

Planning Considerations for States

Planning Grants for Certified Community Behavioral Health Clinics

The planning grant resources being made available by SAMSHA are designed to allow states to refine their approach and develop detailed implementation plans for CCBHCS in their state that would participate in the demonstration program. According to the RFA, state selection to participate in the demonstration program will be prioritized based on proposed CCBHCs that:

1. Provide the most complete scope of services outlined in [Appendix II](#) to individuals eligible for medical assistance under the state Medicaid program;
2. Improve the availability of, access to, and participation in, services outlined in [Appendix II](#) for individuals eligible for medical assistance under the state's Medicaid program;
3. Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; or
4. Demonstrate the potential to expand available behavioral health services in a demonstration area and increase the quality of such services without increasing net federal spending.

In order to develop a compelling planning grant application that meets these criteria during the planning grant period, states must conduct a set of activities. They must address several key topics in order to develop a sound approach to establishing CCBHCs. These activities and topics include:

- **Design the planning process, including transition from planning to demonstration:** It is most important, beginning with the planning grant application, to organize an effective project management structure and processes, identify and involve the appropriate subject matter experts, determine a staffing plan and budget and establish sound collaborative governance, involving stakeholders. For example, as required in Planning Grant Application Sections B 2, 7, 10 and 11 and Section C:
 - 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.
 - 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 recover, and family members as described in Appendix II, Program Requirement 6: Organizational Authority, Governance and Accreditation.
 - 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.
 - 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.

- **Environmental Scan and Gap Analysis:** Analyze and describe the state’s existing behavioral health needs and system and gaps between CCBHC requirements. For example, as required in Planning Grant Application Section A 1-4:
 - Describe how behavioral health services are organized, funded, and provided in the state.
 - 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.
 - Describe the capacity of the current Medicaid State Plan to provide the services listed in Appendix II.
 - 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, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for the program.

- **Proposed Approach:** A crucial early step is developing a blueprint for how CCBHCs would function in the state and a proposed approach for how they would be implemented. Keeping in mind the gaps identified in the environmental scan, and the potential for CCBHCs to enhance and expand services, several important components must be addressed, as called out in Section B 1, and 3-9; and Section D 1-6. Examples include:
 - ***Services and evidence-based practices***
 - Describe how all of the services outlined in Appendix II will be provided by CCBHCs in the state.
 - 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.
 - Identify the evidence-based practices that CCBHCs will be required to provide and justify the selection of the evidence-based practices.

 - ***CCBHC Selection Process and Certification:***
 - Describe how community behavioral health clinics will be selected to participate (minimum of two sites—one rural and one urban) and how the state will work with them to meet or prepare to meet the requirements in Appendix II. While CCBHC sites are expected to be predominantly CMHs, others potentially will be

eligible – such as tribal health centers, VA sites, FQHCs with significant behavioral health components

- Describe how the state will certify community behavioral health clinics in both urban and rural areas (where applicable) in the state.
- Consider CMHC 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 Readiness Assessment Tool*)

PPS Determination and Financial Analysis

- 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.
- 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

Regulatory Analysis

- Analyze the regulatory changes that will be necessary to transition from current model to CCBHC model
- 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)

Data and Performance Measurement

- Determine the 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