

CCBHC Planning Grant

Background

&

Current State of Affairs

By

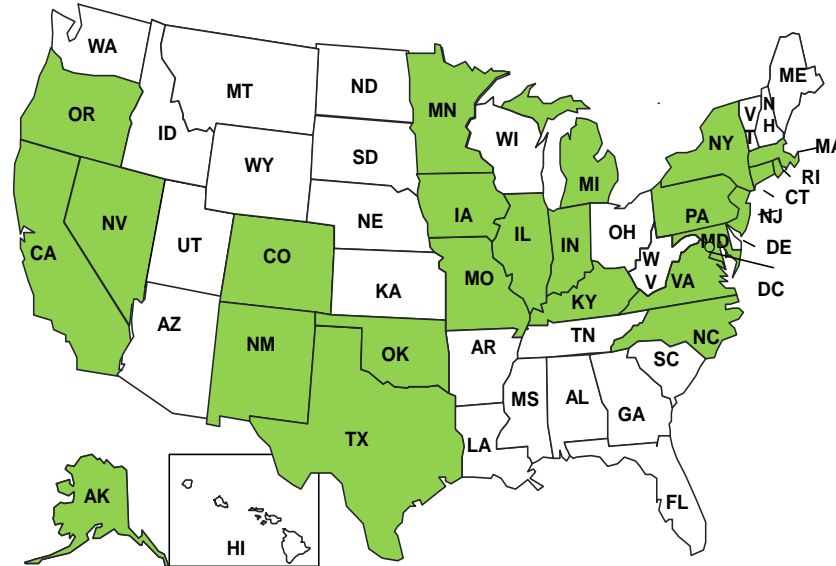
Danny Silbert, LCSW

CCBHC Project Manager



CCBHC Planning Grant

24 States Awarded Planning Grants for CCBHCs



Purpose of CCBHCs

- Provide community based mental and substance use disorder services
- Advance integration of behavioral health with physical health care
- Utilize evidence-based practices on a more consistent basis
- Promote improved access to high quality care
- Employ care coordination to organize care activities and share information among all relevant participants



Principles of CCBHCs

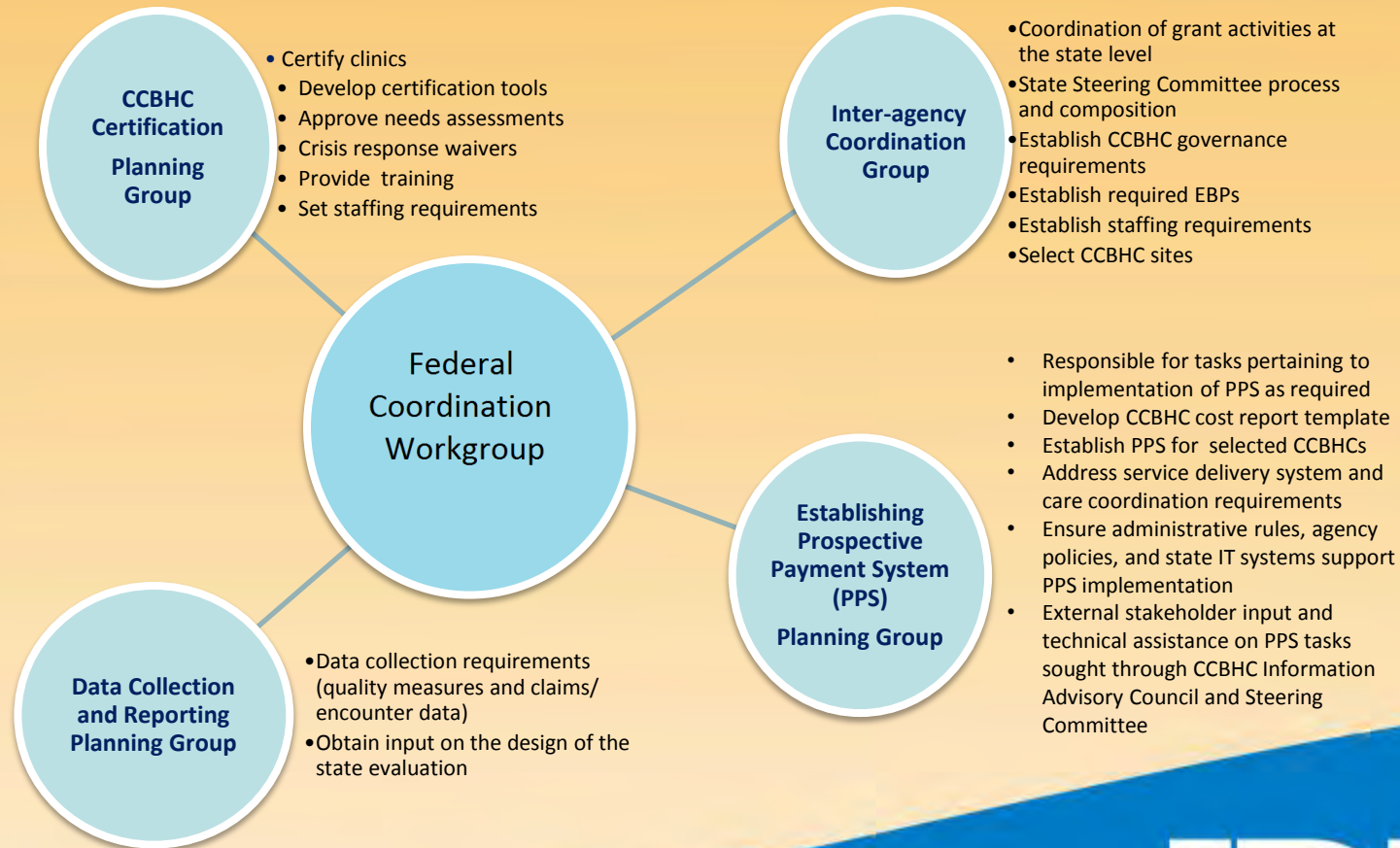
- Person-centered
- Family-centered
- Trauma-informed
- Recovery-oriented
- Culturally competent
- Whole person approach

Demonstration Program Goals

- Provide the most complete scope of services under the criteria to individuals eligible for medical assistance under the state Medicaid program;
- Improve the availability of, access to, and participation in, services under the criteria for individuals eligible for medical assistance under the state's Medicaid program;
- Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state;
- Demonstrate the potential to expand available behavioral health services in a demonstration area and increase the quality of such services without increasing net federal spending.



Planning Groups



Nine Required Service Categories of CCBHCs

- CCBHCs are **responsible** for the provision of all care specified in PAMA.

CCBHC Direct Service

Some must be directly provided by the CCBHC, others may be provided either directly by the CCBHC or through formal relationships with other providers that are DCOs.

CCBHC or DCO

- Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided.
- It is expected CCBHCs will be designed so **most services are provided directly by the CCBHC rather than by DCOs**, as this will enhance the ability of the CCBHC to coordinate services.

Persons Served

- CCBHCs are to provide service to all who seek help
 - Regardless of condition
 - Regardless of ability to pay
 - Regardless of insurance
- CCBHCs are not to refuse service to any individual based on
 - Ability to pay
 - Residence
- CCBHCs will provide service for individuals who are court ordered to services



Letter of Intent Update

45 LOIs were received

Request for Information process

- RFI's sent out to 41 providers on 3/9/16
- 30 day response
- Provided 3 TA webinars regarding RFI process (3/19, 3/22 and 3/29)



Moving Forward

Certification

- Review RFI's
- Perform Needs Assessment and staffing plans
- Certify (Certification does not guarantee being selected to be a part of the Demo)

Selection

- After Certification
- Utilizes a Selection Criteria
- Selected Providers will participate in the Demo Phase (If the state is selected)

Moving Forward

PPS

- Identify PPS
- Provide TA to ensure providers can complete needed cost reports
- Develop rates



Moving Forward

Data & Reporting

- Provide Quality Measures/Data/Reporting Requirements
- Provide TA to ensure providers have the capability to collect needed data and report out as necessary

Further Information on CCBHCs

CCBHC Contact Information:

DHS.DMHCCBHC@illinois.gov

Website:

<http://www.dhs.state.il.us/page.aspx?item=29751>



State Innovation Model

Lee Ann Reinert, LCSW
Clinical Policy Specialist

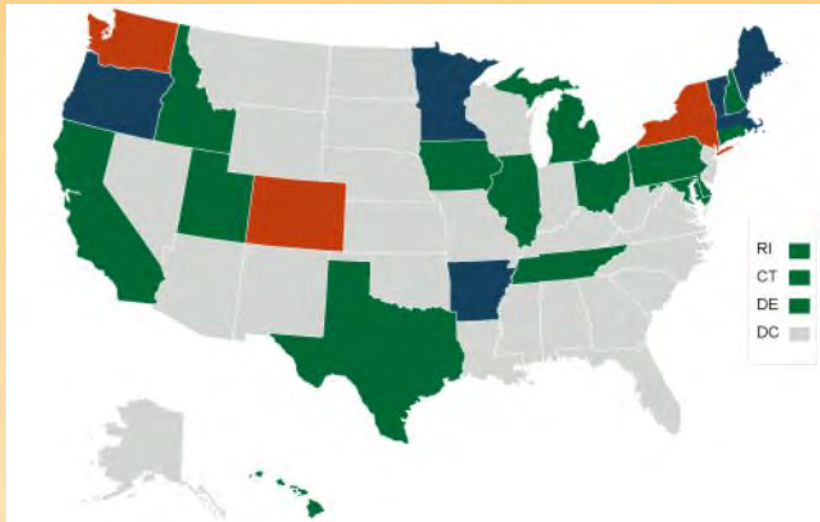


SIM Background

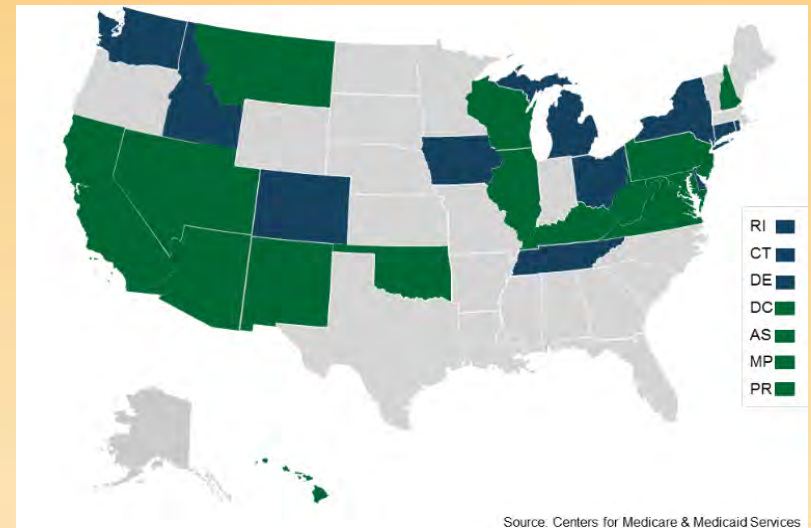
The State Innovation Model (SIM) initiative provides financial and technical support to states to develop and test state-led, multi-payer health care payment and service delivery models

Awards Given By State

Round One Awards



Round Two Awards



■ Model Testing Awards ■ Model Pro-Testing Awards ■ Model Design Awards



The SIM and the SHIP... ...and the SHSIP and the SHA

Organizational Structure

Role/Outcomes

Executive Committee

- Governor's Office
- Department of Public Health
- Department of Healthcare and Family Services
- Illinois Health Information Exchange
- Department of Insurance
- Department of Human Services
- Department on Aging

- Oversight
- State Health System Innovation Plan (SHSIP)

SHIP Planning Council

- State Government Agencies
- Local Health Department Membership Organizations
- Health Priority Lead Organizations
- Commercial Payers/Purchasers
- Healthcare Providers/Systems
- Statewide Minority Organizations
- Higher Education
- Multi-Sectoral Groups

- State Health Improvement Plan
 - Plan for Population Health
 - State Health Assessment

Action Teams

SIM Workgroups

- Feedback on Recommendations
- Develop Design Components



Four SIM Workgroups Met through February, 2016

1. Physical and Behavioral Health Integration
2. Data and Technology
3. Quality Measure Alignment
4. Consumer Needs

Physical and Behavioral Health Integration Workgroup

Workgroup was asked to focus on
recommendations for developing a Behavioral
Health Home Model in IL

Focus Areas for Recommendations

1. Target Population
2. Provider Types
3. Staffing Structures

Where Do We Go From Here?

- Three public hearings were held week of 3/28/16 on the SHIP
- The SIM Recommendations were presented to the SIM Executive Committee on 3/18/16 and they were given until 4/1/16 for comments.
- Final draft of the SIM Summary is due to the workgroup by 4/18/16

Final SHSIP will be published on the Healthy Illinois 2021 Website

<http://www.healthycommunities.illinois.gov>

Questions

