



Application
Certified Community Behavioral Health Clinics (CCBHCs)

The New York State Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS) and Department of Health (DOH) are pleased to release the application for the preliminary selection of Certified Community Behavioral Health Clinics. The purpose of the CCBHC application is to review and select eligible community behavioral health providers who meet, or strongly demonstrate the ability to meet all certification criteria established under the Federal CCBHC planning grant and program demonstration initiative.

Applicant Eligibility

Eligible applicants must be a nonprofit organization; part of a local government behavioral health authority; an entity operated under authority of the IHS, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act; or an entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437) and meet the following requirements:

- 1. Concurrent possession of Article 31 (OMH) and 32 (OASAS) clinic licenses/certification that are both in good standing
2. The ability to serve all individuals, across the lifespan, regardless of circumstances
3. Participation in a Delivery System Reform Incentive Payment (DSRIP) Performing Provider System (PPS) Network
4. Participation in a Health Home Network
5. Demonstrated ability to be able to meet all CCBHC certification criteria

In addition, applicants may meet optional criteria that will enhance their ability to meet all CCBHC certification criteria, including:

- 1. Additional State/ Federal credentialing such as Designation to provide Integrated Outpatient Services, Article 28 licensure, Federally Qualified Health Center (FQHC) or "look-alike" status, or Indian Health Service
2. Experience providing an array of behavioral health services related to the Scope of Services outlined in the CCBHC certification criteria.

According to SAMHSA, a CCBHC may offer services in multiple locations, however, all sites must meet the CCBHC criteria. Please note that no CCBHC payments will be made for inpatient care, residential treatment, room and board expenses, any other non-ambulatory services, or to facilities that were established after April 1, 2014

Submission Requirements

Applicants are required to complete and submit the following documentation for consideration:

- The NYS Application for Certified Community Behavioral Health Clinics (CCBHCs)
The New Integrated CCBHC Certification Criteria Readiness Tool (I-CCRT)

Please be as thorough and accurate as possible in your CCBHC application. Applications that are incomplete or do not follow the guidance provided in this document may be subject to rejection.

Applications are to be submitted electronically by 5:00 PM on January 8, 2016 to:

ccbhc@omh.ny.gov

Subject: CCBHC Application Submission

All questions may be submitted by 5:00 PM on December 11, 2015 to:

ccbhc@omh.ny.gov

Responses to questions will be available by December 18, 2015.



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## Program Information

### A. Overview

The NYS OMH, OASAS, and DOH are seeking applications from experienced, responsive, responsible and financially sound community behavioral health organizations to be considered for certification under the CCBHC program. The purpose of a CCBHC is to improve the provision of community-based mental health and substance use disorder treatment by:

- Increasing access to high quality care across the lifespan;
- Further integrating behavioral health with physical health care;
- Utilizing evidence-based practices on a more consistent basis,
- Reducing avoidable hospital use and complications; and
- Fostering diverse health system partnerships

### B. Background

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (H.R. 4302) was enacted. Section 223 of the law authorizes the Department of Health and Human Services to: develop certification criteria for CCBHCs, provide guidance to states on developing a Prospective Payment System (PPS) to reimburse for CCBHC, administer 1 year planning grants to States interested in developing a proposal for the 2 year program demonstration, select 8 States to participate in the CCBHC demonstration, report findings and recommendations to Congress on CCBHC. The State of New York was awarded the one year Federal planning grant in October 2015.

### C. Description of CCBHC Planning Grant and Demonstration

Under the awarded grant, NYS OMH, OASAS, and DOH are charged with:

- Collaborating with key stakeholders
- Certifying at least 2 clinics as a CCBHC based on the SAMHSA criteria
- Assist clinics with meeting certification standards through training and technical assistance
- Developing a Prospective Payment System (PPS) Methodology
- Collecting and reporting data in preparation to participate in the National evaluation
- Submitting a proposal for the 2 year Program Demonstration

The State will select and certify at least two programs as CCBHCs based on the certification criteria established by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare & Medicaid Services (CMS) and Assistant Secretary for Planning and Evaluation (ASPE). Selected programs will reflect the regional diversity of the state's population and service delivery systems.

At the end of the one year planning grant there will be a competitive process to determine which states will participate in the two year pilot program. Only 8 of the 23 States with a planning grant will be selected to participate. New York's proposal will need to demonstrate proficiency in meeting all the program requirements

### D. Source of Funds

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.

#### **E. Licenses and Certifications**

The New York State Office of Mental Health, Office of Alcoholism and Substance Abuse Services (OASAS) and Department of Health (DOH) are seeking applications from voluntary agencies and Local Governmental Units (LGUs) that concurrently possess OMH and OASAS licenses/certifications and are in good standing.

##### ***Definitions:***

**Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” Accordingly, for profit or proprietary entities are not eligible to apply for funding.

**Local Governmental Unit:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.”

**OMH Licensed:** Pursuant to Article 31 of the NYS Mental Hygiene Law, the Commissioner of the Office of Mental Health has the authority and responsibility to set standards for the quality and adequacy of facilities and programs that provide services for the treatment and recovery of persons who suffer from mental illness. Eligible applicants must be issued an operating license in Outpatient (non-residential) clinic treatment, as defined under section 31.02 of the Mental Hygiene Law and various sections of 14 NYCRR.

**OASAS Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible Bidders must possess an operating certificate issued by the OASAS Commissioner to engage in the provision of Chemical Dependence Outpatient Services as defined in Part 822-4, or Opioid Treatment Programs as defined in Part 822-5 of the Official Compilation of Rules and Regulations of the State of New York.

**In good standing:** For OASAS certified providers: all of a provider’s operating certificates which are subject to a compliance rating have a current compliance rating of partial (two year) or substantial (three year) compliance.

For OMH providers: OMH shall determine whether a given provider is in “good standing” based on current recertification protocols.

Bidders are advised that only proposals submitted by agencies that are in good standing with OMH and OASAS will be accepted. Bidders must maintain their in good standing status in order to be considered for an award through this RFP.

#### **F. Certified Community Behavioral Health Clinic Requirements**

Agencies selected to participate in the CCBHC certification process will have to meet all criteria by August 2015. The certification criteria is extensive and includes the following categories:

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



Prior to submission, prospective applicants must review the full certification criteria at the following link:  
<http://www.samhsa.gov/section-223/certification-resource-guides/state-certification-guide>

### G. CCBHC Selection Certification and Processes

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. **All participating agencies must meet all certification requirements by August 2016.**

In addition, it is important to note that official CCBHC certification and agency participation in the 2 year demonstration is contingent on the acceptance of New York's proposal by SAMHSA, CMS, and ASPE.

### H. Rights Reserved to the State

OMH, OASAS, and DOH reserve the right to:

- Reject any or all proposals received in response to this Application;
- Not make an award to any applicant who is not in Good Standing at the time selection is awarded;
- Withdraw the application at any time, at the agency's sole discretion;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Negotiate with the successful applicant within the scope of the application in the best interests of the state;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of this application;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the application;
- Prior to selection, amend the application to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to selection, direct applicants to submit proposal modifications addressing subsequent application amendments;
- Change any of the scheduled dates;



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**Office of Alcoholism and  
Substance Abuse Services**

- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- Waive any requirement that is not material;
- Accept proposals received after the due date, where in the sole discretion of the State, there is a reasonable excuse for the delay. Reasonable excuse may include, but is not limited to, carrier disruption and weather delay.
- Utilize any and all ideas submitted in the proposals received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation; and



Application

Certified Community Behavioral Health Clinics (CCBHC)

Agency Information

Agency Name:

Agency Address:

Address Line 2:

City:

State:

Zip code:

County:

Federal Employer ID Number (FEIN):

Contact person with regard to this application:

Direct Phone Number:

Email Address:

Executive Director:

Direct Phone Number:

Email Address:

Demographics

Please indicate the following (check all that apply):

Agency provider type:

Community provider

Hospital

Other (Please Specify)

Type of area served:

Urban

Rural

Other (Please Specify)

State Region as defined by OMH (<http://bi.omh.ny.gov/scorecard/map#central>):

Central NY

Long Island

Western NY

Hudson River

New York City



**Department  
of Health**

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**Office of Alcoholism and  
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**Agency Description**

Please provide a brief (1-2 page) agency description that includes: a statement of purpose, vision for meeting all CCBHC requirements, and plan to work within New York's current healthcare reform initiatives.



Selection Requirements

1. Indicate your agency's organizational authority:

Nonprofit Organization

Part of a local government behavioral health authority

Tribal Health Organization

Other (Please Specify)

2. Does your agency currently possess both Article 31 and Article 32 clinic licenses/certifications?

Yes

No

3. Does your agency currently provide services across the lifespan?

Yes

No

If "No" to question 3, does your agency have the ability to develop service capacity for all ages by August 2015?

Yes

No

4. Is your agency currently a part of a Delivery System Reform Incentive Payment (DSRIP) Performing Provider System (PPS) Network?

Yes

No

If "Yes" to question 4, please list all PPS Networks your agency is a part of:

5. Is your agency currently a part of a Health Home Network?

Yes

No

If "Yes" to question 5, please list all Health Home Networks your agency is a part of:



Supporting Information

Select all other applicable State/Federal designations:

- Article 28
Federally Qualified Health Center (FQHC)
Other (please specify)
Indian Health Service
Integrated Outpatient Services Designation
(please specify)

Please indicate if your agency has experience providing services comparable to the CCBHC services or if this service capacity will be developed. As applicable, please provide a brief description detailing your agency's comparable experience:

- Crisis mental health services
Comparable experience To be developed
Screening, assessment, and diagnosis
Comparable experience To be developed
Patient-centered treatment planning that includes risk assessment and crisis planning
Comparable experience To be developed
Outpatient mental health services
Comparable experience To be developed
Outpatient substance use services
Comparable experience To be developed
Outpatient primary care clinic screening and key health indicators/health risk monitoring
Comparable experience To be developed
Care management
Comparable experience To be developed
Psychiatric rehabilitation services
Comparable experience To be developed
Peer support, counselor services, and family supports
Comparable experience To be developed
Intensive, community-based mental health care for members of the armed forces and veterans
Comparable experience To be developed



**CCBHC Site Information**

Please list all site locations to be included under CCBHC certification.

According to SAMHSA, a CCBHC may offer services in different locations. For multi-site organizations, however, all sites must meet the CCBHC criteria. Please note that no CCBHC payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to facilities that were established after April 1, 2014.

**CCBHC Location**

Name: Type of Site:  
Address: Address Line 2:  
City: State: Zip code: County:  
Programs/Services Offered:

**CCBHC Location**

Name: Type of Site:  
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City: State: Zip code: County:  
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**Department  
of Health**

**Office of  
Mental Health**

**Office of Alcoholism and  
Substance Abuse Services**

**Attestation Statement**

I hereby attest that I am authorized by this Agency to execute this attestation, bind this Agency to the terms of this RFA and that I have read and understand the requirements and Terms and Conditions for participation in the above Certified Community Behavioral Health Clinic planning grant and program demonstration. In addition, I acknowledge that the NYS Office of Mental Health, the NYS Office of Alcoholism and Substance Abuse Services, or the NYS Department of Health may conduct site visits or inspections of this Agency to ensure compliance with the Certified Community Behavioral Health Clinic criteria or any information contained in this application.

Signature of Chief Executive Officer (typed name serves as signature)

Date