

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Certified Community Behavioral Health Center (CCBHC)

MSM Chapter 2700 and State Plan Amendment

Division of Health Care Financing and Policy

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And

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Helping people. It's who we are and what we do.



Agenda

1. Introductions
2. Proposed Changes to MSM 2700 CCBHC
3. Proposed Changes to the CCBHC Rates State Plan
4. Questions

Proposed Changes to MSM 2700

- 2. LEAD CASE MANAGER is only used if a recipient is included in more than one target group at a given time or is eligible to receive case management services from different programs (i.e. Certified Community Behavioral Health Centers (CCBHC), Managed Care Organization (MCO), or governmental agencies). The Lead Case Manager coordinates the recipient's care and services with another case manager. The Lead Case Manager is responsible for coordinating the additional case management services, whether or not, chronologically, the Lead Case Manager was the original or the subsequent case manager. When a recipient is eligible for MCO, it is the responsibility of the Lead Case Manager to ensure that the identified MCO is notified of the recipient's participation in targeted case management. The Lead Case manager will coordinate all care with the MCO to ensure there is an elimination of any potential for duplication of services.





Questions?



Proposed Changes Rates SPA

Interim Bundled Daily Rate for Year One

- Use the average daily rate of all Nevada CCBHCs for all new CCBHC



Proposed Changes Rates SPA

(cont. 2 of 3)

Interim Bundled Daily Rate after Year One

- After the 1st full year of operation or requested fiscal year as approved by DHCFP, the CCBHC will be required to submit actual cost reports
- The cost report will be used to calculate the actual rate
- Failure to comply with the cost reporting process will result in disenrollment
- If a CCBHC is disenrolled their will be a two(2) full calendar years waiting period prior to being able to be considered for reenrollment
- After year two (2) July 1 of each year the rate may be adjusted by one of the following
- All rates will be prospective



Proposed Changes Rates SPA

(cont. 3 of 3)

Year Three (3) and beyond the rate will be adjusted by one of the following:

- The current Medicare Economic Index (MEI) for primary care services as defined in Section 1842(i)(3) of the Social Security Act, which is intended to account for the basic cost increases associated with providing such services or,
- Rebasing requested by the provider submitting a cost report for the requested fiscal year.
- The rebasing process with replicate the process under reconciliation of the bundled daily rate following year one



Proposed Date Requirement Changes

For year Two

- The provider must submit full and complete required data sets and will be issued 5%
- An additional 10% can be added to this payment and is broken down as follows:
 - 1% payment for attaining each of the individual 6 required measures
 - 2% for attaining performance for 1 optional measure – Plan All Cause Readmission Rate
 - 2% for attaining the State directed crisis measure



Proposed Date Requirement Changes

(cont.)

For year one

- the data requirements remain the same. The provider that submits the required full and complete data sets the quality incentive payment(QIP) is 10% of the total Prospective Payment System (PPS) rate.



Data Submission

All Data is required to be submitted quarterly.

- Data from non-Medicaid CCBHC recipients.
- Quarterly submission of CCBHC documented growth of the recipients. It is expected CCBHCs will show growth and initiative to providing services to new recipients each State Fiscal Year.
- Submissions are due to DHCFP no later than 30 days after the end of the previous quarter.

These QIP measures would be effective July 1, 2023





Questions?





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Acronyms

- State Plan Amendment (SPA)
- Medicaid Services Manual (MSM)
- Certified Community Behavioral Health Center (CCBHC)
- Quality Incentive Payment (QIP)
- Division of Health Care Financing and Policy (DHCFP)