

JAN 09 2015

Dear Tribal Leader:

I am writing to invite you to join me in a one hour tribal consultation conference call on February 11, 2015, at 4 p.m. EST to update you on Section 223 of the Protecting Access to Medicare Act of 2014 to create Certified Community Behavioral Health Clinics. The purpose of this consultation is to review the Substance Abuse and Mental Health Services Administration's (SAMHSA) current activities to implement Section 223, respond to questions, and seek your input about ways to ensure that tribal issues are addressed.

As I shared with you on the November 2014 tribal consultation call, the Department of Health and Human Services is actively working to implement Section 223 of the Protecting Access to Medicare Act of 2014. The five main components of the legislation are as follows:

- Establishment of criteria that states will use to certify community behavioral health clinics for the two year demonstration program;
- Development of a prospective payment system for enhanced Medicaid funding for the demonstration programs;
- Awards of grants to states for planning purposes to develop proposals to participate in demonstration program;
- Selection of up to eight states to participate in the demonstration program; and
- Evaluation of the project with annual reports to Congress.

The overall goal of this initiative is to create and evaluate a demonstration program for up to eight states to implement certified community behavioral health clinics according to specified criteria that would make them eligible for enhanced Medicaid funding through a Prospective Payment System. An overview of the program and our strategies and efforts to address the requirements of the legislation is attached.

SAMHSA hosted a national listening session on November 12, 2014, followed by a two week public comment period to seek input on the development of certification criteria. We received numerous comments from the listening session, public comment period, and from the November tribal consultation call. These comments are contributing to the development of a set of draft certification criteria which will be available for public input before they are finalized. We plan to post the draft criteria on our SAMHSA web site at the beginning of February 2015. More information about where to find the draft criteria as well as how to comment on them will be sent to you in a subsequent e-mail.

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The conference call number is: 1-888-324-8108; passcode: 5175172. I look forward to talking with you in February about this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela S. Hyde', with a long horizontal flourish extending to the right.

Pamela S. Hyde, J.D.
Administrator

Enclosure

Enclosure:
Tribal Consultation Invitation Letter
Dated: Jan 09, 2015

Overview of the Program and Our Strategies

1. Brief Background Information

In March 2014, Congress passed the Protecting Access to Medicare Act of 2014 and Section 223 of the Act is a Demonstration Program which aims to increase access and expand community behavioral health services and to improve Medicaid reimbursement for community behavioral health services. H.R. 4302. There are five main pieces to the legislation:

- Establishment of demonstration program criteria.
- Development of a Prospective Payment System (PPS) for enhanced Medicaid funding for the demonstration programs.
- Awards of planning grants to states for planning purposes to develop proposals to participate in a two year demonstration program.
- Selection of up to eight states to participate in demonstration programs that are developed through planning grants awarded.
- Evaluation of the project with annual reports to Congress.

The overall goal is to create and evaluate a demonstration program for up to eight states that will implement Certified Community Behavioral Health Clinics (CCBHC) according to specified criteria that would make them eligible for enhanced Medicaid funding through a PPS.

2. Roles of Federal Partners

- SAMHSA has the overall lead for the project and is responsible for the development of the criteria, the annual reports and the grant making.
- The Centers for Medicare and Medicaid Services (CMS) has the lead responsibility for developing the PPS guidance for state applicants and for implementing Medicaid payments to the selected states.
- The Assistant Secretary of Planning and Evaluation (ASPE) has the lead role for identifying quality measures and the evaluation of the program.
- The three agencies are coordinating with other Department of Health and Human Services (HHS) agencies as needed such as Health Resource and Service Administration (HRSA) and the Indian Health Service (IHS).

3. Timeline

- By September 1, 2015: Criteria will be published for state certification of participating CCBHCs and guidance issued for participating states' establishment of a demonstration PPS for mental health services by certified PPS.
- By January 1, 2016: Planning grants will be awarded to states to assist with developing proposals by soliciting public input and establishing CCBHC certification and PPS implementation processes.
- By September 1, 2017: Up to eight states will be selected from those states awarded planning grants to participate in a two year demonstration to implement proposed approaches and assess their success.
- By one year after the first state is selected and annually thereafter: Reports will be submitted to Congress on the accessibility, quality, scope, and cost of services, with a final report to Congress by December 31, 2021, with recommendations to continue, expand modify or terminate these efforts.

4. Funding

- A total of \$2 million was appropriated in fiscal year (FY) 2014 and is available until expended for development of the criteria, annual reports and PPS guidance.
- \$25 million was appropriated to be obligated in FY 2016 for planning grants to the states.
- Existing federal funds from ASPE are expected to be used to conduct the evaluation.
- Mandatory federal funding will provide increased Medicaid payments for mental health services provided by the certified CCBHCs in the states selected for the demonstration.

5. Overview of the 223 Legislation as it relates to the Criteria Development

No later than September 1, 2015, HHS must publish criteria for a clinic to be certified by a state as a CCBHC for purposes of participating in a demonstration program. The criteria published must include criteria with the following:

- A. Staffing requirements, including criteria that staff has diverse disciplinary backgrounds, has necessary state-required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.
- B. Availability and accessibility of services, including crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient's ability to pay or a place of residence.

- C. Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:
- i) Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally Qualified Health Center (FQHC) services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the CCBHC.
 - ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
 - iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, IHS youth regional treatment centers, state licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
 - iv) Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
 - v) Inpatient acute care hospitals and hospital outpatient clinics.
- D. Scope of Services - Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the CCBHC, are provided or referred through formal relationships with other providers:
- i.) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
 - ii.) Screening, assessment, and diagnosis, including risk assessment.
 - iii.) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
 - iv.) Outpatient mental health and substance use services.
 - v.) Outpatient clinic primary care screening and monitoring of key health indicators and health risk
 - vi.) Targeted case management.
 - vii.) Psychiatric rehabilitation services.
 - viii.) Peer support and counselor services and family supports.
 - ix.) Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental

health guidelines promulgated by the Veterans Health Administration including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

- E. Quality Reporting - Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.
 - F. Organizational Authority - Criteria that a clinic be a non-profit or part of a local government behavioral health authority or operated under the authority of the IHS, an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with IHS pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.), or an urban Indian organization pursuant to a grant or contract with IHS under title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).
6. Work that has taken place to date
- A cross Department Federal Partners workgroup was established right away and has been meeting every two weeks since May.
 - A smaller working group of federal partners has met to coordinate the work and collaborate on key issues (timing of criteria for CMS to develop costs; quality reporting and evaluation).
 - An internal SAMHSA group is meeting on a weekly basis around the development of the criteria.
 - SAMHSA has engaged a contractor to support the development of criteria. Criteria development will take into account existing certifications, licensing, state Medicaid plans, and FQHC requirements.
 - Tribal consultation call to provide information to tribes on the implementation of Section 223.
 - A Listening Session took place all day at SAMHSA on November 12, 2014 followed by a two week public comment period.
7. Draft criteria will be posted in early February 2015, followed by a two week public comment period.