

# CCBHC Planning Grant

**Background**

**&**

**Current State of Affairs**

By

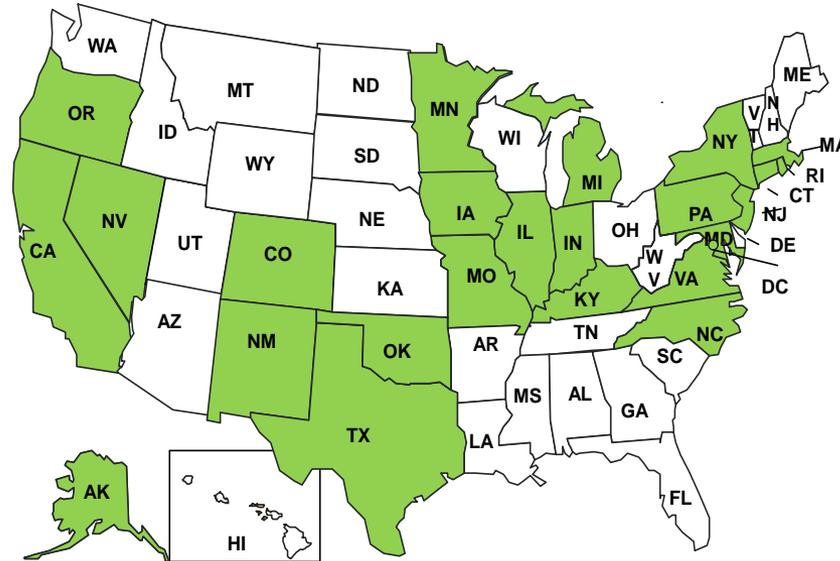
Danny Silbert, LCSW

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

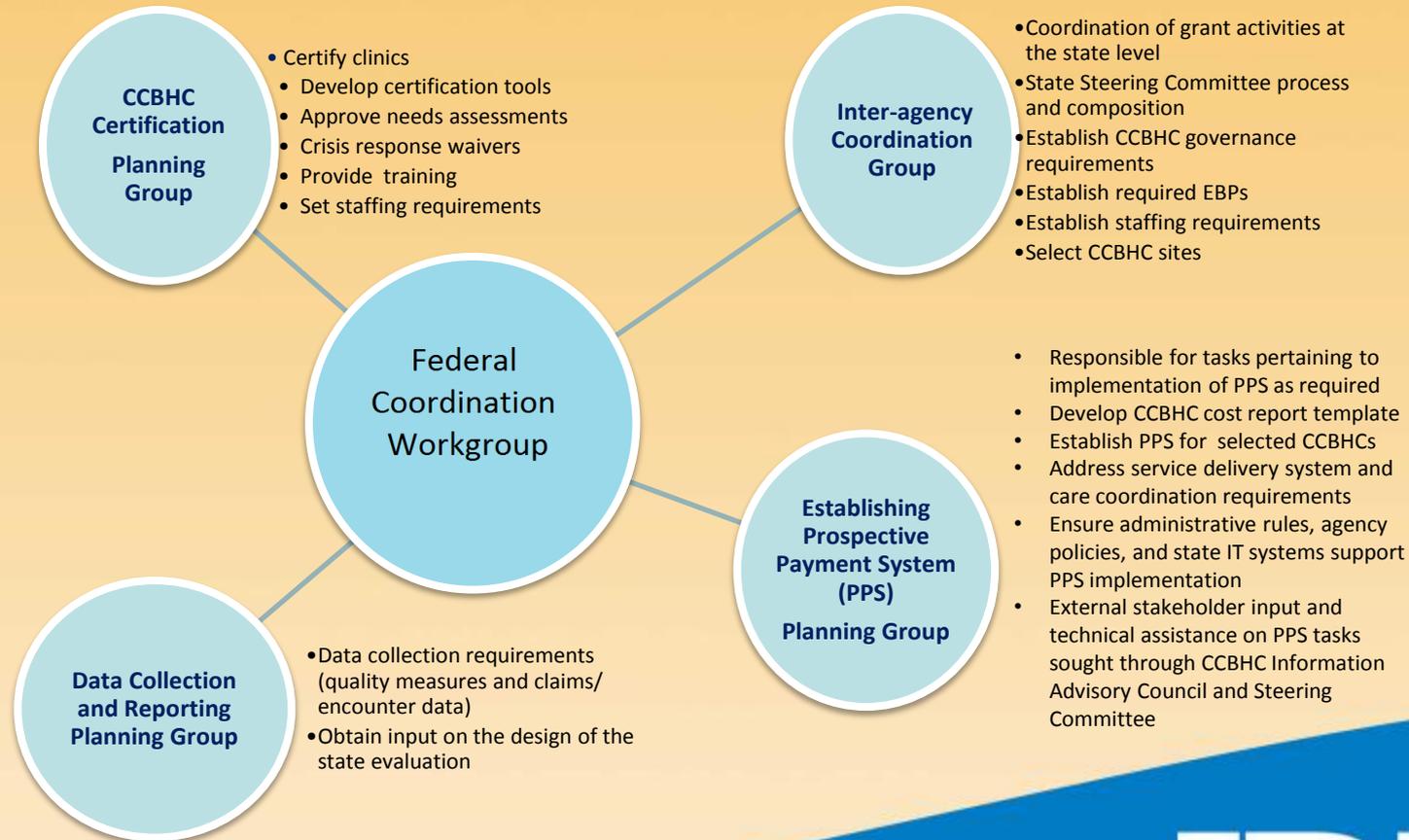


# Demonstration Program Goals

- 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](mailto:DHS.DMHCCBHC@illinois.gov)

## Website:

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



# State Innovation Model

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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



# 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

