

***Department of Health and Human Services
Division of Behavioral Health (DBH)***

**FISCAL YEAR (FY) 2021
REGION BUDGET PLAN (RBP) GUIDELINES**



October 22, 2019

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FY21 RBP TIMELINE AND APPROVAL PROCESS

November 4, 2019	DRAFT RBP Guidelines sent to Regions.
November 18, 2019	FY21 RBP discussion at Network/Fiscal/RA meeting.
December 2, 2019	Final electronic copy of FY21 RBP Guidelines, and Forms, sent to Regional Behavioral Health Authority (RBHA). Preliminary allocation chart distributed.
January/February 2020	RBHA's provide technical assistance to all providers in developing the FY21 Provider BP
February 3, 2020	Contract Template sent to Regions.
February/March 2020	Network Team members provide technical assistance to RBHAs in developing all sections of the FY21 RBP. DBH provides further guidance by scheduling individual Region calls, reviewing data provided by DBH, and providing preliminary feedback to Region.
March 2, 2020	New/changed Services and Providers documents due to DBH
April 1, 2020	Entire FY21 RBP (including required provider documents) is due electronically to the Network Team Mailbox: DHHS.DBHNetworkOperations@nebraska.gov or other mutually agreed upon location.
April 2-24, 2020	DBH review of RBP and revisions finalized. Follow up discussions with RBHAs as needed.
April 27-May 1, 2020	RBP approval by Director
May 4, 2020	State to Region contracts sent to DHHS E-1 for review and approval.
June 1-15, 2020	State to Region final contracts out to Regions for signature

OVERVIEW

I. VALUES AND CONCEPTS

Triple Aim: Efficient, Effective, Experience & Quality Outcomes

The *Triple Aims of Health Care** provides a framework for the Division's strategic planning. It describes an approach to optimizing health system performance.

- Experience-Improving the patient experience of care (including quality and satisfaction);
- Effectiveness-Improving the health of populations; and
- Efficiency-Reducing the per capita cost of health care.

The Aims are intertwined with the priorities for DHHS, and together they address the Governor's priorities for Nebraska.

*The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihl.org).

II. Data Driven Quality Improvement (QI) Activities

DBH and Regions will utilize information from a variety of sources, including statewide and regionally generated data, to make data driven decisions regarding allocation of funding. Data used should be generated from the Centralized Data System (CDS), including utilization, waitlist and capacity data, and from the Electronic Billing System (EBS) using available reports. Prevention planning should utilize the Nebraska Prevention Information Reporting System (NPIRS) data system. Other data supporting Region decision making regarding allocations should be made available to DBH upon request.

III. Balanced Array

1. DBH and the Regions will develop and manage a comprehensive, continuous and integrated system of care and service array of mental health and substance use disorder treatment, prevention, rehabilitative, and recovery support services with sufficient capacity for designated geographic area throughout the contract year. The expectation is to fund a balanced array of services within a continuum of services that supports access and choice.

NETWORK MANAGEMENT AND SYSTEM COORDINATION BUDGET PARAMETERS AND REPORTING RESPONSIBILITIES

The Region is expected to follow all State and Federal reporting requirements as outlined in the *Network Operations Manual (NOM)*

I. NETWORK MANAGEMENT

A. Expectations:

1. Maintain, at a minimum, the following regional administrative functions:
 - a. Regional administration
 - b. Fiscal management
 - c. Network development and contract management
 - d. Quality improvement
 - e. Utilization management
 - f. Consumer involvement and advocacy
 - g. Access to basic services.
 - h. System development, monitoring and auditing to ensure that consumers served are clinically and financially eligible for NBHS funding.
2. Develop and manage a comprehensive, continuous and integrated system of care and service array of mental health and substance use disorder treatment, prevention, rehabilitative and support services with sufficient capacity for designated geographic area.
 - a. Identify, recruit, enroll, retain, monitor, and continually evaluate a network of providers (herein referred to as the Network) according to State and Federal standards, regulations, and laws.
 - b. Provide direct technical assistance to the provider with necessary corrective action plans to correct any financial, billing, or programmatic problem using performance and outcome data to determine if the provider shall be retained in the Network.
 - c. Verify all documentation and ensure that providers enrolled in the Network comply with the provider responsibilities and selection criteria in accordance with Region provider enrollment minimum standards.
 - d. Ensure that the Network has the capacity to provide the federally mandated substance use prevention services and substance use treatment services and meet federally required timeframes for priority populations.
3. Develop an annual financial plan, as specified in this document to provide financial oversight of (1) all FFS and NFFS funds received from DBH; (2) the network management funds; (3) the funds for any service the Region directly provides, (4) ensure all federal maintenance of efforts are met, and (5) ensure local match (tax and non-tax) is expended.
4. Actively participate with the DBH in the implementation of initiatives, strategies and related goals and objectives, including, but not limited to strategic work plan and development of access standards as evidenced by:
 - a. Attendance and participation in meetings and conference calls;
 - b. Submission of required data and reports;
 - c. Sharing of information with network providers as agreed upon in network management meetings and Region Administrator meetings.

5. Develop and implement strategies to ensure that all behavioral health providers are informed about the effects of psychological trauma, consistently screen for trauma symptoms and history of traumatic events, provide ongoing assessment of trauma symptoms and problems related to that trauma, offer services that are recovery-oriented and trauma-sensitive.
6. Submit a list of any changes from the previous year of trauma specific services that providers are utilizing.
7. Develop and implement educational and readiness strategies for network providers to increase providers' understanding of and participation in Nebraska's managed care organizations (MCO) changes and challenges.
8. Within the current service array, ensure services/programs have the clinical expertise to serve special populations whose needs cannot be met by traditional behavioral health services.
9. Develop and implement strategies and/or training that promote and represent the ethnic and gender needs of the community and incorporates the National Standards for Culturally and Linguistically Appropriate Services (CLAS) within the network (Appendix L).
10. Monitor, with reports as required by DBH, network of behavioral health treatment providers to (1) comply with the authorization and registration processes and timelines, (2) that providers are accepting consumers into service who meet clinical guidelines and financial eligibility requirements (3) enter data accurately into the DBH designated system for consumer authorization and registration (CDS) as well as the DBH's electronic billing system (EBS) when available, and, (4) comply with the terms and requirements of any subsequent contract related to data and system management.
11. Conduct unit, expense verification and program fidelity reviews of all services of Regional network prevention and treatment providers as outlined in the approved audit workbook.
12. Continue working toward sustainment of suicide prevention, mental health promotion and other prevention efforts, by integrating these efforts into established prevention practices.
13. Participate in DBH and Regional disaster preparedness, response, and recovery activities in accordance with the Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan..
14. Ensure behavioral health treatment providers in the treatment network do not deny service to eligible consumers who utilize medications prescribed by a physician and/or appropriately licensed professional (e.g. medication assisted treatment).
15. Ensure the funding operation of a housing assistance program as described in the DBH Housing Assistance Handbook.
16. The Region is encouraged to pursue national accreditation as a network.
17. The Region will provide leadership, advocacy, planning activities, and system problem solving for consumers with Behavioral Health disorders. They will coordinate activities and collaborate with community-based partners to ensure that consumers with behavioral health disorders receive the most appropriate services located within their community whenever possible.

B. Budget Parameters:

1. Unless the Region has a federal approved cost rate, administrative costs must be included as direct costs on the BH20NM/SC(h) category.

2. Substance Use Disorder (SUD), Women's Set Aside, and Mental Health (MH) Children's services will be funded to ensure expenditures are at least equal to, or exceed, expenditure amounts required to ensure achievement of maintenance of efforts for women with children, pregnant women, and children with Serious Emotional Disturbances.
3. Regions may use state funds (not exceeding \$20,000) for Disaster Preparedness, Response, and Recovery activities excluding expenses reimbursable through the University of Nebraska-Public Policy Center or other sources.
4. Regions must budget for travel to attend and participate in Network meetings as scheduled and which support the development, coordination, maintenance and monitoring of Network goals and activities.
5. Review and use utilization data (CDS, EBS and Region produced) to inform budget decisions.
6. The plan should demonstrate that a balanced array of services, as defined in Behavioral Health Service Array document – Appendix C, are available and adequately funded to improve access and minimize wait times for consumers. This may also be useful to guide budget reductions.
7. Regions will submit budgets with allowable expenditures per Federal Cost Principles and in sufficient enough detail to clearly delineate the expenditure (e.g., computers, monitors, and server, not lumped as a general item of equipment). Expenditures for items that are not specifically identified in the budgets may be denied during expense reviews.
8. Regions will ensure that state required match dollars are secured, expended, and accurately reported on the RBP and Region actuals as directed by DBH.
9. The reduced allocation for FY2021 related to Medicaid expansion must be applied proportionately to Medicaid covered services as determined by DBH.

II. PREVENTION SYSTEM

A. Budget Parameters:

1. Ensure that all funds utilized from the Primary Prevention Set Aside are only for activities directed at individuals not identified to be in need of treatment and directly associated with SUD prevention.
 - a. Ensure that the Region funds a comprehensive prevention program that includes activities in all six Primary Prevention Strategies as identified in 45 CFR §96.125 Activities are to be provided in a variety of settings for both the general population as well as targeting subgroups who are at high risk for substance use. Activities should support DBH's Strategic Plan priorities for prevention.
 - i. It is highly encouraged to fund Responsible Beverage Server Training in the Region to support the Division's Strategic Plan.
 - ii. It is permissible to use Primary Prevention Set Aside funds for strategies that address shared risk and protective factors as long as the strategy addresses SUD risk and protective factors.
2. At least 50% (fifty percent) of the Primary Prevention Set Aside fund must be allocated to community coalitions.
3. At least 50% (fifty percent) of the funding received by community coalitions must be used to fund Community Based and Environmental strategies.
4. At least 60% (sixty percent) of the funds allocated for Primary Prevention Set Aside must be used to fund an evidence based policy, practice or program.

5. Each funded entity must complete the BH20 Prev-EBP form which reflects the overall budget in the first tab and the EBP breakout in the second tab. All primary prevention services provided directly by the RBHA must be reflected in a separate BH20 Prev-EBP form and not under Regional Prevention Coordination.
6. Region must ensure sufficient funds are available for travel to attend and participate in statewide Prevention meetings and trainings as scheduled.
7. Region should note that Prevention training funding no longer counts towards the minimum 20% (twenty percent) for primary prevention set aside and budget accordingly.
8. The Training Budget Outline form must be completed and submitted with the RBP (see Prevention Training Budget Outline form for additional instructions).
 - a. Priorities for use of training dollars shall be toward travel, hotel, per diem for meals and incidentals, registration fee, training materials, and facility fees.
 - b. Priorities for training topics include but are not limited to, substance abuse prevention outcome or evidence based practices, prevention strategic planning, workforce development, and sustainability of local coalitions.
 - c. Trainings conducted or attended by regional prevention staff, should be reflected in the Prevention Coordination System budget.
9. Region must have a formal process for awarding mini-grants, including scoring and use of standardized criteria developed by Regions. A Region can allocate a maximum of \$20,000 towards mini-grants. If offered, mini-grants must be awarded per the following parameters:
 - a. Meet criteria for one of the six identified strategies.
 - b. No more than \$3,000 each; awards over this threshold shall be captured in contract
 - i. The total to be awarded for Mini-Grants must be indicated on a separate BH20 Prev form labeled *Mini-Grant Summary*.

B. Reporting Responsibilities:

1. Submit a Regional Work Plan detailing activities that will address the DBH's strategic priorities for prevention and any areas for training and technical assistance efforts to be completed during the contract year.
2. Participate in reporting National Outcome Measures via the use of NPIRS, or other data recording processes required by DBH, to record prevention activities.
3. Ensure that all funded prevention providers and community coalitions enter data into the NPIRS system and/or other data reporting system as required by DBH. Data should be entered no later than 30 days past the date that the activity occurred.

III. EMERGENCY SYSTEM

A. Budget Parameters:

1. Regions must budget for travel to attend and participate in Emergency System meetings as scheduled and which support coordination of emergency services.
2. Region's allocating "Plans for One" funding must submit an initial narrative and annual budget for the operation of programs or wraparound services. If changes are made to the individual (receiving plan for one) services/programs throughout the year, an updated narrative should be submitted.

B. Reporting Responsibilities:

1. Ensure consumer level data for the Emergency System is submitted through the Centralized Data System or other designated DBH data system.

IV. YOUTH SYSTEM COORDINATION

A. Budget Parameters:

1. Regions must budget for travel to attend and participate in Youth System meetings as scheduled.
2. Regions must prioritize funding for evidence/science-based and/or promising practices.

V. HOUSING COORDINATION

A. Budget Parameters:

1. Ensure sufficient funds are available for travel to attend and participate in Housing Coordination meetings and trainings as scheduled.
2. The following parameters are to be used for the Housing Assistance Program:
 - a. State funds may be used to expand DBH target populations eligible for housing assistance (e.g. SUD Housing). No Federal, Health Care Cash, or Housing Related Assistance funds may be used for this purpose.
 - b. When choosing to expand the population to receive services, the Region must identify the new population to be served and submit a program plan to be approved by DBH prior to implementation of the service.

B. Reporting Responsibilities:

1. Ensure consumer level data for the Housing Assistance Program is submitted through the Centralized Data System or other designated DBH data system.

VI. CONSUMER SYSTEM COORDINATION

A. Budget Parameters:

1. Region must ensure sufficient funds are available for travel to attend and participate in Consumer System meetings and trainings as determined by the Region.

VII. REGIONAL SUBMISSIONS OF THE RBP

All forms listed in Appendix A must be completed by the Region in the required format and current year version. Information submitted on other forms will not be accepted.

Regions will submit provider-specific budget forms for all services directly provided by the Region.

The required documentation is categorized into Packets (as outlined in Appendix A) and each email must contain the contents of that Packet (individual documents or ONE document folder with corresponding documents and **NO** separate subfolders). Should the files be too large to send in one email, please either Zip the file(s) or use the same Email Subject Line and Region, but add Part # at the end of the subject line before sending the requisite number of e-mails. Please adhere to the naming conventions as they appear in Appendix A.

Please direct all RBP related emails to: DHHS.DBHNetworkOperations@nebraska.gov or other mutually agreed upon location.

APPENDIX A – RBP DOCUMENTS CHECKLIST FY21

REQUIREMENT	DESCRIPTION / NOTES	FORM / ITEM REQUIRED	DATE SUBMITTED	FILE NAMING CONVENTION	PACK #
ANY Federally Approved Indirect Cost Rate Document	Federally Approved Indirect Cost Rate Document for each Provider	Copy of each Provider's Federally Approved Indirect Cost Rate Document		R#-Indirect Cost Rate- <u>Provider</u>	1
Region Rate Chart	Region Rate Chart	Region Rate Chart		R#-Region Rate Chart- <u>Provider</u>	1
Region and Provider Summary Budget	Services Expenses and Revenues Forms and Individual Provider Tabs	BH10abc		R#-BH10abc	2
Network Management & System Coordination Budget Forms	All Revenues and Expenditures NOT related to delivering services	BH20c-h NM-SC		R#-BH20c-h-NM-SC	2
Emergency Systems Plans For One	Plans For One Narrative	Plans For One Narrative (Submit only 1 st time requesting!)		R#-Narr-Plans4One-Client Initials	2
Emergency Systems Plans For One Budget	Plans For One Provider Budget Summary	BH20 Provider Budget		R#-BH20-Plans4One-Client Initials	2
Professional Partner Budget	PPP Proposed Budget	PPP Proposed Budget		R#-PPP Proposed Budget	2
Region Approved Providers and Services by Location	Review and insure that the RP3-EBS contains ALL approved Network Providers & Services by Location (Deletions in RED ; additions in GREEN)	RP3-EBS		R#- RP3-EBS	2
Prevention Budget	Prevention Provider Budget (Coalitions, Region Direct Providers & Mini-Grants)	BH20 Prev-EBP		R#-BH20-Prev-EBP- <u>Coalition/Prev Provider</u>	2
Prevention Training Outline	Prevention Training Budget Outline	Prevention Training Budget Outline		R#-Prev Training Budget Outline- <u>Coalition/Prev Provider</u>	2
Prevention Work Plan	Prevention Work Plan	Prevention Work Plan		R#-Prev Work Plan- <u>Coalition/Prev Provider</u>	2

Prevention Mini-Grants	Regional Guidelines & Scoring Criteria	Mini-Grant Guidelines & Scoring Criteria (Submit only if there are changes from the last submitted form or is NEW!)	Please Circle if Using! Yes / No	R#-Prev Mini-Grants- <u>Coalition/Prev Provider</u>	2
Women's Set Aside Providers Progress Report	Report of WSA progress towards becoming Qualifying program-by Provider	WSA1 (Submit only if there are changes from the last form sent!)		R#-WSA1- <u>Provider</u>	2
Tax Match	Certification of Local Tax Matching Funds	RP1 (Submit electronic copy AND original to be sent by mail!)		R#-RP1	3
	Certification of County Tax Matching Funds	RP1a		R#-RP1a	
Financial Audit Schedule	Financial CPA Audit Schedule	RP2		R#-RP2	3
Program Fidelity & Services Purchased	Program Fidelity Audit & Services Purchased Schedule	RP2a		R#-RP2a	
Rate Enhancement - Expense	Rate Enhancement	Narrative		R#-RE-Narr- <u>Service-Provider</u>	4
		BH20 Provider Budget		R#-RE-BH20 Provider Budget- <u>Service-Provider</u>	
Service Enhancement	Service Enhancement	Narrative		R#-SE-Narr- <u>Service-Provider</u>	4
		BH20 Provider Budget		R#-SE-BH20 Provider Budget- <u>Service-Provider</u>	

APPENDIX B – GUIDELINES FOR AUGMENTATIONS TO BEHAVIORAL HEALTH SERVICES AND REGION DEFINED SERVICES

The provider / program requesting use of these state or federal funds must be a member of a Regional Behavioral Health Provider Network. Service augmentations can be requested in the following areas when accompanied by the required forms and documentation. Failure to submit all required documents or required information will result in the request being returned for resubmission. Please see the most recent version of the Network Operations Manual for guidance on the following items.

- A. Capacity Development and Expansion *NOM Appendix B, Item A*
- B. Service Enhancement *NOM Appendix B, Item B*
- C. Rate Enhancement *NOM Appendix B, Item C*

Reporting requirements: Regions will be expected to report on performance on the predetermined and approved outcome measures submitted with the service enhancement narrative. The outcomes should be submitted to the Division 30 days following the close of the quarter.

APPENDIX C – BEHAVIORAL HEALTH STATEWIDE SERVICE ARRAY MENTAL HEALTH & SUBSTANCE USE DISORDER

BASIC NETWORK MH SERVICES**	BASIC NETWORK SUD SERVICES**	SUPPLEMENTAL SERVICES/SUPPORTS	COORDINATION/ ADMINISTRATION (NETWORK & SUPPORTS)
Crisis Stabilization (including Emergency Protective Custody)	Detoxification	Crisis Line	Administration
Crisis Response	Emergency Community Support (MH/SA)	Hospital Diversion	Coordination
Emergency Community Support (MH/SA)	Dual (MI/SUD) Residential	Respite	Training
Acute Inpatient (Community-Based & Regional Centers)	Short Term Residential	Psychiatric Observation	Region specific enhancements
Sub-Acute Inpatient (Community-Based & Regional Centers)	Therapeutic Community	ICS/ICM – Case Management	Technical Assistance
Secure Residential	Intermediate Residential	Day Treatment	Initiatives
Psychiatric Residential Rehabilitation	Halfway House	Day Support	Plans for One
Day Rehabilitation	Intensive Outpatient	Flex Funds MH/SA	
Assertive Community Treatment	Outpatient (including assessment)	Emergency Flex Funds MH/SA	
Outpatient (including assessment)	Community Support		
Community Support	Prevention		
Supported Employment			
Supported Housing			
Medication Management			
Professional Partner			
Peer/Recovery Support			

****Not all services are located in or contracted for in each Region**

Definitions:**A. Basic:**

1. Statewide services central to a balanced system,
2. Not all services are located in or contracted for in each Region,
3. With approved state service definitions.

B. Supplemental:

1. Services and supports not identified as basic or other

C. Network / Supports:

1. Coordination, supports, initiatives, enhancements, activities that promote efficiency and effectiveness;
2. Generally not direct services, and
3. Have no service definition.

Service Categories:

<i>MENTAL HEALTH</i>	<i>SUBSTANCE USE</i>
▪ <i>Emergency</i>	▪ <i>Emergency</i>
▪ <i>Inpatient</i>	▪ <i>Inpatient</i>
▪ <i>Residential</i>	▪ <i>Residential</i>
▪ <i>Non-Residential</i>	▪ <i>Non-Residential</i>
▪ <i>Children</i>	▪ <i>Children</i>
▪ <i>Coordination / Administration (Network & Supports)</i>	▪ <i>Prevention</i>
	▪ <i>Coordination / Administration (Network & Supports)</i>