

SELECTION OF CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS REQUEST FOR EXPRESSIONS OF INTEREST

Maryland Department of Health and Mental Hygiene
Behavioral Health Administration

Expressions of Interest

The Maryland Department of Health and Mental Hygiene – Behavioral Health Administration (DHMH BHA) intends to issue a Request for Application (RFA) to select two behavioral health clinics (one urban and one rural) to become Certified Community Behavioral Health Clinics (CCBHC) under a two year demonstration project to be competitively awarded to states.

The DHMH BHA was recently awarded a “Planning Grant for Certified Community Behavioral Health Clinics” by the Substance Abuse and Mental Health Administration (SAMHSA). The purpose of the planning grant (Phase I) is to support twenty four states to certify clinics during the planning period such that they may participate in the demonstration project (Phase II). State participation is competitive and as such a maximum of eight states will be awarded grants to participate in the demonstration. Certification and participation by a clinic in the two year demonstration is contingent on acceptance of Maryland’s proposal by SAMHSA, CMS and ASPE.

DHMH BHA is sending this Request for Expression of Interest seeking to learn of clinics that would meet the eligibility criteria, be interested in participating if Maryland is selected, and that would respond to a competitive Request for Application to be issued in **February 2016**. During the Planning Grant period DHMH BHA will be working on the three major components: certification of clinics, establishment of a prospective payment rate for Medicaid reimbursable services, and preparation of an application to participate. Certification for the CCBHCs is extensive and includes the following all of which must be met by August 2016: staffing; availability and accessibility of services; care coordination; scope of services; quality and other reporting; and organizational authority, governance and accreditation. It is important for you to note that when a Designated Collaborating Organization (DCO) supplies some aspect of required services, the CCBHC is still regarded as providing the service and is clinically responsible for the services provided. More information on the “single legal entity” requirement will be available from SAMHSA at the end of next week.

The documents that describe the eligibility requirements, the development of a Prospective Payments System (PPS) rate for Medicaid reimbursable services, and other important details can be found at:

(1) SAMHSA RFA No. SM-16-001, CFDA No. 93.829:

<http://www.samhsa.gov/grants/grant-announcements/sm-16-001>

(2) Guidance to Planning Grant States to Apply to Participate in the Section 223 CCBHC Demonstration Program: <http://www.samhsa.gov/section-223/certification-resource-guides/state-certification-guide>

(3) DHMH BHA Project Narrative Response to the RFA (attached as PNF-Maryland)

<http://dhmh.maryland.gov/bhd/Pages/Certified-Community-Behavioral-Health-Clinics0112-585.aspx>

The DHMH BHA now invites you to indicate your interest in participating in the demonstration. At a later date, interested clinics must provide information demonstrating that they are eligible to participate by completing a full Request for Application (RFA). Clinics may enter into contractual agreements with Designated Collaborating Organizations (DCO) for some services in order to meet the requirements.

Clinics will be selected based on information submitted in the February RFA in accordance with the requirements set out by SAMHSA and the DHMH BHA Project Narrative referenced above. Priority will be given to those demonstrating readiness to provide the comprehensive and coordinated services required, the quality of services, the needs of the community, the geographic location that enables us to demonstrate the efficacy of CCBHCs in urban and rural areas. DHMH BHA will use the CCBHC Certification Criteria Readiness Assessment Tool (CCRAT) created by MTM Services in collaboration with the National Council for Behavioral Health. Clinics will be financially certified by the DHMH Health Care Financing Administration and data will be audited by the DHMH BHA, the DHMH BHA Administrative Services Organization, the University of Maryland Baltimore's Behavioral Health Systems Improvement Collaborative, and others. After the candidate clinics are selected, the DHMH BHA, Medicaid, and a technical assistance team will create a custom technical assistance plan for both clinics to help them meet program requirements. Technical assistance will be provided throughout the planning and demonstration periods to assure readiness for certification by September 30, 2016.

CCBHCs will be financed through a new Prospective Payment System model (PPS-1) that will be developed during the planning period. The PPS-1 rate will be based on cost and visit data to establish a per person per diem rate reflective of costs, case mix, service portfolio, and DCO related experience. In addition, a Quality Based Payment factor will be added and quality and efficiency based incentives may be reflected in the rates. An actuarial company will verify all data used for rate setting and will develop the PPS-1 rate setting methodology in an actuarially sound manner.

Minimum requirements include, but are not limited to:

- Approval as an Outpatient Mental Health Center (OMHC) in Maryland, Maryland licensure as a Federally Qualified Health Center (FQHC), or a Hospital Outpatient Behavioral Health Clinic that is a non-profit, part of local government, or a specified Indian Health organization
- Accreditation by a DHMH approved accreditation body (e.g. The Joint Commission (TJC), the Council on the Accreditation of Rehabilitation Facilities (CARF), etc.)
- Management of a diverse workforce including staff with lived experience; staffing includes Medicaid-enrolled providers who are mental health and substance use disorder professionals, credentialed, certified and licensed by the State of Maryland;
- Ability to meet the requirements of 2402(a) of the Affordable Care Act;
- Provision of an available and accessible scope of services in a person-centered, family-centered, culturally competent manner that integrates and coordinates care to address all

aspects of a person's health – physical, behavioral health (merged mental health and substance use disorder services), and social service needs:

Services that must be **directly** provided by the CCBHC (although specialized services may be provided through a referral) include:

- screening, assessment, and diagnosis including risk assessment;
- person-centered and family-centered planning;
- outpatient mental health and substance use services; and
- and crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization (crisis services may be provided directly or by a state-sanctioned alternative acting as a DCO)

(See details for these services in the RFA Appendix II, pages 33-46).

Services provided **directly and/or through DCO agreements** include:

- outpatient primary care screening and monitoring;
- targeted case management;
- psychiatric rehabilitation services;
- peer and family support services, and counselor services; and community based mental health care for veterans

(See details for these services in the RFA Appendix II, pages 46-53)

- Provision of or access to four approved Evidence Based Practices: Supported Employment (provided directly only), Functional Family Therapy (FFT), Medication Assisted Treatment (MAT) and Assertive Community Treatment (ACT) (FFT, MAT and ACT may be provided directly or through a DCO);
- Willingness to accept payment through a new Prospective Payment System Rate (PPS-1) model (as described above); and
- Ability to collect and report a broad range of data elements related to quality (see <http://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf>, pages 64-67) and cost, including contracting with a vendor for data analytics (existing or operational by August 2016) and financial data elements to be defined by CMS for cost reporting
- Interest in expanding numbers of and services to military veterans, homeless, correctional services, and other special populations;
- Effective utilization of a certified Electronic Health Record; and
- Sophisticated performance measurement infrastructure with continuous quality improvement (CQI) processes

In addition, preferred services include:

- Family Psycho-education (FPE)
- First Episode of Psychosis Services (FEPS)
- Wellness Recovery Action Plan (WRAP)
- MARS (OOO will provide training and leadership for implementation of MARS)
- Adolescent Community Reinforcement Approach (A-CRA)

In order to express your interest in becoming a Certified Community Behavioral Health Clinic, please complete the following form and submit it to the address provided below. Additional information is available on our website at:

<http://dhmh.maryland.gov/bhd/Pages/Certified-Community-Behavioral-Health-Clinics0112-585.aspx>

Expression of Interest

Certified Community Behavioral Health Clinics (CCBHC)

Interested Party's Contact Information			
Organization Name:			
Organization Address:			
Address Line 2			
City:	State:	ZIP Code:	County:
Federal Employer ID Number (FEIN):			
Contact person with regard to this application:			
Direct Phone Number:			
Email Address:			
Executive Director:			
Direct Phone Number:			
Email Address:			
Demographics and Service Features			
Please indicate the following (check all that apply):			
Agency provider type:			
	<input type="checkbox"/> Outpatient Mental Health Center (OMHC)		
	<input type="checkbox"/> Maryland licensure as a Federally Qualified Health Center (FQHC)		
	<input type="checkbox"/> Hospital Outpatient Behavioral Health Clinic (non-profit, part of local government)		
	<input type="checkbox"/> Indian Health organization (see RFA for list of types of organizations)		
	<input type="checkbox"/> Other (please specify):		
Type of area served:			
	Urban ____ Rural ____ Other ____ (Please specify:_____)		
Other organization and service features currently in place:			
	<input type="checkbox"/> Accredited by The Joint Commission (TJC) ____, the Council on Accreditation of Rehabilitation Facilities (CARF) ____, or other (specify)_____ (check one)		
	<input type="checkbox"/> Use an Electronic Health Records (EHR) system		
	<input type="checkbox"/> Use a formal quality improvement process		
	<input type="checkbox"/> Participate in the Outcome Measurement System (OMS)		
	<input type="checkbox"/> Board of Directors is composed of ____% consumers and family members		
Maryland Medicaid State Plan Services currently offered:			
	<input type="checkbox"/> Person-Centered and Family-Centered Care (4.B) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Crisis Behavioral Health Services (4.C) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Screening, Assessment, and Diagnosis (4.D) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Person-Centered and Family-Centered Treatment Planning (4.E) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Outpatient Mental Health and Substance Use Services (4.F) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Outpatient Clinic Primary Care Screening and Monitoring (4.G) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Targeted Case Management (4.H) (provided directly ____ or use contractor ____?)		
	<input type="checkbox"/> Psychiatric Rehabilitation Services (4.I) (provided directly ____ or use contractor ____?)		

	Peer Supports, Peer Counseling and Family Caregiver Supports (4.J) (provided directly ____ or use contractor ____?)
	Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans (4.K) (provided directly ____ or use contractor ____?)
Additional Service Capabilities/Features currently offered:	
	Mental health and substance use disorder services are integrated
	Supported Employment (SE) (provided directly ____ or use contractor ____?)
	Functional Family Therapy (FFT) (provided directly ____ or use contractor ____?)
	Medication Assisted Treatment (MAT) (provided directly ____ or use contractor ____?)
	Assertive Community Treatment (ACT) (provided directly ____ or use contractor ____?)
	Family Psycho-education (provided directly ____ or use contractor ____?)
	Wellness Recovery Action Plan (WRAP) (provided directly ____ or use contractor ____?)
	Trauma Informed Care (TIC) (provided directly ____ or use contractor ____?)
	Motivational Interviewing (MI) (provided directly ____ or use contractor ____?)
	Cognitive Behavioral Therapy (CBT) (provided directly ____ or use contractor ____?)
	Dialectical Behavioral Therapy (DBT) (provided directly ____ or use contractor ____?)
	Targeted Case Management (TCM) (adults ____; children ____) (provided directly ____ or use contractor ____?)
	First Episode of Psychosis Services (FEPS) (provided directly ____ or use contractor ____?)
	Medication Assisted Recovery Services (MARS) (provided directly ____ or use contractor ____?)
	Adolescent Community Reinforcement Approach (A-CRA) (provided directly ____ or use contractor ____?)
	Physical health/primary care screening, assessment diagnosis and referrals (provided directly ____ or use contractor ____?)
	Crisis support/crisis includes: 24-hour mobile crisis teams____, emergency crisis intervention____, and crisis stabilization ____ (provided directly ____ or use contractor ____?)
	Care coordinators ____ Peer coordinators ____ (provided directly ____ or use contractor ____?)
	Cultural Competence Training (provided directly ____ or use contractor ____?)
	Risk management (provided directly ____ or use contractor ____?)
	Connections with other providers and systems (criminal justice, foster care, child welfare, education, primary care, hospital, etc.) (provided directly ____ or use contractor ____?)
	Collaboration with Consumer Quality Team (CQT) (provided directly ____ or use contractor ____?)

Interested clinics may obtain further information at the address below.

Expressions of interest must be emailed or delivered to the address below **by February 3rd at 5:00pm.**

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