

Request for Applications - Expanded Summary

Planning Grants for Certified Community Behavioral Health Clinics

Application Deadline: August 5, 2015

SAMHSA Webinar: Pre application webinars took place on June 8th (Part 1) and June 10th (Part 2). *Recordings of both webinars can be accessed at:*
<http://www.samhsa.gov/grants/grant-announcements/sm-16-001>.

Award Amount: Up to \$2,000,000 for one year

Number of Awardees: SAMHSA intends to select up to twenty (25) states as recipients of the planning grant funds; eight (8) planning grant recipients will be selected as demonstration states. Only planning grant recipients can apply for the demonstration.

Planning grant awards are expected to be announced in September; planning grants begin in October, 2015. The planning grants will be for 1 year. The demonstration grant application will be due October 31, 2016. The demonstration period will be for 2 years.

Eligible Applicants: Only states, including the District of Columbia, can apply. Eligible applicants are either the State Mental Health Authority (SMHA) or the Single State Agency for Substance Abuse Services (SSA) or the State Medicaid Agency (SMAs).

Program Target Population: Adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, and others with mental illness and substance use disorders.

Match Requirement: No match required

Opportunity Summary: The overall program goal is to evaluate CCBHC demonstration programs in up to eight states, which will establish CCBHCs according to specified criteria that will make them eligible for enhanced Medicaid funding through the Prospective Payment System (PPS). This 1 year Planning Grant is intended to support applicant states planning to apply for the 2 year demonstration pilot.

The planning grant proposal requires applicants to identify the target Medicaid population, select a PPS option, design the site selection process for the planning phase, and apply for the one year planning grant by August 5, 2015. Once awarded the grant, planning grant recipients must then solicit stakeholder input, certify at least two clinics (rural and underserved), create and finalize CCBHC application processes and review procedures, certify at least two CCBHCs representing diverse geographic areas (incl. rural and underserved areas), and establish the Prospective Payment System (PPS), based on CMS guidelines for one of two options.

Planning grantees will also need to assist clinics in meeting certification standards with training and technical assistance and establish the capacity to deliver behavioral health services based on the CCBHC service model. Developing or enhancing the state and provider system's data collection and reporting capacity may be necessary in order to prepare to participate in the national evaluation of the demonstration program. The Act establishes standards in six areas that an organization must meet to achieve CCBHC designation:

- Staffing
- Accessibility
- Care coordination
- Service scope
- Quality/reporting
- Organizational authority

SAMHSA expects awardee state's SMHAs, SSAs, and SMAs to collaborate during the 1-year planning period and certify clinics as CCBHCs, establish a prospective payment system, and submit a proposal to participate in the demonstration program by October 31, 2016. To demonstrate this collaboration, the applicant must include a signed Memorandum of Agreement (MOA) between the applicant agency and the two partnering agencies describing roles and responsibilities, and committing to collaborate for this planning grant and demonstration program in Attachment 1. Only one application per state can be submitted. Certification criteria and guidance to establish the PPS are provided in the RFA appendices.

Budget Considerations:

Planning Grant budgets cannot exceed \$2,000,000 in total costs (direct and indirect) of the proposed project. Funding estimates for this announcement will be based on the number of applications received. Applicants should be aware that the size of the award may vary depending on the number of applications SAMHSA receives.

The eight states that are selected to participate in the demonstration program may request a no-cost extension beyond the project period to finalize planning activities to assist with the transition to the time-limited demonstration phase.

No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses. No grantee meetings are anticipated and standard SAMHSA Funding Restrictions apply.

In the demonstration program, selected states will be required to provide a state match for federal financial participation for Medicaid eligible individuals and services as described in Appendix- III. Section 1902(a)(2) of the Social Security Act (the Act) and implementing regulations at 42 CFR 433.50(a)(1) of the Act requires states to share in the cost of medical assistance expenditures but permit the state to delegate some responsibility for the non-federal share of medical assistance expenditures to local sources under some circumstances.

If selected for demonstration participation, services must be paid at the rate established under the PPS system during the demonstration program.

No payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 1, 2014.

Data Collection and Performance Measurement:

Planning Grant recipients will be required to report their performance on the following performance measures:

- The number of organizations or communities implementing mental health/substance use-related training programs as a result of the grant;
- The number of people newly credentialed/certified to provide mental health/substance use-related practices/activities that are consistent with the goals of the grant;
- The number of financing policy changes completed as a result of the grant;
- The number of communities that establish management information/information technology system links across multiple agencies in order to share service population and service delivery data as a result of the grant;
- The number and percentage of work group/advisory group/council members who are consumers/family members;
- The number of policy changes completed as a result of the grant
- The number of organizational changes made to support improvement of mental health/substance use-related practices/activities that are consistent with the goals of the grant; and
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

The link to the planning grant RFA and the webinars is:

<http://www.samhsa.gov/grants/grant-announcements/sm-16-001>