

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Certified Community Behavioral Health Organizations (CCBHO)

Program is found in the following core budget(s): Physicians

1a. What strategic priority does this program address?

Certified Community Behavioral Health Organizations

1b. What does this program do?

Missouri is one of eight states selected by the federal Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA) to participate in a demonstration program to implement a Prospective Payment System (PPS) for the purchase of behavioral health services for certain Medicaid beneficiaries. The PPS is an actuarially sound, cost-based reimbursement method that replaces the current Medicaid fee-for-service system, which provides reimbursement for individual units of community service provided. Under the demonstration program, community behavioral health organizations recognized by the Department of Mental Health (DMH) as in substantial compliance with new federal standards for Certified Community Behavioral Health Organizations (CCBHOs) receive a single, fixed payment amount for each day that they provide eligible CCBHO services to a Medicaid-eligible individual. As of 7/1/22, Missouri has 19 CCBHOs that are participating in the federal demonstration, and 2 CCBHOs that are operating under the CCBHO State Plan Amendment. The DMH is expanding the number of CCBHOs operating in the State.

A key feature of the CCBHO initiative is a focus on quality and outcomes. The CCBHOs are required to report on a variety of different outcome measures in a pay-for performance model. This core funding allows to further shift toward paying for quality versus paying for volume in Medicaid. The six measures currently included in the Medicaid state plan Quality Incentive Payment include: Youth Hospital Follow-Up; Adult Hospital Follow-Up; Antipsychotic Medication Adherence; Engagement in Substance Use Disorder Treatment; Youth Suicide Risk Assessment; and Adult Suicide Risk Assessment.

CCBHO Expenditures paid from MO HealthNet's Budget (HB Section: 11.715)

FY20 Actual:	\$ 60,189,500
FY21 Actual:	\$ 86,364,449
FY22 Actual:	\$ 87,397,415
FY23 Projected:	\$ 111,400,754

The Disease Management 3700 project has assured the coordination of physical and behavioral health services to individuals with serious mental illness. The results are improved health outcomes and lower healthcare costs.

Disease Management Expenditures paid from MO HealthNet's Budget (HB Section: 11.715)

FY20 Actual:	\$ 14,011,710
FY21 Actual:	\$ 15,955,697
FY22 Actual:	\$ 21,265,683
FY23 Projected:	\$ 11,763,590

*See DMH's Budget Books for specific measures for CCBHO and Disease Management (DM) programs.

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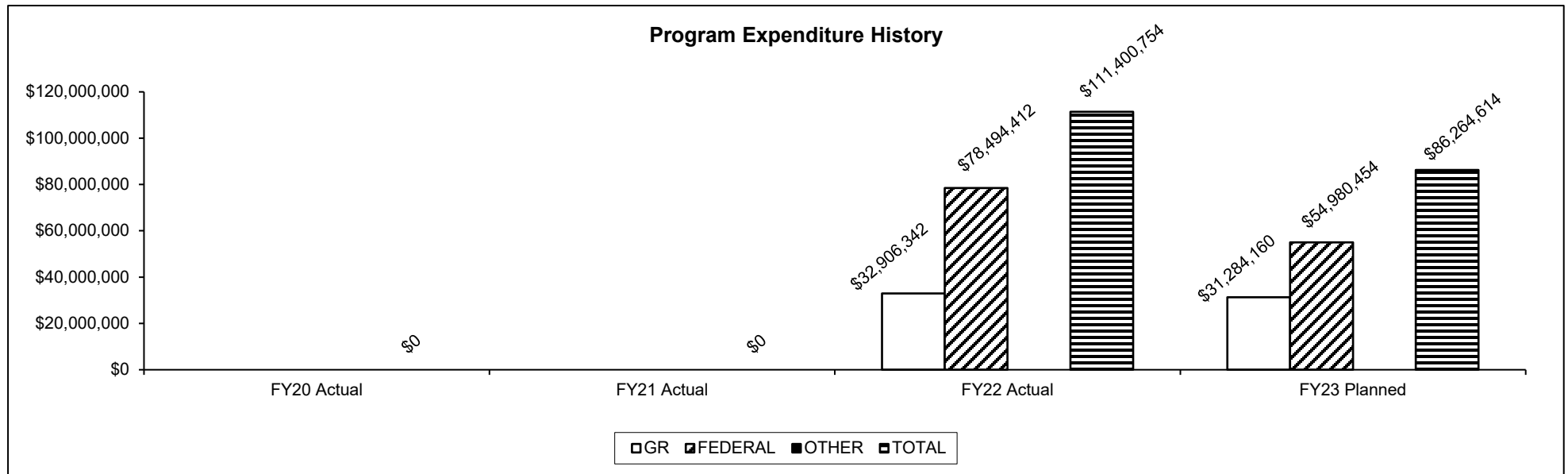
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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Regulations: 42 CFR, 447.272.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.