CBHC Programs Frequently Asked Questions (FAQ) Part II

Updated September 8, 2022

Thank you to those who have expressed interest in the CBHC model. EOHHS and MBHP encourage providers to participate in this transformative service delivery option and are committed to working to ensure the successful implementation of the CBHC network of providers as a major enhancement to the behavioral health (BH) delivery system.

This FAQ Part II document expands upon the FAQ Part I that was released on March 14. Questions have been merged, edited, and condensed for clarity. Questions not directly related to the procurement documents are not included in this FAQ.

Commonly used acronyms in this document:
CBHC = Community Behavioral Health Center
AMCI = Adult Mobile Crisis Intervention (formerly known as Emergency Services Program (ESP))
YMCI = Youth Mobile Crisis Intervention (formerly known as Mobile Crisis Intervention (MCI))
Adult CCS = Adult Community Crisis Stabilization
YCCS = Youth Community Crisis Stabilization

Quick links to sections within this document:

CBHC

1. In what circumstances should providers anticipate bridging buprenorphine services for Members?
   Medication bridge services are intended to provide access to medication prior to establishing services through a community-based provider. Bridge services should be continued until the Member has successfully transitioned into the CBHC for ongoing care or to another community provider.

2. Must CBHCs perform laboratory work, including blood draws and urine toxicology screens, on-site?
   CBHCs can complete their own blood draws or send clients to local labs for blood draws. Point-of-care urine toxicology screening and pregnancy tests (rapid tests) should be completed on-site and require the use of Clinical Laboratory Improvement Amendments of 1988 (CLIA)-waived tests.

3. Will CBHC align certification requirements to federal level sources (i.e., SAMHSA CCBHC)?
   While there are many common elements and program goals between MassHealth's CBHC program model and the SAMHSA CCBHC model, they are separate programs and will not require any specific certification.

AMCI/YMCI

4. Supervision requirements for YMCI are at least one hour of individual, group, or didactic supervision each week. For AMCI, the language states "all AMCI staff receive ongoing supervision appropriate to their discipline and in compliance with MBHP's credentialing criteria." Can the supervision requirements for AMCI and YMCI be standardized?
   The components of performance specifications for YMCI and AMCI will be reviewed for potential opportunities for alignment of supervision requirements while maintaining recognition of the different staffing and service delivery needs for these populations.

Adult CCS/YCCS

5. For Adult CCS and YCCS, please clarify the meaning of "medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization."
   Medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization indicates the Member requires the services and stabilization provided in a short-term, 24-hour voluntary setting for mental health and/or substance use disorder, intended to avert additional crisis and/or decompensation.

6. What level of education is required for Adult CCS (Community Crisis Stabilization) and YCCS mental health workers? What level of education or experience is required for recovery coaches, recovery support navigators, and certified peer specialists?
   Adult CCS and YCCS mental health workers must have a high school diploma or higher level of education. Recovery coaches must have lived experience, a minimum of two years of sustained wellness, and Certified Addiction Recovery Coach (CARC) certification. Recovery support navigators must have a bachelor's degree, and certified peer specialists require a high school diploma or equivalent.

7. Can an on-call provider deliver face-to-face assessments via telehealth for YCCS/Adult CCS?
   Initial assessments for YCCS and Adult CCS must be conducted in person. Follow-up assessments may be conducted via telehealth.

8. Must referrals to Adult CCS or YCCS come from AMCI/YMCI?
   No, Adult CCS and YCCS can accept referrals from any appropriate referral sources, including AMCI/YMCI programs.

Billing/Reimbursement

9. Appendix 3 specifies the procedure codes that will be included in the CBHC encounter bundle. Will billing any of these codes trigger the encounter rate?
   No, in order to receive the bundled payment on the date the Member is seen, the CBHC must utilize both the service code and a modifier code (to be determined). CBHCs must also bill with existing codes for services provided under the bundle, which will be zero paid.

10. [***Updated***] If a CBHC out-sources phlebotomy to an outside lab, does the CBHC bill the bundled rate and reimburse the lab?
    No, those services are not included in the bundled payment. The outside lab may bill for these services directly as they do in the current state.

11. Is the billing entity or the paying entity responsible for taking a set of claims and creating a bundle based on an anchor claim?
    The billing entity, the CBHC, is responsible for billing the bundled rate whenever a Member receives any services listed in Appendix 3.

12. Are E&M codes only included in the bundle when the anchor claim is a behavioral health visit?
    Yes, E&M codes are included as part of the bundle as described in Appendix 3; E&M billing processes should follow standard practice. Services provided outside the bundle must be billed separately.

Quality and Reporting

13. MassHealth shares monthly claims data at the individual Member level with Behavioral Health Community Partners to whom those Members are assigned. Will MassHealth be sharing the same claims data with CBHCs for individuals being served by the CBHC?
    MassHealth will take this under advisement and will share more information during the readiness review period.

14. There is a question regarding whether our Management Information System can produce the required financial reports. What types of financial reports will be required?
    More information on financial reports will be provided. During the readiness review period, MBHP will work with each CBHC to determine necessary reporting capabilities and support providers in their ability to meet reporting requirements.

DSRIP

15. Will there be an opportunity to submit a revised DSRIP budget after contract award once pending issues related to EHR functionality and cross-agency arrangements are clarified?
    Yes, if modifications related to a budget are needed due to details of the CBHC's arrangements with subcontractors, the CBHC may submit a revised budget. However, revised budgets should be similar to the original request and projects.

16. Can DSRIP funding be used for equipment, including office furniture for new spaces?
    Yes.

17. Can DSRIP funding be used for items or services that would be otherwise billable or reimbursable using a CPT code?
    No.

18. May DSRIP funding be used to support full CCS staffing and training during the start-up period?
    Yes.

Proposal Submissions

19. What sections are included in the 75 pages allotted for proposal submissions?
    Sections A-H are included in the page count.

20. Regarding DSRIP proposals, are page limits cumulative or discrete? For example, if submitting three DSRIP program proposals, is the page limit 10 for each distinct proposal (a total of 30 pages)?
    The page limits are distinct. For example, if submitting three DSRIP program proposals, each program is allotted 10 pages, for a total of 30 pages.

21. In Section XIII.I, please clarify the distinction between "operating revenues" and "other sources of revenues."
    "Operating revenue" is the revenue that a provider generates from its primary business activities. "Other sources of revenue" includes all other non-operating revenue and/or funding.

22. Are there any limits to the indirect percentage applied, either as to the amount or its components?
Indirect expense should include description and amount by type of indirect services. Indirect expense should fairly reflect the costs of the CBHC program, which are not included in direct expense. Expenses should be presented in sufficient detail and supported with adequate documentation to allow for evaluation of the CBHC portion of the budget.

23. Is it expected that an answer is provided for the section's header question when there are subparts? For example, in the CBHC section, the first question is 1. Behavioral health urgent care services for adult and youth Members. Should an answer be provided here followed by more specific answers for 1.1, 1.2, etc.?
For questions with subparts, you need only answer the questions that are in the subheads (e.g., 1.1, 1.2, etc.). For questions without subparts (e.g., 3 that does not have a subpart), you should answer #3 directly.

24. Can you clarify the expectation for a program budget for two years? Is there a preferred format for providers to utilize when preparing their proposed program budgets?
There is no suggested budget template for Fiscal Specifications and Response Requirements (Section XII, I). The format should be by month for two years (i.e., 24 months), including both the start-up period prior to full operations and a full year (12 months) of operations post start-up. If two years (24 months) does not capture a full 12 months at full operating levels, the budget should be extended as needed. Revenue and expenses should be presented in sufficient detail and supported with adequate documentation to allow for evaluation of the CBHC portion of the budget.

25. If the provider is a newly created limited liability company (LLC), should the response include financials from all participating organizations, including all identified subcontractors?
MBHP and EOHHS are committed to ensuring that CBHCs are financially viable, which is defined as able to adequately support the specific operations of each service or program that is under consideration for contracting for the start-up period through the full duration of the contract. Responses should include financials from all participating organizations and identified subcontractors. Regarding LLCs, financials of parent companies, partners, or owners that ensure CBHC's financial viability should be included, as well as the extent of financial obligation of these entities regarding support of the CBHC.