NEW YORK STATE OF OPPORTUNITY. | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services

CCBHC Application for Providers
FAQ

General Application Questions
1. Should the CCBHC application be completed electronically?
Yes. The NYS Application for Certified Community Behavioral Health Clinics (CCBHCs) and the New Integrated CCBHC Certification Criteria Readiness Tool (I-CCRT) are available as eForms on the OMH CCBHC webpage: https://www.omh.ny.gov/omhweb/bho/ccbhc_2.html. Please do not handwrite or print and scan applications.

CCBHC Eligibility Questions
2. Are IPAs able to apply?
No. A CCBHC must be a single, legal organizational structure with one Chief Executive Officer, Medical Director, and Board.
3. Could an application be submitted as a collaboration between a behavioral health provider and an FQHC (who often provides SA services)?
No. Per SAMHSA's criteria, the application must be submitted by a single agency that can directly provide all required services.
4. Is a lead agency with an affiliated agency permissible to meet the scope of required "directly provided services" and can they then jointly apply?
Please refer to the answer for Question 3.
5. Will both Article 31 and 32 clinics be needed to apply or will the application be considered if one of the clinics, in our case, an Article 32 clinic, can be up and running by a certain date? What would that date be?
Yes. CCBHCs are required to have both Article 31 and 32 clinic license/certification that are in good standing. It will likely be very difficult for an agency to participate if they do not already have both Article 31 (OMH) and 32 (OASAS) clinic licenses/certification because the planning grant is only one year. Both licenses need to be established by March 31, 2016 in order to meet all CCBHC criteria by August 2016.
6. If an organization that otherwise meets all other requirements of the eligibility criteria included in the application except for the requirement of possessing an Article 32 (OASAS) clinic license/certification, but partners/subcontracts/affiliates with another organization that does possess an Article 32 (OASAS) clinic license/certification, would the organization be eligible to apply for the CCBHC designation? If so, would this arrangement decrease the organization's chances for a successful application?
The CCBHC certification criteria defines a formal partnership as a relationship between a CCBHC and a Designated Collaborating Organization (DCO). Due to this definition and the requirement of comprehensive outpatient mental health and substance use treatment being provided directly by the CCBHC, the above scenario would not adhere to the certification criteria.
7. If an organization that otherwise meets all other requirements of the eligibility criteria included in the application except for the requirement of possessing an Article 32 (OASAS) clinic license/certification, but can demonstrate that it is in the process of obtaining an Article 32 (OASAS) license/certification by August 2016, either through a new OASAS Certification Application or a transfer/change of ownership of an existing Article 32 (OASAS) license/certification (but has still not received the license), would the organization be eligible to apply for the CCBHC designation? If so, would this situation decrease the organization's chances for a successful application?
Please refer to the answer for Question 5.
8. Is it permissible for an applying organization to have a licensed corporate affiliate provide children's or other required services in a joint venture?

A CCBHC applicant must be a single, legal organizational structure with one Chief Executive Officer, Medical Director, and Board. It will be extremely difficult for providers to develop a new legal organizational structure under a joint venture that meets all State licensing requirements by March 31, 2016 and CCBHC certification criteria by August 2016.

9. Is it permissible to have a not-for-profit management services organization apply as lead for closely aligned licensed service organizations?

No. A CCBHC applicant must be a single community behavioral health provider that is has a legal behavioral organizational structure with one Chief Executive Officer, Medical Director, and Board.

10. Will an integrated license suffice for separate Article 31 and 32 licenses?

Agencies that are authorized to provide integrated mental health and substance use outpatient services (i.e. Article 31 and 32 licenses) are eligible to apply.

Certification Criteria Questions

11. Do CCBHC applicants have to directly provide crisis services if there is an existing crisis management structure in the area?

According to the certification criteria, CCBHCs must directly provide crisis management services unless there is a State sanctioned system that dictates otherwise. As such, CCBHCs may contract with a county designated crisis program, as defined under the NYS Mental Hygiene Law however, the county designated crisis program must expand services to meet all CCBHC certification criteria pertaining to crisis management service provision, including, but not limited to those applicable to substance use disorders.

12. Program Requirement 1 / 1.a.2 – What is the minimal percentage of the overall consumer population that will require specific cultural and linguistic staffing within the CCBHC?

This program requirement is dependent on the needs assessment conducted for each prospective CCBHC geographic location. Staffing requirements, including minimal percentages for culturally and linguistically appropriate staffing plans will be further defined during the planning grant year.

13. Program Requirement 2 / 2.c.1 – Do provisions have to be made to provide face-to-face crisis management services?

Yes. Under certification criteria 4.c.1, crisis management services must include: 24 hour mobile crisis teams, emergency crisis intervention services, and Crisis stabilization.

14. Will a 24 hour 7 day a week Crisis Services program including Mobile Crisis that is staffed by certified professionals constitute 24 hour and weekend coverage? What is required for clinics, case management, peer components?

CCBHCs must adhere to the certification criteria outlined by SAMHSA. Specific service components will be further defined by the State during the planning grant year.

15. Will the medical screening requirements for a CCBHC be met by current APG health monitoring definition and activities?

APG health monitoring does fit within the construct of the CCBHC Scope of Services. Specific service components will be further defined by the State during the planning grant year.

16. Will Substance services also include services other than outpatient clinic at some point (detox, rehabilitation, etc.)? If so, can these be contracted out?

Scope of services will be further defined, agencies are expected to maintain diverse contracts to ensure continuum of care.

17. What is your vision of how Health Home care coordination fits into the CCBHC model? Operationally how does the relationship work with consumers who are eligible for Health Home services? As care coordination is a core service provided by the CCBHC,

and if an individual is eligible for Health Home care coordination, should that be the primary care coordination?

CCBHCs will be required to establish a DCO contract with health homes for the targeted case management service articulated in the CCBHC scope of services for individuals who are health home eligible, as well as ensure this service is available for individuals who do not meet health home criteria. Specific service components will be further defined by the State during the planning grant year.

18. Program Requirement 3 / 3.b.5 – Does CCBHC's eHR application need to be integrated with electronic health information exchange WITHIN the two-year demonstration project timeframes?

CCBHCs must meet all electronic health record requirements in the certification criteria. At this time, additional requirements have not been identified by the State.

19. Program Requirement 5 / 5.a.1 – Does the CCBHC need to directly report the encounter, outcome and quality data indicated?

Yes. CCBHCs must directly collect, report, and track encounter, outcome, and quality data. Specific measures will be further defined late on during the planning grant year.

20. Is there an expectation that CCBHCs use a specific outcome measure that is appropriate for all clients across the lifespan? Does such a measure exist? Would more focused measures like the PHQ-9 (depression) or GAD-7 (anxiety) suffice?

CCBHCs must record on all measures articulated in the certification criteria. Specific measures will be further defined by the State during the planning grant year.

21. The MHSIP client satisfaction survey is identified as a key QA measure. OASAS has incorporated much of the MHSIP into their online "Perception of Care" tool. Would use of the Perception of Care measure suffice?

The State will assess the applicability of this tool and further define this provision during the planning grant year.

22. Can the requirements for consumer and family participation on the governing board be satisfied through the establishment of an advisory board?

Yes.

23. Is the State going to require accreditation for deemed CCBHC's thru CARF or another accreditation body?

At this time, the State does not anticipate CCBHCs will be required to possess additional accreditation.

Integrated CCBHC Certification Criteria Readiness Tool (I-CCRT) Questions

24. How do we document an item that we rate "NO" but we consider "not a challenge"?

Per the instructions provided by MTM Services, the scale for questions that are answered as "No" ranges from 1-4. The 5 (not a challenge) rating would not be applicable.

25. Section C: Question 9: What is meant by the term "related parties"?

Related parties are:
1)Other parties with which the entity controls or can significantly influence the management or operating policies of the other to an extent that one of the transacting parties might be prevented from fully pursuing its own separate interests
2)Other parties that can significantly influence the management or operating policies of the transacting parties or that have an ownership interest in one of the transacting parties and can significantly influence the other to an extent that one or more of the transacting parties might be prevented from fully pursuing its own separate interests.

26. Section E: Question 2: Is NYS considered a "PPS-2 rate state"?
No. New York will be utilizing the PPS-1 methodology.
27. Section E: Question 4: What is the acceptable cost-to-charge ratio for a CCBHC?
The cost-to-charge ratio will be defined as the Prospective Payment System is further developed.
28. Page 28 question 4. What are the specifically described methods for consumers, people in recovery and family members to provide meaningful input to Board about CCBHCs policies, processes and services? Does a Consumer Advisory Board which provides input to the CCBHC Board meet these criteria?
Please refer to section B-11 of the State's RFA for a detailed description of New York's current plan to address this provision.
29. Some questions directly ask about capacity and what the clinic has experience in while others ask what the CCBHC has in place as if we are already a CCBHC. How are we supposed to answer questions starting with "The CCBHC has ….." when we are not CCBHCs? Page 13, question 6 is an example. It is written as an evaluation of an existing CCBHC with the scope and expectations of a CCBHC. So, are we answering as clinic providers pretending to be CCBHCs currently or as clinic providers predicting where we feel we would be at as a CCBHC in demonstration year 1?
The questions asked in the I-CCRT are intended to allow prospective CCBHCs to assess their current ability to meet the exact certification criteria established by SAMHSA. Applicants should answer these questions based on their current capacity to meet each certification requirement.
30. Page 16, question 12. Our clinics operate our own after hour's crisis coverage for all of our clients but our region's Crisis Outreach is provided by a separate agency as part of our local services plan. It is done in coordination with the area CPEP. Is this a problem?
According to the certification criteria, CCBHCs must directly provide crisis management services unless there is a State sanctioned system that dictates otherwise. As such, CCBHCs may contract with a Comprehensive Psychiatric Emergency Program (CPEP), as defined by State regulation however, the CPEP must expand services to meet all CCBHC certification criteria pertaining to crisis management service provision, including, but not limited to those applicable to substance use disorders. Please note that CPEP services outside of the CCBHC criteria will not be reimbursed under the Prospective Payment System.
31. Similar to our question number 7, Page 11, questions 15, 17, 19, 20 and 21 are all phrased as if agency was already chosen as a CCBHC and the questioner is evaluating the first stages of actual implementation. "Has your clinic developed a marketing and re-branding plan to support the CCBHC role in your community?" is a good example of this. We are in the process of applying. Why would we develop a marketing plan for something we haven't been selected for? The instructions say answering No but rating it as a 5, "Not a Challenge" is not acceptable so how should we answer questions geared for an existing CCBHC that we see as no concern in implementing if chosen but would not do unless chosen i.e. marketing plan, reclassifying personnel, re-defining job functions, etc. Is this whole section an error and meant to be used for CCBHC's in demonstration year 1?
Please refer to the answers for Questions 24 and 29.
32. In Western New York, we have multiple specialized county-based crisis service providers. We do not have an existing state-sanctioned, certified, or licensed crisis services system. Would a DCO agreement with these specialized county-based service providers suffice for a lead organization's compliance with Program Requirement 4 (#8 page 21)?
Please refer to the answer for Question 11.

33. How will the "catchment area" or geographic extent of responsibility for the provision of services referred to in the self-assessment document be determined for organizations who are accepted as CCBHC's for the demonstration project?

CCBHCs are required to provide services to all individuals who seek services from the CCBHC regardless of their residency, age, or ability to pay. Please note that catchment areas for CCBHCs cannot overlap. The State will work with selected agencies to further define each catchment area and ensure that overlap does not occur.

CCBHC Site Location Questions

34. Is "SITE" defined as an organization or a physical location?

A CCBHC site location is defined as a physical location in which a community behavioral health provider is licensed to provide all required CCBHC services.

35. Does being a "multi-site organization" mean that the organization has many physical locations/ buildings or does it mean they are present in multiple geographic regions?

A multi-site organization refers to a single agency that maintains multiple physical locations in which services are provided in. This provision can refer to agencies that have multiple sites within the same geographic region, as well as agencies with site spread across multiple regions.

36. Is it necessary that a CCBHC provide all required services at all service locations - or does the CCBHC only have to ensure that services are accessible to all clients in their geographic area?

Per the certification criteria, all sites listed under a CCBHC must meet all certification criteria, including service provision of all required services across the lifespan.

37. If you have a co-located MH Article 31 Clinic within a community pediatric practice can you provide just pediatric MH services at that location if your clinics are deemed a CCBHC??

Please refer to the answer for Question 36.

38. Do all services have to occur at the same physical address or can they be spread among different locations under the same license?

Please refer to the answer for Question 36.

39. Do the elements of the CCRT and the Application apply to both Residential and Outpatient programs?

The CCBHC application is intended for community-based, outpatient behavioral health programs. Residential programs are able to participate in this initiative through formal partnership with a CCBHC. Please note, however, that reimbursement under CCBHC is not available for residential treatment.

40. We have main operating certificates for Adult Mental Health, Child Mental Health and Alcohol and Substance Abuse with a variety of satellites attached. Not all satellites have all services situated within the satellite. As an example, we have a site with a PROS Program, Article 32 Clinic and Article 31 adult clinic with forensic services, anger management and domestic violence programming. We do not operate our children's programs within this location but we do have children's programming a few blocks away in a location with Supportive Case Management and Early Recognition and Screening for children and adolescents. The instructions say to list all site locations to be included under CCBHC certification and that a CCBHC may offer services in different locations but then says for multi-site organizations, however, all sites must meet the CCBHC criteria. Shall we interpret criteria to mean overall criteria of a CCBHC and not to mean each site must offer every program? Understandably, we do not serve children in the same building as our forensic services or adults outside of family treatment in our school based clinics.

Please refer to the answer for Question 36.

41. Will a selected CCBHC applicant be responsible for providing services in a very broad geographic region, or is there recognition, given the limited number of CCBHCs to be approved, that not all NYS communities will have a CCBHC provider?

Please refer to the answer for Question 33.

Prospective Payment System (PPS) Questions

42. Can you confirm that New York is not a PPS-2 state?

New York is not using PPS-2 and isutilizing the PPS-1 methodology.

43. How do the CCBHC requirements for services apply to those individuals seeking services who have Medicaid/Medicare or commercial insurance coverage? If the requirements do apply, what will be the method of covering the difference in reimbursement from these sources versus actual cost of services?

CCBHCs are expected to provide services to all individuals and accept all fund sources necessary to meet the needs of the individual presenting for services. All costs are incurred to operate a CCBHC are included in the rate calculation of the PPS.

44. Contingent upon our agency submitting an application, and with the understanding that the planning grant given to NYS from SAMHSA may help us only in becoming regarded and certified as an CCBHC initially, can any further information/detail be provided at this stage regarding the funding mechanisms during the potential 2 year- period, if a) we are awarded the certification and b) NYS is given the CCBHC participant designation among the 8 states.

During the two year demonstration, CCBHCs will receive a cost-based reimbursement rate for services provided within the scope of the CCBHC. These rates will developed during the planning grant year. For further information on this issue, please visit the guidance and resources for PPS development published by CMS.

Designated Collaborating Organization (DCO) Questions

45. What is the process and what are the requirements of becoming a DCO?

DCO partnerships are at the discretion of the CCBHC. Agencies interested in becoming DCOs will need to refer to local prospective CCBHCs to determine their interest in establishing a DCO partnership for one or more of the core services that the CCBHC is not required to provide directly. If a DCO partnership is initiated, the DCO will need to meet all service requirements and any State/Federal licensing requirements that are applicable to the CCBHC service(s) that will be provided by the DCO.

46. Is it permissible for an applying organization to have a DCO provide children's or other required services?

No. Under the certification criteria, CCBHCs must provide all required services across the life spectrum. DCOs may only provide CCBHC services that are not required to be provided directly by the CCBHC.

47. Will it be possible to contract for provision of children and youth services?

Please refer to the answer for Question 45.

48. Is it possible to contract for targeted case management?

Please refer to the answer for Question 17.

Planning Grant-related Questions
49. How will CCBHCs' compliance with the requirements be assessed during and following the application/approval process?
The State has contracted with MTM Services to 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 August 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. In August, the State will work with MTM services to assess each agency's ability to meet the certification criteria utilizing the I-CCRT.
50. When will guidance documents be provided regarding codes, reimbursement rates, regulation changes?
There is not set release date for this information at this time.
51. Prior to the initiation of CCBHC services for any deemed organization there will need to be infrastructure and staffing build-up such as hiring care coordinators, training for staff on the new required best practice standards, upgrading of data management etc.. Will there be reimbursement for these costs or start-up funds available to an organization for these costs?
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 New York State 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) for services provided under the demonstration. Startup costs can be budgeted in the calculation of the PPS.
52. What is the expectation of the CCBHC with regard to funding the transition? Will any grant payment be made available within the timeline required for a CCBHC to become operational? What is the expected interval between expenditure of funds by the CCBHC to become operational, and grant payments to the CCBHC?
Please refer to the answer for Question 50.
53. Will there be start-up funding for selected providers to develop and implement the required services by the August 1st deadline?
Please refer to the answer for Question 50.
54. Do all service requirement need to be full open and operational by August 2016 or will a work plan to expand services be acceptable?
At this time, prospective CCBHCs must meet the certification criteria by August 2016.

Program Demonstration-related Questions
55. Demonstration ends in 2018 but the final report to Congress and decision on next steps isn't until 2021. For those gap years is there any funding plan for sustainability in place? Additionally, is there any sort of regulatory relief planned given the much stricter confines of services and payment available in Article 31 and 32 clinics compared to CCBHCs?
At this time, there are no sustainability plans established by the Federal government for CCBHCs while next steps for the program are determined. The State is and will continue to explore sustainability options if selected to participate in the demonstration.
56. How do CCBHCs support the required services while Congress determines permanent funding? Will there be alternate bridge funding? How long might this Federal delay be?

	Is there any regulatory relief being considered for this interim period which would allow agencies to provide services not typically allowed in Article 31 and 32 clinics but required by CCBHC's?
Please refer to the answer for Question 54.	