

ATTACHMENT F

BASELINE TELEPHONE INTERVIEW PROTOCOL
STATE BEHAVIORAL HEALTH OFFICIALS

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BASELINE TELEPHONE INTERVIEW QUESTIONS- STATE BEHAVIORAL HEALTH OFFICIALS

During Year 1 of the demonstration (September 2017), telephone interviews will be conducted with officials in state Medicaid offices. The interviews will address implementation of the CCBHC model in the state, addressing specific factors that shape CCBHC policies. They will be tailored based on the information already gathered through applications and other sources—or gaps in that information—regarding participating sites' program characteristics. 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 template for baseline telephone interviews is presented below.

A. Introduction

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

B. Demonstration planning and administration

1. What were the key areas of focus for the state office(s) of mental health and substance abuse services in the demonstration planning process (e.g., PPS selection, clinic certification, etc.)?

- a. What were your critical concerns and how did they influence how the state plans to conduct the demonstration?

Probe for the following:

- Concerns regarding regional differences, frontier vs. rural vs. urban?
- b. What aspects of the CCBHC requirements were most challenging during the demonstration planning process in your state?
 - c. What was the experience of collaborating with the state office of Medicaid like?
 - How were responsibilities/contributions to the CCBHC demonstration planning process distributed?
 - Did you encounter any challenges with respect to collaboration? What aspects of the collaboration worked well?
2. Were consumers (including adults with serious mental illness [SMI] and those with long term and serious substance use disorders [SUDs]), family members (including of adults with SMI and children with serious emotional disturbances), providers, and other stakeholders (including American Indian/Alaskan Native, and other local and state agencies) involved in developing the demonstration? If so, please describe their role.
 - a. What were the critical issues they raised, and how did their input influence your plan to conduct the demonstration?
 3. Were the state office(s) of mental health and substance abuse services involved in certifying clinics as CCBHCs? Please describe this involvement if so.
 - a. What processes are in place to ensure continued compliance with the certification criteria?
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4. What are the **major differences** between the way that CCBHCs and non-CCBHC community behavioral health clinics operate in your state?

Probe separately for:

- Differences between CCBHCs and mental health clinics
 - Differences between CCBHCs and substance use disorder clinics
- a. What types of facilities became CCBHCs in your state (e.g., Federally Qualified Health Centers [FQHCs], community mental health centers, SUD clinics, etc.)?
- b. Did your state have an assisted outpatient treatment program prior to the CCBHC demonstration?

C. Staffing and access to care

1. What were the primary concerns regarding staffing for CCBHCs in your state when the demonstration was being developed?

Probe about the following:

- Cultural competence for specific populations
- Workforce limitations
- Licensing
- Monitoring staff in
- designated collaborating organizations (DCOs)
- Staffing for new services offered at CCBHCs

2. What are CCBHCs in your state doing to improve access to care?

Probe about the following:

- Expanding hours of service
- Increasing number of locations for accessing care
- Outreach efforts (community-based; print advertising; online social networks; etc.) to specific underserved groups, such as children or homeless
- Telemedicine
- Internet/text/app based access

Probe separately for:

- Mental health services
- Substance use disorder services

3. Have CCBHCs attempted to expand access to other specific types of services?

Probe about the following:

- a. Substance use disorder treatment

- b. Services across the lifespan (e.g., child and adolescent; adult; geriatric)
- c. Specific evidence-based practices (EBPs) and evidence-based medications listed in the state demonstration application. For example:
 - Motivational Interviewing; Cognitive Behavioral individual, group and on-line Therapies (CBT); Dialectical Behavior Therapy (DBT); addiction technologies; recovery supports; first episode early intervention for psychosis; Multi-Systemic Therapy; Assertive Community Treatment (ACT); Forensic Assertive Community Treatment (F-ACT)
 - Medications for psychiatric conditions; medication assisted treatment for alcohol and opioid substance use disorders; prescription long-acting injectable medications for both mental and substance use disorders; smoking cessation medications
 - Community wrap-around services for youth and children; and specialty clinical interventions to treat mental and substance use disorders experienced by youth
- 4. What are CCBHCs in your state doing to ensure access to services for consumers regardless of ability to pay?

Probe about the following:

 - Duration of efforts to ensure access to services regardless of ability to pay (e.g., Are these programs/policies/procedures new or longstanding?)
 - Provision of services on a sliding scale basis or provision of services regardless of ability to pay
- 5. Are CCBHCs in your state conducting any outreach or other activities to ensure access to services for those who live outside a clinic's service area or are experiencing homelessness?

Probe about the following:

 - Protocols regarding addressing the needs of consumers who do not live close to a CCBHC or within the CCBHC catchment area as established by the state
- 6. In addition to the CCBHC, is your state implementing other delivery system reforms designed to improve access to or quality of mental health or substance use services?

Probe about the following:

 - Crisis services
 - Substance use disorder services, recovery-oriented care
 - CMS or health reform demonstrations
 - Health homes
 - Behavioral health-related waiver or demonstration activity
 - Olmstead
 - Medicaid expansion

- Affordable Care Act

- a. What types of funding sources currently support these efforts (e.g., existing grants, county-specific services funded through county taxes, 1115 waivers, general revenue)?
- b. Do efforts/funding vary by region within the state?
- c. How do these efforts interact with CCBHC efforts?

D. Scope of services and coordination of care

1. Are all services within the CCBHC scope of services reimbursable by Medicaid in your state?
 - a. Which services required by the CCBHC criteria were not historically provided in CMHCs in your state?
 - b. Prior to the CCBHC demonstration, were any services (i.e., that are now required by CCBHC criteria) that were previously provided to Medicare clients provided through different funding streams? Please describe.
 - c. Were DCO arrangements important to providing the full scope of services by CCBHCs? If so, which services in particular are being provided by DCOs?
 - d. What are the barriers that clinics in your state might face in providing the full CCBHC scope of services?
 - e. Do you anticipate any challenges surrounding care coordination for individuals who are dually eligible/enrolled in both Medicaid and Medicare?
 - f. Do you anticipate any challenges surrounding care coordination for individuals who recipients of 1915(c) Waivers?
 2. Are the care coordination services that CCBHCs offer substantially different from those available from other CMHCs in your state?
 - a. If different, how are they different? What changes were required to meet the CCBHC standard?
 - b. If not different, how are those services paid for in other settings?
 3. How have CCBHCs established care coordination with community or regional supports and providers?

Probe about:

 - Schools
 - Hospitals (e.g., to obtain discharge notifications for inpatient/emergency department care)
 - Child welfare agencies
 - Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts)
 - Active military/Veterans Affairs facilities
 - Indian Health Service youth regional treatment centers
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- State licensed and nationally accredited child placing agencies for therapeutic foster care service
 - FQHCs
 - Other social and human services
4. Are the health IT systems required for CCBHCs generally used in CMHCs in your state?
- a. How do CCBHCs compare with other CMHCs in use of electronic health records?
 - b. Was the planning grant used to upgrade electronic health registry capabilities?
5. How are CCBHCs in your state coordinating with hospitals to obtain discharge notifications of inpatient/ED visits?
- a. Are CCBHCs obtaining inpatient/emergency department discharge information from hospitals?
 - If not, why not (e.g., what are the primary barriers)?
 - b. Are records obtained electronically? Via fax?

E. Quality of care

1. How are quality measures data going to be collected during the demonstration?
- Probe for:
- 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: 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 will quality measures data be used during the demonstration (e.g., performance monitoring)?
- a. Reporting to CCBHC?
 - b. Compliance monitoring?
 - c. Quality bonus payment?
 - d. Public reporting?
 - e. Other benchmarking?
3. How will information on CCBHC quality measures be shared among various state agencies, with CCBHCs, consumers, families, and with the public?
- a. How will CCBHC quality data be shared between clinics, managed care organizations, state Medicaid offices and state mental health departments?
 - b. How will this information be used?
4. Does your state currently require CMHCs or other behavioral health providers to report quality measures?
- a. If so, which measures?
 - b. Which providers?
 - c. What is done with the information?
5. Does your state analyze claims data to help improve the quality of behavioral health care?
- a. Does the state share claims data with the office(s) of mental health and substance use disorders?
 - b. How is the information used?
 - c. How does your state collect data on the National Outcomes Measures (NOMs) to meet your block grant reporting obligations?
 - d. Does your state share Health Care Effectiveness Data Information Set (HEDIS) and Medicaid core set analyses with your agency?

6. Does the state office of mental health (OMH) and/or substance use disorders monitor utilization of care in the CCBHCs?
 - a. What are the data sources for the OMH or office for substance use disorders?
 - b. Who receives information on the CCBHCs and how do they respond?
 - c. Does monitoring for CCBHCs differ from other community behavioral health clinics in the state?
 - d. Does the state OMH monitor utilization of care at DCOs?

F. Cost and payment

1. Does your state have any prior experience with prospective payment systems (PPS)?
 - a. In behavioral health?
 - b. How does the CCBHC PPS compare with those systems?
 - c. Does your state have dually certified FQHC/CMHCs?

2. Are there services that were formerly not reimbursed by Medicaid, but are under the CCBHC demonstration? If yes, please describe.

Probe for the following:

-What implications does this have with respect to state reporting, billing, budget, etc.(e.g., additional burden, revisions to previously existing protocols, etc.)?

3. What are current cost reporting requirements for community behavioral health clinics in your state?
 - a. What is the content of current cost reports?
 - b. How do these compare with CCBHC cost reports?
 - c. If new, what were the challenges in creating cost report templates, and cost reporting systems and protocols for CCBHCs?

G. Data availability

1. We would like to compare clients who visit clinics that are similar to CCBHCs, but are not certified, to clients who visit CCBHCs. What information about the clinics and caseload characteristics would you use to choose a comparison group?

H. Governance

1. Does your state require national accreditation for CCBHCs?
 - a. What type/agency (e.g., Commission on the Accreditation of Rehabilitation Facilities, Council on Accreditation, or Joint Commission)?
2. How does your state ensure that CCBHC boards are “reasonably” representative of the communities they serve (e.g., demographically, consumer perspectives, etc.)?
 - a. How does your state ensure that perspectives of behavioral health consumers, families, and communities are represented in CCBHC governance?
 - b. What steps are taken to verify representation of consumer/family/community perspectives in CCBHCs?

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 mental health and substance abuse services who should be included in these interviews?