

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

**FISCAL YEAR (FY) 2023
REGION BUDGET PLAN (RBP)**

GUIDELINES

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Final December 14, 2021

TABLE OF CONTENTS

TABLE OF CONTENTS.....	3
FY23 RBP TIMELINE AND APPROVAL PROCESS	4
OVERVIEW.....	6
I. VALUES AND CONCEPTS	6
II. Data Driven Quality Improvement (QI) Activities.....	6
III. Balanced Array.....	6
NETWORK MANAGEMENT AND SYSTEM COORDINATION	7
BUDGET PARAMETERS AND REPORTING RESPONSIBILITIES.....	7
I. NETWORK MANAGEMENT	7
II. PREVENTION SYSTEM.....	9
III. EMERGENCY SYSTEM.....	11
IV. YOUTH SYSTEM COORDINATION	11
V. HOUSING SYSTEM COORDINATION	11
VI. CONSUMER SYSTEM COORDINATION	12
VII. SERVICE AND RATE ENHANCEMENT	12
VIII. REGIONAL SUBMISSIONS OF THE RBP	12
APPENDIX A – RBP DOCUMENTS CHECKLIST FY23	13
APPENDIX B – GUIDELINES FOR AUGMENTATIONS TO BEHAVIORAL HEALTH SERVICES AND RBHA DEFINED SERVICES.....	15

FY23 RBP TIMELINE AND APPROVAL PROCESS

August 10, 2021	FY23 RBP process improvement project at Network Management Team (NMT) meeting.
November 1, 2021	DRAFT RBP Guidelines sent to Regional Behavioral Health Authorities (RBHAs) for review.
November 9, 2021	FY23 RBP Guidelines reviewed and finalized at Network Management Team (NMT) meeting.
December 13, 2021	Final electronic copy of FY23 RBP Guidelines, and Forms, sent to RBHA. Preliminary allocation chart distributed.
January 10, 2022	Allocation chart is distributed.
January, February, and March 2022	Regions send out request for information to begin preparing the provider budgets. Regions request information to be returned for provider budgets. RBHA's provide technical assistance to all providers in developing the FY23 provider budget plans. RBHA takes preliminary budget to the governing boards for approval, <i>as applicable</i> .
February 2, 2022	Draft contract template sent to RBHAs.
February/March 2022	Network Team members provide technical assistance to RBHAs in developing all sections of the FY23 RBP. DBH provides further guidance during scheduled contract calls, reviewing data provided by DBH, and providing preliminary feedback to RBHA as needed or requested.
March 1, 2022	New/changed services and providers documents AND outcomes proposals for service/rate enhancements due to DBH.
March 15, 2022	Feedback back to RBHA on outcomes proposals for service/rate enhancements

<p>April 1, 2022</p>	<p>The FY23 RBHA and provider units and budgets are completed in the EBS.</p> <p>Provider budgets plus unallocated in EBS must match the initial allocation.</p> <p>Initial Match information is entered into EBS.</p> <p>The entire FY23 RBP (including required provider documents) is due electronically to the Network Team Mailbox:</p> <p>DHHS.DBHNetworkOperations@nebraska.gov</p>
<p>April 2 - May 20, 2022</p>	<p>DBH review of RBP and revisions finalized. Follow up discussions with RBHAs as needed.</p>
<p>May 23 & 24, 2022</p>	<p>Phone call to confirm review and approval status to RBHA.</p> <p>Unapproved services or enhancements will be moved to unallocated. Clarification will occur within status letter.</p> <p>Send letter confirming approval status to RBHA.</p>
<p>May 25, 2022</p> <p><i>Tentative*</i></p>	<p>Contracts loaded per DHHS required date.</p>
<p>June 1-15, 2022</p>	<p>State to Region final contracts out to Regions for signature</p>

**Date for contracts tentative- DHHS contract dates could be changed based on business needs.*

OVERVIEW

I. VALUES AND CONCEPTS

Transformation Pillars:

Building upon the past strategic plan the Quadruple Aim continues to provide a framework optimizing health system performance.

- Improving individual's experience of care
- Improving provider's experience of care
- Improve the health of populations
- Reducing the per capita cost of care

The Behavioral Health System 2022-2024 strategic plan addresses five distinct areas of focus setting a clear path forward for the continued delivery of behavioral health services with excellence:

- Enhance Behavioral Health INFLUENCE
- Implement an INTEGRATIONS strategy
- Promote stakeholder INCLUSION
- Drive INNOVATION and improve outcomes
- Demonstrate and drive VALUE

II. Data Driven Quality Improvement (QI) Activities

DBH and Region Behavioral Health Authority (RBHA) 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 RBHA decision making regarding allocations should be made available to DBH upon request. Integration of data across the behavioral health system will evolve over the life of the 2022-2024 strategic plan.

III. Balanced Array

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

NETWORK MANAGEMENT AND SYSTEM COORDINATION BUDGET PARAMETERS AND REPORTING RESPONSIBILITIES

The RBHA 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 services and supports identified through our strategic systems work.
 - h. System development, monitoring and auditing to ensure that consumers served are clinically and financially eligible for Nebraska Behavioral Health System (NBHS) funding.
2. Develop and manage a comprehensive, continuous and integrated system of care and service array of mental health and substance use disorder, prevention, treatment, rehabilitative, recovery support services with sufficient capacity for designated geographic area. Focusing on serving individuals close to home, based on choice and the most integrated setting whenever possible.
 - 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 RBHA provider enrollment minimum standards. DBH and RBHAs will continue to review provider standards to promote the opportunity for new and strengthened partnerships.
 - 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 Fee for Service (FFS) and Non Fee for Service (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 and certified by September 1st.
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 outcomes and 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.
 - d. RBHA engagement of system partners as developed through our strategic planning together and demonstrated through state and local 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. Submit a list of providers, days and times and service description of services that offer same day services or open access services each fiscal year.
 8. Develop and implement educational and data collection strategies for network providers to increase providers' understanding of and participation in Nebraska's managed care organizations (MCO) and identification of challenges and solutions.
 9. Within the current service array, ensure services/programs have the clinical expertise to serve special populations including individuals with complex and diverse needs to address the needs within the Region,
 10. Develop and implement strategies and/or training that promote and represent the race, ethnic and gender needs of the community and incorporates the National Standards for Culturally and Linguistically Appropriate Services (CLAS) within the network.
 11. 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 DBH consumers 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.
 12. 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.
 13. Continue working toward suicide prevention, mental health promotion and other prevention efforts, by participating in state planning processes and integrating these efforts into established prevention practices.
 14. 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.
 15. 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). Ensure the provision of medication assisted treatment is available within the Region.
 16. Ensure behavioral health treatment providers in the treatment network facilitate access to / referrals to Medication Assisted Treatment providers, when clinically appropriate, for consumers in their care.
 17. Ensure the funding operation of a housing assistance program as described in the DBH Housing Assistance Handbook.

18. The RBHA is encouraged to pursue national accreditation as a network.
19. The RBHA 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 RBHA 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. RBHA 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. RBHA 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 RBHA produced) to inform budget decisions.
6. The plan should demonstrate that an array of services and supports, as will be defined through strategic planning are available and adequately funded to improve access and minimize wait times for consumers.
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. RBHAs will ensure that state required match dollars are secured, expended, and accurately reported on the RBP and RBHA actuals as directed by DBH.
9. If necessary, any reduction of appropriations made by the Legislature related to Medicaid expansion must be applied proportionately to Medicaid covered services as determined by DBH.

II. PREVENTION SYSTEM

A. Prevention system program expectations are located in the Network Operations Manual.

B. 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 RBHA 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 RBHA to support the reduction of binge and underage drinking rates.
 - 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 60% (sixty 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 65% (sixty-five 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. RBHA must ensure sufficient funds are available for travel to attend and participate in statewide Prevention meetings and trainings as scheduled.
 - 7. RBHA should note that Prevention training funding no longer counts towards the minimum 20% (twenty percent) for primary prevention set aside, however, additional SAPTBG funds may be used. 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.
 - 8. RBHA must have a formal process for awarding mini-grants, including scoring and use of standardized criteria developed by RBHAs. A RBHA 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*.
- C. 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. All payments to

coalitions who have not submitted data that is overdue by more than 60 days will be stopped until data is entered.

III. EMERGENCY SYSTEM

- A. Emergency system program expectations are located in the Network Operations Manual.
- B. Budget Parameters:
 - 1. RBHAs must budget for travel to attend and participate in Emergency System meetings as scheduled and which support coordination of emergency services and behavioral health system flow.
 - 2. RBHA'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.
 - 3. Assist with DBH implementation and operationalizing a bed registry strategy within the Region.
 - 4. Collaborate with DBH regarding 988 crisis service system implementation.
- C. Reporting Responsibilities:
 - 1. Ensure consumer level data for the Emergency System is submitted through the CDS or other designated DBH data system.
 - 2. Ensure implementation of the emergency system flow including the DHHS/Region/Community Hospital/LRC hospital action plan.

IV. YOUTH SYSTEM COORDINATION

- A. Youth system program expectations are located in the Network Operations Manual.
- B. Budget Parameters:
 - 1. RBHAs must budget for travel to attend and participate in Youth System meetings as scheduled.
 - 2. RBHAs must prioritize funding for evidence/science-based and/or promising practices.

V. HOUSING SYSTEM COORDINATION

- A. Housing system program expectations are located in the Network Operations Manual.
- B. 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 RBHA must identify the new population to be served and submit a program plan to be approved by DBH prior to implementation of the service.
 - c. Housing Related Assistance funds may be used for the Landlord Risk Mitigation Fund as outlined in the Housing Assistance Manual. No Federal, Health Care Cash, or State funds may be used for this purpose.

C. Reporting Responsibilities:

1. Ensure consumer level data for the Housing Assistance Program is submitted through the CDS.
2. Review and identify strategies to continually increase stable living outcomes and decrease the waitlists within the Region.

VI. CONSUMER SYSTEM COORDINATION

A. Consumer system program expectations are located in the Network Operations Manual.

B. Budget Parameters:

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

VII. SERVICE AND RATE ENHANCEMENT

1. Service and rate enhancements must be submitted per guidelines in the Network Operations Manual.
2. Service and rate enhancements, if approved, will be only for the FY23 contract.

VIII. REGIONAL SUBMISSIONS OF THE RBP

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

RBHAs will submit provider-specific budget forms for all services directly provided by the RBHA.

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 RBHA, 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 FY23

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, Provider Budgets, and Tax Match	EBS		It will be electronically entered into EBS.	
Network Management & System Coordination Budget Forms	All Revenues and Expenditures NOT related to delivering services	BH20c-h NM BH20c-h for each specific coordination		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
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 <u>NEW!</u>)	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 Current WSA forms required for FY23		R#-WSA1- Provider	2
Same Day/Open Access Services	Report of providers, days and times and service description that have same day access or open access services.	Same Day/Open Access word document		R#-Sameday/Openaccess	2
Region Specific Service definitions	Region Specific Service Definitions	Region Specific Service Definitions		R#- Service-Provider	3
Tax Match	Certification of Local Tax Matching Funds	RP1 (Submit electronic copy <u>OR</u> original to be sent by mail)		R#RP1	3
	Certification of County Tax Matching Funds	RP1a		It will be electronically entered into EBS.	
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 -	Rate Enhancement	Narrative		R#-RE-Narr- Service-Provider	4
		BH20 Provider Budget		R#-RE-BH20 Provider Budget- Service-Provider	
		Outcomes		R#-RE-Outcomes- Service-Provider	
Service Enhancement	Service Enhancement	Narrative		R#-SE-Narr- Service-Provider	4
		BH20 Provider Budget		R#-SE-BH20 Provider Budget- Service-Provider	
		Outcomes		R#-SE-Outcomes- Service-Provider	

APPENDIX B – GUIDELINES FOR AUGMENTATIONS TO BEHAVIORAL HEALTH SERVICES AND RBHA 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 Responsibilities:

- RBHAs will be expected to submit all approved outcome measures submitted with the service enhancement narrative to the Network Mailbox
- DHHS.DBHNetworkOperations@Nebraska.gov.
- The outcomes should be submitted to the Division 45 calendar days following the close of the quarter.
 - Because the quarterly outcome information is integral to system evaluation, failure to submit required information within 45 calendar days after the quarter will result in payment for the service being denied until required information is received and approved or subsequent month billing, whichever is later.
 - If the submission date falls on a weekend, the submission would be expected the following business day.