Tick Tock: The Countdown Is On for CCBHC State Planning Grant Applications

National Council for Behavioral Health
Health Management Associates

June 17, 2015
Audio Logistics

• We recommend calling in **on your telephone**
• **Remember to enter your Audio PIN** so we can unmute your line when you have a question
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Asking Questions

- All lines are muted.
- Use the dialogue box.
- Ask early and often.
Agenda for the Webinar

- Background and context
- Timeframes
- Key planning considerations
- Proposal Strategies
- Next Steps
2014 Legislation Based on The Excellence in Mental Health Act

- $1.1 billion investment: The largest federal investment in community-based mental health in several generations
- Protecting Access to Medicare Act (H.R. 4302) created the criteria and authorized the two Phase CCBHC Demonstration Program:
  - **Planning Grant Phase:** Up to $2 million per state (max. 25 states)
    - 1 year grant to plan and develop CCBHC certification and prospective payment system (PPS) reimbursement requirements
    - Certify at least 2 sites (located in urban and rural, underserved areas)
    - Establish the PPS for Medicaid reimbursable BH services
    - Apply to participate in the 2 year demonstration program
  - **Demonstration Phase:** Up to 8 states will be selected to participate in the CCBHC demonstration
    - Bill Medicaid under established PPS approved by CMS under an enhanced Medicaid FMAP
The Vision: Certified Community Behavioral Health Clinics

- States improve behavioral health by providing improved community-based mental health and substance use disorder treatment
- Break down silos of health care through formalized care coordination partnerships
- Assimilate and utilize evidence-based practices on a more consistent basis
Timeline

May-Aug 5, 2015
Prepare Planning Grant Applications

Planning Phase

Jan 2017—Dec 2018
Demonstration Phase
Application Information

• Due August 5, 2015
• Awards up to $2 million for 1 year planning phase
• Estimated number of awards: 25
• Eligible applicants: State Mental Health Authorities, Single State Agencies, State Medicaid Agencies
CCBHC Required Services

- Screening, Assessment, Diagnosis
- Pt. Centered Treatment Planning
- Outpatient MH/SA
- Crisis Services*
- Peer Support
- Psychiatric Rehab

Delivered directly by CCBHC
Delivered by CCBHC or a Designated Collaborating Organization (DCO)
Prospective Payment System Options

• Participating states will select 1 of 2 PPS rates
  - Option 1 (CC PPS-1): FQHC-like daily PPS rate
  - Option 2 (CC PPS-2): Alternative, monthly payment

• Quality Bonus Payments—based on achievement of pre-established quality measures
  – Elective for CC PPS-1, daily rate
  – Required for CC PPS-2, monthly rate

• PPS Rate will include cost of DCO services
Federal Match for States

• Federal Match (FMAP) follows beneficiary eligibility:
  • Regular Medicaid: Enhanced FMAP
  • Expansion population: 100% now, down to 90% by 2020
  • Medicaid CHIP Expansion: Enhanced FMAP +23%
  • Served by Indian Health Services Clinics: 100%

• **State plan authority not necessary for payment** for CCBHC services delivered by certified clinics

• States may claim administrative expenditures that support the development and implementation of the demonstration
CMHCs have struggled for decades to deliver comprehensive care. CCBHC represents an opportunity to:

- Establish a behavioral health safety net
- Integrate and coordinate care for mental health, substance abuse, and primary care
- Promote access to improved care via standards for quality and accessibility
- Expand care coordination for all
## Critical Planning & Implementation Activities

### Planning Grant Application
**Jun – Aug 2015**
- Review existing certification and other CCBHC requirements
- Identify subject matter experts for each certification area
- Consider PPS Payment implications
- Develop the Planning Grant Application

### Pre-Award Planning
**Aug – September 2015**
- Develop working assumptions about structure, roles and models of care
- Identify rule and other policy changes
- Strategize about PPS given existing payment structure
- Strategize, assess and prioritize CMHSP readiness

### Planning Grant Funding Period
**Oct, 2015 – Oct, 2016**
- Broad stakeholder involvement
- Certification development and adoption
- PPS development
- Certify at least two CCBHCs that represent diverse geographic areas, including rural and urban areas (making sure to include areas that are underserved)
- Develop and submit a proposal by October 31, 2016 to participate in the Demonstration program

### CCBHC Demonstration Period
**Jan 2017 – Dec 2018**
- Up to 8 States will be selected to implement CCBHC Demonstration
- Track, measure and report on performance and participate in the National Evaluation of the Demonstration
Purpose of the Planning Grant

- Elicit stakeholder input
  - Consumers, family members, providers, tribes, and other key stakeholders
- Certify a minimum of 2 CCBHCs
- Establish PPS using guidance from CMS
- Submit application to participate in the demonstration program
Planning Grant Application Requirements

June- August 2015

Planning grant applicants must:

• Identify the target Medicaid population
• Select a PPS Option
• Design the site selection process for the planning phase
• Determine EBPs to be required of CCBHCs
• Apply for the one year planning grant by August 5, 2015

SAMHSA and CMS recognize that states may change their approach as they more fully engage during the planning grant phase.
Planning Phase Activities

October 2015-October 2016

Once awarded the grant, planning grant recipients must:

• Solicit broad-based stakeholder input, including from providers and consumers
• Design the scope of the Medicaid-reimbursable CCBHC service package
• Certify a minimum of two CCBHCs—rural and urban—that will participate in the pilot
  • Create and finalize application and certification process for CCBHCs
  • Support clinics to meet standards (access to training and technical support)
Planning Phase Activities

*October 2015-October 2016*

*Recipient* requirements continued…

- Establish and Enact the Prospective Payment System (PPS) to reimburse CCBHC services
  - May select alternate payment methodologies to incentivize improvement on key access and quality of care metrics
  - Enhanced Medicaid match rate (cost based plus enhanced FMAP/CHIP rate or FMAP for expansion population)
  - Develop or enhance data collection and reporting capacity
  - Design or modify data collection systems that report on the costs and reimbursement of BH services
  - Assist CCBHCs to use data for continuous quality improvement, including fidelity to evidence based practices, during the demonstration
- Apply for the 2 year Demonstration by October 31, 2016
  - Only planning grant recipients can apply to participate in the demonstration
Design Your Planning Process

Enlist your stakeholders and consider your transition from planning to demonstration

- 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 recovery, 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.
Project Staff

• 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.

• Provide a complete list of staff positions for the project, including the Project Director and other key personnel.

• 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).
Environmental Scan and Gap Analysis

Analyze existing behavioral health needs and the gaps between your present system and the CCBHC requirements

- 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

Design the blueprint that addresses the gap

- Services and evidence-based practices
- CCBHC selection process and certification
- PPS determination and financial analysis
- Regulatory Analysis
- Data and Performance Measurement
- Approach to the planning process—what to do with the grant funds?
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).
- 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 required.
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.
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.

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

- 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.
Planning Proposal Development Strategies

• Begin right away—convene the cross systems representatives and agree on roles and responsibilities

• Organize the available time and plan for back-up

• Consider responsibilities for research/outreach, plan design, writing, reviewing, and project management

• Remember the “SAMHSA Basics”:
  • registrations,
  • required supporting documents,
  • submitting early,
  • fully responsive proposals that address every criterion
Stakeholder Input

Required for Planning Grant Recipients and Encouraged for Applicants

State applicants are expected to reach out to stakeholders with a role or interest in the development of CCBHCs, such as:

- Other state agencies
- Behavioral health authorities in the state
- State behavioral health councils
- Nonprofit and other healthcare providers that may qualify to be a CCBHC or a Designated Collaborating Organization (DCO)
- Community organizations
- Organizations representing the interests of consumers, those in recovery, and families
- Local tribal organizations
Role of State Association and Provider Community

There are many ways providers can help, for example:

- Community needs assessments
- Support for the environmental scan
- Input regarding the selection process
- Support for stakeholder input
- Input regarding the scope of services, EBPs, needed TA
MTM Certification Criteria
Readiness Tool

- Self-assessment tool based on final CCBHC criteria
- Objective measurement of preparedness
- Individual or state-wide applicability
- Free and available at www.thenationalcouncil.org
Sample Workplan

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<th>Draft #1 Shared</th>
<th>Review #1 Completed</th>
<th>Draft #2 Shared</th>
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<td>Grant Writer</td>
<td>Internal Review Team</td>
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<td>Internal Review Team</td>
<td>Grant Writer</td>
<td>Authorized Organizational Representative (AOR)</td>
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Next Steps

- Identify key contacts for application development
  - State behavioral health authority lead
  - State Medicaid agency lead
  - SAMHSA application lead
- Establish a Steering Committee and a smaller Proposal Team, with a designated lead
- Identify SAMHSA planning grant assignments: research, writing, review, etc.
- Confirm necessary registrations (SAM and grants.gov)
- Develop a work plan to complete the proposal
- Assess your need for TA and support
Toolkit for CCBHC Applicants

- Expanded CCBHC Planning Grant RFA Summary
- Proposal Outline
- Planning Considerations
- Guidance for State Association and Providers to Support State Applicants
- Work plan Template
- Reviewer Score sheet
- CCBHC Overview PowerPoint for stakeholder orientation

Available at:
www.thenationalcouncil.org>Topics A-Z>Excellence in Mental Health Act
Technical Assistance Is Available

Impending Deadline, but help is available

- Research and analysis
- Proposal writing support
- Outline and draft review
- Strategies for eliciting stakeholder engagement
Additional CCBHC Resources

- National Council for Behavioral Health
  - Chuck Ingoglia
    [Chucki@thenationalcouncil.org](mailto:Chucki@thenationalcouncil.org)
  - Nina Marshall
    [NinaM@thenationalcouncil.org](mailto:NinaM@thenationalcouncil.org)
- SAMHSA’s Grant Page:
  - [http://www.samhsa.gov/grants/grant-announcements/sm-16-001](http://www.samhsa.gov/grants/grant-announcements/sm-16-001)
  - Webinar recordings, FAQ, news and updates