HMA

NYS Certified Community Behavioral Health Clinic (CCBHC)
Request for Proposals 2024

PRESENTED BY:
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PRESENTED TO:
InUnity Alliance

April 5, 2024

THE BASICS

WHAT DO YOU GET? AND HOW DO YOU GET IT?

>> $265,000 in start-up funding to be spent by June 30, 2026

>> Prospective Payment System rate based on the cost report submitted with the application for as long as the CCBHC Demonstration continues

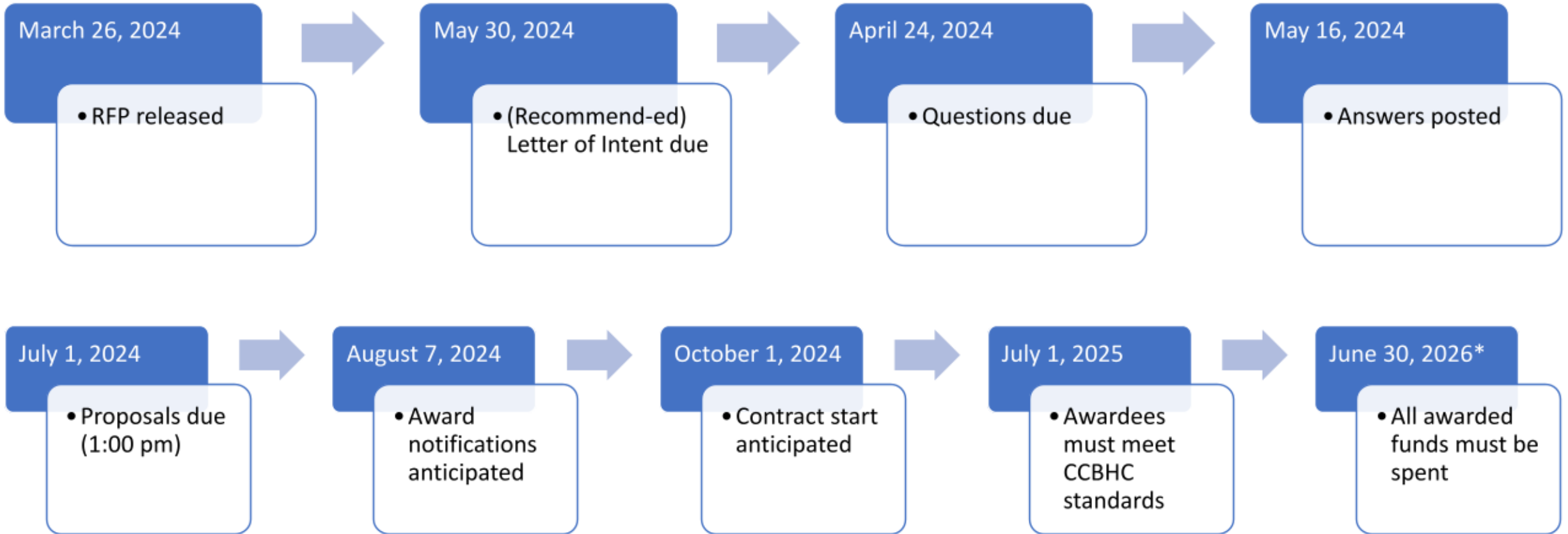| Section	Potential points	2023 points
Agency Performance	12	20 (16%)
Population	17	15 (12%)
Bonus points for serving a high needs county	3	3 (2%)
Description of program	21	20 (16%)
Implementation plan	9	26 (20%)
Diversity, Equity, and Inclusion	10	10 (8%)
Reporting, QI, and UR	8	8 (6%)
Financial assessment	20	26 (20%)
TOTAL	100	128

You must score at least 70 to be eligible for funding.
***** Description of Program is the tiebreaker.*

BACK OF A NAPKIN MATH TO DETERMINE THE VALUE OF THE PPS TO YOUR AGENCY

» Determine your average per visit reimbursement for your outpatient clinic services (MHOTRS and Article 32-822)

» Multiply that by 1.75 – that will be something like what your new clinic rate would be

» Calculate the total number of visits you provide in programs that are included in the 9 core CCBHC services

» Multiply that number by your new rate

» Subtract current reimbursement for those services

» What remains is the (very rough) annual value of the CCBHC designation to your agency

TIMELINE

March 26, 2024
- RFP released

May 30, 2024
- (Recommend-ed) Letter of Intent due

April 24, 2024
- Questions due

May 16, 2024
- Answers posted

July 1, 2024
- Proposals due (1:00 pm)

August 7, 2024
- Award notifications anticipated

October 1, 2024
- Contract start anticipated

July 1, 2025
- Awardees must meet CCBHC standards

June 30, 2026*
- All awarded funds must be spent

Get Prequalified in SFS ASAP.

*Most references in the RFP say 6/30/26, but one (on p. 32) says 6/30/25.

ELIGIBILITY

>> Not-for-profit, or

>> Local government BH authority, or

>> Indian health service/tribe, or

>> Public benefit corporation

AND

>> Must hold licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license **AND** Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification in good standing with both of the Offices.

OR

>> Must hold licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license **OR** Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification in good standing with both of the Offices **AND** have a licensing or certification application for the other program under way *as of the date this RFP is issued*, **AND** must have the outstanding application reviewed by the Behavioral Health Services Advisory Council, with recommendation, by July 1, 2024.

ADDITIONAL ELIGIBILITY REQUIREMENTS

» Agency proposed **location** must hold EITHER licensure for an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic program OR an Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification, in good standing

» All CCBHC programs must have the ability to directly provide developmentally appropriate, integrated mental health and substance use services for children, youth, families, and adults *separate* from any Designated Collaborating Organization (DCO) relationship

PROCUREMENT BASED ON ECONOMIC DEVELOPMENT REGIONS
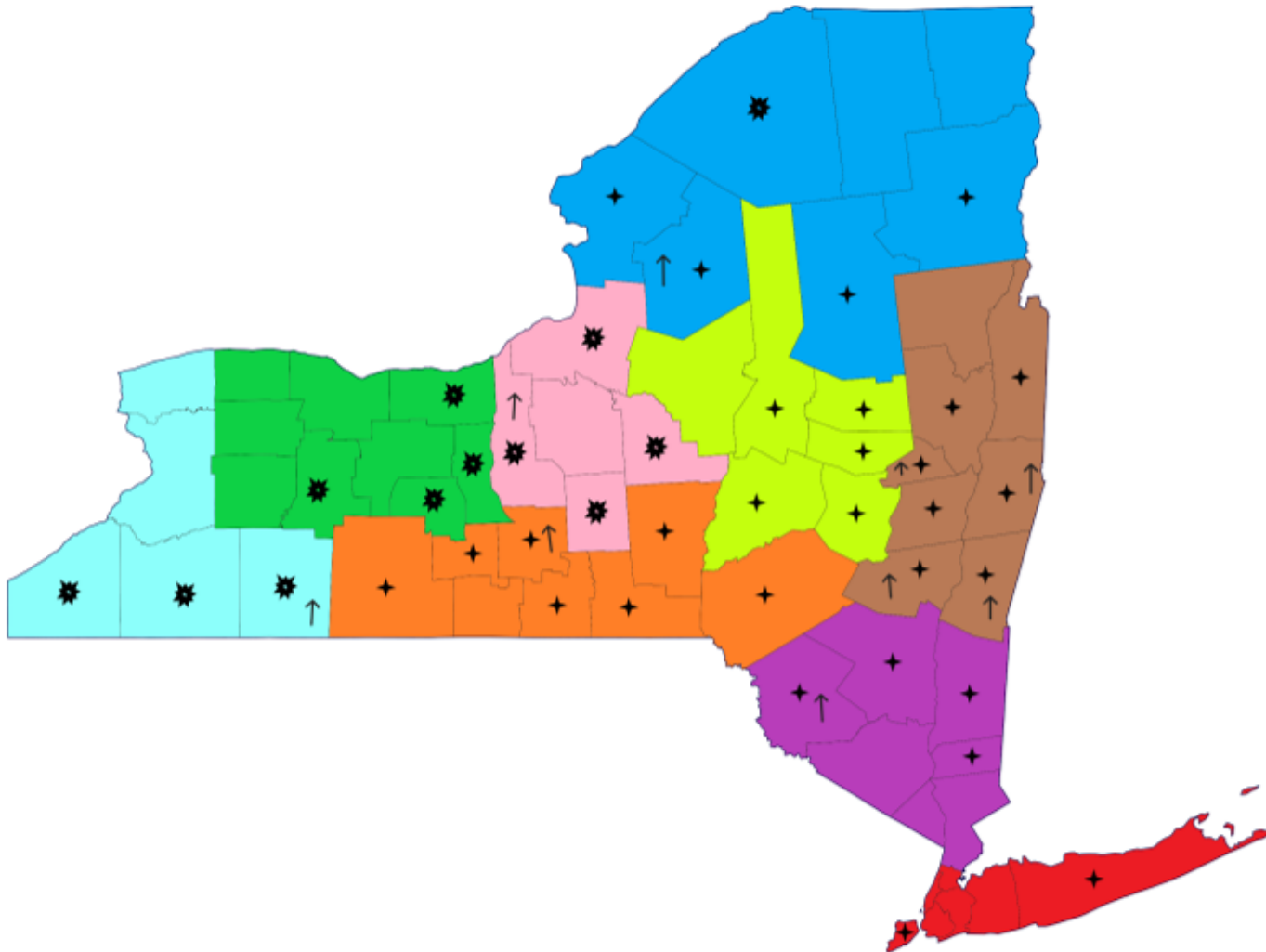
↑ High Needs County (bonus points for serving)

- Five downstate
  - One in Richmond, one in Suffolk, then the highest scoring proposal in the next three counties downstate
- Eight Upstate
  - One in each region to a county with a ✦
  - Then one in each region not yet awarded to a county with a ✹
  - Then one in each region not yet awarded to a county with no symbol in it

ANOTHER WAY TO LOOK AT IT

Excellent chance

Chance

Lousy chance

(Effectively) No chance

FOR THOSE WHO PREFER TEXT

Tier 1	Tier 2	Tier 3	Tier 4
•Allegany	•Albany	•St. Lawrence	•Chemung
•Cayuga	•Bronx		•Clinton
•Columbia	•Broome		•Erie
•Fulton	•Cattaragus		•Franklin
•Greene	•Chautauqua		•Genesee
•Herkimer	•Chenango		•Monroe
•Lewis	•Cortland		•Niagara
•Livingston	•Delaware		•Oneida
•Montgomery	•Dutchess		•Onondaga
•Otsego	•Essex		•Ontario
•Rensselaer	•Hamilton		•Orange
•Richmond	•Jefferson		•Orleans
•Schenectady	•Kings		•Rockland
•Scoharie	•Madison		•Warren
•Seneca	•Nassau		•Westchester
•Suffolk	•New York		•Wyoming
•Sullivan	•Oswego		
•Tompkins	•Putman		
•Wayne	•Queens		
•Yates	•Saratoga		
	•Schuyler		
	•Steuben		
	•Tioga		
	•Ulster		
	•Washington		

ATTACHMENTS – SOME OF THESE WILL TAKE YOU TIME

» Sexual harassment certification

» Staffing plan

» CCBHC Cost Report (CMS-10398 (#43))

   » Anticipated cost detail report

   » Uncompensated care survey

» Budget Template

» Budget Narrative

» Needs assessment*

» Letters of Support*

A NOTE ABOUT THE COMMUNITY NEEDS ASSESSMENT

» CNA should show collaboration with
  » Local Government Units (LGUs)
    » Notification of intent to apply should be made to the LGU for each county to be served under the program application
  » Local law enforcement agencies
  » Other community programs and providers

» Agencies should participate in county and community planning, including active collaboration in Community Service Boards and inclusion in Local Service Plans to best serve the community's needs.

THE REQUIRED NARRATIVE

AGENCY PERFORMANCE

» Experience engaging, developing, implementing, and providing mental health and substance use services
  » Across the whole lifespan (and including families)
  » In the home and community
  » Co-occurring MH/SUD
  » Co-occurring BH/IDD
» Describe how individuals' and families' BH needs (crisis, at-risk, routine) are met
  » Workflows and wait times
» Transition protocols from inpatient/ED/CPEP/residential
  » ADTs
» Treatment of SUD across the lifespan
  » MI and harm reduction re nicotine, alcohol, and opioids
  » MAT
» Use of long-acting psychotropic injectables
» EBPs
» Adherence to DDCAT and DDCMHT and rating
» List services for which you are licensed/certified and population(s) served at identified sites

POPULATION

» Address of main site
» Counties in the service area (not limited to the EDR or the borough)
» Describe need in service area and projected service volume
» Explanation of co-location (as needed)
» Community needs assessment summary
   » Communities to be served
      » Addresses of service sites
      » Prevalence and BH outcomes
      » Economic factors and SDH
      » Cultures and languages
      » Underserved populations
      » Plan to update every three years
» Copy of letter of intent provided to each county in service area
» Description of network and plan to utilize it
   » Plan for collaboration with the LGU
   » Letters of support
» Staffing template driven by the results of the Community Needs Assessment

PROGRAM DESCRIPTION

>> Adhere to the March 2023 certification standards

>> How a person/family will have access to all nine services

>> How underserved populations will be reached and how services will be adapted to accommodate their cultures/languages

>> How you will provide clinic treatment for both MH and SUD across the whole life cycle without using a DCO

>> How the staff will work as a multi-disciplinary team

>> For each of the nine services
>> How they will be provided
>> How they will be integrated
>> Which EBPs are being used/considered
>> What (if anything) will be done by a DCO

IMPLEMENTATION PLAN

>> Typical Grants Gateway Implementation Plan
>> Objective
>> Task
>> Performance Measure

>> How you will comply with all 113 CCBHC criteria by 7/1/25

>> How the Medical Director role will be filled

>> How MAT will be prescribed

>> Organizational structure
>> Administrative and supervisory support

>> DCO monitoring

>> Recruitment/retention strategies, especially during times of workforce shortages

>> Governance methods and demographics and/or Consumer Advisory Board

DIVERSITY, EQUITY, AND INCLUSION

» "Commitment to Equity and the Reduction of Disparities in Access, Quality, and Outcomes for Marginalized Populations"
  » Mission statement for project
  » Leader responsible for disparity reduction
  » Leader responsible for incorporating participant feedback
  » CLAS plan
    » Workforce diversity and inclusion
    » Diverse stakeholder input into the CLAS plan
    » Review and update process

» Organizational equity structure
  » Committees/workgroups and their membership
  » Process for participant input into governance

» Training re EDI

» Diversity recruitment, retention, and promotion
  » Current extent to which your staff reflects the demographics of your clients

» Language access

» Recovery values

» Collaborations with diverse community-based stakeholders/organizations

REPORTING, QI AND UTILIZATION REVIEW

» Current EHR

» How federal measures will be captured and reported

» How data will be collected across all nine core services and their outcomes

» CQI plan

STRATEGY

THINGS TO DO RIGHT AWAY

» Get stakeholder input for your needs assessment
  » Field office
  » LGU
  » Law enforcement
  » Community and clients

» Solicit letters of support – Criterion 3.c lists a LOT of partner types
  » LGU
  » Community partners
  » Hospitals

» Get prequalified in SFS

» Begin developing your cost report and associated tables
  » Anticipated cost detail report
  » Uncompensated care survey
  » Staffing plan

MY ADVICE

» Handicap your agency's position with clear eyes – what is the best tier from which you can apply?

» Start now

» Do a thorough and beautiful needs assessment

» If you're choosing between locations, let the data and your level of readiness guide you

   » The three bonus points you get for serving a high needs county could make the difference

» Choose your service area strategically – you have more flexibility than last time

» Don't forget olders

» Offer something meaningful to veterans

» Take DEI seriously

» The program description is the tiebreaker – attend to it

CONTACT US

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