

### 13.d. Rehabilitative Services

#### Reimbursement for CCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitation services provided by practitioners employed by, or associated with, provider entities to be known as Certified Community Behavioral Health Organizations (CCBHO). CCBHOs are provider entities certified by the Missouri Department of Mental Health as meeting the state's qualifications for a CCBHO or provisionally certified by the Missouri Department of Mental Health in a manner compliant with Missouri Department of Mental Health regulations. CCBHOs must be a not for profit or a part of a local government behavioral health authority.

The state agency will reimburse CCBHOs a clinic-specific fee schedule rate applicable to providers affiliated with the CCBHO. Payments will be limited to one payment per day per CCBHO regardless of the number of services provided by a given CCBHO within a single day by a clinic user accessing services from CCBHO practitioners. The clinic-specific CCBH Rehabilitative Services fee schedule rate will be published on the Department of Mental Health (DMH) website at: <https://dmh.mo.gov/certified-community-behavioral-health> and is effective for CCBH rehabilitative services provided on or after July 1, 2022.

#### **CCBH Rate Methodology**

The payment rate for CCBH rehabilitative services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH 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 CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

CCBHOs must provide data on costs and visits to the department annually using the CCBHO cost report. Upon receipt from the CCBHO, the cost reports are reviewed by the state's contracted actuarial firm.

#### **Initial Payment Rates**

The payment rate for CCBH services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH 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 CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

The state will establish a CCBHO-specific fee schedule rate using audited historical cost report data adjusted for the expected cost of delivering CCBH services. Estimates must include the anticipated cost of providing the full scope of CCBH services and the anticipated number of CCBHO visits for the rate period. The initial rates include anticipated costs

13.d Rehabilitative ServicesCCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)**Value Based Payment**

All CCBHOs are eligible for a Value Based Payment (VBP) based on achieving specific numerical thresholds with regard to state mandated performance measures. The performance period shall be a state fiscal year (7/1 – 6/30). The eligibility of each CCBHO to receive a VBP is judged independently; and in order for a CCBHO to receive a VBP, it must achieve the benchmarks with regard to each of the state mandated performance measures. A CCBHO can achieve a threshold on a particular performance measure by meeting or exceeding the statewide target for a measure, or by improving upon its own performance by at least 2% with regard to that measure compared to the previous performance period. A CCBHO with no prior performance level on a particular measure is required to meet or exceed the posted statewide target for a measure. Targets for all VBP related measures will be set prior to the beginning of each fiscal year. Performance measures shall be calculated exclusively on the basis of data for Medicaid beneficiaries, excluding beneficiaries dually eligible for the Medicaid and Medicare programs, individuals on spend down, and other individuals with intermittent gaps in Medicaid eligibility.

Each CCBHO is required to provide the state with a contact for the purpose of communicating information regarding the VBP performance measures. In addition to posting the applicable measures, benchmarks, and statewide mean for each measure on the DMH website's CCBHO pages by May annually, the state will provide each CCBHO's designated contact with the applicable measures and target benchmarks, and will also provide each designated contact with the CCBHO level of performance, if any, on each measure for the prior reporting period. CCBHOs shall be required to submit data to the state for the calculation of some performance measures. CCBHOs shall submit the required performance measure data within 8 months following the end of the performance year. A description of the data to be submitted by CCBHOs to the Division of Behavioral health (DBH) by December 31 of each year will be located at:

<https://dmh.mo.gov/certified-community-behavioral-health>

CCBHOs that fail to submit required data within 8 months following the end of the performance year will not be eligible for a VBP. The state may periodically provide each designated contact with interim draft estimates of the CCBHO performance on certain measures during the course of the performance period as indicators of the CCBHO performance to date. Final results of the performance of each CCBHO on the required measures will be posted by April 1 of each year on the DMH website's CCBHO pages and shared directly with the designated contact of each CCBHO.

DBH shall establish the minimum patient volume in each performance measure denominator that is necessary for the performance measure to be valid. The amount of a VBP to a CCBHO will equal 3% of the total payments made to the CCBHO for CCBH rehabilitative services in the performance period. If the thresholds are met, VBP will be made in a lump sum payment, within 9 months following the end of the performance year, after all final data needed to calculate the VBP is received. A CCBHO must be certified and enrolled as a CCBHO for the entire measurement year to be eligible for the VBP.

The state mandated VBP performance measures, technical specifications, patient volume minimums, and thresholds, including the statewide mean for each measure are effective July 1, 2022 and are located at:

<https://dmh.mo.gov/certified-community-behavioral-health>

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Approval Date \_\_\_\_\_