

## **RFP: Development of New Certified Community Behavioral Health Clinics (CCBHCs)**

### **OVERVIEW**

On July 6<sup>th</sup>, the New York State Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Department of Health (DOH) released a Request for Proposals (RFP) for the development of 13 new Certified Community Behavioral Health Clinics (CCBHCs) statewide to join the federal CCBHC demonstration.

CCBHCs are integrated mental health and substance use clinics that provide care to all individuals without regard to their ability to pay. Demonstration CCBHCs are reimbursed by Medicaid at a cost-based daily rate through a Prospective Payment System (PPS). By expanding CCBHCs, the State seeks to continue developing an integrated behavioral health treatment system that provides voluntary, person-centered, and trauma-informed services to individuals with significant behavioral health needs.

Under this RFP, the State will select CCBHCs from across the State's ten economic development regions (EDRs). The State aims to develop six CCBHCs in New York City (at least one per borough), and seven CCBHCs in the remaining EDRs, starting with those that currently lack a CCBHC (Southern Tier, Mohawk Valley, and Capital Region), if possible. Each awarded agency will implement the CCBHC model at an existing clinic site.

Awarded agencies will receive one-time startup funding of \$265,000 and programmatic support to grow their clinic to reach CCBHC Demonstration standards by July 1, 2024. Awardees will have the opportunity to participate in the Demonstration for its remaining duration through September 2025 (unless extended). After the Demonstration, selected applicants will be required to obtain licensure as required by the State to continue to operate a CCBHC if they have not already done so.

The RFP is available [here](#). Applications are due by September 28<sup>th</sup>.

### **Eligible Applicants**

Eligible applicants must meet the following criteria:

- Be one of the following entity types:
  - 501(c)(3) not-for-profit agency;
  - Part of a local government behavioral health authority;
  - An entity operating under the authority of the HIS or a tribal organization;
  - Public Benefit Corporation with experience providing mental health and substance use treatment services.
- Be licensed, certified, or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license; and
- Be in good standing with both OMH and OASAS.

Awardees must be able to achieve the internal capacity to **directly** provide all core CCBHC services at their existing site location. However, CCBHC programs may also provide additional services in the community, including in schools, shelters, and other settings.

## CCBHC Model

CCBHCs must serve all individuals who request care for mental health or substance use, regardless of their ability to pay, place of residence, or age, including developmentally appropriate care for children and youth. Awardees must have or develop the internal capacity to **directly** provide all nine core CCBHC services:

- Crisis behavioral health services that are available 24/7;
- Screening, assessment, and diagnosis (including risk assessment);
- Person-centered and family-centered treatment planning;
- Outpatient mental health and substance use services;
- Outpatient clinic primary care screening and monitoring;
- Targeted case management;
- Psychiatric rehabilitation services;
- Peer supports, peer counseling, and family/caregiver supports; and
- Intensive community-based mental health care for members of the Armed Forces and veterans.

The CCBHC model incorporates a focus on care coordination. CCBHCs must assist with care transitions and navigation of the health and social services system, including through the establishment of partnerships with community partners. The full CCBHC criteria are available [here](#).

In some cases, CCBHCs may contract with other providers, referred to as a Designated Collaborating Organization (DCO), to deliver or assist with the delivery of services.

## Operating Funds

Each awardee will receive \$265,000 in start-up funding for the first year of the contract (July 1, 2024 through June 30, 2025), which can be used for activities including, but not limited to staffing, policy and procedure, EHR, telehealth, crisis service, and DCO agreement development, as well as site-specific alterations and accreditations. Start-up funding must be spent by the end of the first year.

Upon implementation of the CCBHC Demonstration on July 1, 2024, providers will be funded through a combination of sources, including but not limited to Medicaid, Medicare, other third-party payors, payment from individuals receiving services in accordance with a sliding fee scale, and funding from the State's new CCBHC indigent care program (if eligible).

For Medicaid eligible populations, ongoing operations will be supported through a cost-based PPS, in accordance with federal rules of the Demonstration. The PPS Medicaid rate is a daily clinic-specific rate that reflects all costs for CCBHC services delivered in that day. For the first year, these rates will be established using cost reports submitted with this RFP. Rates will be rebased after the first year of the Demonstration.

## Proposal Components

Application proposals will be scored according to the following rubric for the technical and financial components of the narrative. Up to 3 additional points will be awarded to applications that propose to serve at least one of the “high needs” counties (listed in the RFP), for a maximum total of 128 points. Any proposal not receiving a minimum final score of 90 points will be eliminated from consideration.

- Agency performance (20 points);
- Population (18 points), including the community needs assessment and High Needs County Identification, if applicable;
- Description of program (20 points);
- Implementation (26 points);
- Diversity, Equity and Inclusion (10 points);
- Reporting, Quality Improvement, and Utilization Review (8 points); and
- Financial Assessment (26 points)

Additionally, each proposal submission is required to contain:

- CCBHC Cost Report (instructions are available [here](#))
- CCBHC Anticipated Cost Detail Report
- CCBHC Uncompensated Care Survey
- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

To achieve geographic diversity, the State will award one CCBHC grant in each of the five boroughs of NYC and one in each of the three EDRs without a current CCBHC (Southern Tier, Mohawk Valley, and Capital Region), conditional on receiving an application with a passing score in that region.

Proposals must be submitted online via the Grants Gateway, available [here](#).

## Application Timeline

The application timeline is as follows:

- **July 20<sup>th</sup>**: Letters of intent (LOIs) are due. LOIs are strongly encouraged but are not mandatory.
- **August 9<sup>th</sup>**: Optional Bidder’s Conference, to be held at 1:30pm. Applicants are strongly encouraged to participate. Registration is available [here](#).
- **August 14<sup>th</sup>**: Questions must be submitted to Carol Swiderski at [OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov) by 4pm.
- **August 28<sup>th</sup>**: Questions and answers will be posted to the OMH website [here](#).
- **September 28<sup>th</sup>**: Proposals are due by 1pm.

Awarded applicants are expected to be notified on November 14<sup>th</sup>, with a contract start date of January 1, 2024. CCBHCs must be operational by July 1, 2024.