Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Demonstration 223
Improving Community Behavioral Health

Presentation to the National Organization of State Offices of Rural Health
In March 2014, Congress passed the Protecting Access to Medicare Act of 2014 (H.R. 4302) which includes Section 223 on Improving Community Behavioral Health Services.

The President signed this Act into law on April 1, 2014.
Section 223 of PAMA Overview

Section 223 of the Protecting Access to Medicare Act of 2014 (H.R. 4302) requires:

• Establish criteria that states use to certify CCBHCs (SAMHSA)
• Provide guidance on the development of a Prospective Payment System (CMS)
• Award grants to states to plan and apply for the Demonstration program (SAMHSA)
• Select up to 8 states to participate in the demonstration.
• Evaluate the project (ASPE) and prepare annual reports to Congress (SAMHSA)
Demonstration 223 Funding

- $2 million for criteria development, annual reports, PPS guidance
- $24 million in FY 2016 for planning grants to states
- **Demonstration:** Federal Medicaid Match to States equivalent to the standard Children’s Health Insurance Program (CHIP) for CCBHC services to Medicaid enrollees
Three Phases

• **Preparation Phase** – *May 2014 to October 2015*

• **Planning Grant Phase** – *October 2015 to October 2016*

• **Demonstration Phase** – *January 2017 to January 2019*
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>April 2014</td>
<td>PAMA Authorized</td>
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<tr>
<td>Nov 2014 – April 2015</td>
<td>Develop Criteria and PPS Guidance</td>
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<tr>
<td>May 2015</td>
<td>Publish FOA, Criteria and PPS Guidance</td>
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<tr>
<td>Oct 2015</td>
<td>24 Planning Grants Awarded</td>
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<tr>
<td>Oct 2016</td>
<td>Demonstration Application</td>
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<tr>
<td>Dec 31, 2016</td>
<td>8 Demonstration States Selected</td>
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<tr>
<td>Jan – July 2017</td>
<td>Demonstration Program Starts</td>
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<td>2019</td>
<td>2 Year Demo Program Ends</td>
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<tr>
<td>Dec 2021</td>
<td>Final Report to Congress</td>
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Demonstration Program

Goals

• Provide the most complete scope of services under the criteria to individuals eligible for medical assistance under the state Medicaid program; or

• Improve the availability of, access to, and participation in, services under the criteria for individuals eligible for medical assistance under the state’s Medicaid program; or

• Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; or

• 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.
Requirements of States

• Certify at least two community behavioral health clinics that represent diverse geographic areas, including rural and underserved areas.

• Decisions to fund planning grants were based in part on the geographic distribution including rural and underserved areas when making funding decisions.

• Rural and urban: Under the funding opportunity announcement (FOA), states determine the definitions of rural and urban. Each state was asked to describe how it would certify clinics in both rural and urban areas. Some states used various definitions to distinguish between the two. States may use any of the federal definitions to distinguish the two. For additional guidance, review information on defining rural from the Department of Agriculture’s National Agricultural Library.
Improving Quality Care

- Federally defined criteria for certifying clinics that require coordinated, comprehensive, and quality care
- Common data collection and reporting on quality measures on screening, integration, treatment, and outcomes
- Payment systems that reimburse providers for the prospective cost of delivering services
Preparing for the Demonstration Program

Planning Grants fund states to:

1. Engage stakeholders
2. Certify clinics
3. Establish a PPS
4. Collect and report data and
5. Apply for the 2 yr. Demo program
CCHBC’s Criteria

1. **Staffing**: staffing linguistic, culture and numbers based on community needs assessments
2. **Availability & accessibility**: maximum waiting times for services, expanding operating hours
3. **Care coordination**: required agreements with community agencies
4. **Scope of services**: comprehensive, integrated, across the life-span
5. **Quality measures**: 21 measures collected at the clinic and state levels
6. **Organizational authority**: Requires consumer and family voice
Care Coordination

- Care coordination requirements shall include partnerships or formal contracts with the following:
  - Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
Nine required services

Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.”
CCBHCs directly provide services in green***

Additional required services are provided directly or through formal relationships with Designated Collaborating Organizations (DCOs)

Referrals (R) are to providers outside the CCBHC and DCOs

*** “unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise.”
SAMHSA’s Continuing Role to Promote Quality and Access

- **CCBHC Certification Planning Group**
  - Governance Structures
  - Assessing Community Needs
  - State Discretion in Criteria
  - Satellite Facilities
  - Timeline

- **Statewide Coordination Planning Group**
  - Timeline
  - Contracting Across Providers
  - Community Collaboration Agreements
  - Alignment with DSR Initiatives

- **Federal Coordination Workgroup**

- **PPS Planning Group**
  - Cost Reporting
  - Special Populations
  - Outlier Payments
  - Managed Care
  - Quality Bonus Payments
  - Visit Enumeration
  - Demonstration Claiming

- **Data Collection and Reporting Planning Group**
  - National Evaluation Planning
  - Listening Session with States on the National Evaluation
  - Quality measures Technical Specifications
  - TA Webinars on Technical Specifications (8 sessions)
SAMHSA website for certification and grant related resources [http://www.samhsa.gov/section-223](http://www.samhsa.gov/section-223)
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Questions?