

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Preparing for the CCBHC Demonstration Program

Orientation Webinar



How the Orientation is Organized

- 1. Overview of 223 and the Demonstration Application**
- 2. Certification and Criteria**
- 3. Statewide Coordination and Stakeholder Engagement**
- 4. Data Collection and Reporting**
- 5. Prospective Payment System Guidance**

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)**

Key Timeline

April 2014	• PAMA Authorized
Nov 2014 – April 2015	• Develop Criteria and PPS Guidance
May 2015	• Publish FOA, Criteria and PPS Guidance
Oct 2015	• 24 Planning Grants Awarded
Oct 2016	• Demonstration Application
Dec 31, 2016	• 8 Demonstration States Selected
Jan – July 2017	• Demonstration Program Starts
2019	• 2 Year Demo Program Ends
Dec 2021	• Final Report to Congress

Reporting the Demonstration Program to Congress

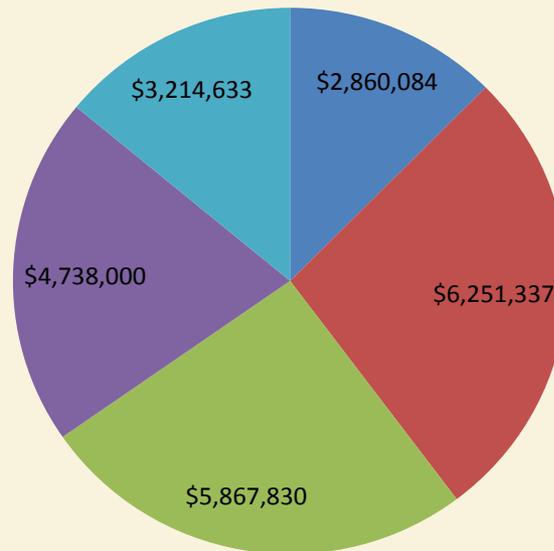
- **Annual Reports to Congress Assessing**
 - *Access to community-based mental health services*
 - *Quality and scope of services provided by CCBHCs and*
 - *The impact of the demonstration programs on the Federal and State costs*
 - *Compared to community-based mental health services provided in States not participating in a demonstration program and in areas of a demonstration State*
- **Final Recommendations to Congress by 12/31/21 whether the demonstration programs under this section should be continued, expanded, modified, or terminated.**

How CCBHCs Will Improve Quality and Access

- **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

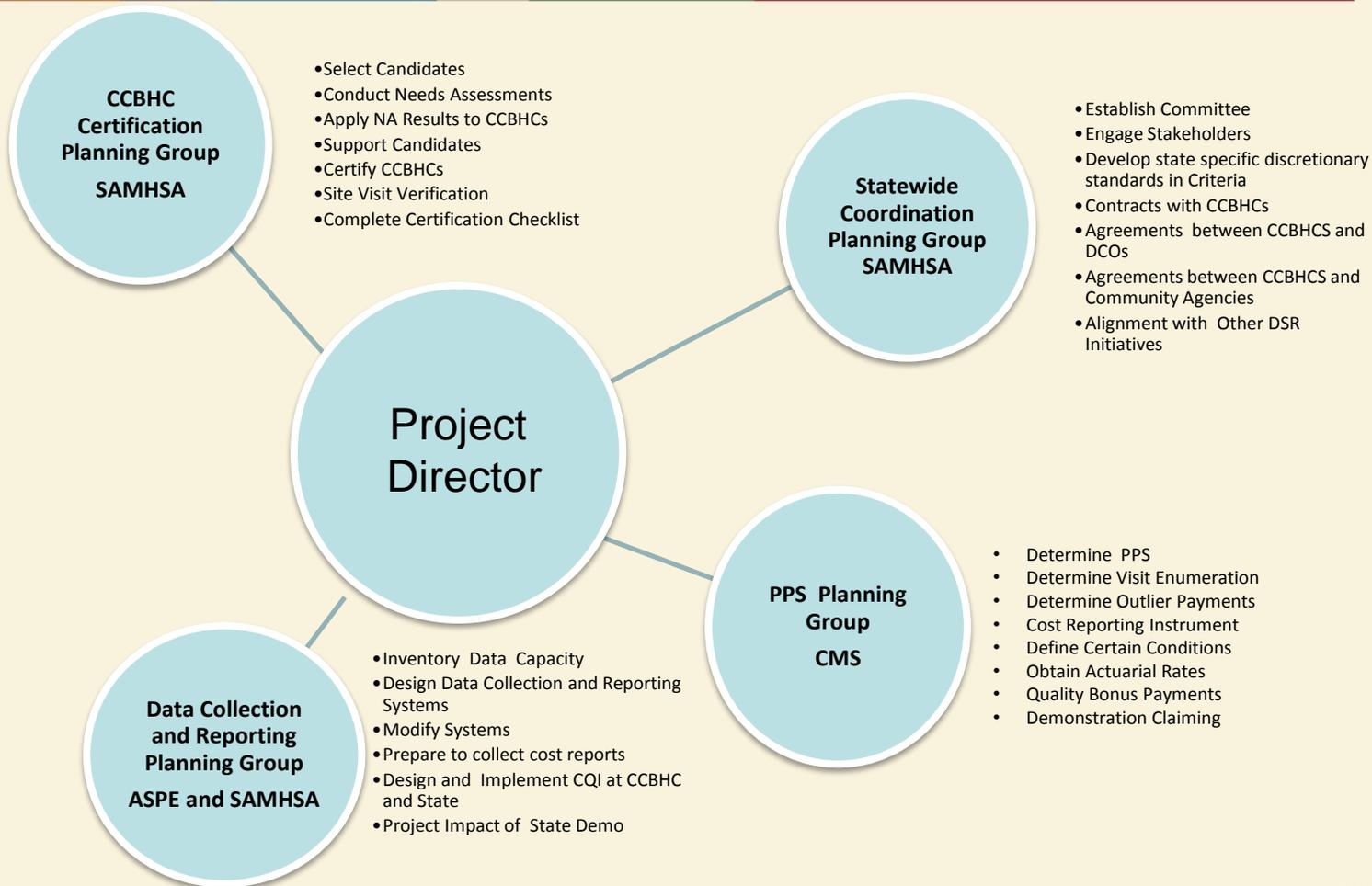
The Planning Grant

CCBHC Planning Grant Funds - State Budget Projections



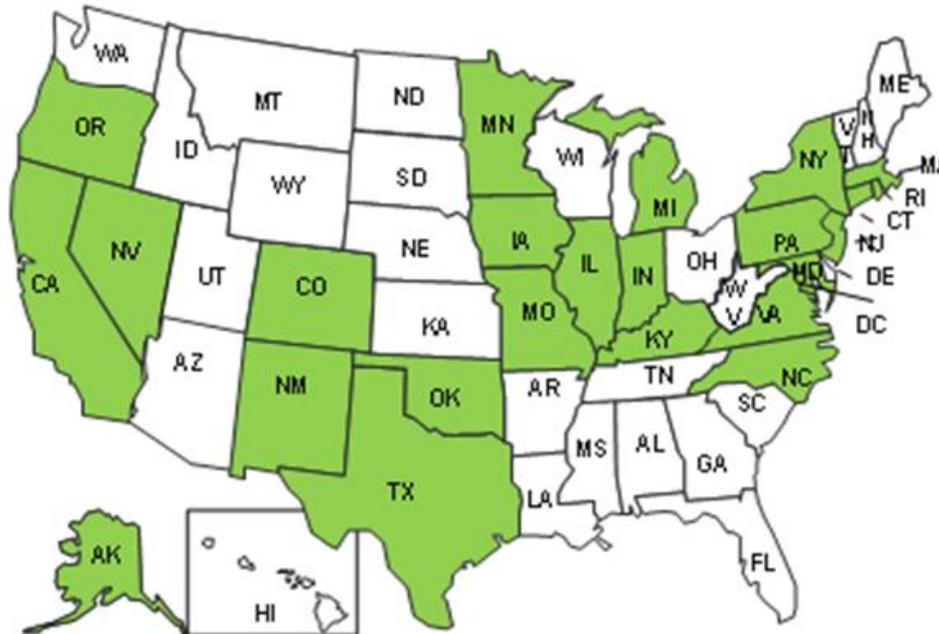
- Statewide coordination/stakeholder engagement
- Establishing a PPS
- Certifying clinics
- Data collection/reporting
- Writing application/managing grant/indirect costs

Technical Assistance Approach



How Planning Grant States Apply to Participate in the Demonstration Program

24 States Awarded Planning Grants for CCBHCs



Applying for the Demonstration Program

- Applications due October 31, 2016.
- Application quality determined by a panel of impartial federal subject matter experts.
- States represent diversity of geographic areas, including rural and underserved (per statute).
- Final selection announced December 31, 2016

Demonstration Program Application Guidance

- **Attachments (required, no points)**
- **30 page Narrative (80 points)**
 - **A. (10 points) Stakeholder Engagement**
 - **B. (20 points) The Certification process (including the State's Compliance with CCBHC Criteria Checklist)**
 - **C. (10 points) Data Collection**
 - **D. (15 points) National Evaluation**
 - **E. (25 points) Projecting the Impact based on Goals**
- **PPS Methodology (20 points)**

Projecting the Impact on Demonstration Program Goals

- **Provide the most complete scope of services under the criteria to individuals eligible for medical assistance under the state Medicaid program;**
- **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;**
- **Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; and/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.**

State's Compliance Checklist

Attachment 1. State's Compliance with CCBHC Criteria Checklist

- Criteria required for the CCBHCs) and their DCOs
- Verify the CCBHCs compliance, as a whole with each criteria:
 1. *Ready to implement*
 2. *Mostly ready to implement*
 3. *Ready to implement with remediation*
 4. *Unready to implement*
- Space to explain ratings other than 1.



CCBHC Certification and Criteria

Orientation Webinar



How Certification is Described in the Demo Application

- Application processes and review procedures that you used to certify clinics as CCBHCs that demonstrates attention to quality of care, access and availability of services.
- The diversity of CCBHCs including geographic area, population density, underserved areas or other data. Cite documentation including medically underserved area (MUA) designations that at least one CCBHC is located in a rural and/or underserved area.
- How the state facilitated cultural, procedural, and organizational changes to CCBHCs that will result in the delivery of high quality, comprehensive, person-centered, and evidence-based services that are accessible to the target population.
- How the CCBHC needs assessment process reflects behavioral health needs and resources in the service area and addresses transportation, income, culture, and other barriers.
- Description and justification of the EBPs that the state has required.
- Description of the guidance to CCBHCs regarding the CCBHCs organization governance that ensures meaningful input by consumers, persons in recovery, and family members.

CCBHC Criteria

- **Community-based**
- **Integrated**
- **Evidence-based**
- **Person- and family-centered**
- **Recovery-oriented**
- **Trauma-informed**
- **Culturally and linguistically competent**

Criteria Structure

- Each of the six program requirements in the criteria corresponds to a section of the Protecting Access to Medicare Act 2014, Section 223, which give statutory authority to this Demonstration Program
 - *Staffing*
 - *Availability and Accessibility*
 - *Care Coordination*
 - *Scope of Services*
 - *Quality and Other Reporting*
 - *Organizational Authority and Governance*

Staffing Highlights

- **Needs assessment drives staffing and other services — flexible to meet needs of consumers**
- **Appropriate staffing for serving consumer populations**
- **Fully staffed management team**
- **Training Plan**
- **Cultural and linguistic competence**

Availability and Accessibility Highlights

- **Meaningful access -- flexibility, responsive to consumers needs (including language)**
- **Timely Access**
- **Outreach and engagement**
- **24/7 access to crisis management services**
- **No rejection for inability to pay or place of residence**
- **Timelines for Provision of Services**

Care Coordination Highlights

- Care coordination agreements across a broad spectrum
- Consumer needs and preferences, family input
- Assistance with referrals
- Crisis planning and Advance Directives
- Particular attention to care transitions and coordination of medications
- HIT
- Federally Qualified Health Centers/primary care
- Treatment team and planning

Scope of Services Highlights

- **Nine Required Services**
- **Person-centered, family-centered, recovery-oriented care**
- **CCBHC clinically responsible for all care within scope of services whether provided by CCBHC directly or by a Designated Collaborating Organization (DCO)**

Designated Collaborating Organization (DCO)

A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. All encounter data are submitted through the CCBHC and PPS payment is directed through the CCBHC. The CCBHC is clinically responsible for the services provided for CCBHC consumers by the DCO.

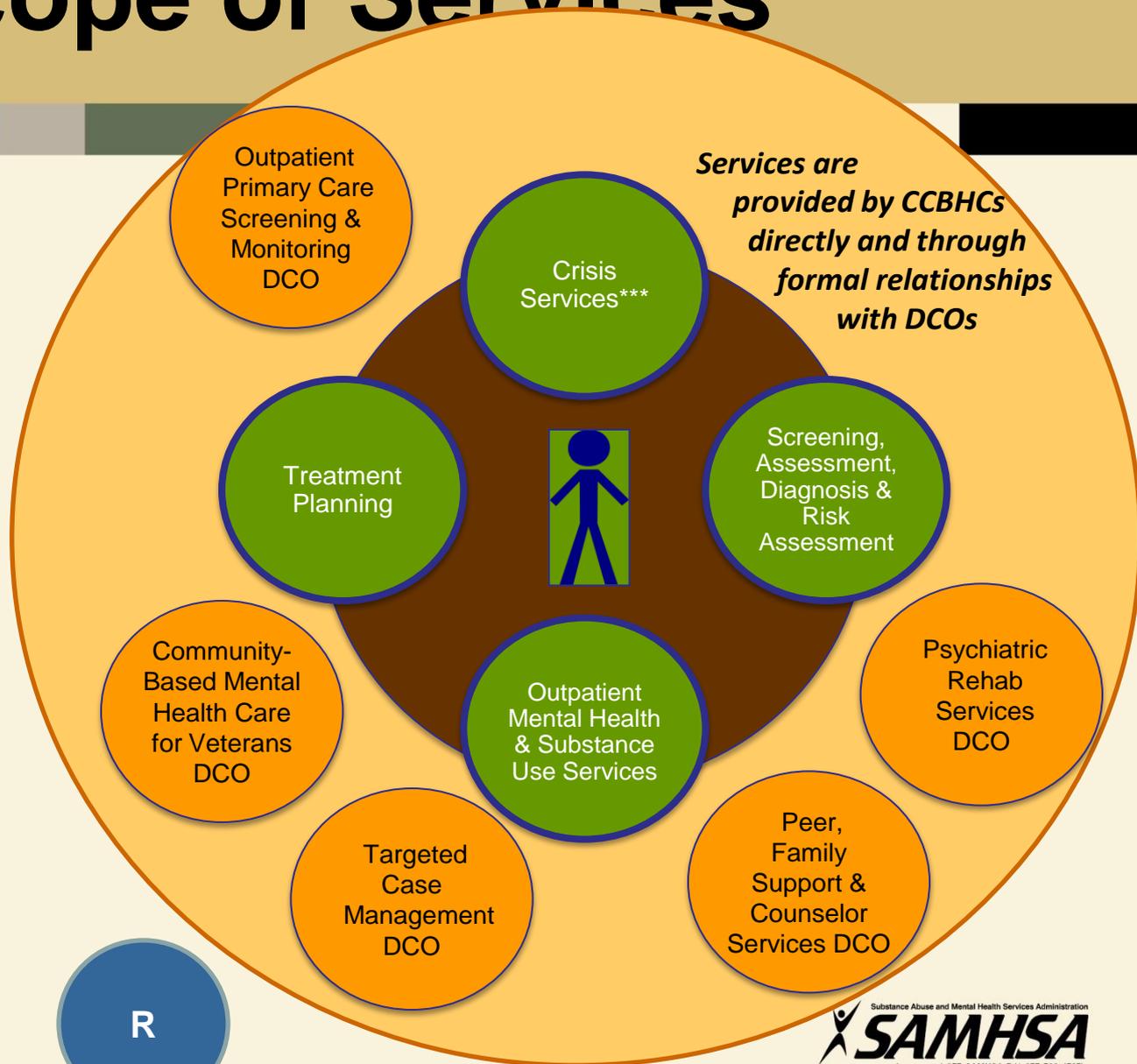
Scope of Services

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.”



Quality and Other Reporting

- **Data Collection, Reporting and Tracking**
- **Appendix A – Revised Quality Measures**

Organizational Authority, Governance and Accreditation Highlights

- **Organizational Authority**
- **Governance - Board Composition**
- **Accreditation**



Statewide Coordination and Stakeholder Engagement

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Stakeholder Engagement in the Demo Application

- A description of the steering committee or use of an existing committee, council, or process composed of relevant state agencies, providers, service recipients, and other key stakeholders to guide and provide input throughout the grant period.
- A description of the outreach, recruitment, and engagement of the population of focus including adults with serious mental illness and children with serious emotional disturbances and their families, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders in the solicitation of input.
- A description of the coordination with other local, state, and federal agencies and tribes to ensure that services are accessible and available.

Stakeholder Engagement – Ongoing Input

- **The States should continue to seek Stakeholder input on CCBHCs from across the state throughout the planning process (January-August, 2016).**
- **This could be through a continuation of the steering committee, a new Advisory Board, or another process - such as listening sessions; public comment periods; focus groups; stakeholder gatherings and/or committee reports.**
- **A key task is to ensure the outreach, recruitment, and engagement of the population(s) of focus into State planning for the demonstration project.**

Examples of State Discretion in Criteria: Opportunities for Stakeholder Input

- **What entities should be certified?**
- **Where should CCBHCs be located in the state?**
- **What EBPs should be included in the minimum set?**
- **What delivery method and settings may be enumerated for the PPS rate and payment (eg, telehealth, mobile care)?**
- **What sources and data should the state investigate to conduct needs assessments of CCBHCs? How will the information be analyzed?**
- **How will the quality and accessibility of services at CCBHCs be reviewed and improved by the state during the demonstration period?**
- **What are optimal standards for agency governance?**

Stakeholder Engagement - Governing Board

- **For each CCBHC, a Governing Board will be identified as part of the demonstration application and must be available to serve if the grant is awarded.**
- **The board must have significant (51% or more) membership of consumers and families of consumers membership. Governmental or corporate entities not able to meet that requirement will document how meaningful consumer and family input into policies, processes, and services will be obtained in an ongoing fashion.**
- **Will provide input for the duration of the demonstration project.**

Stakeholder Engagement - Coordination

- **Care coordination is a lynchpin of the CCBHC program, and required activities also include coordination with other local, state, and federal agencies and tribes to ensure that services are accessible and available.**
- **Criteria 3.C requires agreements establishing care coordination expectations with a variety of community or regional services, supports, and providers, including: Schools; Child welfare agencies; Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts); Indian Health Service youth regional treatment centers; State licensed and nationally accredited child placing agencies for therapeutic foster care service; and Other social and human services.**

Contracting in CCBHC/PPS

- **State - CCBHC Contract – source of authority**
 - *Provider regulations, certification requirements, policy manuals, etc.*
 - *Existing licensure and scope of practice regs*
 - *State application for CCBHC demonstration project, including PPS requirements*
 - *SAMHSA guidance for CCBHCs*
 - *Define oversight/monitoring role of State*

CCBHC-DCO Formal Arrangements

- **Pass-through of CCBHC requirements related to staff, access, care coordination, quality, etc.**
- **Delineation of specific responsibilities of DCO**
- **Billing requirements**
- **Oversight/monitoring requirements**

CCBHC/DCO Agreement Application Requirements

- **CCBHC/DCO formal agreements make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs. 4.A**
- **The required 9 CCBHC services are provided by the CCBHC and/or through DCOs.4.A**
- **Consumers have freedom to choose providers within the CCBHC and its DCOs 4.A**
- **CCBHC/DCO consumers have access to CCBHC grievance procedures 4.A**
- **DCOs meet the same quality standards as CCBHCs 4.A**
- **CCBHCs/DCOs are person-centered, family-centered, and recovery oriented and/or youth-guided and developmentally appropriate 4.B**
- **CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs 4.D**
- **CCBHCs are responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s). 4.G**

CCBHC/DCO Agreement Application Requirements

- **If targeted case management services are offered by DCOs, the CCBHCs have a formal agreement with DCOs to deliver high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. 4.H**
- **If psychiatric rehabilitation services are offered by a DCOs, the CCBHCs have a formal agreement with the DCOs to deliver evidence-based and other psychiatric rehabilitation services 4.I**
- **If peer support, peer counseling and family/caregiver support services are offered by a DCOs, the CCBHCs have a formal agreement with the DCOs to deliver peer specialist and recovery coaches, peer counseling, and family/caregiver supports. 4.J**

CCBHC/DCO Agreement Application Requirements

- CCBHCs must arrange access to data from DCOs as legally permissible upon creation of the relationship with DCOs and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer 5.a.3
- CCBHCs have formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements. 5.A



Data Collection and Reporting

Orientation Webinar



Data Collection in the Demo Application

- **Description of the developed or enhanced data collection and reporting capacity in support of meeting PPS requirements, quality reporting requirements, and demonstration evaluation reporting requirements**
- **Description of the designed or modified and implemented data collection systems—including but not limited to registries or electronic health record functionality that report on access, quality, scope of services, and costs and reimbursement for behavioral health services.**
- **Description of how the state assisted CCBHCs with preparing to use data to inform and support continuous quality improvement processes within CCBHCs, including fidelity to evidence-based practices, and person-centered, and recovery-oriented care during the demonstration.**
- **Description of the format of the data and when and how evaluators will be able to access this data.**

Evaluation in the Demo Application

Expectations for states have been revised. States are asked to:

- **Describe the state's participation in the Data Collection Planning Group calls, particularly as it pertains to the selection of a comparison group. Several strategies for the identification and selection of comparison groups were discussed. While we understand that a final selection cannot be made until after the demonstration starts, it is important to try to anticipate the needs of the evaluator in this area.**
- **Describe how the group discussions have impacted or influenced plans, describe potential comparison groups that might be feasible in the state, the types of data that could be made available for this group, and how the data might be used to assess access, quality and scope of services available to Medicaid enrollees served by the CCBHCs.**
- **Outline whether the state anticipates that IRB approval will be required. If states determine that IRB approval will be needed, they should describe their plans to secure this approval and a timeline for doing so.**

Data Related Milestones

- Demo Program Starts Early 2017
- DY1:
 - 9 Months after Demo Start: 1st Cost Report due
- 12 Months after Demo Start: DY1 Ends
- DY2:
 - 6 Months after DY1 Ends: Clinic-Reported QMs Due to SAMHSA
 - 9 Months after Demo DY1 Ends: 2nd Cost Report due
 - 12 Months After DY1 Ends: State-Based QMs Due to SAMHSA
- 24 Months after Demo Start: DY2 Ends
 - 6 Months after DY2 Ends: Clinic-Reported QMs Due to SAMHSA
 - 12 Months After DY2 Ends: State-Based QMs Due to SAMHSA

Quality Measures

The original list of 32 Quality Measures has been reduced to 21

Removed Measures:

- CCBHC-Reported:
 1. **Routine care**
 2. **Days to comprehensive evaluation**
 3. **Suicide deaths**
 4. **Documentation of current medications**
 5. **Controlling high blood pressure**
- State-Reported:
 1. **Suicide attempts**
 2. **Diabetes care (HbA1c poor control)**
 3. **Metabolic monitoring children**
 4. **Cardiovascular health monitoring**
 5. **Cardiovascular health screening**
 6. **Adherence to mood stabilizers**

Quality Measures Technical Specifications

- Currently being reviewed by OMB
- Are based on NQF-endorsed measures (when available) and were re-specified for the CCBHC/clinic-level
- The technical specifications and a reporting template will be distributed as soon as they are approved by OMB
- A series of webinars are scheduled for this summer to help states and CCBHCs understand the technical specifications
- Webinars will be scheduled so that state-reported quality measures and CCBHC-reported quality measures are presented separately
- **All quality measures will be reported to SAMHSA**

Ensuring Reporting Capacity: Quality Measures

- CCBHCs must be able to report 9 quality measures to states
 - Clinics will need to:
 - Identify denominators and numerators from client records (details in tech specs)
 - Report stratified data (e.g. by client age, payer) for each measure
- States must be capable of reporting 12 quality measures to SAMHSA - by CCBHC

There are 9 Required CCBHC-Reported QMs

	Quality Measure
1	Number/% of new clients with initial eval. within 10 business days/mean # of days until initial eval. of new clients
2	Adult BMI screening and follow-up
3	Weight assessment and counseling for nutrition and physical activity – children and adolescents
4	Tobacco use: screening and cessation intervention
5	Unhealthy alcohol use: screening and brief counseling
6	Child and adolescent MDD: Suicide risk assessment
7	Adult MDD: Suicide risk assessment
8	Screening for clinical depression and follow-up plan
9	Depression remission at 12 months

There are 12 Required State-Reported QMs

	Quality Measure
1	Housing status
2	Follow-Up after ED for MH
3	Follow-up after ED for AOD
4	All-cause readmission rate
5	Diabetes screening for people with schizophrenia or bipolar on antipsychiatric medications
6	Adherence to antipsychotic medication for individuals with schizophrenia
7	Follow-up after hospitalization for MI ages 21 +
8	Follow-up after hospitalization ages 6-21
9	Follow-up care for children prescribed ADHD medication
10	Antidepressant medication management
11	Initiation and engagement of AOD dependence treatment
12	Family/patient experience of care surveys

CCBHC Clients

- Clients are individuals who receive any of the nine CCBHC service in a CCBHC
- Clients may use more than one CCBHC and
- May receive services from non-CCBHC entities

CCBHC Evaluation Requirements

- Comparison group will be identified by the evaluator after the demonstration is started
 - States and CCBHCs do not need to identify these clients!
 - The evaluator may ask for input from you on their selection
- Comparison group may be:
 - Clients from a non-CCBHC clinic
 - Clients selected to be similar to CCBHC clients drawn from multiple other clinics

CCBHC Evaluation Requirements

- Clinics must know how to submit claims required under demonstration
 - Guidance from CMS is forthcoming on how to identify CCBHC claims
- Participating states should expect to provide their FFS and managed care claims to the evaluator
 - Particularly if claims are not provided in a timely manner to CMS
- Claims should reflect services delivered
 - Not just monthly/daily rate

Certified Community Behavioral Health Clinics

Prospective Payment System (PPS) Guidance



Agenda

- **PPS Background**
- **Summary of PPS Guidance**
- **FMAP for Demonstration Expenditures**

CCBHC PPS Guidance

- The statute* requires the use of PPS to pay participating clinics for CCBHC services
- Provides guidance to states and clinics on the development of the PPS to be used for the 2-year demonstration
- Covers all services described in the criteria and delivered by:
 - CCBHCs
 - Qualified Satellite Facilities (established prior to April 1, 2014)
 - Designated Collaborating Organizations (DCOs)

* Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA)

CCBHC PPS Rate-Setting Methodology Options

- States will select one of two PPS rate methodologies
- Selected method to be applied demonstration-wide
- Selected method used to develop CCBHC-specific rates

CCBHC PPS Rate-Setting

Methodology Options (continued)

1. Certified Clinic PPS (CC PPS-1)

- Cost based, per clinic *daily* rate
- *Optional* quality bonus payments (QBPs)

2. CC PPS Alternative (CC PPS-2)

- Cost based, per clinic *monthly* rate
- Different PPS rates for services to clinic users with certain conditions
- Required inclusion of QBPs
- Outlier payments

PPS Rate Update Factor

- For CC PPS-1 and CC PPS-2
 - Demonstration year (DY) 1 rates are created using cost and visit data from the planning grant year, updated by the Medicare Economic Index (MEI)
 - DY2 rates are updated by the MEI or by rebasing

Rate Elements of CC PPS-1 and CC PPS-2

Rate Element	CC PPS-1	CC PPS-2
Base rate	Daily rate	Monthly rate
Payments for services provided to clinic users with certain conditions	NA	Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing all services necessary to meet the needs of special populations
Update factor for DY2	MEI or rebasing	MEI or rebasing
Outlier payments	NA	Reimbursement for portion of participant costs in excess of threshold
Quality bonus payment	Optional bonus payment for CCBHCs that meet quality measures	Bonus payment for CCBHCs that meet quality measures

Quality Bonus Payments

CC PPS-1 (optional) and CC PPS-2

- **Required Measures**
 - CCBHC must demonstrate achievement of all 6 required quality measures to receive a QBP
- **Additional Measures**
 - States can make QBP using additional measures specified by CMS after meeting goals of required set of measures
- **Proposed Measures**
 - CMS approval required for additional quality measures not specified in the PPS guidance
 - States must describe implementation of additional QBP in their application if it plans to include additional measures

QBP Medicaid Adult and Core Set Measures

Acronym ¹	Measure	Measure Steward ²	QBP Eligible Measures	Required QBP Measures
FUH-AD	Follow-Up After Hospitalization for Mental Illness (adult age groups)	NCQA/HEDIS	Yes	Yes
FUH-CH	Follow-Up After Hospitalization for Mental Illness (child/adolescents)	NCQA/HEDIS	Yes	Yes
SAA-AD	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA/HEDIS	Yes	Yes
IET-AD	Initiation and Engagement of Alcohol & Other Drug Dependence Treatment	NCQA/HEDIS	Yes	Yes
NQF-0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA-PCPI	Yes	Yes
SRA-CH	Child and Adolescent MDD: Suicide Risk Assessment	AMA-PCPI	Yes	Yes
ADD-CH	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Yes	No
CDF-AD	Screening for Clinical Depression and Follow-Up Plan	CMS	Yes	No
AMM-AD	Antidepressant Medication Management	NCQA/HEDIS	Yes	No
PCR-AD	Plan All-Cause Readmission Rate	NCQA/HEDIS	Yes	No
NQF-0710	Depression Remission at Twelve Months-Adults	MPC	Yes	No

¹ CMS-developed acronyms, except NQF-0104 and NQF-0710. CH refers to measures in the 2015 Medicaid Child Core Set, AD refers to measures in the 2015 Medicaid Adult Core Set.

² The measure steward is the organization responsible for maintaining a particular measure or measure set. Responsibilities of the measure steward include updating the codes that are tied to technical specifications and adjusting measures as the clinical evidence changes. This list may change based on the current measurement landscape.

Quality Bonus Payments

- States have flexibility in determining the level of payment
- States must specify:
 1. Factors that trigger payment
 2. Methodology for making the payment
 3. Amount of payment
- QBP Technical Assistance is available to states in collecting, reporting, and using measures for the adult and child core sets of Medicaid/CHIP quality measures

Email: MACQualityTA@cms.hhs.gov

Managed Care Considerations

1. Identify PPS methodology state will use in its managed care delivery system
 - Must be same methodology demonstration-wide
2. Choose option for incorporating CCBHC rate into managed care payment methodology
 - Full incorporation of the PPS payment into the managed care capitation rate
 - Use a wraparound reconciliation process
3. Account for duplicate services and reduce duplicative payments from PIHP or PAHP *and* MCO

Managed Care Considerations cont.

4. State must collect data for oversight of managed care contract. In state's contract with managed care entity, include:
 - CCBHC data to be reported
 - Data collection period
 - Reporting requirements method
 - Entity responsible entity for data collection
5. Revise actuarial certification letters to ensure proper enhanced FMAP claims and attribute the actual portion of managed care rates to CCBHC services

FMAP for Demonstration Expenditures

- Enhanced FMAP equivalent to CHIP
- Enhanced FMAP plus 23% for services provided to beneficiaries in a Medicaid CHIP expansion program
- FMAP for newly eligible MA beneficiaries
- 100% FMAP for CCBHC services provided to American Indian and Alaskan Natives

CMS Technical Assistance

CMS will be providing technical assistance to states and clinics on developing PPS rates via the following resources:

- **CMS mailbox for PPS guidance-related questions:**
CCBHC-Demonstration@cms.hhs.gov
- **CMS mailbox for QBP-related questions:**
MACQualityTA@cms.hhs.gov
- **CMS PPS page:** [Section 223 Landing Page in Medicaid.gov](#)

External Links

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/223-demonstration-for-ccbhc.html

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Section 223 Demonstration Program to Improve Community Mental Health Services

Medicaid

By Topic

- Eligibility
- Benefits
- Cost Sharing
- Waivers
- Long Term Services and Supports
- Delivery Systems
- Quality of Care

Financing & Reimbursement Content

- Accountability Guidance
- Disproportionate Share Hospitals (DSH)
- Medicaid Administrative Claiming
- State Expenditure Reporting for Medicaid & CHIP

On May 20, 2015 the Centers for Medicare & Medicaid Services (CMS) issued guidance to states and clinics on the development of a prospective payment system (PPS) to be tested under the Certified Community Behavioral Health Clinics (CCBHC) 223 Demonstration Program, as required in Protecting Access to Medicare Act (P.L. 113-93, section 223). See page 70 of the [Planning Grants for Certified Community Behavioral Health Clinics RFA](#) for additional information.

Background

The [Protecting Access to Medicare Act of 2014](#), was passed by Congress in March 2014, and signed into law on April 1, 2014 by the President. Section 223 of the Act provides for the creation and evaluation of a demonstration

CMS website for PPS related resources
<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/223-demonstration-for-ccbhc.html>

www.samhsa.gov/section-223

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CCBHC

Section 223 Demonstration Program for Certified Community Behavioral Health Clinics

Section 223 Demonstration Program for Certified Community Behavioral Health Clinics

Section 223 of the Protecting Access to Medicare Act (PAMA) helps states establish certified community behavioral health clinics (CCBHCs).

CCBHC Criteria and Technical Assistance Clarifications

Access the [complete CCBHC certification criteria – 2015 \(PDF | 788 KB\)](#) to learn about the history and structure of the criteria, key definitions, and the six program requirements.

For guidance, announcements, and helpful information on applying the criteria, access [technical](#)

BEHAVIORAL HEALTH TREATMENT LOCATOR

Community Conversations

PARTNERS for RECOVERY

Additional Information

For background on the Section 223 Demonstration Program and instructions for completing annual CCBHC cost reports, visit the

SAMHSA website for certification and grant related resources <http://www.samhsa.gov/section-223>