Department of Health and Human Services
Division of Behavioral Health

FISCAL YEAR 2019
REGION BUDGET PLAN GUIDELINES

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

December 1, 2017

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FY19 RBP TIMELINE AND APPROVAL PROCESS

November 7, 2017	FY18 RBP Forms to be discussed at Network Operations Workgroup meeting.
November 15, 2017	DRAFT RBP Guidelines sent to Regions
December 1, 2017	Final electronic copy of FY19 RBP Guidelines, and Forms, sent to Regional Behavioral Health Authority (RBHA). Primary allocation chart distributed
February 1, 2018	Contract Template sent to Regions.
January/February 2018	RBHA provides technical assistance to all providers in developing the FY19 RBP.
February/March 2018	Network Team members provide technical assistance to RBHAs in developing all sections of the FY19 RBP. DBH provides further guidance as needed. DBH meets with Regions for primary review.
April 13, 2018	Entire FY18 RBP (including required provider documents) is due electronically to the Network Team Mailbox: DHHS.DBHNetworkOperations@nebraska.gov.
April 16 - 29, 2018	DBH review of RBP and revisions finalized.
April 30, 2018	RBP Approval by Director
May 1, 2018	State to Region contracts sent to DHHS E-1 for review and approval
June 1, 2018	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* provide a framework for the Division's strategic planning. The Aims are intertwined with the priorities for DHHS and together they address the Governor's priorities for Nebraska.

The Triple Aim* is a framework that 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 IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org)."

II. Data Driven QI Activities

DBH and Regions will utilize information from a variety of sources, including statewide and regionally generated data to make data driven decisions.

III. Balanced Array

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 support services with sufficient capacity for designated geographic area.

NETWORK MANAGEMENT AND SYSTEM COORDINATION
BUDGET PARAMETERS AND REPORTING RESPONSIBILITIES

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

I. NETWORK MANAGEMENT

A. Budget Parameters:

1. Indirect cost: no more than 15% of funds may be used for indirect expenses/costs unless the provider or Region has a higher federal approved cost rate (see Appendix A). If the approved federal cost rate is lower than 15%, the lower rate must be used.
2. Fund Women's Set Aside and Children's service at the same level as FY18, contributing to the maintenance of effort in Women's and Children's categories.
3. Use state funds (up to $20,000) for Disaster Preparedness, Response, and Recovery activities excluding expenses reimbursable through the University of Nebraska-Public Policy Center or other sources.
4. Maintain budget for travel to attend and participate in Network meetings as scheduled and which supports the development, coordination, maintenance and monitoring of Network goals and activities.
5. Review utilization data for all services prior to budgeting to minimize large fluctuations in cost per consumer served across locations.
6. Ensure a balanced array of services are available and adequately funded to improve access and minimize wait times for consumers.
7. Ensure providers are securing and utilizing other sources of funding prior to requesting funding from the Region/DHHS.
8. Ensure financial eligibility fee schedules are followed per DHHS and Region guidance.
9. Ensure only allowable expenditures per Federal Cost Principles are budgeted to be paid with state and federal funding.
10. Ensure state required match dollars are secured, expended, and accurately reported on the RBP and Region actuals.
11. Utilize the Behavioral Health Service Array document (Appendix C) to guide decisions in budget reduction.

II. QUALITY IMPROVEMENT COORDINATION

A. Reporting Responsibilities

1. Submit the edited Region Trauma Informed Care (TIC) Evidence Based Practice form with appropriate edits at least quarterly when any changes (additions or eliminations) are made.

III. PREVENTION SYSTEM COORDINATION

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.

2. 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.

   a. Activities to be provided in a variety of settings for both the general population as well as targeting sub-groups who are at high risk for substance use.

b. Activities should support DBH's [Strategic Plan] priorities for prevention.

    i. To include Responsible Beverage Server Training as a funded strategy in each Region.

    ii. It is permissible to use Primary Prevention Set Aside funds for strategies that address shared risk and protective factors as long as the desired outcome is expected to reduce both substance abuse and mental health problems.

3. At least 50% (fifty percent) of the Primary Prevention Set Aside fund must be allocated to community coalitions.
4. At least 50% (fifty percent) of the funding received by community coalitions must be used to fund Community Based and Environmental strategies.
5. At least 40% (forty percent) of the overall funds allocated for Primary Prevention Set Aside must be used to fund an evidence based policy, practice or program.
6. 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.
7. The total to be awarded for Mini-Grants must be indicated on a separate BH20 Prev form labeled *Mini-Grant Summary*.
8. Ensure sufficient funds are available for travel to attend and participate in statewide meetings and trainings.
9. Up to $20,000 of the Region's allocation for Primary Prevention Set Aside may be requested and applied as "training funds" in support of community coalition and regional prevention staff receiving continuing education hours and professional development.
    a. The Training Budget Outline form must be completed and submitted with the RBP (see Prevention Training Budget Outline form for additional instructions).
    b. Priorities for use of training dollars shall be toward travel, hotel, per diem for meals and incidentals, registration fee, training materials, and facility fees.
    c. 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.
    d. If requested as part of the $20,000, trainings conducted or attended by regional prevention staff, should be reflected in the Prevention Coordination System budget.
10. If offered, mini-grants must be awarded per the following parameters:
    a. No more than $3,000 each; awards over this threshold shall be captured in contract.
    b. Must have a formal process for awarding mini-grants, including scoring and standardized criteria developed by the Region.

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. Report annual progress to DBH on all applicable Prevention Strategic Planning and RBA performance indicators at the Regional level.

3. Submit any changes to Regional guidelines for awarding mini-grants, to include scoring criteria when such guidelines/criteria change, within 30 days of the change.
4. Participate in reporting National Outcome Measures via the use of NPIRS, or other data recording processes required by DBH, to record prevention activities.
5. 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.

IV. EMERGENCY SYSTEM COORDINATION

A. Budget Parameters:

1. Maintain budget for travel to attend and participate in Emergency System meetings as scheduled and which support coordination of emergency services.
2. It is strongly encouraged to maintain funding to develop or increase the availability of diversionary services for individuals in crisis.
3. Region's allocating "Plans for One" funding must submit an initial narrative and annual budget for the operation of programs or wraparound services aimed at helping individuals who have received treatment at the Lincoln Regional Center from discharge to the community.

V. YOUTH SYSTEM COORDINATION

A. Budget Parameters:

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

VI. HOUSING COORDINATION

A. Budget Parameters

1. Ensure sufficient funds are available for travel to attend and participate in meetings and trainings as determined by the Region.
2. The following parameters are to be used for the Housing Assistance Program:
   a. State funds may be used to expand DBH target population eligible for housing assistance (e.g. SUD Housing). No Federal 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 designated DBH data system.

VII. CONSUMER SYSTEM COORDINATION

A. Budget Parameters:

1. Ensure sufficient funds are available for travel to attend and participate in meetings and trainings as determined by the Region.
2. Ensure sufficient funds are available for consumers in region for travel to attend and participate in regional and potentially statewide meetings and trainings as needed.

VIII. ADDITIONAL SERVICE EXPECTATIONS: PROFESSIONAL PARTNER PROGRAM

A. Budget Parameters:

1. Ensure that Professional Partner Program (PPP) funds are used flexibly to purchase wraparound services for youth and their families based upon traditional and non-traditional service needs identified in the Individual Family Services Plan and in accordance with the PPP manual.
2. Ensure the Professional Partner provider has a process for monitoring expenditures (1) by individual youth and family, and (2) aggregate total served.
3. Income that exceeds the actual cost of service delivery must be used to improve the Professional Partner Program services and increase the number of youth and families served.
4. Each Professional Partner allocation must be separated in the BH10 into two categories: youth 18 years and younger; youth and young adults 19 and older.
5. Manage utilization for agreed upon capacity submitted in the approved RBP. Expansion of the service beyond agreed upon capacity may not occur or be billed to DBH without an approved capacity expansion plan by DBH. (Appendix B).

B. Reporting Responsibilities:

1. Register/authorize services as appropriate in the DBH designated data system.
2. Submit supplemental information on number of families served, operating costs and flex fund use in a format specified by the Division.
3. Submit demographic, assessment, fidelity and other data as specified by DBH.

IX. REGIONAL SUBMISSIONS OF THE RBP

All forms listed in Appendix A must be completed by the Region in the required format.
If the Region provides direct consumer services, all budget forms must be submitted with the RBP for the services.

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 their 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, Region and add Part # at the end of the line and send multiple e-mails as appropriate. Please adhere to the naming conventions as they appear in Appendix A.

Please direct all RBP related emails to DHHS.DBHNetworkOperations@nebraska.gov.

APPENDIX A – RBP DOCUMENTS CHECKLIST FY19

REQUIREMENT	DESCRIPTION / NOTES	FORM / ITEM REQUIRED	DATE SUBMITED	PREFERRED FILE NAMING CONVENTION	PACK #
Federally Approved Indirect Cost Rate Document (Exceeding 15%)	Federally Approved Indirect Cost Rate Document for **each** Provider **exceeding 15%**	Copy of each Provider's Federally Approved Indirect Cost Rate Document if 15% is exceeded!		R#-Indirect Cost Rate-***Provider***	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 1st 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**) Submit only if there are changes from the last form sent!	RP3-EBS (Submit only if there are changes from the last form sent!)		R#- RP3-EBS	2
Utilization Summary Form	Utilization summary form for services across fiscal years	Utilization Summary Form BHUSc & BHUSd		R#- Utilization Summary BHUSc & BHUSd	2
Prevention Budget	Prevention Provider Budget (Coalitions, Region Direct Providers & Mini-Grants)	BH20 Prev-EBP		R#-BH20-Prev-EBP-***Coalition/Prev Provider***	2
Prevention Training Outline	Prevention Training Budget Outline	Prevention Training Budget Outline		R#-Prev Training Budget Outline-***Coalition/Prev Provider***	2
Prevention Work Plan	Prevention Work Plan	Prevention Work Plan		R#-Prev Work Plan-***Coalition/Prev Provider***	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-***Coalition/Prev Provider***	**2**
Women's Set Aside Providers Progress Report Tax Match	Report of WSA progress towards becoming Qualifying program-by Provider	WSA1 (Submit only if there are changes from the last form sent!)		R#-WSA1- ***Provider***	**2** **3**
	Certification of Local Tax Matching Funds	RP1 (Submit electronic copy AND original to be sent by mail!)		R#-RP1	
	Certification of County Tax Matching Funds	RP1a		R#-RP1a	**3**
Financial Audit Schedule	Financial CPA Audit Schedule	RP2		R#-RP2	
Program Fidelity & Services Purchased Rate Enhancement - Expense	Program Fidelity Audit & Services Purchased Schedule Rate Enhancement	RP2a		R#-RP2a	**4**
		Narrative		R#-RE-Narr-***Service-Provider***	
		BH20 Provider Budget		R#-RE-BH20 Provider Budget-***Service-Provider***	
Capacity Development	Capacity Development	BH5		R#-RE-BH5-***Service-Provider***	**4**
		Narrative		R#-CD-Narr-***Service-Provider***	
		BH20 Provider Budget		R#-CD-BH20 Provider Budget-***Service-Provider***	
Capacity Expansion	Capacity Expansion	BH5		R#-CD-BH5-***Service-Provider***	**4**
		Narrative		R#-CE-Narr-***Service-Provider***	
		BH20 Provider Budget		R#-CE-BH20 Provider Budget-***Service-Provider***	
Capacity Access Guarantee	Capacity Access Guarantee	BH5		R#-CE-BH5-***Service-Provider***	**4**
		Narrative		R#-CAG-Narr-***Service-Provider***	
		BH20 Provider Budget		R#-CAG- BH20 Provider Budget-***Service-Provider***	
Pilot Project	Pilot Project	BH5		R#-CAG-BH5-***Service-Provider***	**4**
		Narrative		R#-Pilot-Narr-***Service-Provider***	
		Service Definition		R#-Pilot-Serv Def-***Service-Provider***	
		BH20 Provider Budget		R#-Pilot-BH20 Provider Budget-***Service-Provider***	
Service Enhancement	Service Enhancement	Narrative		R#-SE-Narr-***Service-Provider***	
		BH20 Provider Budget		R#-SE-BH20 Provider Budget-***Service-Provider***	

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APPENDIX B – GUIDELINES FOR AUGMENTATIONS TO BEHAVIORAL HEALTH SERVICES

The provider/program requesting use of these state or federal funds must be a member of a Regional Behavioral Health Provider Network. Services augmentations can be requested in the following documentation when accompanied by the required forms and documentation:

A. Rate Enhancement
B. Capacity Access Guarantee (CAG)
C. Capacity Development
D. Modified Capacity Expansion Plan
E. Service Enhancement

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 further guidance.

A. **Rate Enhancement (RE) Regions** can enhance ***a region established rate*** in one of two ways: "Rate Enhancement – Expense" and "Rate Enhancement – Rate." Each Rate Enhancement must be a separate line on the budget under the rate enhancement section and designated by service and by provider.

Submissions:

1. For each provider receiving the rate enhancement the Region should prepare a narrative justification for the enhancement – what warrants paying this provider more than others for similar work. This should outline what is being achieved or supported by the enhancement. Insufficient rates being paid by Medicaid is not a justification and any enhancement based on this will be denied.
2. If the provider will be paid on an expense basis complete the BH20 Provider Budget for the rate enhancement.
3. If the Region is paying a fixed rate (unit) enhancement, please include the rate on the revised BH10c in the Rate Enhancement Section.

Narratives should provide an explanation for the additional funding for each provider separately, regardless of how the rate enhancement is occurring (rate or expense reimbursement).

B. **Capacity Access Guarantee (CAG)** ***NOM Appendix D, Item A*** - to provide access to treatment services for consumers which might not otherwise be available due to a low volume of consumers in service, impacting provider viability, and in the case of **Medication Management Capacity Access Guarantee**, a limited number of service providers in a given area.

Eligibility:

The service must be categorized as a "Fee for Service" (FFS) in the State to Region Contract and meet at least two or more of the following criteria:

1. Capacity cannot be guaranteed for NBHS consumers; the Region wants to ensure service is always available for consumer need

2. Inability to accurately predict utilization baseline data
3. Limited number of service providers in a given area (Medication Management)
4. All other sources of revenue for supporting the provider have been accessed, explored and are being maximized. Provider must submit evidence of assessment and collection efforts from other payers including consumer copayments.

CAG funding is not intended for and should not be used to establish a new service, supplement other payer sources, expand the capacity of an organization or service, or enhance an existing service.

Submissions:

1. Regions should submit a BH20 Provider Budget for each service by physical location receiving CAG.

B. **<u>Capacity Development (CD)</u>** ***NOM Appendix D, Item B -*** allows providers to bill for start-up expenses incurred when starting an new service paid on a rate. Capacity development is paid on a limited time basis and should not exceed 6 months in duration unless otherwise approved by the Division.

A Capacity Development Plan for Behavioral Health Services must be submitted and approved before state and/or federal funds can be used to add funding for a service in the Region. Funding may only be added for a service currently present within the existing NBHS service array.

1. Regions should submit a narrative describing the service development, BH20 Provider Budget with expenses outlined and a BH5 outlining start up activities.

C. **<u>Capacity Expansion (CE)</u> –** to expand current program capacity in an existing service paid on a rate. Capacity Expansion is paid on a limited time basis and should not exceed 6 months in duration unless otherwise approved by the Division.

A Modified Capacity Expansion Plan for Behavioral Health Services must be submitted and approved before state and/or federal funds can be used to expand an existing service (see Capacity Development process).

Submissions:

1. Regions should submit a narrative describing the service development, BH20 Provider Budget with expenses outlined and a BH5 outlining start up activities.

D. **<u>Service Enhancement (SE)</u>** ***NOM Appendix D, Item C*** - to promote improve outcomes for consumer recovery in community-based services. The intent of the funding is to provide distinctly defined additional support for providers to deliver services which minimize the use of higher levels of care and prevent discharge of consumers because of the provider's capacity to meet complex needs. Most frequently, service enhancements are the addition of a staff person with a specialized credential (e.g. LMHP to SUD service, LDAC to MH service, Peer) that will use those skills to enhance the service provided and meet the requirements above. Each program funding a service enhancement must provide measureable outcomes for persons receiving service enhancements.

The funding may not be used to replace or expand an existing service.

Service Enhancement is not in itself a *stand-alone* service. All enhancements must fit within the established scope and parameters of other NBHS services with the State and Regional Strategic Plan. Funding for Service Enhancement positions may only be

requested proportionate to the percent of NBHS funded consumers in the service at each agency location. All other sources of revenue for the enhancement have been explored and eliminated. All other applicable services have been determined unavailable, inappropriate or inaccessible.

The funding may not be used to provide an existing component of a Medicaid or NBHS service. No state or federal funds may be used for Service Enhancement without prior approval by the Division. If funding is approved, each service along with the provider must be identified on a separate line item on the billing forms and any contractual budget attachment in the appropriate section. Any document which only identifies the provider will be returned for revision.

To ensure that DBH funding is not used to supplement other payer sources who restrict or forbid this practice, agencies must submit a report indicating every payer source separately and the average percentage of individuals billed to each of these payer sources in each service and location if the service is provided at more than one agency location. The average must be over the most recent 12 month period available. The percentage must total 100% and be reflective of actual revenues billed.

Submissions:

1. Narrative including measurable outcomes for consumers receiving enhanced services.

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

BASIC NETWORK MH SERVICES**	BASIC NETWORK SUD SERVICES**	SUPPLEMENTAL SERVICES/Supports	COORDINATION/ ADMINISTRATION (NETWORK & SUPPORTS)
Crisis Stabilization (including Emergency Protective Custody)	Detoxification (includes Civil Protective Custody)	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*

History:

a. Essential Services 2015 (reflected services present by contract or physically in each Region)

b. Revised to Core Services 2016 (reflected services recommended be present by contract or physically in each Region)

c. Core Services (2018 RBP Guidelines – the revised service list (b))

d. DHHS/DBH/Regional core, non-core, other per budget reduction exercises & criteria (2016)

e. Statewide service array revised (FY18 budget reduction planning)

Definitions:

a. Basic:

  i. statewide services central to a balanced system,

  ii. not all services are located in or contracted for in each Region,

  iii. With approved state service definitions.

b. Supplemental (additional/non-core):

  i. services and supports not identified as basic or other

c. Network / Supports:

  i. Coordination, supports, initiatives, enhancements, activities that promote efficiency and effectiveness;

  ii. are generally not direct services, and

  iii. Have no service definition.

Service Categories:

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