

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

**FISCAL YEAR (FY) 2020  
REGION BUDGET PLAN (RBP) GUIDELINES**

**NEBRASKA**

Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**

**December 3, 2018**

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## FY20 RBP TIMELINE AND APPROVAL PROCESS

<b>November 19, 2018</b>	DRAFT RBP Guidelines sent to Regions.
<b>November 28, 2018</b>	FY20 RBP discussion at Network/Fiscal/RA meeting.
<b>December 3, 2018</b>	Final electronic copy of FY20 RBP Guidelines, and Forms, sent to Regional Behavioral Health Authority (RBHA). Primary allocation chart distributed.
<b>January/February 2019</b>	RBHA provides technical assistance to all providers in developing the FY20 RBP.
<b>February 1, 2019</b>	Contract Template sent to Regions.
<b>January / February 2019</b>	Network Team members provide technical assistance to RBHAs in developing all sections of the FY20 RBP. DBH provides further guidance as needed. DBH meets with/calls Regions for primary review.
<b>March 1, 2019</b>	Entire FY20 RBP (including required provider documents) is due electronically to the Network Team Mailbox: <a href="mailto:DHHS.DBHNetworkOperations@nebraska.gov">DHHS.DBHNetworkOperations@nebraska.gov</a> or other mutually agreed upon location.
<b>March 4-15, 2019</b>	DBH review of RBP and revisions finalized. Follow up discussions with RBHAs as needed.
<b>March 18, 2019</b>	RBP approval by Director.
<b>March 19, 2019</b>	State to Region contracts sent to DHHS E-1 for review and approval.
<b>April 19, 2019</b>	Final RP3 and New Service and Providers documents due to DBH.
<b>May 20, 2019</b>	New services spreadsheet reviewed and approved by contract manager.
<b>June 1, 2019</b>	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](http://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. 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) – Appendix A*.

## I. NETWORK MANAGEMENT

### A. Budget Parameters:

2. Unless the Region has a federal approved cost rate, administrative costs must be included as direct costs on the BH20NM/SC(h) category.
3. 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.
4. 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.
5. 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.
6. Review and use utilization data (CDS, EBS and Region produced) to inform budget decisions.
7. 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.
8. 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.
9. Regions will ensure that state required match dollars are secured, expended, and accurately reported on the RBP and Region actuals as directed 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.
  - 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. 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.

### **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. ADDITIONAL SERVICE EXPECTATIONS: PROFESSIONAL PARTNER PROGRAM**

#### **A. Budget Parameters:**

1. Ensure the Professional Partner provider has a process for monitoring expenditures by:
  - (1) Individual youth and family, and

- (2) Aggregate total served.
- 2. Income that exceeds the actual cost of service delivery must be used to improve the Professional Partner Program services.
- 3. 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 DBH.
3. Submit demographic, assessment, fidelity, and other data as specified by DBH.

## **VIII. 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](mailto:DHHS.DBHNetworkOperations@nebraska.gov) or other mutually agreed upon location.



## APPENDIX A – RBP DOCUMENTS CHECKLIST FY20

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 <b>each</b> Provider	Copy of each Provider's Federally Approved Indirect Cost Rate Document		R#-Indirect Cost Rate- <u>Provider</u>	<b>1</b>
Region Rate Chart	Region Rate Chart	Region Rate Chart		R#-Region Rate Chart- <u>Provider</u>	<b>1</b>
Region and Provider Summary Budget	Services Expenses and Revenues Forms <b>and</b> Individual Provider Tabs	BH10abc		R#-BH10abc	<b>2</b>
Network Management & System Coordination Budget Forms	All Revenues and Expenditures NOT related to delivering services	BH20c-h NM-SC		R#-BH20c-h-NM-SC	<b>2</b>
Emergency Systems Plans For One	Plans For One Narrative	Plans For One Narrative (Submit only 1 <sup>st</sup> time requesting!)		R#-Narr-Plans4One-Client Initials	<b>2</b>
Emergency Systems Plans For One Budget	Plans For One Provider Budget Summary	BH20 Provider Budget		R#-BH20-Plans4One-Client Initials	<b>2</b>
Professional Partner Budget	PPP Proposed Budget	PPP Proposed Budget		R#-PPP Proposed Budget	<b>2</b>
Region Approved Providers and Services by Location	Review <b>and</b> insure that the RP3-EBS contains ALL approved Network Providers & Services by Location (Deletions in <b>RED</b> ; additions in <b>GREEN</b> )	RP3-EBS (Due April 19, 2019)		R#- RP3-EBS	<b>2</b>
Prevention Budget	Prevention Provider Budget (Coalitions, Region Direct Providers & Mini-Grants)	BH20 Prev-EBP		R#-BH20-Prev-EBP- <u>Coalition/Prev Provider</u>	<b>2</b>
Prevention Training Outline	Prevention Training Budget Outline	Prevention Training Budget Outline		R#-Prev Training Budget Outline- <u>Coalition/Prev Provider</u>	<b>2</b>
Prevention Work Plan	Prevention Work Plan	Prevention Work Plan		R#-Prev Work Plan- <u>Coalition/Prev Provider</u>	<b>2</b>

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 <b>NEW!</b> )	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>	

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## 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:

- A. Rate Enhancement
- B. Capacity Development and Expansion
- C. Service Enhancement
- D. Region Defined Services

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

**Regions** can enhance **a state or 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 services in which **the rate enhancement is a fixed rate** added to the original rate, the Region should work with the provider to establish a measurable consumer outcome to justify the increase and submit this as part of the budget narrative.
  - a. Insufficient rates being paid by Medicaid or other primary funding sources is not a justification and any enhancement based on this will be denied.
  - b. Please include the enhancement amount on the Region rate sheet submitted to the Division.
2. If the **rate enhancement will be paid on an expense basis**, complete the BH20 Provider Budget for the rate enhancement. 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 Development and Expansion *NOM Appendix D, Item B*

Allows providers to bill for start-up expenses incurred when starting a new service paid on a rate. Capacity development is paid on a limited time basis and should not exceed 6 months. 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 Nebraska Behavioral Health System (NBHS) service array as specified in the Lime Book. Regions should submit a narrative describing the service development, BH20 Provider Budget with expenses outlined and a BH5 outlining start up activities.

### C. Service Enhancement *NOM Appendix D, Item C*

To promote improved outcomes for consumer recovery in community-based services. The intent of the funding is to provide distinctly defined additional intervention to consumers which minimize the use of higher levels of care. It is not intended to pay for additional or alternative personnel to perform any duty required by the base service definition.

**Each program funding a service enhancement must provide projected 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 within the State and Regional Strategic Plan. Funding for Service Enhancements 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.

No state or federal funds may be used for Service Enhancement without prior approval by DBH. 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 units/dollars billed to each of these payer sources in each service and location.. The average must be over the most recent 12 month period available. The percentage must total 100% and be reflective of actual revenues received or expected to be received for the service in the specified time period.

*Submissions:*

1. Narrative including measurable outcomes, methodology for data collection and review, etc., for NBHS consumers receiving enhanced services.

**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.**

- D. Region defined services are those services which are not included in the Lime Book and were created and piloted to fill a gap in the Region's service continuum. In FY20, the Division will be working with Regions to review these definitions and their intended outcomes. The following questions regarding these services should be reviewed as the Region prepares the FY20 budget:
  - a. Is the service similar to a state defined service with only one or two components differing? What is the rationale for the difference?
  - b. Is the service intended to serve the population of consumers with SPMI, SUD or SED?
  - c. Is the service one that is only differing in that is for youth instead of adults, or SMI instead of SPMI?

- d. Has the service produced the outcomes intended in the pilot submission originally approved by the Division? Are these able to be measured in the CDS or elsewhere?

The Division staff will be setting time aside in the upcoming year to review these services.

## 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><b>MENTAL HEALTH</b></i>	<i><b>SUBSTANCE USE</b></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 &amp; Supports)</i>	▪ <i>Prevention</i>
	▪ <i>Coordination / Administration (Network &amp; Supports)</i>