNOSIS

[Provide the annual prevalence rate for dual diagnosis of mental health conditions and substance use disorders.

To demonstrate the unique behavioral health needs of your community, compare prevalence rates in your community with those of the nation and/or state. Additionally, describe instances in which there are notable sociodemographic disparities in prevalence rates in your service area (e.g., higher rates of dual diagnosis among a particular age/gender/race group).]

BEHAVIORAL HEALTH SERVICES

[Provide a written summary of historical usage of behavioral health services in the service area, such as outpatient substance use care, outpatient mental health care, crisis services/emergency behavioral health services, primary care screening and monitoring, psychiatric rehabilitation, targeted case management, community-based veterans' behavioral health, and peer and family support and counselor services.]

Table X. Usage rates for behavioral health services in the service area for [SPECIFY TIME PERIOD].

Service	Usage Rate
Outpatient Substance Use Care	
Outpatient Mental Health Care	
Crisis Services/Emergency Behavioral Health Services	

Polling Question #3

Would you like to connect with a member of the State Affairs Team to discuss more about this program?

A. Yes

B. No

C. I'm not sure.

Questions

State Resources

Upcoming Webinar and Learning Opportunity

July 15: State-Only ECDS Office Hours

Do you have questions on the ECDS Reporting Method? Our subject matter experts will be available July 15th from 12:30-1:30pm Eastern to talk with our state partners on challenges and opportunities for adoption.

Register Now.

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Will you be at these Conferences? Connect with us!

National Association of State Mental Health Program Directors Annual Meeting
July 21-23, 2024, Washington, DC

Don't miss out on the nation's largest gathering of legislators and legislative staff! Register now to join Aug. 5-7, 2024.

MESC Louisville, KY Aug 12 – 15 ★2024★

Nashville, Tennessee | September 9–11, 2024
NASHP 2024
Amplifying Sound Health Policy

NOVEMBER 11 - 13, 2024
NAMD FALL 2024 CONFERENCE
WASHINGTON HILTON

Stop by our booths- or schedule a time with us to connect at publicpolicy@ncqa.org
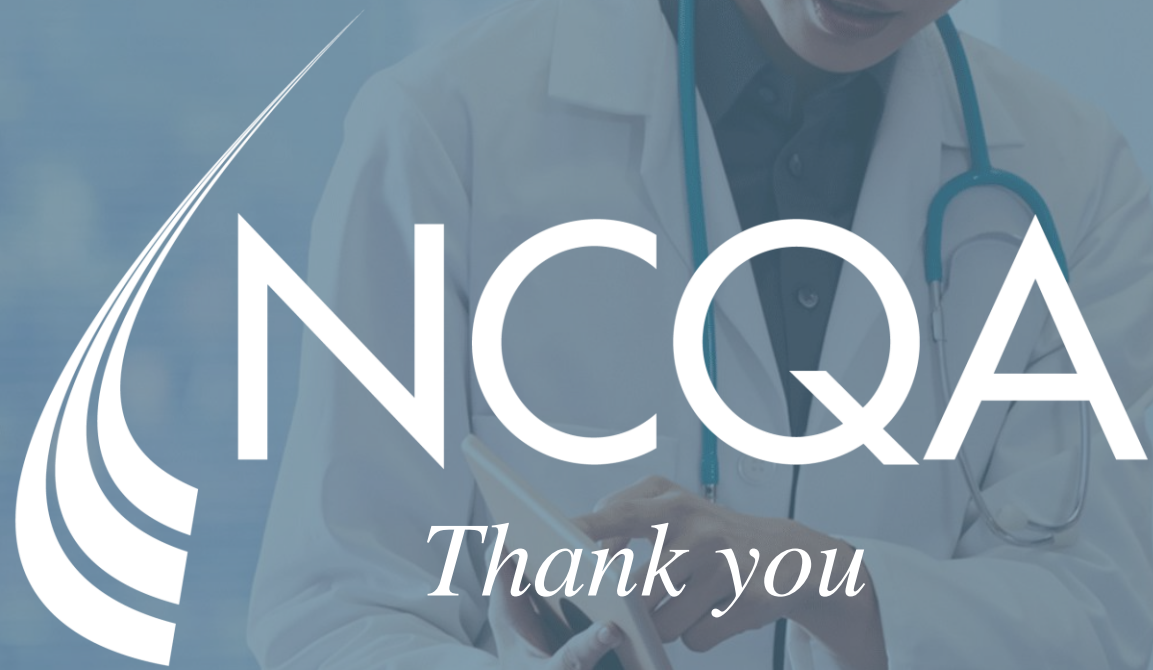
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Thank you