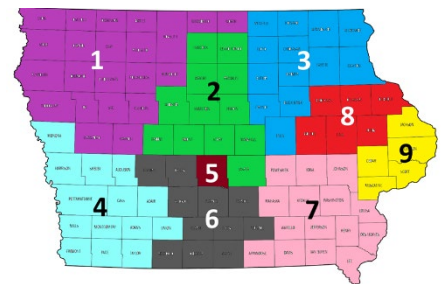


## Iowa Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program

FREQUENTLY ASKED QUESTIONS -UPDATED: JUNE 6, 2023

### 1. How many CCBHCs will be selected by Iowa Health and Human Services (HHS) to participate in the CCBHC Demonstration?

HHS is planning to certify nine CCBHCs, which will each serve a designated “CCBHC Catchment Area”. See graphic for HHS’ proposed CCBHC Catchment area map.



### 2. Will all current CCBHC expansion grantees be selected as CCBHCs?

CCBHC expansion grantees are welcome to apply to become an Iowa Certified CCBHC under the CCBHC Demonstration Program, however, being a CCBHC expansion grantee does not automatically make a provider eligible for the Demonstration program. All providers interested in becoming certified by HHS as CCBHC in the Iowa CCBHC Demonstration will need to review eligibility criteria contained in the forthcoming Request for Proposals (RFP). Potential applicants are encouraged to respond to a planned CCBHC Interest Survey to express their interest in applying. The survey will be released in early June.

### 3. Is having an expansion grant a requirement to become a certified CCBHC?

No, interested providers who are seeking certification as a CCBHC in the Iowa Demonstration program are not required to have previously participated in Substance Abuse and Mental Health Association’s (SAMHSA’s) CCBHC Expansion Grant program, including Planning, Development, and Implementation (PDI) and/or Improvement and Advancement (IA) Grants.

### 4. How many states are competing for the 10 Demonstration slots?

There are 25 total states (including Iowa) that are eligible to apply in March of 2024 to join the CCBHC Demonstration. Any state that previously received a CCBHC Planning Grant from SAMHSA (in 2016 or 2023) is eligible to apply. Iowa received a Planning Grant from SAMHSA in both 2016 and 2023.

### 5. Is there a CCBHC website with additional information?

Yes. The website is located at: [Transforming Behavioral Healthcare in Iowa: CCBHC Planning Grant | Iowa Department of Health and Human Services](#). Inquiries for

additional information can be sent to our dedicated CCBHC email address:  
[IowaCCBHC@dhs.state.ia.us](mailto:IowaCCBHC@dhs.state.ia.us).

**6. Regions are large – what happens to consumers seeking services from a CCBHC but are located far from the selected CCBHC?**

Access and contracting standards will be built in as an expectation in the CCBHC program design. Individuals will not be restricted to accessing a particular CCBHC for all services and will have freedom of choice of provider.

**7. Were Community Mental Health Centers (CMHCs) considered in the construction of proposed regions?**

There were several factors considered in the construction of proposed regions, including the current placement and distribution of CMHCs, Mobile Crisis providers, Integrated Provider Networks (IPNs), and Mental Health and Disability Service (MHDS) regions amongst others. Community needs data, access to care patterns, and alignment to populations in need were also evaluated in the creation of the CCBHC Catchment areas. In addition, national benchmarks about the size of a population covered by a CCBHC were reviewed, and catchment areas were established with populations in line with the benchmark.

**8. What is Iowa's plan for those who are already CCBHCs in a region?**

CCBHCs in Iowa are Expansion Grant CCBHCs funded by SAMHSA. Funding provided by SAMHSA under the CCBHC grant program is not directive nor intended to serve as certification as a CCBHC under a State's demonstration program authority. Funds awarded by SAMHSA are provided to support implementation activities to meet federal CCBHC criteria. Iowa HHS under the Demonstration program will establish State-specific CCBHC eligibility standards for certification in accordance with SAMHSA and CMS guidance and regulations.

**9. Is it the State's intent to only allow one Designated Collaborative Organization (DCO) per catchment area (e.g., mobile crisis & 988)?**

There is no limit on the number of DCOs serving a particular catchment area. A CCBHC can contract with as many DCOs as necessary to provide the required nine core services, in compliance with SAMHSA, CMS, and HHS guidance.

**10. If you DCO a service with another agency, are you purchasing services from that agency?**

Under the CCBHC Demonstration, selected CCBHCs are eligible to be paid under a Prospective Payment System (PPS), which accounts for all costs associated with the delivery of required CCBHC services, including those coordinated through a DCO. The CCBHC would account for the costs of the DCO services in the cost report it develops and submits to support PPS rate setting. The CCBHC would then be responsible for reimbursing the DCO according to the contractual terms between the CCBHC and the DCO.

**11. Will DCOs be eligible for enhanced payment system rates for services provided under the DCO?**

See answer to Question 10.

**12. Would only the 9 selected CCBHCs be eligible for PPS reimbursement for services?**

Yes, only CCBHCs participating in the Demonstration and certified by HHS would be eligible for a PPS rate.

**13. In the instance where you have two CCBHCs in one region, what happens to the CCBHC that is not chosen but still must meet SAMHSA CCBHC standards and guidelines for the remainder of their grant period?**

See answer to Question 8.

**14. While populations are generally equal across the CCBHC Catchment areas, how will HHS manage patient migration implications?**

As indicated in our response to Question 6, patient choice will be preserved. However, CCBHCs are responsible for compliance with access, network and contracting standards established by HHS, which are intended to ensure adequate provision and delivery of all nine required CCBHC services in its catchment area.

**15. What are the accessibility standards for immigrant populations, etc.?**

According to federal standards CCBHCs must provide treatment to all populations, including children and adults, regardless of their insurance status or ability to pay. All populations, including immigrant populations (regardless of their documentation status) and other individuals who lack insurance must be served by a CCBHC.

**16. From the perspective of a DCO, is there a grievance process for DCOs?**

There are required mechanisms under federal guidance for patients and their ability to file grievances with the CCBHC. There is no explicit requirement for a DCO grievance processes in the federal criteria, however, HHS appreciates this feedback and will consider it as it develops its State-specific guidance for Certified CCBHCs and their DCO partners.

**17. Why are there nine regions?**

See response to Question 7.

**18. Are CCBHCs required to treat people coming out of prison?**

Yes. See response to Question 15.

**19. How much of this model relies on the responsibility to only people who know they are sick?**

Outreach and engagement are potentially allowable CCBHC activities and cost categories that are currently under consideration by HHS.

**20. If your agency catchment area spans across two CCBHC Regions, would you be submitting two different proposals when the RFP is released?**

This information will be shared upon release of the RFP.

**21. Will DCOs be expected to go through accreditation?**

DCOs are not required to be accredited as a CCBHC. CCBHCs will be accredited and certified by the state. A DCO, depending on its service portfolio, may be required to have other service-specific accreditation. Please consult guidance and regulations to determine what (if any) accreditations are required for your agency.

**22. Will a DCO also bill Fee for Service in addition to potentially receiving additional compensation from the CCBHC?**

HHS will be releasing Cost Reporting technical specifications, which will offer clarity and guidance to providers on specific billing questions.

**23. Can a CCBHC be a CCBHC in one catchment area and a DCO in another?**

More guidance on this is forthcoming.

**24. Could a CCBHC be a CCBHC in multiple catchment areas and/or states for communities like Omaha/Council Bluffs that span across two states?**

Serving as a CCBHC across state boundaries would require the CCBHC to be certified in two distinct State Demonstration programs. Iowa HHS cannot certify a CCBHC in Nebraska. Similarly, Nebraska Department of Health and Human Services cannot certify a CCBHC in Iowa.

**25. What if a CCBHC is unable to directly provide 51% of the required encounters in a catchment area?**

SAMHSA's updated criteria requires CCBHCs to provide 51% of required (non-crisis) encounters across the nine required services. Guidance on where services must be domiciled with respect to catchment areas is forthcoming.

**26. Was another state or model in mind in the development of the singular CCBHC per catchment area? If so, are you willing to share which one?**

Iowa has researched several State Demonstration models and performed additional due diligence to inform its CCBHC program planning process. Ultimately, Iowa HHS is also striving to identify a model that is capable of serving our unique behavioral health service delivery system.

**27. Our CMHC and SUD counties would be spread out into 3 different CCBHC regions. How would this work?**

See answer to question 20.

**28. Is a BAA sufficient for data sharing between a CCBHC and a DCO?**

Entities that are partnering under this program will need to conduct appropriate due diligence to determine what data access will be established and what agreements are needed between the entities to facilitate data sharing. This may include Business Associate Agreements under HIPAA but will need to be determined individually based on the nature of the relationship and type of data sharing that will take place.

**29. Will peer run organizations qualify as DCO?**

Peer Supports, Peer Counseling, and Family/Caregiver Supports are required in the core services that CCBHCs are required to provide. Guidance on specific services and provider types eligible to participate as a CCBHC and/or DCO will be shared in the coming months.

**30. Will the cost report process look/feel similar to that currently being utilized for those with a PPS?**

There are some elements that the CCBHC PPS has in common with other providers currently receiving a PPS rate (e.g., Federally Qualified Health Centers) but there are some distinct attributes to the cost reporting and rate setting model. Technical specifications will be released in the coming months. For those interested in reviewing federal CCBHC PPS guidance, you can find it **here [insert link]**.

**31. Is there a current map, that lays over the different maps?**

MHDS Regions Map:

<https://hhs.iowa.gov/sites/default/files/MHDS%20Regions%204-1-2023%20including%202022%20Population.pdf>

IPN Provider Map:

<https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/83/ipn/ipn%20service%20area%20map%20and%20contractors%20final%20%28june%202021%29.pdf>

CMHC Map:

<https://hhs.iowa.gov/sites/default/files/Comunity-Mental-Health-Centers-Map-Mental-Health-Disability-Services-IowaHHS-02-23-2023.pdf>

Mobile Crisis Response Map:

<https://hhs.iowa.gov/sites/default/files/Mobile-Crisis-Response%20Map-Mental-Health-Disability-Service-IowaHHS-02-230-2023.pdf>