HFS
Illinois Department of
Healthcare and Family Services

Illinois Medicaid Certified Community Behavioral Health Clinic (CCBHC) Initiative

Frequently Asked Questions

August 1, 2023[1]

1. **What is the CCBHC Medicaid Demonstration?**

   Section 223 of the 2014 Protecting Access to Medicare Act (PAMA) (PL 113-93) established certified community behavioral health clinics (CCBHCs) and authorized the U.S. Department of Health and Human Services (HHS) to establish federal criteria for a Medicaid Demonstration program. A Demonstration offers states the flexibility to test new approaches to Medicaid service delivery including new models of care and new payment approaches beyond what is permissible under existing law. Demonstrations are time limited and include a research and evaluation component to monitor and determine program effectiveness.

   The CCBHC Demonstration was originally authorized for two years beginning in 2016 but has since been extended ten times. The latest action, under the Bipartisan Safer Communities Act (BSCA) of 2022, authorizes the current Demonstration to be expanded to include additional states. Beginning July 1, 2024, and every two years thereafter, 10 additional states will be eligible to participate in the Demonstration. Each selected state's demonstration period will be four years.

   Providers selected for the CCBHC Medicaid Demonstration (Demonstration) will operate outpatient behavioral health, substance use, and primary care screening services, serving all ages, regardless of ability to pay, as well as adopt a common set of tools, approaches, and organizational commitments to treat individuals in a seamless and integrated fashion. Participants must meet rigorous established criteria for care coordination, service delivery, crisis response, and are evaluated by a common set of quality measures. In exchange, CCBHCs receive an enhanced prospective payment system (PPS) rate based on the costs of expanding services to meet the identified mental health and SUD treatment needs in their communities.

   For additional information, please see:
   1. Substance Abuse and Mental Health Services Administration CCBHC Guidance
   2. Center For Medicare and Medicaid Services CCBHC Guidance

[1] Responses provided as of July 24, 2023 are based on information available based on the current demonstration guidance, and may be modified dependent upon the release of any new Demonstration guidance.

2. Who is eligible to participate as an Illinois Medicaid provider in the Demonstration?

To be eligible to participate in this application process, the provider must have been awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC grant prior to Calendar Year 2023. Eligible SAMHSA grants include CCBHC Expansion grants, CCBHC Planning, Development, and Implementation (PDI) grants, or CCBHC Improvement and Advancement (IA) grants. Providers with pending SAMHSA CCBHC grants are not eligible to participate. In addition, the provider must:

- Have the capabilities necessary to meet all federal requirements included in the CCBHC Provider Readiness Tool (CPRT) based on the federal SAMHSA CCBHC Criteria updated March 2023 available at CCBHC Criteria.
- Have the capabilities necessary to meet all state requirements included in the forthcoming Illinois CCBHC Service Requirements (ICSR) (*available on or before August 7th*).
- Be approved as a provider in HFS' Provider Enrollment System.
- Have completed a Community Needs Assessment (no older than three years) of service area with a plan to update every three years.
- Provide an array of community-based mental health services as defined under 89 Ill. Adm. Code 140.453, and substance use treatment and intervention services as defined under 77 Ill. Adm. Code 2060 for adults, children, and adolescents.
- Be actively certified as a Community Mental Health Center (CMHC) or as a Behavioral Health Clinic (BHC) and as a Substance Use Prevention and Recovery (SUPR) provider.

3. What is the difference between the CCBHC Medicaid Demonstration, and the SAMHSA CCBHC grants available directly to providers?

There are two distinct funding streams associated with the CCBHC program:

- SAMHSA Grants
  CCBHC Expansion Grants: Issued directly to community-based providers over three separate funding opportunities in Federal FY2018, FY2020, and FY2021. SAMHSA has full oversight of these grants. There is no requirement for state coordination with providers, but providers were required to self-attest that they meet the baseline CCBHC criteria.
  CCBHC PDI and IA Grants: The Planning Development and Implementation (PDI) grant is for new providers to plan for, and develop services necessary, to become a CCBHC. The Improvement and Advancement (IA) grant is for existing CCBHC sites. SAMHSA has oversight of these grants. Providers are required to obtain a letter of support from the State Mental Health Authority and self-attest that they meet the baseline CCBHC criteria. The state has no direct involvement in the oversight or implementation of this funding.
- CCBHC Medicaid Demonstration
  The Centers for Medicare and Medicaid Services (CMS) CCBHC Medicaid Demonstration is administered by the state Medicaid agency and uses a prospective payment system (PPS)

rate to reimburse providers for services. States must apply for the Demonstration with ten states selected to participate. Under the Demonstration, the state is responsible for overseeing the program, including the state-based certification process, reimbursement, and compliance with federal reporting requirements.

4. **What is the process for participating in the Demonstration as an Illinois state-certified CCBHC?**

   Only providers that have received and implemented a SAMHSA CCBHC grant prior to CY2023 will be considered for certification under the Demonstration.

   HFS will send each eligible provider an application form, the CCBHC Provider Readiness Tool (CPRT) and the Illinois CCBHC Service Requirements (ICSR) document. The ICSR will be made available to applicants on or before August 7, 2023. These materials must be fully completed and submitted by September 1, 2023.

   HFS will review fully completed application materials and notify providers if they are eligible to move to the next phase of the certification process. HFS expects to notify providers of this determination by September 22, 2023.

   Applicants who are approved for the second phase of the certification process will receive a program review form and documentation request that will be used to demonstrate compliance with the federal SAMHSA CCBHC Criteria updated March 2023 available at CCBHC Criteria and the state criteria detailed in the ICSR.

   Upon receipt of the program review material, HFS will conduct a desk review of the submitted documentation. If HFS deems the provider documentation sufficient to validate initial readiness ~~compliance~~, an on-site review will be conducted. Following the on-site review, applicants will be notified if they are eligible to participate in the Demonstration.

   Providers must also fully comply with the CCBHC cost report process which includes submitting a cost report to HFS. The cost report will be used to develop a prospective payment system (PPS) rate for the Illinois Demonstration (see question #10). The CCBHC cost report form will be released and mandatory training will be scheduled for late summer and fall of 2023. Providers must submit their completed cost report forms in early November 2023. HFS will make training and technical assistance available throughout the cost report process. Additional detail on the cost report process and training will be released on or before August 7, 2023.

5. **What is the timeline for certifying eligible organizations?**
   The goal is to have the CCBHCs certified prior to the submission of the Illinois Demonstration Application in March 2024.

6. **What are the criteria for CCBHC certification?**
HFS plans to follow the SAMHSA CCBHC Criteria updated March 2023 for certification, which covers the following six requirement areas with Illinois specific enhancements *(to be released August 7, 2023):*

1) Staffing
2) Availability and Accessibility of Services
3) Care Coordination
4) Scope of Services
5) Quality and Other Reporting
6) Organizational Authority, Governance and Accreditation

The federal SAMHSA CCBHC Criteria updated March 2023 available at CCBHC Criteria.

7. **What services will CCBHCs be required to deliver?**

There are nine required CCBHC Services:

1) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2) Screening, assessment, and diagnosis, including risk assessment.
3) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4) Outpatient mental health and substance use services.
5) Outpatient clinic primary care screening and monitoring of key health indicators and health risks (e.g., BMI, blood pressure, tobacco use, HIV/Viral Hepatitis).
6) Targeted case management.
7) Psychiatric rehabilitation services.
8) Peer support, counselor services, and family support.
9) Intensive, community-based mental health services for members of the armed forces and veterans.

HFS will be issuing additional state specific enhancements to these criteria on or before August 7, 2023.

8. **What are the criteria and process to be approved as a Designated Collaborating Organization (DCO)?**
CCBHCs can establish partnerships with DCOs, if needed, to provide the required nine core services. However, CCBHCs must provide 51 percent (excluding Crisis Services) of the core services. The CCBHC/DCO relationship criteria include:
    - In the context of scope of services and the relationships between the CCBHC and DCOs, a formal relationship is based on a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be used.

- All CCBHC providers who furnish services directly, and any DCO providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state, and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers have and maintain all necessary state-required licenses, certifications, or other credentialing, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.
- Whether delivered by the CCBHC or by a DCO, the CCBHC is ultimately responsible for all care provided.
- The CCBHC ensures all CCBHC services are consistent with the consumer's freedom to choose providers within the CCBHC and its DCOs.
- DCO-provided services for CCBHC consumers must meet the same quality standards as those provided by the CCBHC

For further detail, please see the SAMHSA CCBHC/DCO Criteria at CCBHC Criteria.

9. How will DCOs be paid?

Under the Medicaid Demonstration, CCBHCs are paid a Prospective Payment System (PPS) rate which covers all costs associated with the delivery of CCBHC services, included those provided through a DCO. The CCBHC is responsible for reimbursing the DCO based on the contractual arrangement agreed upon by both entities. The costs of DCO services will be accounted for during the CCBHC cost report process to support PPS rate setting.

10. How does the CCBHC prospective payment system (PPS) reimbursement work?

Medicaid reimburses CCBHCs using a PPS rate that accounts for the costs of service expansion and providing services to all persons who seek care. The PPS rate is intended to sufficiently cover costs and offer improved financial predictability. The PPS is calculated as the total costs of allowable services divided by the total visits for allowable services. Inflation is also applied for the applicable rate period. Providers will receive the PPS rate for eligible services billed for Medicaid members.

In May 2023, CMS proposed revisions to the CCBHC PPS Guidance. HFS is currently reviewing these revisions and will issue further guidance on its PPS approach.