

13.d. Rehabilitative Services. (continued)

Certified Community Behavioral Health Centers

Certified Community Behavioral Health Centers (CCBHCs) provide integrated, community based mental health and substance abuse disorder treatment services and supports. CCBHCs must satisfy certification standards of the Minnesota Department of Human Services (DHS) including criteria for staffing, care coordination, availability and scope of services, quality reporting, and organizational authority.

Designated Collaborating Organizations are entities with a formal agreement with CCBHCs to furnish CCBHC services. Collaborating organizations furnishing services under an agreement with CCBHCs must observe the same service standards and provider requirements as CCBHCs. CCBHCs maintain responsibility for coordinating care and are clinically responsible for services provided by collaborating organizations.

Minnesota's CCBHCs deliver the following services in accordance with standards established by the state. These services are currently authorized under the Rehabilitative Services (§ 13d.), Other Practitioners Services, (§ 6d.), Physicians' Services (§ 5a.), and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (§ 4b.).

- Mental health services
- Mental health crisis response services
- Adult mental health day treatment
- Adult rehabilitative mental health services
- Children's therapeutic services and supports
- Diagnostic assessment
- Comprehensive functional assessment
- Individualized treatment plan
- Dialectical behavior therapy
- Mental health certified peer specialist
- Mental health certified family peer specialist
- Psychiatric services
- Psychiatric consultations to primary care providers
- Mental health targeted case management
- Substance Use Disorder (SUD) treatment services:
- Comprehensive assessments
- Individual and group therapy
- SUD treatment coordination

13.d. Rehabilitative Services. (continued)

- Recovery peer support
- Family psychoeducation for children
- Mental health clinical consultation for children

The CCBHCs also provide the following services in addition to those listed above.

- Family psychoeducation for adults
- Mental health clinical consultation for adults
- Outpatient withdrawal management (level 2) is a time-limited service delivered in an office setting, an outpatient behavioral health clinic, or in a person's home by staff providing medically supervised evaluation and detoxification services to achieve safe and comfortable withdrawal from substances and facilitate transition into ongoing treatment and recovery. Services include: assessment, withdrawal management planning, trained observation of withdrawal symptoms and supportive services to encourage the person's recovery. Outpatient withdrawal management services may be provided by a DEA waived physician to prescribe buprenorphine, a registered nurse under the supervision of a physician, a mental health professional, a licensed alcohol and drug counselor, or a mental health practitioner under the supervision of a mental health professional.

Service Limitations

Services are delivered in accordance with an individual's treatment plan.

Provider Requirements

CCBHCs must meet certification requirements and comply with the federal CCBHC criteria. This includes employing or contracting with multidisciplinary providers, providing 24 hour crisis services, meeting quality reporting requirements, providing all CCBHC services, and coordinating care across all settings and providers.

13.d. Rehabilitative Services. (continued)

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13.d. Rehabilitative Services. (continued)

Certified Community Behavioral Health Centers

Certified Community Behavioral Health Centers (CCBHCs) provide a package of mental health and substance use disorder treatment services listed in § 13.d. of Attachments 3.1-A and 3.1-B. Reimbursement is a provider-specific bundled rate based on the daily cost of providing CCBHC services. A CCBHC provider receives payment for a day on which CCBHC services are provided to a Medicaid beneficiary. Payment is limited to one payment per day, per beneficiary for each CCBHC visit. Visits eligible for reimbursement include days on which at least one CCBHC service listed in § 13.d. of Attachments 3.1-A and 3.1-B is provided to a beneficiary by a health care practitioner or licensed agency employed by or under contract with a CCBHC.

The CCBHC payment rate is based on the total annual allowable CCBHC costs divided by the total annual number of CCBHC visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBHC services. Indirect costs include site and administrative costs associated with providing CCBHC services. For the purposes of calculating rates, visits include all visits for CCBHC services including both Medicaid and non-Medicaid visits.

CCBHCs must provide data on costs and visits to the department once annually using the CCBHC cost report. Payment rates are updated annually by rebasing or by trending each provider specific rate by the Medicare Economic Index for primary care services. The State must rebase clinic rates at least once every three years.

CCBHC providers may request a rate adjustment for changes in scope expected to change individual CCBHC provider payment rates by 2.5 percent or more. The provider must provide information regarding changes in the scope of services, including the estimated cost of providing the new or modified services and any projected increase or decrease in the number of visits resulting from the change. Rate adjustments for changes in scope specific to a provider are permitted once per year and take effect with annual rate updates.

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13.d. Rehabilitative Services. (continued)

Initial Payment Rates

The department will set rates for new CCBHC providers based on rates for established providers with a similar scope of services. If no comparable provider exists, the State will establish a clinic specific rate using audited historical cost report data adjusted for the estimated cost of delivering CCBHC services. Estimates must include the estimated cost of providing the full scope of services including the projected change in visits resulting from the change in scope.

Incentive Payments

CCBHCs are eligible for a quality incentive payment based on reaching specific numeric thresholds on state identified performance metrics. Quality incentive payments are in addition to payments under the bundled rate and are paid to CCBHCs that achieve specific performance targets identified by the state agency. The department will notify each CCBHC of the criteria for receiving incentive payments in writing prior to the measurement year. Performance targets must be developed with input from clinical experts and stakeholders and may include factors affecting specific providers.

The measurement year shall be the calendar year. CCBHC providers will be notified of their performance on the required measures and the incentive payment amount by the 12th month following the measurement year. CCBHCs must provide the department with data needed to determine incentive payment eligibility within 6 months following the measurement year. CCBHCs must be certified and enrolled as CCBHC providers for the entire measurement year to be eligible for incentive payments. Total payments for each award year may not exceed 5 percent of CCBHC payments to eligible clinics during the measurement year. Providers participating in the Section 223 Demonstration Program may receive prorated incentive payments for portion of the measurement year remaining following the state's participation in the demonstration.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item A. Nursing Facility Payment, Part A Coinsurance

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

Item B. Part B Coinsurance and Deductibles

Medicaid Payment is the Medicare allowed amount for the following services:

- Mental health services, except for psychiatrist services and advanced practice nurse services.
- Dialysis for end stage renal disease.
- Durable medical equipment subject to the Medicare Durable Medical Equipment Prosthetics/Orthotics and Supplies (DMEPOS) competitive bidding program.
- Services provided by a federally qualified health center, Indian Health Service (IHS) facilities and tribal providers operating under 638 agreements, or a rural health clinic.
- Services provided by Certified Community Behavioral Health Centers.

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