

Updated April 2022

SAMHSA CCBHC Grants

Frequently Asked Questions

IMPORTANT NOTE: Information included here is not supported, sponsored or funded by SAMHSA and should not be considered a substitute for guidance from SAMHSA. Prospective applicants are encouraged to reach out to SAMHSA staff with all questions. The SAMHSA agency contacts for these opportunities are Mary Blake (CCBHC@samhsa.hhs.gov) for program issues and FOACMHS@samhsa.hhs.gov for grants management and budget issues. Existing grantees can also request guidance from their Grant Project Officer for their current CCBHC-E grant.

In this funding opportunity cycle, there are new two grant opportunities this year with different eligibility parameters:

- [Certified Community Behavioral Health Clinic – Planning, Development and Implementation Grants \(CCBHC-PDI\)](#) are available to clinics that are new to the CCBHC model (i.e., clinics that have not been certified as CCBHCs by their state and have not previously received a CCBHC expansion grant). This funding opportunity is designed to assist grantees as they develop and implement a CCBHC that meets CCBHC certification criteria. Qualified applicants must be able to meet the requirements of a CCBHC within the first year of the grant.
- [Certified Community Behavioral Health Clinic – Improvement and Advancement Grants \(CCBHC-IA\)](#) are available to CCBHCs that have been certified by their states or received previous CCBHC-Expansion grants and are designed to support current CCBHCs as they expand or improve their CCBHC services. Qualified applicants must be able to demonstrate compliance with CCBHC certification criteria through state certification or SAMHSA acceptance of CCBHC certification attestation within the past two years.

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Eligibility and Grant Requirements	
Which NOFO should I apply to?	There are two NOFOs that were released by SAMHSA in FY2022, SM-22-002 (CCBHC-PDI) and SM-22-012 (CCBHC-IA). The CCBHC –PDI grant (SM-22-002) is geared towards CCBHCs that are not fully established at the time of application/award. The CCBHC-IA (SM-22-012) is for existing CCBHCs that have been certified by their state or that have received a prior SAMHSA CCBHC-E grant.
Our agency was awarded a SAMHSA CCBHC-E grant in the past. Are we eligible to apply?	<p>If you were awarded a previous SAMHSA CCBHC expansion grant you are eligible to apply for CCBHC-IA, unless you were funded through SM-21-013. You may be eligible to apply for CCBHC-PDI if you do not meet the criteria at the time of application or if you are creating a new CCBHC that is serving a new catchment area.</p> <p>Clinics funded through SM-20-012 and whose funding began in February 2021 are eligible to apply even though there will be an overlap in grant funding periods. Please consult with SAMHSA on questions you might have regarding managing multiple funding streams.</p>
If we are certified by our state, are we eligible to apply for either NOFO?	You are eligible to apply for CCBHC-IA (SM-22-012), as long as you meet all other Eligibility Requirements under Section III. Eligibility Information. If you are certified by the state at the time the grant applications are due, you are NOT eligible to apply for the CCBHC-PDI (SM-22-002).
Does applying for another SAMHSA grant impact our opportunity to apply for this grant?	Applying for another grant should not impact your ability to apply for either of the CCBHC funding opportunities, as long as your organization meets the NOFO requirements, has the capacity to meet both sets of grant requirements and ensures there is no duplication of activity within both grants, they should be able to implement more than one award.
Are state agencies eligible to apply?	The CCBHC grants are designed to help behavioral health care providers increase access to and deliver comprehensive mental health and SUD services to individuals across the life span. Eligible applicants include behavioral health provider organizations that are part of a local government health authority. A CCBHC is considered part of a local government behavioral health authority when a locality, county, region, or state maintains authority to oversee behavioral health services at the local level.
Are Federally Qualified Health Centers (FQHCs) eligible to apply?	FQHCs are encouraged to review the NOFOs to determine first if they meet the eligibility requirements listed in Section III.1 Eligibility Information and if they also meet the requirements listed under Evidence of Experience and Credentials (see page 20 of CCBHC-PDI, SM-22-002 and page 21 of CCBHC-IA, SM-22-012). They should also review the required activities and expectations to determine whether they have the capacity to meet the expectations of the respective Notice of Funding Availability

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<p>We are a behavioral health provider that is under the umbrella of a larger organization (ie: hospital, university). Are we eligible to apply?</p>	<p>If you have an outpatient clinic that meets the full eligibility requirements listed in section III, you are eligible to apply. However, you should also consider whether the clinic will be able to meet the CCBHC certification criteria requirement which includes experience and credentialing requirements as listed in section III of the NOFO. If your clinic can meet those then you should be eligible to apply for CCBHC-PDI (SM-22-002).</p>
<p>We are a prior CCBHC grantee, can our organization apply for CCBHC-IA for our existing CCBHC clinic but also apply for the CCBHC-PDI in order to expand at a new location in a different catchment area?</p>	<p>SAMHSA has confirmed that clinics can apply for both opportunities if each clinic location meets the eligibility criteria for the funding opportunity they are applying for. If the new clinic location is in a different service location with a different catchment area, then they would be eligible to apply for CCBHC-PDI (SM-22-002), as long as they meet all other eligibility criteria listed in section III.</p>
<p>When are the proposals due?</p>	<p>The due date for both opportunities is May 17, 2022.</p>
<p>What changes do you see between the previous FOAs and this NOFO?</p>	<p>Key differences between the current and past CCBHC grant funding opportunities include:</p> <ul style="list-style-type: none"> • Established two “tracks” of grant funding. CCBHC-PDI is for new CCBHCs while CCBHC-IA is for existing CCBHCs • Funding timeline changed to \$1M/year for 4 years (previously being \$2M/year for 2 years) • CCBHC-PDI allows for up to 1 year to ramp up CCBHC service provision (previously 4 months) • Removal of requirements for specific services such as ACT, MAT and clubhouse services • Required reporting on clinic-lead measures in CCBHC criteria
<p>How would a current grantee approach applying for a new location?</p>	<p>Current grantees can apply to continue existing work under CCBHC-IA and apply to establish a new location through CCBHC-PDI. Keep in mind that clinic would be a new program and would have to meet all CCBHC criteria.</p>
<p>When does the 4-month program implementation timeline begin?</p>	<p>The 4-month time frame will begin from the date of the award. The anticipated start date is listed in the NOFO as 9/30/2022. For CCBHC-PDI, clinics have other timelines stipulated for completion of needs assessment, staffing and training plan, delivery of required services and attestation, however they should begin key start up activities (recruitment, project planning, preparation for services) within four months.</p>
<p>Can more than one organization per community or per state win a grant award?</p>	<p>Yes, multiple grant awards can be made in every state or in the same community. SAMHSA indicates in both NOFOs that decisions to fund a grant may be based on many factors, including, “equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.”</p>

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<p>What are the certification or attestation requirements?</p>	<p>Grantees are required to demonstrate their compliance with the CCBHC Criteria.</p> <p>CCBHC-PDI grantees have a year to establish their CCBHC program compliance, with interim requirements that must be met within the first year (see compliance timeline on p. 9-12), and can demonstrate compliance either through submitting an attestation of compliance and supplementary documentation or, if state certified during that period, a copy of the certification application and state concurrence of certification to SAMHSA.</p> <p>CCBHC-IA grantees must demonstrate compliance at the time of application as demonstrated by submitting a record of state certification OR by documentation of SAMHSA acceptance of CCBHC Certification Attestation within the past two years. If SAMHSA acceptance of a previous SAMHSA attestation was more than two years prior to the anticipated project start date, the applicant must submit an updated attestation within two months of the beginning of the new grant period under this award.</p> <p>For clinics preparing for attestation, we recommend going through the checklist in Appendix M, identifying gaps, and prioritizing the highest-needs areas. The National Council can provide training and technical assistance on many areas of CCBHC implementation for current grantees through the SAMHSA-funded CCBHC-E National Training and Technical Assistance Center. Prospective CCBHCs can visit our CCBHC Success Center website to review our offerings or contact us.</p>
<p>Can we still apply if we do not provide all of the required CCBHC services?</p>	<p>Yes, you could apply to CCBHC-PDI but you must be able to meet all CCBHC requirements within twelve months of receiving an award. The National Council can provide training and technical assistance on many areas of CCBHC implementation for grantees through the SAMHSA-funded CCBHC-E National Training and Technical Assistance Center. Prospective CCBHCs can visit our CCBHC Success Center website to review our offerings or contact us.</p>
<p>Does my state have to sign off on the grant proposal?</p>	<p>Applicants must:</p> <ul style="list-style-type: none"> • Attach a letter from the state or territory Mental Health Authority indicating approval of the applicant’s proposal to initiate and/or develop a CCBHC within the state/territory. The letter must include whether the state will assume responsibility for CCBHC certification. • The Single State Agency (SSA) must be informed and, should the SSA choose to comment to SAMHSA on the application, comments are due no later than 60 days after the application deadline.

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Our state does not have a state point of contact for federal grants. Who do we need to contact so that the right paperwork gets sent to SAMHSA?	Applicants can refer to Appendix J in either funding opportunity announcement for alternative options.
Do you have an example of a Disparity Impact Statement?	SAMHSA has examples of Disparity Impact Statements available HERE .
Are all current expansion grantees eligible to apply?	Grantees from prior grant periods are eligible to apply for the CCBHC-IA track except for CCBHC Expansion Grantees awarded in FY21 under SM-21-013. These grantees will likely be eligible to apply in future cohorts of funding.
We are an organization looking to establish a CCBHC for the first time, but we have almost all the certification criteria already in place. Is the CCBHC-PDI opportunity still appropriate for us?	The CCBHC-PDI is a funding opportunity for organizations that have not received a prior CCBHC grant and are not currently state-certified as a CCBHC, even if they do already provide most of the required services and meet other criteria and/or for those attempting to serve a new catchment area. Please see the NOFOs to determine if all the eligibility requirements are met as well as the experience and credentialing requirements in Section III.
For state-certified sites, will grant requirements apply?	Grant requirements apply to all organizations receiving grants, regardless of whether they are state-certified or not. At the same time, state-certified sites must continue to meet all requirements of their state’s CCBHC initiative. If you are a state-certified participant with questions about the grant requirements, please reach out to the SAMHSA project officer.
How will our application be affected if we received a no-cost extension for our previous CCBHC-E grant that coincides with the funding period for this grant?	SAMHSA has stated in their webinars that a no-cost extension will not impact their review of the clinic’s proposal.
Do most applicants add positions for Project Director and Evaluator, or do they use individuals already on staff?	We have seen grantees do both.

Partnerships

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Can we partner with other organizations to provide some of the required services?	Yes, in certain cases; this is the role of the Designated Collaborating Organizations (DCOs). DCOs must meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements listed in the NOFOs. However, keep in mind that some services must be provided directly by the CCBHC (consult the Required Activities section for details on which services must be provided directly).
As a grantee, does my organization pay our partner organizations for services they provide?	Not necessarily. For grantees, your partner organizations would continue billing Medicaid or other payers as they normally do for any covered services. If there is a need to establish a payment relationship for services or activities that are not covered by Medicaid or other payers, you would want to work out those details with your DCOs prior to submitting your application and budget.
Am I required to establish an MOU with an FQHC?	If you are partnering with an FQHC as a DCO, SAMHSA requires letters of commitment from all DCOs to be submitted along with the application. Additionally, SAMHSA notes that CCBHCs are expected to work towards care coordination agreements with their partner organizations (such as MOUs or contracts). Contact the SAMHSA project officer with any questions about specific types of partnerships and what level of agreement is expected.
Can we subcontract with a DCO for crisis services?	Yes, if there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. In that situation, you can contract with such a network as a DCO. For questions about whether a particular crisis provider would be considered to meet the requirement, please contact the SAMHSA project officer.
Can DCOs be for-profit organizations?	Yes, see guidance from SAMHSA regarding who can be a CCBHC/DCO.
Service Delivery	
What evidence-based practices do we need to provide?	The selection of evidence-based practices should be based on the needs assessment conducted by the CCBHC. Services should align with your population and the needs of your community. Those who are operating in states with CCBHC certification might consider aligning the evidence-based practices they choose with those chosen by their states. SAMHSA’s Evidence-Based Resource Center is a good place to start and is available HERE . For additional questions about evidence-based practices, please contact the SAMHSA project officer.
Do child and youth services need to be provided directly, or can they be provided by a DCO?	CCBHCs must be able to serve individuals across the lifespan and must provide the core services directly. They may rely on DCOs for the provision of non-core services provided to any or all of their patient population. Please consult the SAMHSA project officer with questions about whether your organization’s service array can be considered to meet these criteria.

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Do we have to serve children, youth, and adults or can we choose to serve a particular age range?	CCBHCs are required to serve individuals across the lifespan and can also contract out for some services with DCOs. Please contact the SAMHSA project officer with any questions about whether your particular service array meets the requirements.
If your center has multiple service locations, do all the CCBHC services have to be available in all sites?	SAMHSA has indicated its desire to see CCBHCs as a single location for all needed services. Past grantees have provided services across one or more sites with a mix of delivery models. Remember that the focus of CCBHC is to make sure that all services are accessible to the people being served. Please consult the SAMHSA project officer with questions about whether your particular service model would meet the requirements.
Is ACT a required service for the CCBHC expansion grant?	In previous funding opportunities, ACT was a required service. It is no longer required in either the CCBHC-PDI or CCBHC-IA. However, decisions on whether to provide it as an evidence-based practice should be made based upon the needs of your community.
Does the CCBHC have to directly provide substance use disorder services (e.g., medication assisted treatment), or can this be done with a DCO partner?	CCBHCs must be able to directly provide substance use services. Some past grantees have contracted with outside organizations to supplement the SUD care available onsite. Please contact the SAMHSA project officer with questions about whether your scope of services complies with the CCBHC requirements.
Is there a draft DCO agreement that meets the minimum requirements?	Although not endorsed by SAMHSA to meet the minimum requirements, we have a partnership toolkit on our CCBHC Success Center website for grantees.
Do mobile crisis services need to be done face to face or is on-call and telephone okay?	Additional information about crisis services requirements is available in the full CCBHC criteria in sections 2, 3.C.5, and 4.C. There are many models of providing mobile crisis services; please consult the SAMHSA project officer with questions about whether they have expectations about the delivery of services face-to-face or using technology.
Are we required to serve veterans?	Yes. Required under Program Requirement 4: Scope of Services; Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans.
What primary care services must the CCBHC expansion grantees provide?	CCBHC does not include the provision of primary care services; however, primary care screenings and clinical monitoring of medication side effects are required. A full explanation of all CCBHC services can be found HERE . The section specific to primary care screening and monitoring is on p. 45 of the criteria.
Can the CCBHC expansion grant help us expand our workforce?	Yes! A key goal of the CCBHC initiative is to expand clinics' capacity to serve more people via expanded workforce. CCBHCs nationally are expanding their workforce to include psychiatric nurse practitioners, SUD specialists, nurse practitioners, peer specialists, social workers, and other clinical staff to address workforce shortages.

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Can we provide an abbreviated list of CCBHC staff to fit in 10 page limit?	Comply with requirements and reference staff in budget. Start with key staff and significant personnel to meet page limit.
Training and Support	
Where can I find technical assistance and support?	The National Council provides free training and technical assistance on many areas of CCBHC implementation for current grantees through the SAMHSA-funded CCBHC-E National Training and Technical Assistance Center . Prospective CCBHCs can visit our CCBHC Success Center website to review our offerings or contact us .
How do I reach SAMHSA for questions?	Agency contacts are listed in the funding opportunity announcements. For program related and eligibility related questions, contact Mary Blake, (240)276-1747 or email CCBHC@hhs.samhsa.gov .
Where can I find out more about lessons learned from existing CCBHCs?	The National Council has a library of CCBHC resources available HERE including early results from the demonstration, data highlights, and the impact of the CCBHC model.
How do we express interest in the Implementation Science Pilot ?	Submit Attachment 12 to express interest.
Will my application still be considered competitive if I do not opt into the Implementation Science Pilot?	Yes, this is not a required activity under the grant.
Are CCBHC grant funds expected to be dedicated to our participation in the Implementation Science Pilot, or is supplemental funding available?	CCBHC grant funds may be used to support participation in the Implementation Science Pilot and clinics will be able to access some offered training and technical assistance supports for free. NIMH and NIDA have released a Notice of Special Interest (NOSI) : Research using implementation science to support the delivery of evidence-based practices in community-based mental or general medical healthcare settings. Researchers can apply for research grant funding as well and may choose to allocate support for clinics within their grant funding.
Finance, Reporting and Sustainability	
How will my state pay for our Medicaid services if we are awarded a CCBHC Expansion Grant?	A CCBHC must continue to bill Medicaid for any services they are eligible to bill for under their state’s Medicaid plan. CCBHC grant funds are separate from Medicaid and should not supplant existing funding. Grantees do not receive Medicaid prospective payment (PPS), unless a grantee is also participating in a state-certified CCBHC program. State-certified clinics will continue to receive PPS payments per usual so long as their state program continues.

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<p>As a potential grantee, what can I do to prepare for sustainability?</p>	<p>Consider what funding you will need to sustain services beyond the end of the grant and where alternate sources of financial support may exist. SAMHSA articulates requirements around the sustainability component of your grant application within the NOFO. Beyond the SAMHSA requirements for sustainability planning, the National Council encourages you to have conversations with your state Medicaid office about establishing a CCBHC Medicaid initiative via SPA or waiver. Contact us with questions or to learn more.</p>
<p>How do grantee organizations report on CCBHC quality measures?</p>	<p>SAMHSA has not given instructions as to how this information should be collected or reported on, beyond what is in the NOFO. Grantees will be provided with more information after the awards are announced.</p>
<p>Can funds be used to purchase IT to implement services and care coordination?</p>	<p>Implementation of infrastructure development activities to address the operational changes needed to meet the certification criteria and improve the quality and effectiveness of CCBHC services is a required activity under this award. Both funding opportunities include examples of these activities, including developing and maintaining Health Information Technology (HIT) systems to facilitate care coordination and health information exchanges to support care transitions. The following funding caps are placed on these activities:</p> <ul style="list-style-type: none"> • CCBHC-PDI - No more than 25 percent of the annual funding award may be used for infrastructure development in Years 1 and 2. No more than 20 percent of the annual funding award may be used for infrastructure development in Years 3 and 4. • CCBHC-IA - No more than 15 percent of the annual funding award may be used for infrastructure. <p>Please consult the SAMHSA project officer with questions you might have about your planned IT purchases.</p>
<p>How is prospective payment system (PPS) determined?</p>	<p>Although grantees do not receive Medicaid PPS, this payment methodology represents an important opportunity for sustainability, and states have the authority to implement PPS for CCBHCs via a waiver or state plan amendment. Under a PPS, providers establish an average daily or monthly encounter rate that is inclusive of current and anticipated costs of care as a CCBHC. We encourage you to learn more about PPS and to let us know if you have questions about how to initiate conversations with your state on this topic.</p>
<p>What are examples of activities that the CCBHC expansion grant has supported?</p>	<p>There are a multitude of activities that current grantees have implemented. A short list of examples includes: implementation of an MAT program; hiring recovery coaches and recovery case managers; building workforce development opportunities on evidence-based practices such as Motivational Interviewing training and training on MATRIX; and the implementation of a Community Health Worker program. For questions about what services the grant can support, please reach out to the SAMHSA project officer.</p>

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<p>Can we use funds for capital expenditures such as building renovations?</p>	<p>Yes, but there are limitations. In Appendix I in both funding opportunity announcements states, “SAMHSA grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)”</p>
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Please contact the National Council at CCBHC@thenationalcouncil.org with any additional questions.