ATTACHMENT G

DEMONSTRATION MIDPOINT TELEPHONE INTERVIEW PROTOCOL
STATE MEDICAID OFFICIALS

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## DEMONSTRATION MIDPOINT TELEPHONE INTERVIEW QUESTIONS - STATE MEDICAID OFFICIALS

In spring of 2018, follow-up telephone interviews will be conducted with state behavioral health officials to obtain feedback regarding CCBHC implementation in their state. Telephone interviews will address specific factors that shape CCBHC policies and implementation, and will focus on changes in key CCBHC implementation domains since the first (year 1) interview. The interviewer will transfer the information gathered from the interviews into a Debrief Template that organizes data by criteria domain and corresponding research questions. The general protocol for demonstration midpoint telephone interviews is presented below.

### A. Introduction

1. Please describe your **current role/position and responsibilities**.

### B. Implementation successes and barriers

1. How is CCBHC demonstration implementation going in your state?

   a. What kind of feedback have you received from other stakeholders since [insert month and year of the first interview] (e.g., since the first year of the demonstration)?

   b. What are the key successes that the demonstration has had?

      - What factors have played a role in demonstration successes?

   c. What problems or barriers has the demonstration in your state faced since [insert month and year of the first interview]?

      - Were these barriers anticipated or unexpected?

      - What steps have been taken to address or resolve these problems? Have these actions been effective?

      - How could these problems be avoided or managed in the future?

### C. Demonstration administration

1. In our first interview we heard that the state Medicaid office was involved in monitoring compliance of CCBHCs with the certification criteria by [provide description from baseline interview]. Has this changed since [insert month and year of the first interview]?

   a. Have any challenges arisen for CCBHCs in maintaining certification or continuing to meet all of the certification criteria?

      - If yes, what steps have been taken to address these issues?

2. How have consumers (including adults with serious mental illness [SMI] and those with long term and serious substance use disorders), family members (including of adults with SMI and children with serious emotional disturbances), providers, and other stakeholders (including American Indian/Native Alaskans, and other local and state agencies) been involved in ongoing demonstration administration?

   a. What critical issues have they raised?

   b. How has their input influenced the demonstration in your state?

## D. Staffing and access to care

1. Have there been any changes with respect to how the state Medicaid agency monitors the staffing criteria for the CCBHCs?

   a. Have particular issues come up?

   b. Did state regulations or policies need to be changed to allow payment for services provided by CCBHC staff?

2. Since [insert month and year of the first interview], did regulations or policies regarding Medicaid payments need to be altered to accommodate the CCBHC model? Please describe.

   Probe about:

   - Same day billing restrictions

   - Payment for Designated Collaborating Organizations (DCOs)

   - Payment/billing for CCBHC services (e.g., what services can be billed, which types of providers can bill for CCBHC services, child/adolescent vs. adult services, etc.)

   - Payment for crisis services

   - Any other regulations or policies

## E. Scope of services and coordination of care

1. What are some barriers that clinics in your state have faced in providing the full CCBHC scope of services since [insert month and year of the baseline interview]?

2. Since [insert month and year of the baseline interview], have there been any changes to provisions that your state makes for payment for care coordination? If yes, what changes?

   Probe about changes:

   - In general medical care

   - In behavioral health

   - Targeted to high users of care

   a. How do the changes to these provisions compare with coverage for care coordination in CCBHCs?

3. In our first interview we heard that your state [does/does not] have IT requirements for Medicaid reimbursable providers in general medical or behavioral health care. Have there been **any changes** to these requirements? If yes, what changes?

## F. Quality of care

1. How have quality measures data been collected during the demonstration?

   Probe for the following:

   a. CCBHC reported measures (9 required)

   - New clients – days until initial evaluation/percent of new clients evaluated within 10 days

- Preventive care and screening: BMI

- Preventive care and screening: Tobacco

- Preventive care and screening: Alcohol

- Weight assessment/nutrition counseling; Phys Activity for child/adolescent

- Child/adolescent: Major depressive disorder (MDD)-Suicide risk

- Adult: MDD-Suicide risk

- Depression screening and follow-up plan

- Depression remission- 12 months

b. State reported measures (12 required)

- Housing status

- Follow-up after discharge from emergency department for mental health

- Follow-up after discharge from emergency department for substance use disorders

- Plan all-cause readmission rate

- Diabetes screening for individuals with schizophrenia or bipolar disorder using antipsychotic meds

- Adherence to antipsychotic medication for individuals with schizophrenia

- Adult (21+): Follow-up after hospitalization for mental illness

- Child/adolescent: Follow-up after hospitalization for mental illness

- Follow-up for children prescribed ADHD medication

- Antidepressant medication management

- Initiation/engagement of substance use disorder treatment

- Patient/family experience of care (Survey Measures)

c. Who is responsible for collecting quality data when care is covered by an MCO or provided by a DCO?

2. How have these data been used?

a. Reporting to CCBHC?

b. Compliance monitoring?

c. Quality bonus payment?

d. Public reporting?

e. Other benchmarking?

3. How is quality of care information being used to improve clinical performance?

a. Have any issues arisen with respect to collecting quality measures?

4. How has the state Medicaid office evaluated CCBHCs' ability to report quality measures?

   a. Are there particular populations of interest?

   b. Are there concerns about the validity or timeliness of the data?

   c. Does the state have any other systems for monitoring the quality of behavioral health care?

5. Since [insert month and year of the baseline interview], how has information on CCBHC quality measures been shared among various state agencies, with CCBHCs and with the public?

   a. Probe on changes from proposed approach for sharing CCBHC quality data between clinics, managed care organizations, state Medicaid offices and state mental health departments [provide description from baseline interview].

6. In our first interview we heard that there [are/are not] required quality reporting systems for Medicaid in your state. Have these requirements changed since [insert month and year of the baseline interview]? If yes, how?

   a. What are the requirements?

   b. In behavioral health?

   c. What has been done with the information to contribute to quality improvement?

7. How has the state Medicaid office collected, reported, and used CCBHC information on service utilization?

   a. How does the state Medicaid office identify that a claim is coming from a CCBHC (e.g., have new codes been created to identify CCBHCs)?

   b. How are CCBHC encounter records (or procedure codes) specified and processed (i.e., as opposed to claims for PPS)?

   c. How will CCBHCs use data to inform population health management?

## G. Cost and payment

1. In our first interview we heard that **cost reporting requirements** for community behavioral health clinics in your state include [provide description from baseline interview]. Have any requirements changed since [insert month and year of the baseline interview]? If yes, how?

   a. What is the content of current cost reports?

   b. How do these **compare with CCBHC** cost reports?

2. Have there been **any changes to funding mechanisms for behavioral health care** in your state since [insert month and year of the baseline interview]? If yes, how?

   a. In what ways do these differ from the PPS system for CCBHCs?

      - For example, how does the PPS system differ from existing funding mechanisms for CMHCs?

      - How does the PPS system for CCBHCs differ from existing funding mechanisms for specific types of behavioral health services?

      Probe about:

- Peer support

- Day treatment/partial hospitalization programs

- Social services for people with serious mental illness

3. In our first interview we heard that the process used for setting and revising payment rates for CCBHCs [provide description from baseline interview]. Has this process **changed** in any way since [insert month and year of the baseline interview]? If yes, how?

   [If not answered above]

   a. What data sources were used to derive initial rates?

   b. How are rates being calculated for payment stratification of by patient severity, outlier payments and quality bonus payments?

4. We heard that cost data are being collected and used for rate setting by [provide description based on baseline interview]. Has this **changed** since our last discussion? If yes, how?

   a. Are data being collected to update rates? Rebalance payments?

   b. How are cost data being used for rate revisions?

   c. How are outliers being defined and identified?

5. Have you encountered any issues regarding payment with Managed Care Organizations (MCOs)? If yes, please describe.

   Probe for specific issues depending upon:

   - Type of MCO

   - Types of services provided

   - Patients enrolled with multiple MCOs

   - Duplication of MCO services or payments

   - Confusion regarding how MCOs determine what amount they are to pay to CCBHCs

   - Actuarial certification letters

   - Amount of capitation payment associated with CCBHC services

6. Have CCBHCs encountered **any issues regarding payment of DCOs** in your state through the CCBHC prospective payment system? Please describe.

   a. If yes, what steps have been taken to address/resolve these issues?

   b. How do the state and clinics handle billing if a client is receives services from more than one DCO in a single day?

7. Have there been any challenges related to claims or PPS payments for dual enrolled (enrolled in both Medicaid and Medicare) populations? What about recipients of 1915(c) waiver services?

   a. If yes, what steps have been taken to address/resolve these issues?

8. Have CCBHC costs been **consistent with your expectations**? Please describe.

## H. Data availability

1. We heard in our first interview that your state [had/had not] established reporting requirements for CCBHC encounters. Have reporting requirements **changed** since [insert month and year of the baseline interview]? If yes, how?

   a. How are CCBHC PPS claims reported and identified in claims data?

   b. How are encounters recorded?

   c. Does the state monitor utilization to identify potential unbundling of care, i.e. care that should be covered by the PPS that is billed outside of the PPS?

   d. How does the state monitor care provided by DCOs and payments to DCOs?

2. What data are available to capture current consumer and payer spending across multiple providers and settings? Has this **changed** since [insert month and year of the baseline interview]? If yes, how?

3. What data are available for measuring non-Medicaid or dual enrolled (enrolled in both Medicaid and Medicare) populations? Has this **changed** since [insert month and year of the baseline interview]? If yes, how?

4. What is the current timeline for availability of claims and encounter data?

5. Have you identified **any new sources of comparison data** since [insert month and year of the baseline interview]?

## I. Interviewee feedback/open discussion

1. What have we missed? What else do we need to know that we haven't asked you?

2. Is there anyone else from the state office(s) of Medicaid who should be included in these interviews?