

Certified Community Behavioral Health Clinics (CCBHCs) Policy Series

An Overview of New Legislation and Program Plans Aiming to Improve Quality of and Access to Mental Health Services.

NEWLY UPDATED FOR 2020

Legislative Overview

In 2014, the Protecting Access to Medicare Act (H.R. 4302) passed in Congress. Section 223 of this legislation establishes a Certified Community Behavioral Health Clinics (CCBHC) program to improve mental health services in select states. It establishes clear definitions and service guidelines for CCBHCs, creating a common definition for high quality, accessible, and comprehensive care. It also outlines two new payment models to improve reimbursements by using costs of services provided rather than fee schedules. The original legislation earmarked \$1.1 billion for the community behavioral health care system. The Coronavirus Aid, Relief, and Economic Security (CARES) Act included provisions to expand the demonstration program through November 30th, 2020. It also added two additional states (Kentucky and Michigan) to the demonstration program.

Program Requirements

Staffing

Staff must have diverse disciplinary backgrounds with required licenses. Staff must be culturally and linguistically trained to serve the needs of the patient population.

Accessibility

Availability and accessibility of services, including 24-hour crisis services, sliding scale fees, and no rejection for services based on a patient's ability to pay or place of residence.

Care Coordination

Coordination across settings and providers to ensure seamless care transitions across the full spectrum of health services, including acute, chronic, and behavioral health.

Service Scope

Provision of 9 specific services reflecting person-centered care practices. Services must be provided through the CCBHC or through a partnership with another provider.

Quality

As required by the Secretary, each CCBHC must report encounter data, clinical outcomes data, quality data, and other required data.

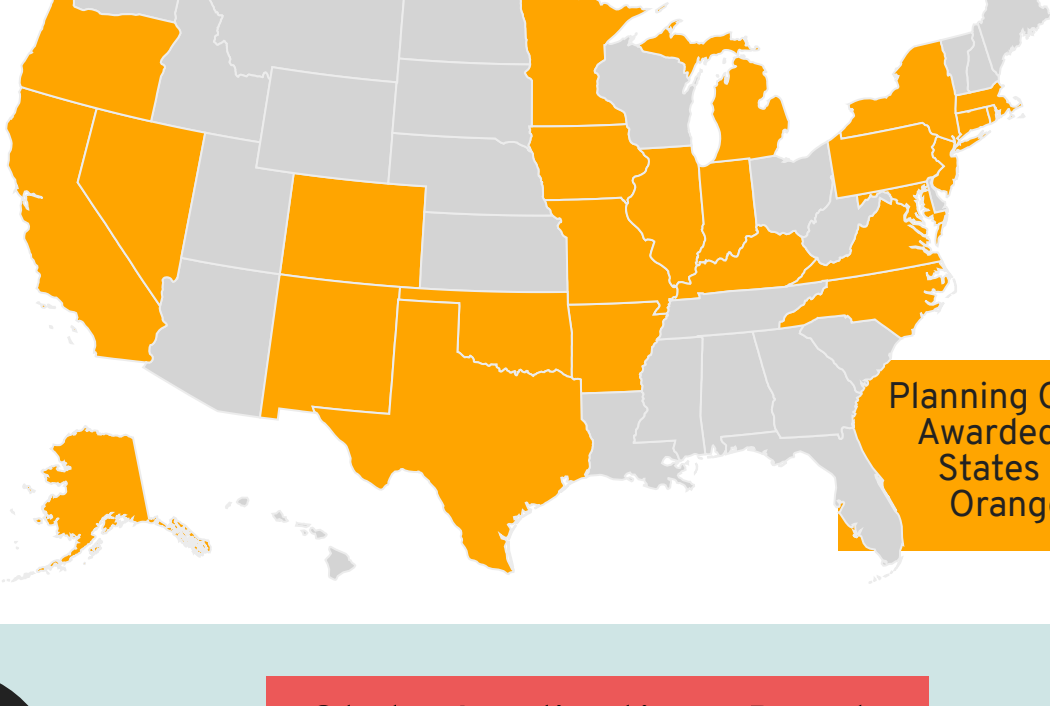
Organizational Authority

CCBHC must be a nonprofit or part of a local government behavioral health authority or operated under the authority of the Indian Health Service or Tribal organization.

Timeline of Program

Oct. 2015

Phase 1: Planning Grants awarded to 24 States



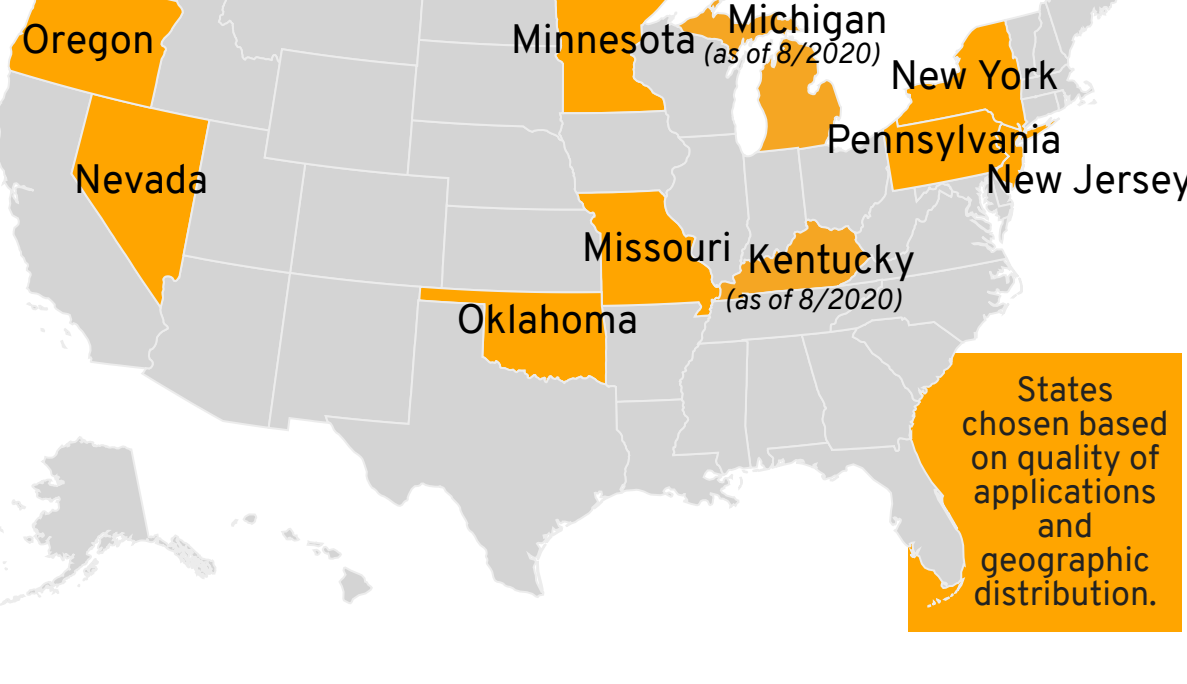
Oct. 31, 2016

State Applications Due to Participate in the 2-Year Demonstration Program

Only states which received planning grants were eligible to apply. Up to 8 states to be selected.

Dec. 2016

Phase 2: Eight States Selected to Participate in the 2-Year Demonstration Program



NEW!

As of August 2020, Kentucky and Michigan were selected for the demonstration program via the CARES Act

Jan. 2018

Annual Reports Due to Congress

Dec. 31, 2021

Final Report Due to Congress

Answers to FAQ's

What Goals do Demonstration States Hope to Achieve?

Selected States will Aim to Achieve at Least One of the Following Goals:

Provide the most complete scope of services to individuals eligible for Medicaid.

Improve availability, access, and participation in assisted outpatient mental health treatment.

Demonstrate potential to expand and increase the quality of mental health services without increasing Federal spending.

Improve availability, access, and participation in services for individuals eligible for Medicaid.

What are the Options for the Prospective Payment Systems?

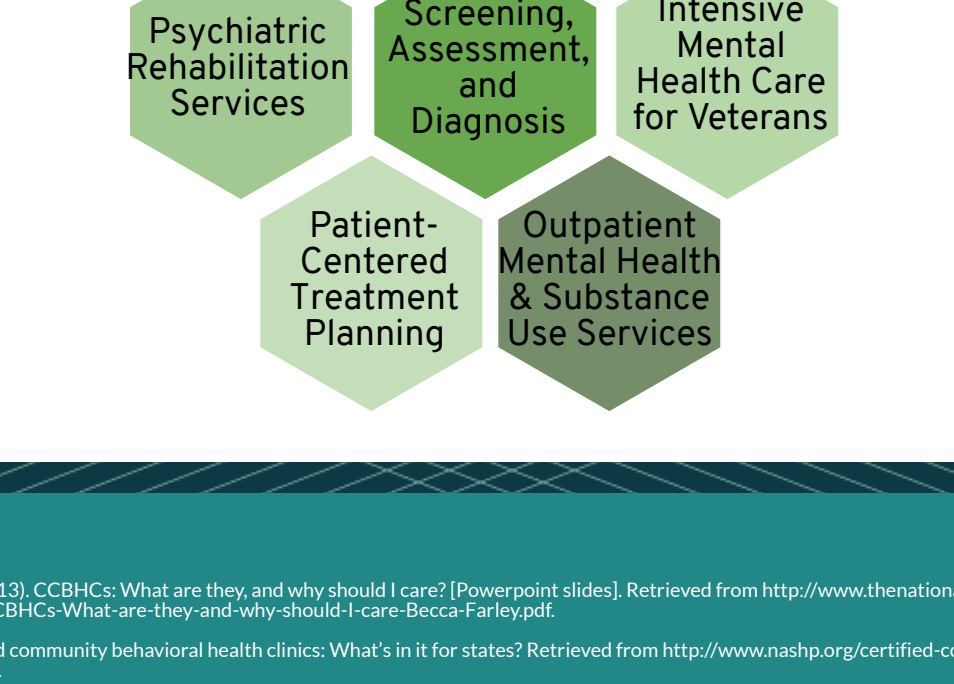
PPS-1: Daily Visits

A per-clinic rate that applies uniformly to all CCBHC services rendered by a CCBHC

PPS-2: Unique Patient Visit Months

A per-clinic rate that applies uniformly to all CCBHC services rendered by a certified clinic

What are the 9 Specific Services that CCBHCs Must Provide?



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The Center is funded by
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