Proposal Outline and Application Guide

Planning Grants for Certified Community Behavioral Health Clinics

This tool is designed to support applicants in drafting proposals that are fully responsive to the RFA's criteria.

In Part I, the Project Narrative Outline, the green text boxes include the items to which applicants must respond. Explanatory detail from the RFA, included for some but not all of the questions, is a guide to appropriately addressing the items based on SAMHSA's priorities and expectations.

Part II, Planning Phase Budget & Supporting Document Considerations, compiles guidance from the RFA related to the budget and attachments.

I. Planning Grant Project Narrative Outline

Requirements for Completion and Section Labeling:

The Project Narrative (Sections A-D) together may be no longer than 30 pages.

Applicants must use the four sections/headings listed below in developing the Project Narrative. ***Applicants must indicate the Section letter and number in the response or it will not be considered, i.e., type "A-1", "A-2", etc., before the response to each question.*** *The application will be scored according to how well the requirements for each section of the Project Narrative are addressed.*

Section A: Statement of Need (15 points)

A-1. Describe how behavioral health services are organized, funded, and provided in the state.

A-2. Describe the prevalence rates of adults and children with mental illness and/or substance use disorders in the state and particularly in the areas of the state being considered for CCBHCs. Include sub-populations such as adults with serious mental illness and children with serious emotional disturbances, and those with long term and serious substance use disorders and populations experiencing behavioral health disparities.

A-3. Describe the capacity of the current Medicaid State Plan to provide the services listed in Appendix II.

- The CCBHC Certification Criteria Readiness Tool (*access as an E-Form or a PDF*) can be a resource in conducting the gap analysis between the State's present Medicaid State Plan and the services required of CCBHC

A-4. Describe the nature of the problem, including service gaps, and document the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of

qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, HEDIS and other quality measures, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for the program.

- The target population is adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders
- *Possible Subpopulation to Consider*: SAMHSA encourages all of its grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services where appropriate.

Section B: Proposed Approach (40 points)

B-1. Describe how the capacity, access and availability of services to the population of focus will be expanded. Include activities such as outreach and engagement, staff training, and workforce diversity.

- CCBHCs are intended to extend quality and to improve outcomes of the behavioral health care system within the authorities of state regulations, statutes and state Medicaid Plans.
- Although the CCBHC demonstration program is designed to work within the scope of the State Medicaid Plan and apply specifically to individuals who are Medicaid enrollees, the statute prohibits CCBHCs from refusing services to any individual on the basis of either his ability to pay or place of residence. CCBHCs will also serve persons for whom services are court ordered.
- Considerations related to Availability and Accessibility of Services:
    - This includes the need for access at times and places convenient for those served (some night and weekend hours required), prompt intake and engagement in services, access regardless of ability to pay and place of residence, access to adequate crisis services, and consumer choice in treatment planning and services
        - CCBHCs must have clearly established relationships with local emergency departments and other sources of crisis care to facilitate care coordination, discharge and follow up
        - Use of peer, recovery, and clinical supports in the community and increased access through the use of telehealth/telemedicine and mobile in-home supports are also encouraged
    - Other required criteria to promote availability and access include:
        - CCBHC provides outpatient clinic services during times (i.e., some night and weekend hours) and locations that ensure accessibility and meet the needs of the consumer population being served
        - To the extent possible within the state Medicaid program and other funding programs, the CCBHC provides transportation and mobile in-home, telehealth, and online treatment services
        - All new consumers requesting or being referred for behavioral health services will receive a preliminary screening and risk assessment at the time of first contact (can be conducted telephonically). This screening will be followed by an initial evaluation.

        - All new consumers will receive a more comprehensive person-centered and family-centered diagnostic and treatment planning evaluation to be completed within 60 calendar days of the first request for services. This assessment is updated at least every 90 calendar days.
        - Outpatient clinical services for CCBHC consumers seeking an appointment for routine needs must be provided within 10 business days of the requested date for service.
        - The CCBHC must provide crisis management services that are available and accessible 24-hours a day and delivered within three hours
        - The CCBHC will ensure that no individuals are denied care due to an inability to pay for services or because of place of residence or homelessness
- Considerations related to Outreach and Engagement:
    - The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits, and formal or informal services to address behavioral health conditions and needs
- Considerations related to Staff Training:
    - The CCBHC must have a training plan for all employed and contract staff and for providers at DCOs who have contact with CCBHC consumers or their families. Training must address:
        - cultural competence, including (as appropriate) information related to military culture
        - person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care;
        - primary care and behavioral health integration
        - This training occurs at orientation and at reasonable intervals thereafter as required by the State and/or accrediting body
    - At orientation and annually thereafter, the CCBHC must also provide training about:
        - Risk assessment, suicide prevention, and suicide response
        - The roles of families and peers
        - Such other trainings as may be required by the State or accrediting body on an annual basis
- Considerations related to Workforce Diversity:
    - If the CCBHC service individuals with Limited English Proficiency, the CCBHC must provide interpretation/translation services and auxiliary aids and services.

B-2. Describe how input on the development of the demonstration program will be solicited from consumers, family members, providers, and other stakeholders including American Indian/Native Alaskans and how they will be kept informed of the activities, changes, and processes related to the project.

- Programs and services that incorporate a recovery-approach, like the CCBHCs, fully involve people with lived experience (including consumers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation
- Activities during the Planning Phase should include:
    - Developing a steering committee, or using an existing committee, council or process composed of relevant state agencies, providers, service recipients, and other key stakeholders to guide and provide input throughout the grant period
    - Conducting outreach, recruitment, and engagement of the population of focus, including adults with serious mental illness and children with serious emotional disturbances and their families, and those with long term and serious substance use

disorders, as well as others with mental illness and substance use disorders in the solicitation of input
    - Coordinating activities with other local, state, and federal agencies and tribes to ensure that services are accessible and available.
- Reference any subject matter experts and activities planned to engage stakeholder input.

B-3. Describe how community behavioral health clinics will be selected to participate and how the state will work with them to meet or prepare to meet the requirements in Appendix II.

- Design the selection process that will be used to select the sites (minimum of two sites—one rural and one urban), to be certified during the planning year. While CCBHC sites are expected to be predominantly community behavioral health organizations, others will also potentially be eligible – such as tribal health centers, VA sites, FQHCs with significant behavioral health components
- Consider behavioral health organization readiness for CCBHC when considering selection criteria–e.g. those that have the care coordination capacity and broader services may not be ready to treat the mild to moderately ill population (*see CCBHC Certification Criteria Readiness Tool - access as an E-Form or a PDF)*. What are common training and technical assistance needs that can be addressed during the planning year?
- During the Planning Phase, States will be expected to:
    - Create and finalize application processes and review procedures for clinics to be certified as CCBHCs
    - Certify at least two community behavioral health clinics that represent diverse geographic areas, including rural and underserved areas
    - Assist clinics with meeting certification standards by facilitating access to training and technical assistance on topics such as assessing gaps in staffing and services, building partnerships and formal relationships, implementing evidence based practices with fidelity, care coordination, performance measurement and reporting, continuous quality improvement processes, and implementing and optimizing health information technology (HIT) infrastructure
    - Facilitate cultural, procedural, and organizational changes to CCBHCs that will result in the delivery of high quality, comprehensive, person-centered, and evidence based services that are accessible to the target population
    - Assist CCBHCs with improving the cultural diversity and competence of their workforces
    - Recruit and train the workforce necessary to provide high quality services through CCBHCs
    - Verify that CCBHCs have meaningful input by consumers, persons in recovery, and family members
- CCBHCs are expected to have the capacity to accept, utilize, and otherwise collaborate with all services systems and funding sources necessary to meet the needs of persons with mental illness and substance use disorders presenting for services. These needed services may be funded through a variety of payment sources such as:
    - Medicaid/Medicare, private insurance, and self-pay
    - Block grant funds
    - State or local funds
    - Other system structures (i.e., Department of Veteran's Affairs, Department of Defense, Department of Housing and Urban Development, Department of Justice, the

Social Security Administration, or other operating divisions of the Department of Health and Human Services)

- CCBHCs must have been established prior to April 1, 2014, in order to participate in this demonstration project

B-4. Describe how all of the services outlined in Appendix II will be provided by CCBHCs in the state.

- As part of the process leading to certification, the State will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic, and treatment needs, and will be performed prior to certification of the CCBHCs in order to inform staffing and services.
- Staffing:
    - The staffing plan will be based, in part, on the needs assessment conducted by the State related to the needs of the target consumer population. CCBHC staffing will include Medicaid enrolled providers who adequately address the needs of the consumer population served.
        - Management team includes:
            - Chief Executive Officer (CEO) or Executive Director/Project Director
            - A Psychiatrist as Medical Director, who will ensure the medical component of care and the integration of behavioral health and primary care are facilitated
        - The CCBHC will also maintain a core staff comprised of employed and/or contracted staff as appropriate to meet the needs of the CCBHC consumers. States specify which staff disciplines they will require as part of certification, but must include:
            - Medically trained behavioral health care provider who can prescribe and manage medications
            - Credentialed substance abuse specialists
            - Individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbances (SED) and adults with serious mental illness (SMI) and those with substance use disorders (SUD)
            - Other examples of staff that a state might require include:
                - Psychiatrists (including child, adolescent, and geriatric psychiatrists)
                - Nurses trained to work with consumers across the lifespan
                - Licensed independent clinical social workers
                - Licensed marriage and family therapists
                - Licensed occupational therapists
                - Staff trained to provide case management
                - Peer specialists/recovery coaches
                - Licensed addiction counselors
                - Staff trained to provide family support
                - Medical Assistants
                - Community Health Workers
    - Credentialed, certified, and licensed professionals with adequate training in person-centered, family-centered, trauma-informed, culturally-competent and recovery-oriented care will help ensure this objective is attained.

- Care Coordination is the linchpin of the CCBHC program
    - Care coordination is "deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care."
    - The CCBHC will coordinate care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person
    - CCBHCs should have partnerships or formal contracts with:
        - Federally Qualified Health Centers and rural health clinics (as applicable)
        - Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs
        - Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services
        - Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department
        - Inpatient acute care hospitals and hospital outpatient clinics
        - Other community regional services, supports, and providers who may enter into a care coordination agreement with the CCBHC (based on the population served), include:
            - Specialty providers of medications for treatment of opioid and alcohol dependence
            - Suicide crisis hotlines and warm lines
            - Indian Health Service or other tribal programs
            - Homeless shelters
            - Housing agencies
            - Employment services systems
            - Services for older adults, such as Aging and Disability Resource Centers
            - Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs)
    - The CCBHC will establish and maintain health information technology (IT) system that includes, but is not limited to, electronic health records. The health IT system has the capability to capture structured information in consumer records, provide clinical decision support, and electronically transmit prescriptions to the pharmacy. The CCBHC will use its health IT system to conduct activities like population health management, quality improvement, reducing disparities, and for research and outreach
    - The CCBHC Treatment Team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses. In addition, the CCBHC will designate an interdisciplinary treatment team that is responsible, with the consumer or family/caregiver, for directing, coordinating, and managing care and services for the consumer. The interdisciplinary treatment team is composed of individuals who

work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers, including as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native

- Scope of Services: States should establish scope of service requirements that encourage CCBHCs to expand the availability of high-quality integrated person-centered and family-centered care, and to ensure the continual integration of new evidence based practices. Required CCBHC services include:
    - Crisis Behavioral Health Services*, including 24 hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
    - Screening, Assessment and Diagnosis*, including a comprehensive person and family centered diagnostic and treatment planning evaluation that is completed within 60 days by licensed behavioral health professionals. Screening and assessment should be done using validated tools that are culturally and linguistically appropriate, and where appropriate, brief motivational interviewing techniques should be leveraged
    - Person-centered and family-centered treatment planning*, during which an individualized plan that integrates prevention, medical, and behavioral health needs and service delivery is developed by the CCBHC in collaboration with the consumer and family
    - Outpatient mental health and substance use services*—NOTE, in states where these services are provided separately, an agreement will have to be developed so that both are provided by the CCBHC.
    - Outpatient clinic primary care screening and monitoring of key health indicators and health risk
    - Targeted case management services, including supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an ED or psychiatric hospitalization
    - Psychiatric rehabilitation services, including but not limited to medication education, self-management, training in personal care skills, individual and family/caregiver psycho-education, community integration services, recovery support services including Illness Management & Recovery, financial management, and dietary and wellness education.
    - Peer supports, peer counseling, and family/caregiver supports, including but not limited to peer-run drop-in centers, peer crisis support services, peer bridge services to assist individuals transitioning between residential or inpatient settings to the community, peer trauma support, peer support for older adults or youth, and other peer recovery services
    - Intensive Community based mental health care for members of the armed forces and veterans

*These services are required to be provided ***directly*** by the CCBHC. Services listed above without an * may be provided through a contract with a DCO.

- Quality and Other Reporting: States will collect and report on encounter, clinical outcomes, and quality improvement data, as well as annual reports by the states what will entail collection of data which can be used to assess the impact of the demonstration program on: (1) access to community-based behavioral in the area(s) of the state targeted by a demonstration program compared to other areas of the state; (2) quality and scope of services provided by CCBHCs compared with non-CCBHC providers; and (3) federal and state costs of a full range of behavioral health services (including inpatient, emergency, and ambulatory services)

- CCBHCs must have the capacity to collect and report on data capturing
  - Consumer characteristics
  - Staffing
  - Access to services
  - Use of services
  - Screening, prevention and treatment
  - Care coordination
  - Other processes of care
  - Costs
  - Consumer outcomes
- CCBHCs also must develop, implement, and maintain an effective CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management that is reviewed and approved by the state during certification.

B-5. Identify the evidence-based practices that CCBHCs will be required to provide and justify the selection of the evidence-based practices.

- Based upon the findings of the needs assessment, States must establish a minimum set of evidence based practices (EBPs) required of the CCBHCs. Among those to consider are the following:
  - Motivational Interviewing
  - Cognitive Behavioral individual, group, and online therapies (CBT)
  - Dialectical Behavior Therapy (DBT)
  - Addiction technologies
  - Recovery supports
  - First episode early intervention for psychosis
  - Multi-Systemic Therapy
  - Assertive Community Treatment (ACT)
  - Forensic Assertive Community Treatment (F-ACT)
  - Evidence based medication evaluation and management
  - Community wrap around services for youth and children
  - Specialized clinical interventions to treat mental and substance use disorders experienced by youth
- Themes to consider when selecting EBPs:
  - Recovery oriented-care should be a theme across the CCBHC program. SAMHSA has developed a working definition of recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." See SAMHSA's Working Definition of Recovery document here for more information, including the four dimensions of recovery and 10 guiding principles.
  - In addition, it is expected that CCBHCs will offer care that is person- and family-centered, trauma informed, and that the integration of physical and behavioral health care will serve the whole person rather than one disconnected aspect of the individual
  - Care coordination is the linchpin holding all aspects of CCBHC care together (i.e., community-based mental and substance use disorder services, integration of behavioral health with physical health care, assimilating and utilizing evidence based practices on a more consistent basis, and promoting improved access to high quality care)

B-6. Describe how the state will certify community behavioral health clinics in both urban and rural areas (where applicable) in the state.

- States are encouraged, but not compelled, to require accreditation of the CCBHCs by an appropriate nationally-recognized organization (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), the Accreditation Association for Ambulatory Health Care (AAAHC))

B-7. Describe how the state will finalize planning activities and assist with the transition to implementation of the demonstration program, if selected to participate in the demonstration program.

B-8. Describe and justify the selection of the PPS rate-setting methodology. Describe how CCBHCs base cost with supporting data, as specified in Appendix III will be collected.

- States must develop CCBHC cost reports with supporting data, as specified in the PPS guidance, no later than 9 months after the end of each demonstration year
- Under this demonstration, States will select one of two PPS rate methodologies for use in the demonstration:
    - Certified Clinic Prospective Payment System 2 (CC PPS-1)—an FQHC-like PPS that provides reimbursement of cost on a daily basis with the addition of a state *option* to provide quality bonus payments to CCBHCs that meet defined quality metrics
        - The State will use cost and visit data from the demonstration planning phase, updated by the Medicare Economic Index (MEI) to create the rate for DY1.
        - CC PPS-1 Rate is based on total annual allowable CCBHC costs divided by the total annual number of CCBHC daily visits, and results in a uniform payment amount per day, regardless of the intensity of the services or individual needs of clinic users on that day
    - Certified Clinic Prospective Payment System 2 (CC PPS-2)—uses monthly unit of payment, provides for *required* quality bonus payments and provides for rates that vary, depending on the populations served by the clinic.
        - CC PPS-2 includes these required elements:
            - A monthly rate to reimburse the CCBHC for services
            - Separate monthly PPS rates to reimburse CCBHCs for higher costs associated with providing all services needed to meet the needs of clinic users with certain conditions (the State has flexibility in determining how PPS rates can vary)
            - Cost updates from the demonstration planning period to DY1 using the MEI and from DY1 to DY2 using the MEI or by rebasing
            - Outlier payments made in addition to PPS for participant costs in excess of a threshold defined by the state
            - Quality bonus payments made in addition to the PPS rates
- To determine CCBHC PPS rates, states must identify allowable costs necessary to support the provision of services. States must use a cost report that adheres to the cost principles and documentation requirements described in Appendix III of the RFA, and the cost reports should be the same demonstration wide.

B-9. Describe how the state will establish a PPS for behavioral health services provided by CCBHCs in accordance with CMS guidance in Appendix III.

- Choose the PSS option (Option 1 or Option 2; daily or monthly) based on an analysis of each (see PPS Guidance in Appendix III of the grant proposal) as soon as possible
- Consider how the state's existing Health Home and/or other initiatives relate to the CCBHC requirements (e.g. current health home initiatives may complement/roll into the CCBHC initiative)
- Analyze the regulatory changes that will be necessary to transition from current model to CCBHC model
- During the Planning Phase, States will establish a PPS for behavioral health services furnished by a CCBHC:
    - Implement either a Certified Clinic (CC) or Alternative CC PPS-rate setting methodology for payment made via fee for service or through managed care systems (see below)
    - Determine the client specific PPS rate by identifying all allowable costs and visit data necessary to support the delivery of CCBHC services covered by the state specified in the statute
    - Develop actuarially sound rates for payments made through managed care systems
    - Design and implement billing procedures to support the collection of data necessary to help determine PPS and evaluate the overall demonstration

B-10. Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of the application.

- SAMHSA expects state's State Mental Health Authority, Single State Agency for Substance Abuse Services, and State Medicaid Agency to collaborate as part of this project.
- In addition, because CCBHCs will be serving individuals across the lifespan, State entities responsible for serving children, youth, and families should be included

B-11. Describe how the state will work with CCBHCs to develop a process of board governance or other appropriate opportunities for meaningful input by consumers, persons in recovery, and family members as described in Appendix II, Program Requirement 6: Organizational Authority, Governance and Accreditation.

- Required CCBHC Governance Structure: As a group, the CCBHC's board members should be representative of the individuals being served by the CCBHC in terms of demographic factors, such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and in terms of types of disorders. CCBHCs can accomplish this through:
    - 51% of the Board being families, consumers, or people in recovery from behavioral health conditions; **or**
    - A substantial portion of the governing board members meeting this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services; **or**
    - Establishing and implementing other means of enhancing its governing body's ability to ensure that the CCBHC is responsive to the needs of its consumers, families and communities (per the State's approval)

Section C: Staff, Management, and Relevant Experience (10 points)

C-1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing recovery-oriented and culturally appropriate/competent services.

C-2. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

C-3. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

Section D: Data Collection and Performance Measurement (35 points)

D-1. Document the ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe the plan for data collection, management, analysis, and reporting of data for the program. Specify and justify any additional measures the state plans to use for the grant project.

- Determine approach to performance measurement, including a plan for selecting comparable sites without CCBHC designation as a comparison group for an assessment of access, quality, and scope of services available to Medicaid enrollees served by CCBHCs compared with Medicaid enrollees who access community-based mental health services from other providers
- At a minimum, the performance assessment for this planning grant should include the following required 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.
- Data for the planning grant are to be reported quarterly using the Common Data Platform (CDP)

D-2. Describe how the state will support CCBHCs as they build the performance measurement infrastructure and implement continuous quality improvement processes.

- As part of the Planning Phase, states should:
    - Design or modify and implement data collection systems—including registries or electronic health record functionality that report on access, quality, and scope of services using various types of data, including CCBHC administrative data and personnel records, claims, encounter data, patient records, and patient experience of care data
    - Assist CCBHCs with preparing to use data to inform and support continuous quality improvement processes within CCBHCs, including fidelity to evidence based practices and person-centered and recovery oriented care during the demonstration

D-3. Describe the plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document the ability to conduct the assessment.

- Grantees must periodically review the performance data they report to SAMHSA and assess their progress and use this information to improve management of their grant projects.
- The assessment should be designed to help grantees determine whether they are achieving the goals, objectives, and outcomes intended and whether adjustments need to made to their other projects.
- Performance assessments should be also used to determine whether the project is having/will have the intended impact on behavioral health disparities
- Grantees will be required to submit written quarterly reports within 15 days from the end of the reporting quarter. The first report will be due no later than January 30, 2016. The report will describe progress on each of the required and allowable activities for which funding is provided.

D-4. Discuss the challenges that may be encountered in collecting the data required for the national evaluation and how the state will address these challenges.

D-5. Describe a preliminary plan on how the state will select a comparison group for an assessment of access, quality, and scope of services available to Medicaid enrollees served by CCBHCs compared with Medicaid enrollees who access community-based mental health services from other providers.

- The national evaluation, led by HHS, will compare accessibility to community-based behavioral health services in participating clinics with accessibility for patients who are not served by CCBHCs. In addition, the national evaluation will assess the cost, quality, and scope of services provided by CCBHCs and the impact of the demonstration programs on the federal and state costs for a full range of mental health and substance abuse services (including inpatient, emergency, and

ambulatory services paid for through sources other than the demonstration program funding).

- Activities to participate in the National Evaluation during the Planning Phase include:
    - Collaborate with the national evaluation planning team and provide input on the evaluation design, data sources, and performance measures
    - Work with HHS and the evaluation planning team to construct a comparison group for an assessment of access, quality, and scope of services available to Medicaid enrollees served by CCBHCs compared with Medicaid enrollees who access services from other community-based mental health services providers
    - Prepare requests for an Institutional Review Board's approval to collect and report on process and outcome data (as necessary)

D-6. Describe the capacity to collect data to inform the national evaluation of the demonstration program including claims, and encounter data, patient records, chart-based/registry data, and patient experience data.

II. Planning Phase Budget & Supporting Document Considerations:

- Proposed budgets cannot exceed $2,000,000 in total costs (direct and indirect)
    - Key Personnel to include:
        - Project Director
- No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment during the planning grant phase. ***This limitation does not apply to the purchase of electronic health records or data systems for CCBHCs.***
- Note that while cost sharing/matching are not a required part of this planning grant, in the Demonstration program, the eight selected states will be required to provide a state match for federal financial participation for Medicaid eligible individuals and services. In some circumstances, states will be permitted to delegate some responsibility for the non-federal share of medical assistance expenditures to local sources
- Although the budget and supporting documentation for the proposed project are not scored, the Review Group will consider their appropriateness after the merits of the application have been considered. Supporting Documentation includes:
    - Section E: Biographical Sketches and Job Descriptions
    - Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects
    - Attachment 1*: A signed MOA between the Director of the State Mental Health Authority (SMHA), the Director of the Single State Agency (SSA), and the Director of the State Medicaid Agency and/or a confirmation letter that the SMHA and SSA are one entity. Include any letters of commitment from any organization(s) at the state level participating in the planning grant.
    - Attachment 2: Data Collection Instruments/Interview protocols
    - Attachment 3*: Sample Consent Forms
    - Attachment 4: Statement of Assurance signed by the Authorized Representative of the applicant organization

*Do not use more than a total of 30 pages for Attachments 1 and 3 combined.

Links to Additional Resources and Information

1. SAMHSA's Planning Grants for CCBHCs Opportunity Website for Q&A, Webinar Recordings, and opportunity information: http://www.samhsa.gov/grants/grant-announcements/sm-16-001
2. The National Council for Behavioral Health Care's Excellence in Mental Health Act webpage, which contains a CCBHC Certification Criteria Readiness Tool developed by MTM: http://www.thenationalcouncil.org/topics/excellence-in-mental-health-act/
3. Agency for Healthcare Research and Quality. *Care Coordination*. Rockville, MD, October 2014. Available at http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html
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