

**Application
Certified Community Behavioral Health Clinics (CCBHCs)**

The Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS), in collaboration with the Pennsylvania Department of Drug and Alcohol Programs (DDAP), is pleased to release the application for the preliminary selection of Certified Community Behavioral Health Clinics. The purpose of the CCBHC application is to review and select eligible community behavioral health providers who meet, or strongly demonstrate the ability to meet all certification criteria established under the Federal CCBHC planning grant and program demonstration initiative. Agencies selected for the CCBHC certification process will develop outpatient networks of primary care, mental health, and substance use serving all ages, as well as adopt a common set of tools, approaches, and organizational commitments to treat individuals in a seamless and integrated fashion. Successful participants will have the potential opportunity to participate in a national demonstration of the CCBHC program with enhanced reimbursement for CCBHC services.

Applicant Eligibility

Eligible applicants must be a nonprofit organization; part of a local government behavioral health authority; an entity operated under authority of the IHS, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act; or an entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437) **and** meet the following requirements:

1. Currently licensed to provide comprehensive behavioral health and licensed drug and alcohol addiction treatment services, with mechanisms in place to ensure the provision of physical health services as well.
2. The ability to serve all individuals, across the lifespan, regardless of circumstances.
3. Demonstrated ability to be able to meet all CCBHC certification criteria.

In addition, applicants may meet *optional* criteria that will enhance their ability to meet all CCBHC certification criteria, including:

1. Additional State/ Federal credentialing such as Designation to provide Integrated Outpatient Services, Federally Qualified Health Center (FQHC) or "look-alike" status, or Indian Health Service.
2. Experience providing an array of behavioral health services and/ or addiction treatment services licensed by the Department of Drug and Alcohol Programs (DDAP) related to the Scope of Services outlined in the CCBHC certification criteria.

According to SAMHSA, a CCBHC may offer services in multiple locations, however, **all sites** must meet the CCBHC criteria. Please note that no CCBHC payments will be made for inpatient care, residential treatment, room and board expenses, any other non-ambulatory services, or to facilities that were established after April 1, 2014.

Submission Requirements

Applicants are required to complete and submit the following documentation for consideration:

- The PA Application for Certified Community Behavioral Health Clinics (CCBHCs)
- The New Integrated CCBHC Certification Criteria Readiness Tool (I-CCRT) (see attached)
- CMS CCBHC Cost report (see attached)

Please be as thorough and accurate as possible in your CCBHC application. Applications that are incomplete or do not follow the guidance provided in this document may be subject to rejection.

Applications are to be submitted electronically by 5:00 PM on February 29, 2016

to: RA-PWCCBHC@pa.gov

Subject: CCBHC Application Submission

All questions may be submitted to: RA-PWCCBHC@pa.gov

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Program Information

A. Overview

The Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse Services (DHS-OMHSAS) is seeking applications from experienced, responsive, responsible and financially sound community behavioral health organizations to be considered for certification under the CCBHC program. The purpose of a CCBHC is to improve the provision of community-based mental health and substance use disorder treatment by:

- Increasing access to high quality care across the lifespan;
- Further integrating behavioral health and drug and alcohol addiction with physical health care;
- Utilizing evidence-based practices,
- Reducing avoidable hospital use and complications; and
- Fostering diverse health system partnerships

B. Background

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (H.R. 4302) was enacted. Section 223 of the law authorizes the Department of Health and Human Services to: develop certification criteria for CCBHCs, provide guidance to states on developing a Prospective Payment System (PPS) to reimburse for CCBHC, administer 1 year planning grants to States interested in developing a proposal for the 2 year program demonstration, select 8 States to participate in the CCBHC demonstration, report findings and recommendations to Congress on CCBHC. The Commonwealth of Pennsylvania was awarded a one year Federal planning grant in October 2015.

C. Description of CCBHC Planning Grant and Demonstration Under the awarded grant,

Pennsylvania's DHS, OMHSAS, and DDAP are charged with:

- Collaborating with key stakeholders
- Certifying at least 2 clinics as a CCBHC based on the SAMHSA criteria
- Assist clinics with meeting certification standards through training and technical assistance
- Developing a Prospective Payment System (PPS) Methodology
- Collecting and reporting data in preparation to participate in the National evaluation
- Submitting a proposal for the 2 year Program Demonstration

The State will select and certify at least two programs as CCBHCs based on the certification criteria established by the United States Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare & Medicaid Services (CMS), and Assistant Secretary for Planning and Evaluation (ASPE). Selected programs will reflect the regional diversity of the state's population and service delivery systems.

At the end of the one year planning grant, there will be a competitive process to determine which states will participate in the two year pilot program. Only 8 of the 24 States with a planning grant will be selected to participate. Pennsylvania's proposal will need to demonstrate proficiency in meeting all the program requirements.

D. Source of Funds

Providers selected to participate in the CCBHC development process will not be provided significant, if any, start-up funds; however it does provide an opportunity for eligible organizations to become certified as CCBHCs. If Pennsylvania is selected as one of the 8 States to move forward in the 2-year program

demonstration, participating CCBHCs will receive a cost-based Prospective Payment System (PPS-1) for services provided under the demonstration. The CCBHC will be reimbursed through the HealthChoices Behavioral Health Managed Care Organization(s) in which it has an in-network provider agreement. There may also be an opportunity for a Quality Bonus Payment.

E. Licenses and Certifications

The Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse Services (DHS-OMHSAS) is seeking applications from agencies that concurrently provide licensed behavioral health and licensed drug and alcohol addiction services, and are in good standing.

F. Certified Community Behavioral Health Clinic Requirements

Agencies selected to participate in the CCBHC certification process will have to meet all criteria by October 2016. The certification criteria is extensive and includes the following categories:

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance, and Accreditation

Prior to submission, prospective applicants must review the full certification criteria at the following link:

<http://www.samhsa.gov/section-223/certification-resource-guides/state-certification-guide>

G. CMS CCBHC Cost Report

The Cost Report is due with the RFA submission. The DHS-OMHSAS has selected the PPS-1 rate method. The base period for the cost report submission is July 1, 2014 through June 30, 2015. A CCBHC employee or consultant with knowledge of accrual-based accounting and Medicaid and Medicare cost principles should complete the report. The CCBHC CEO, CFO, Director or a direct delegate must certify the report.

Additional information will be provided around "visit" enumeration and anticipated costs that DHS-OMHSAS may require. A desk review of the cost report and ongoing follow-up will occur.

H. CCBHC Selection Certification and Processes

The State will score all applications for the preliminary selection of CCBHCs. Selection decisions will be based on the applicant's demonstrated ability to meet all certification criteria by October 2016.

Selection to participate in the CCBHC certification process does not guarantee that an agency will become certified as a CCBHC. Agencies will be required to meet a set of predetermined, time-sensitive benchmarks pertaining to the criteria. Agencies that do not meet a specific benchmark may be disqualified from the certification process. **All participating agencies must meet all certification requirements by October 2016.**

In addition, it is important to note that official CCBHC certification and agency participation in the 2 year demonstration is contingent on the acceptance of Pennsylvania's proposal by SAMHSA, CMS, and ASPE.

I. Rights Reserved to the State

DHS-OMHSAS reserves the right to:

- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- Waive any requirement that is not material;

Accept proposals received after the due date, where in the sole discretion of the State, there is a

- reasonable excuse for the delay. Reasonable excuse may include, but is not limited to, carrier disruption and weather delay.

- Utilize any and all ideas submitted in the proposals received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Change any of the scheduled dates;
- Seek clarifications and revisions of proposals;
- Reject any or all proposals received in response to this Application;
- Not make an award to any applicant who is not in Good Standing at the time selection is awarded;
- Withdraw the application at any time, at the agency's sole discretion;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Negotiate with the successful applicant within the scope of the application in the best interests of the state;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of this application;
- Use proposal information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the application;
- Prior to selection, amend the application to correct errors of oversights, or to supply additional information as it becomes available; and
- Prior to selection, direct applicants to submit proposal modifications addressing subsequent application amendments.

Application Certified Community Behavioral Health Clinics (CCBHC)

Agency Information

Agency Name:

Agency Address:

Address Line 2:

City: State: Zip code: County:

Federal Employer ID Number (FEIN):

MA Provider ID number (9 digits) :

Service location(s) (4 digits each):

Contact person with regard to this application:

Email Address: Direct Phone Number:

Executive Director:

Direct Phone Number:

Email Address:

Demographics Please indicate the following (check all that apply):

Agency provider type:

Community Mental Health Center

FQHC

FQHC look-alike

Rural Health Clinic

Licensed Addiction Treatment Facility

Type of area served:

Urban

Rural

Suburban

PA Behavioral Health Zone (http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/c_084446.pdf):

Southwest

Lehigh/Capital

North/Central State Option

Northeast

Southeast

North/Central County Option

Agency Description

Please provide a brief (1-2 page) agency description that includes: a statement of purpose, vision for meeting all CCBHC requirements, and plan to work within Pennsylvania's current healthcare reform initiatives.

DRAFT

Selection Requirements

1. Indicate your agency's organizational authority:

Nonprofit Organization

Part of a local government behavioral health authority

Other (Please Specify)

2. Which services is your agency currently licensed/ certified to provide?

Behavioral Health

Drug and Alcohol Addiction Treatment

Physical health

Other

3. Does your agency currently provide services across the lifespan?

Yes

No

If "No" to question 3, does your agency have the ability to develop service capacity for all ages by October 2016?

Yes

No

4. Does your agency currently have accreditation as a patient-centered medical health home?

Yes

No

If "Yes" to question 4, please select the organization(s) through which your agency is accredited.

Joint Commission (TJC)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Nat'l Committee for Quality Assurance (NCQA)

Council on Accreditation (COA)

Other

5. If "No" to question 4, does your agency plan to become accredited as a medical home within the next 2 years?

Yes

No

If "Yes" to question 5, please briefly describe your plan.

6. Does your agency currently utilize Electronic Health Records (EHR)?

Yes

No

EHR to be implemented within 2 years

If "Yes" to question 6, is the EHR inter-operable?

Yes

No

Supporting Information

Select all other applicable State/Federal designations:

| | |
|--|------------------------|
| Community Health Center | Rural Health Center |
| Federally Qualified Health Center (FQHC) | Other (please specify) |

Please indicate if your agency has experience providing services comparable to the CCBHC services or if this service capacity will be developed. As applicable, please provide a brief (250 words or less) description detailing your agency's comparable experience:

| | |
|--|-----------------|
| Crisis mental health services | |
| Comparable experience | To be developed |
| Screening, assessment, and diagnosis | |
| Comparable experience | To be developed |
| Patient-centered treatment planning that includes risk assessment and crisis planning | |
| Comparable experience | To be developed |
| Outpatient mental health services | |
| Comparable experience | To be developed |
| Outpatient Substance Use Disorder treatment licensed by DDAP | |
| Comparable experience | To be developed |
| Outpatient primary care clinic screening and key health indicators/health risk monitoring | |
| Comparable experience | To be developed |
| Care management | |
| Comparable experience | To be developed |
| Psychiatric rehabilitation services | |
| Comparable experience | To be developed |
| Peer support, counselor services, and family supports | |
| Comparable experience | To be developed |
| Intensive, community-based mental health care for members of the armed forces and veterans | |
| Comparable experience | To be developed |

Does your agency currently, or plan to, utilize a Designating Collaborating Organization?

Yes

No

If Yes, for what services?

Data Collection and Utilization

1. Does your agency measure clinic consumer satisfaction?

Yes

If Yes, how do you measure and utilize this data?

2. Does your agency collect and report quality metrics?

Yes

No

If Yes, what quality metrics are you measuring, and how are you utilizing them?

3. Does your agency conduct Internal Clinic Quality Data Reviews on a periodic basis?

Yes

No

If Yes, please elaborate.

CCBHC Site Information

Please list all site locations to be included under CCBHC certification.

According to SAMHSA, a CCBHC may offer services in different locations. For multi-site organizations, however, all sites must meet the CCBHC criteria. Please note that no CCBHC payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to facilities that were established after April 1, 2014.

CCBHC Location

Name: _____ Type of Site: _____
 Address: _____ Address Line 2: _____
 City: _____ State: _____ Zip code: _____ County: _____
 Programs/Services Offered: _____

CCBHC Location

Name: _____ Type of Site: _____
 Address: _____ Address Line 2: _____
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 City: _____ State: _____ Zip code: _____ County: _____
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CCBHC Location

Name: _____ Type of Site: _____
 Address: _____ Address Line 2: _____
 City: _____ State: _____ Zip code: _____ County: _____
 Programs/Services Offered: _____

Attestation Statement

I hereby attest that I am authorized by this Agency to execute this attestation, bind this Agency to the terms of this RFA and that I have read and understand the requirements and Terms and Conditions for participation in the above Certified Community Behavioral Health Clinic planning grant and program demonstration. In addition, I acknowledge that the PA Department of Human Services, the PA Office of Mental Health and Substance Abuse Services, Managed Care Organizations, or the PA Department of Drug and Alcohol Programs may conduct site visits or inspections of this Agency to ensure compliance with the Certified Community Behavioral Health Clinic criteria or any information contained in this application.

Signature of Chief Executive Officer (typed name serves as signature)

Date