

Excellence in Mental Health Act and Certified Community Behavioral Health Clinics

Applying for State Planning Grants

March 2015

In March of 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302). This legislation includes provisions of the *Excellence in Mental Health Act* — an eight-state demonstration project and the single largest investment in community behavioral health in more than 50 years.

What does this mean?

Once again, behavioral health clinics will have a federal definition with defined quality standards and reimbursement that reflects the actual cost of care. The legislation:

- **Creates criteria for “Certified Community Behavioral Health Clinics” (CCBHCs)** as entities designed to serve individuals with serious mental illnesses and substance use disorders. These entities provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services. This includes 24/7 crisis response and peer support services.
- **Provides \$25,000,000 that will be available to states as planning grants** to develop applications to participate in the 2-year pilot. It’s anticipated that the Department of Health and Human Services will release state planning grant applications in May 2015.
- **Allows states to test the ability to drive down overall costs of care** through models that foster successful recovery and decreased reliance on institutional care.

Why should states apply for a planning grant?

It’s anticipated that applications for planning grants will be released in May 2015.

- **Only states selected for planning grants** will be eligible to apply for pilot program funding.
- **Planning grant funds can be used to support states** as they determine how CCBHCs best fit within current system redesign efforts. States can leverage this opportunity plan and implement other delivery and payment reform efforts.
- **The demonstration program includes provisions that will provide CCBHCs with the financial footing to deliver these required services.**

How can states leverage the planning grant and demonstration to support existing priorities?

The demonstration can be aligned with and support current and planned state redesign efforts including Health Homes, Balancing Incentive Programs, and Home and Community Based Services (HCBS) Transition plans. For states who have been considering changes in provider certification standards, the demonstration provides an opportunity to align any changes with a national standard that considers provider participation in care coordination and integration efforts, while maintaining access to established specialty behavioral health care providers.

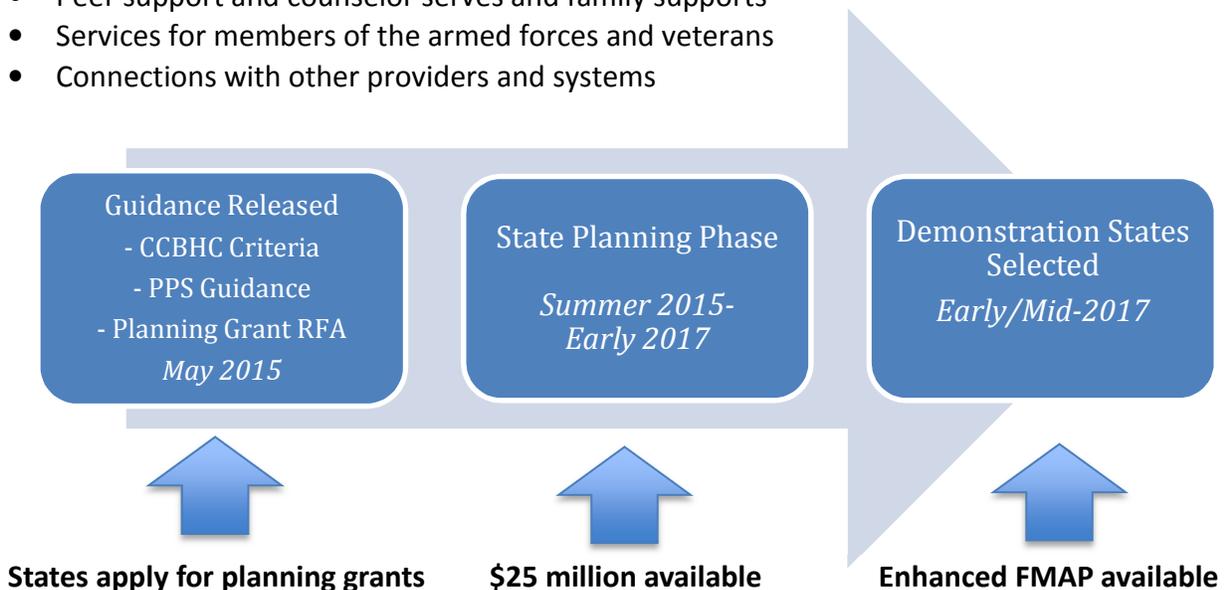
Are there other requirements for participating?

Participating states are required to develop a Prospective Payment System (PPS) to reimburse Certified Community Behavioral Health Clinics for required services provided by these entities. It is anticipated that further guidance from CMS will be released along with the CCBHC certification criteria in May 2015, but alternative payment methodologies to PPS can provide a means of incorporating incentives for improvement on key access and quality of care metrics into the payment methodology, while maintaining the necessary base of support for this innovative model.

An enhanced federal Medicaid match rate is available for CCBHC services. The match rate for CCBHC services is either the Enhanced FMAP/CHIP rate or the current FMAP for newly eligible “expansion” Medicaid beneficiaries – which is 100% now and moves down to 90% by 2020. This demonstration program will help ensure the availability of resources to build the CCBHC infrastructure, allowing states to provide the type of comprehensive, high quality outpatient mental health and substance abuse services. These services are envisioned through the demonstration and will improve access for Medicaid beneficiaries. Guidance in developing the PPS structure will be issued by CMS in 2015.

What are the required services that CCBHCs must provide?

- Crisis mental health services, including 24-mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment, and diagnosis, including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor serves and family supports
- Services for members of the armed forces and veterans
- Connections with other providers and systems



Questions? Contact Charles Ingoglia at chucki@thenationalcouncil.org