

**CCBHC Steering Committee Meeting
January 29, 2016
Child Welfare Resource Center, Mechanicsburg**

Joint Session

OMHSAS Medical Director Dr. Adair gave a general update on the Certified Community Behavioral Health Clinics (CCBHC) process. See attached power point.

Application process:

The CCBHC application will be sent out on February 8, 2016 and will be due February 29, 2016 (**since this meeting, the due date has been moved to March 3, 2016**).

Once the applications are received, they will be reviewed and an initial selection will take place. The counties will then assist with the secondary selection.

Demonstration application due to SAMHSA on October 30, 2016. SAMHSA will announce the eight demonstration states in January 2017. States chosen to be demonstration states must have all clinics implement at the same time. This implementation must take place at some point between January 2017 and July 2017.

Questions/Answers:

- Do all the services have to be provided in the same geographic area? ***Organizations can have satellites but the clinics must provide all four required/core services (crisis services, treatment planning, screening assessment, and outpatient mental health and substance use).***
- How many clinics will be approved to become a CCBHC? ***States must certify at least 2 clinics. Pennsylvania is planning on certifying 4-5 minimum. To ensure that the entire state is covered, 20-25 clinics could potentially be certified.***
- Will the number of clinics a state certifies determine SAMHSA's decision to make them a demonstration state (re: federal costs)? ***No.***
- Do you have to state in your application who you are collaborating with? ***Yes.***
- Can you continue to certify CCBHC clinics in 2017? ***Yes. However, the only clinics that will be able to receive PPS have to be included in the demonstration application.***

CCBHC Certification Workgroup

The certification workgroup focused on gathering stakeholder input in the following areas:

- Evidenced based services that should be considered.
- Required services and additional services to be considered in support of consumers within the CCBHC.
- Essential staffing for the CCBHC.
- Barriers for implementation.
- Consideration for local needs assessment.

Stakeholder Engagement Workgroup

The stakeholder engagement workgroup focused on gathering stakeholder input in the following areas:

- Services that are needed.
- When services should be available.
- Barriers to receiving services.
- Target populations.

Data Collection and Reporting Workgroup

The workgroup discussed how to set control groups and how to evaluate the project. Members were interested in previewing the Perception of Care or the MHSIP, which are part of the study measures. The workgroup also decided that email updates and Steering Committee meetings would be the best way to stay informed on the progress of the Steering Committee.

Prospective Payment System (PPS) Workgroup

Two key decisions made by the PA Department of Human Services (DHS) were discussed.

- DHS has chosen to use the PPS-1 rate, which is a pre-determined fixed amount that is paid based on a daily visit. The PPS-2 rate is a monthly rate that includes consideration for specialized populations and provides for outlier payments.
- DHS has chosen to use the Center for Medicare and Medicaid Services (CMS) issued Cost Report. A state may use a different format, but then must crosswalk the information back to the CMS format and be approved by CMS.

An overview of how the PPS rate is developed was provided, as well as some highlights of requirements of the cost report. Discussion also included how the CCBHCs may utilize a Designated Collaborating Organization (DCO) in its structure. 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.