CCBHC

New Grantee Resource Package

NATIONAL COUNCIL *for* Mental Wellbeing

CCBHC-E National Training & Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

This publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

Contents

Abbreviations and Acronyms

- **CCBHC:** Certified Community Behavioral Health Clinics
- **CCBHC-E:** Certified Community Behavioral Health Clinics Expansion
- **CCBHC-E NTTAC:** Certified Community Behavioral Health Clinics Expansion Grantee National Training & Technical Assistance Center
- **CCBHC-PDI:** Certified Community Behavioral Health Clinic Planning, Development and Implementation Grant
- **CCBHC-IA:** Certified Community Behavioral Health Clinic Improvement and Advancement Grant
- **CMHS:** Center for Mental Health Services
- **CMS:** Center for Medicaid and Medicare Services
- **DCO:** Designated Collaborative Organization
- **EHR:** Electronic Health Record
- **eRA:** electronic Research Administration
- **FFR:** Federal Financial Report
- **FOA:** Funding Opportunity Announcement
- **GMS:** Grants Management Specialist
- **GPO:** Grant Project Officer
- **IHS:** Indian Health Services
- **IPP:** Infrastructure Development, Prevention and Mental Health Promotion
- **NOA:** Notice of Award
- **NOMs:** National Outcomes Measures
- **PMS:** Payment Management Services
- **PAMA:** Protecting Access to Medicare Act
- **PPS:** Prospective Payment System
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SPARS:** SAMHSA's Performance Accountability and Reporting System
- **SUD:** Substance Use Disorder

Introduction

PURPOSE OF THIS RESOURCE

The Certified Community Behavioral Health Clinic-Expansion Grantee National Training and Technical Assistance Center (CCBHC-E NTTAC) developed the CCBHC Grantee Resource Package to provide SAMHSA CCBHC grantees, especially those new to the grant program, with information on CCBHC implementation practices and management of the expansion grant requirements. This resource package includes guidelines, references, a compilation of frequently asked questions and direct links to relevant CCBHC templates and toolkits.

CCBHC BACKGROUND

In 2014, the Protecting Access to Medicare Act (PAMA) was enacted. A provision in the law established the criteria for the CCBHC model demonstration programs to be funded as part of Medicaid. The criteria specified the requirements needed for participating clinics to achieve success in improving access to community behavioral health services. In 2018, SAMHSA launched the CCBHC-expansion grant program to increase access to and improve the quality of community mental health and substance use disorder treatment services through the expansion of the CCBHC model.

CCBHC MODEL IMPLEMENTATION SUPPORT

The CCBHC-E NTTAC, operated by the National Council for Mental Wellbeing with funding from SAMHSA, provides training, technical assistance and resources to CCBHC grantees on implementation and adherence to the CCBHC model, utilization and integration of evidence-based practices within the CCBHC scope of services, and sustainability and alignment with state implementation of the CCBHC model.

It is important to note that the type of training and technical assistance resources provided by the CCBHC-E NTTAC differ from SAMHSA. The information below designates key differences in guidance and supports provided by the NTTAC and SAMHSA.

Role of SAMHSA for CCBHC grantees

- Oversee the fiscal, administrative and programmatic aspects of the grant.
- Provide guidance on reporting requirements (e.g., continuation applications, post award amendment requests, key personnel, budget revisions, terms and conditions of award, IPP and NOMs data) and platforms including eRA commons, PMS and SPARS.
- Role of the Government Project Officer (GPO):
  - Serve as primary programmatic and technical point of contact.
  - Assist grant recipients with programmatic technical assistance issues and T/A resources.
  - Monitor program performance (e.g., review of disparity impact statements, community needs assessments, programmatic progress reports, site visits and performance data in SPARS).
  - Review and accept attestations of compliance with CCBHC Certification Criteria.

- Role of the Grants Management Specialist (GMS):
  - Serve as the primary point of contact for all grants management/financial management/financial reports and correspondence.
  - Assess grant compliance with program laws, regulations, policies, requirements and guidelines and provide appropriate programmatic clarifications.
  - Provide guidance on budgeting and allowable costs.
  - Perform budget analysis of new and continuation applications to determine allowability, allocability and reasonableness of proposed costs.

Role of CCBHC-E NTTAC for CCBHC grantees

- Provide free training and technical assistance related to the CCBHC model and criteria elements.
  - Note: Including individual TA to the CCBHC-E or group-based learning, depending on organizational needs, existing activities and level of support needed.
- Engage with clinics to identify and connect them to support needs related to CCBHC model implementation, service delivery and evidence-based practice implementation.
- Establish and maintain a library of resources and information related to the implementation of and best practices within CCBHCs, including but not limited to data collection and analysis approaches, integration and implementation of evidence-based practices, workforce and staffing development, care coordination, integrated care and financing, and sustainability opportunities or strategies.
- Develop and disseminate modules, resources and toolkits on content relevant for successful CCBHC implementation.
- Address any additional TTA inquiries through the Center's inquiry form.

Certified Community Behavioral Health Clinic Overview

WHAT IS A CCBHC?

As a CCBHC grantee, it is important to fully understand the CCBHC model. CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services.
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care.

Implementation of the CCBHC model allows clinics to build a transformative care model that promotes timely access to quality, integrated mental health, substance use and primary care screening and monitoring. This fact sheet provides a quick reference to the CCBHC model and can be used to educate staff and stakeholders.

Organizations eligible to become CCBHCs include nonprofit organizations; part of a local government behavioral health authority; an entity of the Indian Health Services (IHS), an Indian tribe or a tribal organization under a contract, grant, cooperative agreement or compact with the IHS under the Indian Self Determination Act; an entity that is an urban Indian organization under a grant or contract with IHS under Title V of the Indian Health Care Improvement Act.

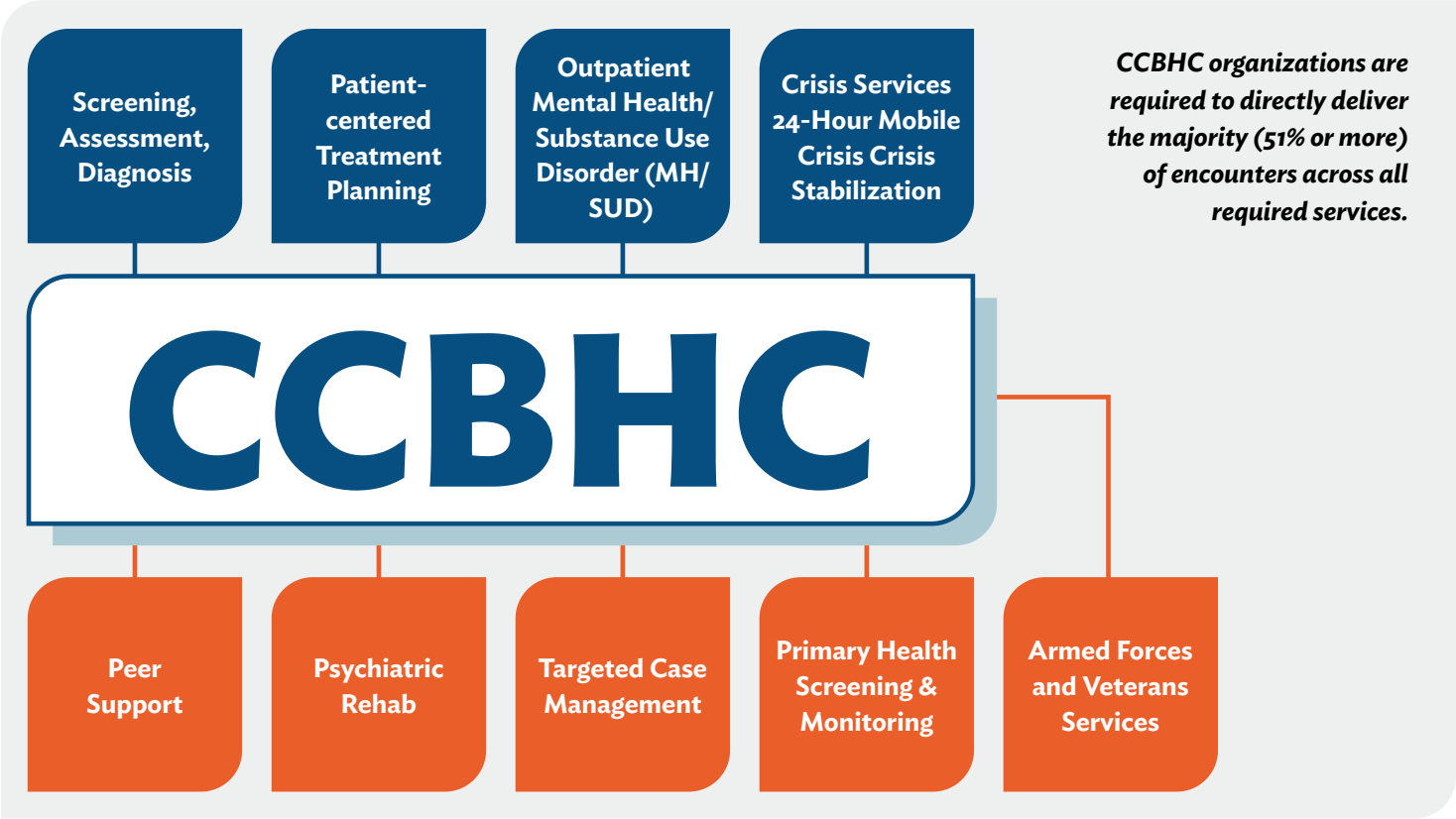
PROGRAM CRITERIA REQUIREMENTS

The CCBHC model outlines criteria areas: 1) staffing, 2) availability and accessibility of services, 3) care coordination, 4) scope of services, 5) quality and other reporting and 6) organizational authority. The following resources are recommended for a deeper dive:

- SAMHSA CCBHC Certification Criteria: The full certification criteria guidance.[1]
- CCBHC Criteria On-Demand Lessons: These brief modules, developed by the CCBHC-E NTTA Center, review each CCBHC criteria element in depth through brief (30-45 minute) recordings.

CCBHC organizations are required to deliver directly majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs. These services (see the following graphic) are designed to meet the needs of the population served and to do so in a person-centered and family-centered manner. ***It is important to note that care coordination (criteria 3) is an essential service element of the CCBHC model that intersects with all nine core services shown in the following graphic and ensures connectivity between services.***

1 *In March 2023, SAMHSA updated the CCBHC Criteria for certifying community behavioral health clinics in compliance with the statutory requirements outlined under Section 223 of PAMA. Clinics and states are on different schedules to come into compliance with the updated criteria, with most being required to come into compliance by July 1, 2024.*



PATHWAYS TO CCBHC IMPLEMENTATION

There are currently three pathways to CCBHC implementation. These pathways are not mutually exclusive, and some clinics may receive support or certification for their CCBHC program through multiple pathways.

1. Section 223 CCBHC Demonstration Program
2. SAMHSA CCBHC-E Grant Program
3. Independent State Adoption and Implementation

Section 223 CCBHC Demonstration Program. In 2016, 24 states received planning grants from SAMHSA to help prepare for implementation of CCBHC and have the opportunity to apply to be in the Section 223 CCBHC Demonstration. In 2017, eight of the planning grant states that applied (Minnesota, Missouri, Nevada, New Jersey, New York, Oregon, Oklahoma and Pennsylvania) were selected to launch their state CCBHC demonstration programs., and it was expanded to include two additional states (Kentucky and Michigan) in 2021. In June of 2022, Congress passed the Bipartisan Safer Communities Act. Provisions were included within that legislation to extend and expand the CCBHC demonstration program to allow any state or territory the opportunity to apply to participate in the demonstration. In 2023, 15 states were awarded planning grants and are able to apply to join the demonstration. Starting in July 2024, and every two years thereafter, up to 10 additional states will be selected by SAMHSA to join the demonstration.

Clinics certified by their states through the Section 223 CCBHC Demonstration receive Medicaid payment through a daily or monthly Prospective Payment System (PPS) rate that is clinic-specific, and clinics are reimbursed based on the expected demonstration cost of services. Since then, several of the demonstration states have undergone a process to certify additional CCBHC sites and allow them to receive a PPS.

SAMHSA CCBHC-E Grant Program. In 2018, SAMHSA established the CCBHC-Expansion (CCBHC-E) grant program, providing funds to clinics to establish the CCBHC model and improve the quality of community mental health and substance use disorder treatment services. The CCBHC-E grant program has funded over 500 grants. In 2022, SAMHSA expanded this program to include two tracks, both of which are focused on implementation of the CCBHC model in alignment with certification criteria requirements:

- Certified Community Behavioral Health Clinic – Planning, Development and Implementation (CCBHC-PDI) grants assist clinics to establish and implement new CCBHC programs.
- Certified Community Behavioral Health Clinic – Improvement and Advancement (CCBHC–IA) grants support existing CCBHCs to enhance and improve their programs.

Independent State Adoption and Implementation. Several states (including Illinois, Kansas, Mississippi and Texas) outside of the Section 223 CCBHC Demonstration Program have established or are exploring opportunities to establish a CCBHC certification and payment program through State Plan Amendments or 1115 Waivers. These states are following a similar process to the Medicaid Demonstration in establishing a certification process and working with experts and clinics to develop cost reporting approaches.

Table 1. Key Components and Requirements of the Section 223 CCBHC Demonstration and SAMHSA Grant Programs

	SAMHSA CCBHC-E Grants	***Section 223 CCBHC Demonstration***
Eligibility	Open to community-based behavioral health nonprofit organizations, or organizations that are either (a) part of a local government behavioral health authority; or (b) operated under the authority of the Indian Health Service, an Indian tribe, or a tribal organization; or (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act.	Only open to participating demonstration states and the state determines how and which clinics can participate. *See footnote on page 7 regarding Pennsylvania's transition to ICWC program.*
Administration Authority	Administered by SAMHSA.	Administered by state Medicaid and Behavioral Health authorities, overseen by CMS and within guidelines set by SAMHSA/CMS.
Certification/ Attestation of Meeting CCBHC Requirements	Grantees that are not certified by their states must submit an attestation describing how they meet the CCBHC certification criteria requirements. SAMHSA does NOT certify CCBHCs, and SAMHSA acceptance of an attestation does not constitute certification. Grantees that are certified by their states must submit both a copy of the application to the state and a copy of the state's notice affirming CCBHC certification to SAMHSA in lieu of an attestation.	States determine certification criteria using baseline guidance set by SAMHSA and certify clinics that will participate in the Demonstration Program.
Certification Authority	Grantees can be certified by their states, where there is an option.	CCBHCs are certified by their states.
Payment	SAMHSA CCBHC grantees receive grant funds for a set period of time to implement approved services and activities and continue to bill Medicaid and other payers as usual during that period. CCBHC-Expansion grantees (awarded from 2018-2022) received up to $2M/year for up to 2 years. CCBHC-PDI and CCBHC-IA grantees (starting in 2022) receive up to $1M/year for up to 4 years.	CCBHCs receive clinic-specific Medicaid payments through the PPS methodology.
Required Services	Similar to the demonstration program, grantees are required to provide the scope of services provided for in the CCBHC Criteria under Program Area 4. Services should be provided directly or through established DCO partnerships, along with any additional requirements as indicated in the SAMHSA CCBHC Grant NOFO.	CCBHCs are required to provide a comprehensive range of services directly or through an established DCO partnership (See CCBHC Criteria Scope of Services Section 4)
Reporting Expectations	Grantees are required to submit IPP measures and NOMs via SPARS. IPP measures are required quarterly. NOMs are required at baseline, six-month reassessment and discharge. For CCBHC-PDI and CCBHC-IA grantees, CCBHC clinic-level quality measures are required in the annual progress performance report starting at the end of the second grant year.	CCBHC Quality Measures were updated in 2023 to include 18 Behavioral Health Clinic Quality Measures. Clinics are required to report on the required clinic-reported measures, while states report on the state-reported measures. Required reporting is annual and data have to be reported for all CCBHC consumers, or where data constraints exist, for all Medicaid enrollees in the CCBHCs.

CCBHC Grantee Start-up Resources

START-UP CHECKLIST

As a newly awarded CCBHC grantee, it might be useful to create or refer to a checklist to guide key start-up activities. In addition to anything your organization will need to do to clinically establish the CCBHC model, key considerations during this period include establishing project management protocols, planning for grants management requirements, and engaging and educating staff. ***The checklist below can serve as a template to guide your start-up planning process; however, aside from noted SAMHSA requirements, these timelines are not prescriptive, and it is encouraged that your organization adapts it as you see fit.*** It is important to note that the checklist below is designed primarily for recipients of the Certified Community Behavioral Health Clinic Planning, Development and Implementation Grants (CCBHC-PDI) who are newly establishing the CCBHC model.

Activity	*Recommended Timeline*	*Person(s) Responsible*	*Notes*
GRANTS MANAGEMENT & REPORTING			
Review Notice of Award with project management and leadership team and develop a quick reference guide of any key deliverable and reporting dates/deadlines and compliance requirements.	Within 2 weeks of NOA.		
Participate in SAMHSA Grantee Orientation Call.	SAMHSA will share date and time for grantee orientation.		Tip: Assigned Project Directors will be invited to attend the grantee orientation. You are also encouraged to invite other staff members (including leadership) to attend the session.
Outreach and introduce yourself to your GPO. Set up an initial call and determine the regular cadence of meetings.	Soon after participating in SAMHSA Grantee orientation.		Tip: Review all grants documents/ requirements in advance of the first meeting and come prepared with any questions.

Activity	Recommended Timeline	Person(s) Responsible	Notes
Determine timelines and obtain any new licensing requirements.	If the application process has not already begun, initiate immediately.		Preparations for obtaining new licensure should begin well before the grant award. If clinics are committed to expanding services regardless of grant award, recommendation is to begin this process prior to award date or at least have all preparations ready before award is made.
Develop a project workplan that includes all reporting requirements.	Within 2 months of NOA.		
☑ **SAMHSA Requirement:** Complete all required SPARS training.	As provided for by SAMHSA.		
☑ **SAMHSA Requirement:** Develop annual SPARS goals (service and IPP target goals) and submit to SPARS within the time frame listed in your Notice of Award.	As provided for by SAMHSA.		
☑ **SAMHSA Requirement:** Develop and submit Disparities Impact Statement.	Within 60 days of NOA.		
☑ **SAMHSA Requirement:** Develop a workplan for documenting and submitting attestation.	For CCBHC-PDI grantees: Attestation due within 12 months of NOA. For CCBHC-IA grantees: An updated attestation due within two months of award if GPO acceptance of an attestation under your prior CCBHC-E grant is more than 2 years old. Suggest starting attestation preparation in the first quarter of award.		Those participating with the state to maintain CCBHC certification must submit to SAMHSA documentation demonstrating state certification compliance in lieu of attestation.

Activity	Recommended Timeline	Person(s) Responsible	Notes
☑ **SAMHSA Requirement:** Provide five of the nine services and initiate data collection, as described in the CCBHC criteria requirements for scope of services.	For CCBHC-PDI grantees: Within 6 months of NOA.		The services include those provided directly by the CCBHC and/or those provided by any Designated Collaborating Organizations (DCOs) as described in the CCBHC Criteria
☑ **SAMHSA Requirement:** Provide five of the nine services and initiate data collection, as described in the CCBHC criteria requirements for scope of services. Services should address both mental health and substance use disorder treatment and recovery supports across the lifespan (i.e., children, youth, adults, older adults).	For CCBHC-PDI grantees: Within 12 months of NOA. For CCBHC-IA grantees: Provision of all nine services should already be in place at the time of award.		The services include those provided directly by the CCBHC and/or those provided by any DCOs.
☑ **SAMHSA Requirement:** Develop, implement and annually update a sustainability plan to support the delivery of services once federal grant funding ends.	Within 12 months of NOA.		
Review and update Appendix M Criteria Checklist to determine current gaps needed to address during the attestation period.	Within 3 weeks of NOA.		
CCBHC MODEL REQUIREMENTS			
Establish plan for conducting a needs assessment, including target populations, scanning for existing data and determining data collection plan.	For CCBHC-PDI grantees: Recommend plan developed within 1-2 months of NOA.		

Activity	Recommended Timeline	Person(s) Responsible	Notes
☑ **SAMHSA Requirement:** Complete Community Needs Assessment to inform CCBHC staffing, training and service delivery.	For CCBHC-PDI grantees: Within 6 months of NOA. For CCBHC-IA grantees: Conduct at least one and possibly two community needs assessments over the life of the project. Needs assessments should be timed to be conducted every three years.		SAMHSA resources on conducting a Needs Assessment
Conduct strategy sessions to integrate findings from needs assessment into CCBHC model design, including priorities for EBP, service offerings and staffing models that align with needs and populations of focus.	For CCBHC-PDI grantees: Within 6 months of NOA.		Ensure meaningful involvement of people with lived and living experience of mental and substance use conditions, individuals who have received/are receiving services from the clinic, and family members in designing, providing, monitoring, evaluating program services.
☑ **SAMHSA Requirement:** Develop a plan for staffing, training and delivery of all required services, including care coordination, language accessibility and use of evidence-based practices.	For CCBHC-PDI grantees: Within 8 months of NOA.		
Revise and/or develop new job descriptions of all key staff members (e.g., CCBHC Project Director, Project Evaluator).	For CCBHC-PDI grantees: Within one month of NOA. For CCBHC-IA grantees: Key staff members should be in place. If IA work requires introduction or expansion of new staff, follow similar timelines to PDI.		
Revise and update resumes, bios and CVs of key management personnel and staff providing CCBHC services.	Within 6 months of NOA.		

Activity	Recommended Timeline	Person(s) Responsible	Notes
Identify staff recruitment needs and develop/deploy a recruitment strategy.	For CCBHC-PDI grantees: Within one month of NOA, fully staffed by 12 months. For CCBHC-IA grantees: Staffing model should be in place as part of existing CCBHC model. If IA work requires introduction or expansion of new staff, follow similar timelines to PDI.		
Identify and develop Designated Collaborating Organization (DCO) contracts and agreements, if applicable, for any CCBHC services you will be partnering to deliver.	For CCBHC-PDI grantees: Identification of partners should ideally be part of the grant application process. Recommend engagement with partners within 1 month of the award to meet service delivery timelines in Y1. For CCBHC-IA grantees: For established CCBHCs, it is expected that relationships and agreements should already be in place and new relationships should be established early in the award.		The CCBHC Contracting and Partnerships Toolkit for CCBHC Expansion Grantees includes guidance on partnership requirements and sample agreements.
Identify and establish care coordination partners and develop contracts and agreements.	For CCBHC-PDI grantees: Agreements in place within 8 months of NOA. For CCBHC-IA grantees: For established CCBHCs, it is expected these relationships and agreements should already be in place.		The CCBHC Contracting and Partnerships Toolkit for CCBHC Expansion Grantees includes guidance on partnership requirements and sample agreements.
Orient and educate staff on the CCBHC Criteria model and requirements.	Within 6 months of NOA.		CCBHC-E NTTAC CCBHC Criteria On-Demand Lessons
Develop an EBP fidelity plan (including observation of EBP utilization, training plan, supervision, chart review, fidelity audits/checks, etc.).	Within 4 months of NOA.		

Activity	Recommended Timeline	Person(s) Responsible	Notes
Review current intake, screening, and risk assessment and evaluation protocols and timelines. Determine revisions needed to meet CCBHC access criteria and align with other data collection requirements (e.g., NOMs, CCBHC Quality Measures).	Within 4 months of NOA.		
Revise agency policies and procedures (i.e., SOPs) to reflect the requirements of the CCBHC Criteria.	Within 8 months of NOA.		
LEADERSHIP & ORGANIZATIONAL CHANGE MANAGEMENT			
Define the organizational vision for CCBHC with the leadership team.	Within 1-2 weeks of NOA.		
Develop and disseminate messaging on CCBHC model alignment with organizational values and mission and value-based targets CCBHC will help the organization achieve.	Within 1-2 weeks of NOA.		
Develop a communications plan that communicates the vision and impact of CCBHC for staff and consumers.	Within 1-2 weeks of NOA.		
Provide clarity on how CCBHC implementation may change their day-to-day operations and why. Host conversations with staff regarding what contributions they can make to change, and what they'd like to see happen or be made aware of.	Within 2 months of NOA.		

Activity	Recommended Timeline	Person(s) Responsible	Notes
Identify your model for change management and change agents that will support these efforts.	Within 1 month of NOA.		Consider change agents at various levels and fields within the organization, not just those directly accountable for the grant.
INFRASTRUCTURE & DATA			
Conduct agency data mapping to determine gaps and technology needs.	For CCBHC-PDI grantees: Within 8 – 10 months		
Develop data collection and reporting plan (including plans for NOMs and IPP collection process).	Within 2 months of NOA.		
Develop a data sharing plan(s) with established partners.	Within 8 – 10 months of NOA. Note: DCOs should be part of GPRA data collection for required services. In these cases, plans should be in place prior to service delivery start dates and as early as 3 months.		
Develop and complete CQI implementation plan.	Within 8 months of NOA.		
Develop plan to establish and maintain a Health Information Technology (HIT) system to support health improvement activities.	Within 12 months of NOA; and ongoing effort.		The SAMHSA CCBHC HIT page offers steps and guides to establishing and maintaining a HIT system.

Preparing for Attestation

As per the funding opportunity requirements for both the CCBHC-PDI and CCBHC-IA grants, CCBHC grantees must either be a certified CCBHC or be able to meet all of the CCBHC Criteria and become certified as a CCBHC within their state or attest to these requirements to SAMHSA. The requirements for attestation are different for the two grants:

- CCBHC-PDI grantees are required within 12 months of the grant award to complete an attestation demonstrating compliance with the CCBHC Certification Criteria.
- CCBHC-IA grantees are required to comply with the CCBHC Certification Criteria before the grant award as demonstrated by state certification or by SAMHSA acceptance of CCBHC Certification Attestation of meeting the Certification Criteria within the past two years. If SAMHSA acceptance of the previous attestation is more than two years before the start of the grant period date, the grantee must submit an updated attestation within two months of the start of the new grant period. An updated attestation within six months of completing a new needs assessment is also required to be submitted to SAMHSA.

Attestation can feel like a big undertaking, but it's also an opportunity to organize your planning and implementation of the CCBHC model. Tips for attestation preparation include:

- Use the ***CCBHC Criteria Compliance Checklist*** (found within Appendix M of the NOFO) as a starting point.
- Translate the checklist into a table or spreadsheet of requirements for tracking purposes. In the table or spreadsheet, add columns for:
  - Checklist number.
  - Description of how the item meets the requirement.
  - Workplan to achieve items that do not yet meet the requirement.
  - Document evidence of meeting requirements.
- Create a centralized share point/drive to store all evidence of requirements as they are being developed.
- Designate an attestation point person who coordinates and manages logistics and assignments.
- Perform weekly attestation status check.

Community Needs Assessment

Preparing for and completing attestation also means preparing for and conducting a community needs assessment. There are two CCBHC grants awarded by SAMHSA — CCBHC-PDI and CCBHC-IA — and each requires recipients conduct a Needs Assessment. The requirements of the assessment are slightly different:

- CCBHC-PDI grantees are required to complete the community needs assessment within six months after the award. Grantees must also complete a follow-up needs assessment within six months prior to the start of Y4 and submit an updated attestation to meeting the CCBHC Certification Criteria.
- CCBHC-IA grantees are required to conduct a needs assessment within three years of their most recent CCBHC needs assessment. Therefore, grantees may have to conduct at least one and possibly two community assessments over the life of the project, which translates to conducting one every three years or within three years of the most recent assessment. Overall, CCBHC-IA grantees are required to complete/update a community needs assessment no later than three years after the most recent one.

The needs assessment should be designed to identify current conditions and desired services or outcomes. It also should be used to identify and address cultural, linguistic, treatment and staffing needs, as well as strengths and challenges facing service needs. The assessment should also be designed to address workforce shortages and identify approaches to enhance service array and delivery for consumers and relevant communities based on community needs. The assessment must include input from consumers, youth, people in recovery, family members and other community stakeholders, as required by the CCBHC criteria.

The following CCBHC criteria include requirements related to conducting a needs assessment.

- Program staffing requirements: 1) 1.A.1; 2) 1.A.3; 3) 1.B.2; and 4) 1.D.4
- Program availability and accessibility requirements: 1) 2.A.2
- Program scope of services requirements: 1) 4.F.2

For resources on conducting a needs assessment, visit the following SAMHSA resource page.

Preparing Disparity Impact Statement

SAMHSA expects grantees to draft and submit a Disparity Impact Statement (DIS) within 60 days of the recipient of the grant award. The impact statement should include data driven and quality improvement efforts to ensure that grantees are addressing the needs of underserved subpopulations.

The Disparity Impact Statement must contain the following three components: 1) Identify and describe the behavioral health disparity aligns with the grant program and the population(s) of focus. 2) Identify the social determinants of health (SDOH) domains and the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards that the grantee organization will work to address and improve for the identified population(s) of focus. 3) Develop a disparity reduction quality improvement action plan to address behavioral health disparities based on the available data on access, use, and outcomes. Samples of impact statements can be found here.

SAMHSA GRANTS MANAGEMENT AND REPORTING RESOURCES

As a grant recipient, SAMHSA expects grantees to report on performance data and other aspects of the grant. CCBHC-Es will utilize three reporting platforms to communicate with SAMHSA and submit reports. The following is a guide highlighting the different platforms and reports that have to be submitted to SAMHSA regularly.

Reporting Platforms

Platform	Required Documents/Reporting	Purpose	Resources and Guides
eRA Commons	All post-award amendment requests (Key Personnel, Budget Revision, Formal Carryover Request, etc.), responses to tracked terms (i.e., Special Conditions/Special Terms, annual programmatic progress reports), and continuation applications.	eRA Commons is an online interface where grant applicants, grantees and federal staff can access and share administrative information relating to grants.	SAMHSA Administration Policies and Regulations How to Register for an eRA Commons Account Grant roles in eRA Commons SAMHSA eRA Commons training videos Electronic submission of documents SAMHSA Post Award Amendment Guidance
Payment Management System (PMS)	FFR, SF-425	PMS is an online interface that manages grant payment requests, drawdowns and disbursement reporting activities.	PMS Main Login New User Access PMS User guide
SPARS	NOMs, IPP	SPARs is an online data entry, reporting, technical assistance request and training system to support grantees in reporting timely and accurate data to SAMHSA.	Data collection tool resources SPARS Data Collection Tool Resources SPARs help desk: 800-685-7623 (Monday-Friday, 9 a.m. – 8 p.m. ET) or email SPARSHelpDesk@mathematica-mpr.com

CCBHC Grant Reporting Requirements versus State Certified CCBHCs

Note: Some grantees may also be a state-certified CCBHC; refer to reporting requirements for each grant and state CCBHC requirements.

	State-certified CCBHCs	SAMHSA CCBHC Grantees*
Annual/Programmatic Report	No	Yes
Cost Report	Yes	No
Federal Financial Report	No	Yes
IPP	No	Yes
NOMs	No	Yes
Federal Quality Measures	Yes	Yes
SF 424/424A	No	Yes

Always refer to Notice of Award (NOA) for reporting requirements specific to the CCBHC grant you were awarded.

**CCBHC grantees in states with, or pursuing, certification may want to consider incorporating metrics in preparation for pursuing state certification.*

Other Grants Management and Reporting Resources and Tips

New Grantee Training and Webinars

SAMHSA maintains a library of on-demand training and reference sheets on grants management and reporting that can be accessed here.

In addition, SAMHSA periodically offers webinars for new grantees that provide specific information about how to effectively manage and maintain proper oversight of the grant. Webinar sessions are recommended by SAMHSA upon receiving the award and include topics focused on the fundamentals of the grant, grant financial management, navigating required reporting platforms, conducting post-award amendments, continuation application, completing the federal financial report and closing out the grant.

IPP Timelines to Note (Subject to change at the discretion of SAMHSA)

IPP Results completed between:	*Grantee must enter into SPARs by:*	*GPO review and grantee revisions must be completed by:*	*SPARs will lock on this date:*
Oct 1 – Dec 31	January 31	March 31	April 1
Jan 1 – Mar 31	April 30	June 30	July 1
Apr 1 – Jun 30	July 31	September 30	October 1
July 1 – Sept 30	October 31	December 31	January 1

STAFF TRAINING AND EDUCATION OPPORTUNITIES

Orienting and educating staff members on the CCBHC criteria is important to the implementation of the model.

The CCBHC-E NTTAC offers resources to orient and educates staff on CCBHC criteria and requirements. Below is a quick digest of some of the offerings.

Resource Library: Our Resource Library includes educational materials, information and fact sheets on the CCBHC model, as well as toolkits and other resources for implementing CCBHC services, related evidence-based practices and managing organizational changes and transformation.

Upcoming Events: The CCBHC-E NTTAC offers a variety of live activities and events, including monthly webinars, regular learning communities on topics relevant to CCBHC implementation, learning and action sessions and peer-to-peer opportunities. Check out the upcoming events page to see the latest offerings, register, or view recordings and slide decks from past events.

On-demand Modules and Lessons: The CCBHC-E NTTAC offers CCBHC grant staff access to a variety of on-demand learning modules, including:

- ***Relias Online Modules:*** Access over 20 online learning modules on topics critical to CCBHC implementation. Many of these modules can help meet CCBHC staff training requirements.
  - » Click here if you are a first-time user.
  - » Click here for a full list of Relias courses.

- ***ASAM Online Workshop:*** We have partnered with the American Society of Addiction Medicine (ASAM) to provide CCBHC-Es free access to ASAM's Fundamentals of Addiction Medicine online workshop. Click here for information on signing up and logging in.
- ***CCBHC Criteria On-demand Lessons:*** A suite of brief (30–45-minute) recorded lessons that provide an overview of the CCBHC model and take a deeper dive into CCBHC program requirements – ideal for training new staff on the model.
  - CCBHC 101
  - Staffing
  - Care Coordination
  - Availability and Accessibility
  - Scope of Services
  - Quality and Other Reporting
  - Organization Authority, Governance and Accreditation

Direct Support and Consultation: The CCBHC-E NTTAC provides free consultation and technical assistance on CCBHC implementation to expansion grantees. If you are looking for more individualized support on your implementation, complete the form today to get started on receiving assistance!

APPENDIX A:

National Outcomes Measures: Best Practices for Building Capability

SAMHSA created 10 domains of measurement, known as National Outcome Measures (NOMs), and the Center for Mental Health Services (CMHS) currently requires grantees to collect data for the first eight of the domains.

SAMHSA maintains a suite of resources on SPARS general information, requirements and data collection on the SPARS portal (https://spars.samhsa.gov/) and provides support by offering a Help Desk that is available Monday through Friday by calling 800-685-7623 or via email at SPARSHelpDesk@mathematica-mpr.com.

CAPACITY BUILDING

- Identify and get approval from GPO for agency's random sampling method that will be used to collect consumer data for NOMs – GPO will share programmatic guidance for random sampling.
- Set enrollment goals during application process and anticipate the number of baseline NOMs and reassessments that will need to occur monthly over the life of the grant.
- Build NOMs workflows early and identify staff responsible for completing NOMs as well as entering NOMs into ERA Commons.
- Build the capacity among various staff positions to meet the need for NOMs administration; examples of staff positions administering NOMs include peers, case managers, counselors, interns and evaluation partners.
- Provide training to staff administering NOMs. Not all staff need to be trained to administer NOMs; however, all staff should be familiar with NOMs. Build a deep bench of staff collecting height, weight and blood pressure by having RNs train staff.
- NOMs admission is recommended for all patients or clients receiving services under the CCBHC grant, but some grantees (e.g., CCBHC-IA grantees) may consider stratifying outreach efforts and focusing on populations; examples may include:
- Individuals with co-occurring mental health and substance use disorder challenges.
- Individuals with co-occurring mental health and physical health challenges.
- Individuals who have accessed the ED 6 or more times in the last 6 months.
- Partner with your DCOs and provide combined in-person training to meet the CCBHC training requirements.

NOMS BEST PRACTICE TIPS

- Develop monthly goals for baseline NOMs and track and share progress with the treatment team each month.
- Build a deep bench of staff who are trained to administer NOMs.
- Embed NOMs into your electronic health record (EHR) so you can extract data for quality improvement efforts.
- Schedule reassessments as the reassessment window open – do not wait until the due date to schedule.
- Consider realistic enrollment goals and anticipate the number of baseline NOMs and reassessments that will need to occur monthly over the life of the grant (see example chart below - each cohort represents a 6-month cohort).

Target Enrollment: 250, Year 1													
	Dec-21	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**
Baseline NOMs	21	21	21	21	21	21	21	21	21	21	21	21	21
6m Reassessment	0	0	0	0	0	0	21	21	21	21	21	21	21
TOTAL	**21**	**21**	**21**	**21**	**21**	**21**	**42**	**42**	**42**	**42**	**42**	**42**	**42**

DATA COLLECTION AND TRANSMISSION

- Create NOMs cheat sheets or FAQs to support staff and have resources readily available.
- Utilize technology to support data collection; consider push notifications or dashboards to remind team members of tasks coming due.
- Develop a system (for example, using the EHR or an excel spreadsheet that tracks baseline NOMs dates and prompts 60 days in advance of the reassessment window opening. Note: Reassessment can be administered 30 days before/after the due date.
- Crosswalk screening requirements with existing documents in the EHR/map existing data into NOMs to minimize duplication of processes and questions.
- Develop workflows to collect vitals (e.g., height, weight, blood pressure) at the same time as NOMs.
- Develop reports that inform when the reassessment window has opened and schedule reassessments at the beginning of the window.
- Health data is measured using the metric system; if the EHR collects height and waist circumference in inches, it will need to be converted to centimeters before entering into SPARs and weight will be reported in kilograms, not pounds.
- Determine whether NOMs will be administered on paper, electronically, or a combination of both and how data will be stored.
- Consider technology needs (hot spot, laptop) when administering NOMs in the community.
- Input health outcomes data (e.g., height, weight, blood pressure) into fields in the EHR so you can pull this data for reports.

- Purchase equipment that can accommodate various ages and sizes, including bariatric scales and blood pressure cuffs.
- Consider the use of incentives, on an as-needed basis, to support the completion of reassessment and discharge interviews. Cash incentives are not allowed, however, preferred incentives include items such as food vouchers, transportation vouchers and phone cards.

QUALITY IMPROVEMENT

- Create a dashboard to monitor and track agency key performance indicators (e.g., NOMs, community needs assessment, disparity data/measures, clinic quality data/measures, patient outcome measures, agency-level data, etc.).
- Promote and encourage routine use of data measures during staff and leadership meetings and events.
- Routinely share data dashboard with staff members to encourage data-driven discussions, staff buy-in and engagement.
- Through data monitoring and sharing, routinely evaluate/assess trends in data measures to improve health outcome improvements and address patient health disparities.
- Identify key performance indicators and measures that can be leveraged to advance agency sustainability plan.
- Begin engaging in population health management by identifying populations and designing interventions and programs to meet the needs specific to that population.
- Consider how QI efforts can be used as conversation starters around Alternative Payment Methodologies (APMs) and Value-Based Payments (VBPs) with funders.
- Include utilization of services in QI efforts – understanding no-shows and most frequent appointment types can lead to designing more efficient systems of care as well as ensuring that the organization has the right staff to meet the needs of those being served.

WORKFLOW CONSIDERATIONS

- Begin by identifying a workflow for NOMs data collection. The following tips for workflow design should be considered:
  - Consider incorporating NOMs data collection workflow into existing agency-wide data collection workflow.
  - Identify a point of person(s) responsible for administering NOMs.
  - Consider integrating NOMs forms into agency EHRs for collection.
- If applicable, patients enrolled for NOMs administration should be flagged in the EHR to notify staff members when NOMs administration is due.
  - Consider developing a data dashboard for NOMs data to monitor and track assessment rates and patient outcomes.
  - Include NOMs data on routine data measure meetings and discussions.
  - Leverage NOMs data dashboard to evaluate staff capacity – in the case NOMs data rates are low, conduct CQI meetings to determine if staff capacity is resulting in low NOMs data collection or if other challenges are hindering effective NOMs data collection.
- For paper administration:
  - For best practices, whenever NOMs are administered, the date and type (baseline or reassessment) should be entered in the patient chart in EHR.
  - Determine a follow-up process and protocol for when a patient cannot be reached for NOMs reassessment.

APPENDIX B:

Frequently Asked Questions

CCBHC CRITERIA MODEL REQUIREMENTS	
What is the difference between the CCBHC Medicaid Demonstration C program and the SAMHSA CCBHC-E grant program?	Both the Medicaid CCBHC program and the SAMHSA CCBHC grant program require clinics to meet the CCBHC criteria. Key elements between these programs include: • ***Administration and oversight:*** The CCBHC Medicaid Demonstration program is administered by state behavioral health and Medicaid authorities and overseen by the Centers for Medicare and Medicaid Services. CCBHC-E grantees are administered and overseen by SAMHSA. • ***Certification:*** CCBHCs participating in the Medicaid Demonstration Program are certified by their states. Although CCBHC-E grantees could become certified by their state if the state presents the option, as a grant program, clinics are not formally certified and instead undergo attestation to SAMHSA that they meet program criteria. • ***Funding:*** Medicaid Demonstration CCBHCs receive a Medicaid prospective payment system (PPS) to cover anticipated costs of care. SAMHSA CCBHC-E grantees continue to bill Medicaid as usual for allowable services and receive grant funding to cover other costs of delivering care in accordance with the model.
For a small, minority-run integrated behavioral health center, what is the best way to adapt the CCBHC model?	Data collection will be an important part of advocating for support and funding and demonstrating how the model is addressing health disparities.
What is the difference between the CCBHC model and other comprehensive behavioral health programs?	The CCBHC model includes comprehensive criteria designed to ensure delivery of quality, integrated health services through standardized requirements related to staffing, timely and available access to care, care coordination to ensure full-person care, a standard minimum service array, and delivery of evidence-based practices and governance requirements to ensure the inclusion of consumers voice. CCBHCs have expectations regarding data collection and quality reporting to monitor and ensure the delivery of quality care. The CCBHC PPS financing model is designed to cover the cost-of-service delivery and infrastructure.
What impact has the CCBHC model had on communities across the nation?	CCBHCs have demonstrated improved access to care, decreasing wait times for receiving behavioral health services, expanding the workforce, and increasing provision and access to evidence-based services such as medication-assisted treatment and improved outcomes such as reductions in hospitalizations or readmissions. To learn more about CCBHC impact, check out the National Council for Mental Wellbeing's 2022 CCBHC Impact Report and Findings from States on the Impact of CCBHC Implementation.

How can organizations accomplish data sharing with DCOs and other designated partners?	See our CCBHC Partnerships Toolkit for information and resources on DCO and care coordination partnerships and agreements.
What is the best way to collaborate with other CCBHCs?	The CCBHC-Expansion National Training and Technical Assistance Center provides a variety of events and activities to promote peer-to-peer connections. Check out upcoming opportunities on our Training and Events page or join monthly cohort calls we host for: • CCBHC Executives • CCBHC Program Directors • CCBHC Medical Directors • CCBHC Evaluations/CQI Leads • We also encourage you to make connections with other CCBHCs in your state. Your state behavioral health association or our CCBHC Locator Tool are great resources for locating other CCBHCs in your state.
What is the best way to conduct a successful needs assessment?	For resources on conducting a Needs Assessment, visit the following SAMHSA resource page.
What are the most commonly tracked data metrics under the CCBHC model?	The CCBHC Medicaid Demonstration program includes 21 clinical quality metrics, 9 of which are clinic-reported and 12 by state. A list of those measures can be accessed here.
What does the CCBHC model certification entail?	Numerous criteria are required for CCBHC certification. Organizations planning for certification are encouraged to review the SAMHSA CCBHC Certification Criteria guideline and reference for more information.
What is attestation and what does the process look like?	Attestation is a process in which CCBHC grantees are required to be certified as a CCBHC or be able to meet all of the CCBHC Criteria and become certified as a CCBHC within their state or attest to these requirements to SAMHSA within a specified period after receiving a SAMHSA CCBHC award. Organizations and grantees are encouraged to review the CCBHC Certification Criteria reference guide and review Appendix M of the SAMHSA CCBHC grant NOFO..
CCBHC-E GRANTS ADMINISTRATION AND MANAGEMENT	
Are former CCBHC-E grantees able to reapply for future CCBHC grant opportunities?	The funding opportunity announcement will clarify whether former grantees are eligible to apply and any other details.
Are the NOMs assessments and reassessments always supposed to be collected in person? Is there a waiver to conduct NOMs assessments over the phone due to COVID?	Generally, NOMs are expected to be collected in person. However, during the COVID pandemic, SAMHSA issued guidance to allow for greater flexibility re virtual/telephonic data collection. This guidance is still active and can be viewed at: https://www.samhsa.gov/sites/default/files/covid-19-faqs-samhsa-discretionary-grant-recipients.pdf. If you have any questions regarding in-person data collection, please contact your GPO.

CCBHC-E NTTA CENTER GUIDANCE	
What is the scope of support available to grantees through the Center?	The CCBHC-E NTTAC provides training, technical assistance and resources to CCBHC grantees on implementation and adherence to the CCBHC model, utilization and integration of evidence-based practices within the CCBHC scope of services, and sustainability and alignment with state implementation of the CCBHC model. This includes: • Webinars, office hours, learning and action series, and other virtual events that promote understanding and implementation of CCBHC model criteria. • Learning communities and ECHO series to promote practice change and application of evidence or research-based practices. • Direct consultation with our pool of subject matter experts to answer questions related to model criteria and implementation of clinical or administrative practices related to the model. • An ever-expanding online resource library that includes fact sheets, toolkits and other resources to support the implementation of CCBHC, as well as on-demand learning modules.
Will the NTTAC offer training on evidence-based practices (e.g., EMDR, TF-CBT, PCIT, Mental Health First Aid, QPR, etc.)?	The NTTAC is constantly assessing grantee needs and making determinations on TTA offerings based on feedback and information from grantees. Although we cannot offer training of evidence-based practices for all staff at an individual clinic level due to the number of grantees, we may occasionally offer this training on a first-come, first-served basis. We encourage clinics to use their grant funding to establish and train staff on evidence-based practices and to consider participation in SAMHSA's Implementation Science Pilot. Clinics can also access resources on evidence-based practices in our Resource Library or utilize our direct consultation option to connect directly with one of our experts to answer their questions related to EBPs.
What on-demand resources are currently available?	There are currently seven on-demand webinars: one to cover each of the 6 criteria and an overview. These webinars are available on the TTA website. In addition, CCBHC-E NTTA Center partnered with Relias and ASAM to deliver free CCBHC implementation online learning modules and fundamentals of addiction medicine. The on-demand resources can be accessed here.
Will TTA support from the Center be considered an indirect cost if grantees elect to use them?	All training and support provided through the National Council's CCBHC-E NTTA Center is free and can be accessed by grantees without any costs incurred.
How often will TTA support be provided?	NTTAC support is ongoing with a variety of training and events being hosted each month. Some offerings, such as learning communities or ECHO series, are time-limited offerings while others, such as monthly cohort calls and access to our resource library, online modules and direct consultations, are ongoing. We encourage you to check out our Training and Events page for upcoming opportunities.
What webinars or resources are already available regarding the CCBHC model criteria?	The NTTAC developed the CCBHC Criteria On-Demand Lessons as a primer on the model. These brief modules, developed by the CCBHC-E NTTA Center, review each CCBHC criteria element in depth through brief (30–45-minute) recordings. We encourage you to check them out, share them with colleagues or incorporate them as part of your staff training plan.

What TTA support and resources be provided for program evaluation?	The CCBHC-E NTTA Center provides a variety of resources on evaluation and quality continuous improvement efforts that can be accessed through the Center's online resource library. The CCBHC-E NTTA Center also offers monthly cohort calls for program evaluators to discuss and share evaluation resources and tips. Check out upcoming opportunities on our Training and Events page or join monthly CCBHC Evaluations/CQI Leads cohort calls.
Are there other SAMHSA-funded TTA supports and resources available?	SAMHSA funds other TTA Centers with specific areas of expertise and focus that may be available to grantees, including the following: • ***Addiction Technology Transfer Network:*** Regional/national activities and intensive technical assistance to provider organizations to improve their processes and practices in the delivery of effective SUD treatment and recovery services. https://attcnetwork.org/ • ***Mental Health Technology Transfer Network:*** Regional/national activities to strengthen capacity of organizations and mental health treatment practitioners in delivery of mental health services and effective evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment and recovery support. https://mhttcnetwork.org/ • ***National Consumer/Consumer Supporter TA Centers :*** Peer support, evidence-based/evidence-informed peer practices, peer/family engagement in outreach, governance, implementation and evaluation, etc. https://www.samhsa.gov/national-consumer-technical-assistance-centers • ***National Family Support Technical Assistance Center:*** Resources, training and technical assistance to advance positive partnerships between families/caregivers and providers, and to support implementation of family peer support. https://www.samhsa.gov/national-family-support-technical-assistance-center • ***Clinical Support System for Serious Mental Illness:*** Education and consultation on the use and implementation of evidence-based screening and treatment for serious mental illness. https://www.samhsa.gov/clinical-support-system-serious-mental-illness-css-smi • ***Center for Integrated Health Solutions:*** Evidence-based resources, tools and support for organizations working to integrate primary and behavioral health care. https://www.thenationalcouncil.org/program/center-of-excellence/about-us/ • ***Evidence-Based Practice Resource Center:*** Information and tools to incorporate evidence-based practices into their communities or clinical settings. https://www.samhsa.gov/resource-search/ebp
Why do registrants for a Center event have to enter demographic information related to race, gender and sexual preference?	Providing demographic information at registration is optional. This data will be used to measure and report aggregate analysis on the racial, ethnic and gender composition of the TTA Center's audience to inform understanding of the diversity of participation and improve the reach of our events. This demographic information will be held in strict confidence and will not be shared with any third parties, and will not be used at an individual level.
Does the Center offer guidance regarding Medicaid billing for specialty mental health services?	Although we do not currently have specific tools related to Medicaid billing for mental health services, the NTTAC is consistently expanding its tools and resources and financing is a critical part of sustainability. For specific questions related to billing, feel free to request a direct consultation so that we can connect you with one of our experts.

How can agencies leverage and coordinate these TTA services from the Center with existing contracted TA for CCBHC support?	All offerings through the NTTAC are free of charge and open to any CCBHC grantees for participation. We encourage you to familiarize yourself with our ongoing offerings to ensure you are not contracting consultants for the support you may be able to receive for free through the center. If you are utilizing National Council consulting support, your consultant is well versed in the center's offerings and can establish a plan with you to ensure you are well-positioned to fully leverage both available resources. While we provide individualized, time-limited TTA, generally, we are unable to offer intensive, individualized training and technical assistance through the NTTAC due to the number of grantees and capacity. If you are looking for support such as EBP training for your entire staff, individualized planning and implementation support in establishing your integrated health model (such as a comprehensive approach that includes individualized clinic assessment, ongoing engagement to develop and design your staffing plans and model, training and rollout with all staff, ongoing coaching) – we encourage you to leverage your TA dollars to engage support from external consultants.
Will the TTA support includes training that covers GPRA and NOMs entries into SPARS?	Training on GPRA, SPARS and NOMs is available through SAMHSA, and all questions related to portal access and data reporting requirements should be directed to the SPARS Help Desk. You can access training modules here, however you will need to login to access the link. The NTTAC will provide TTA in areas related to best practices on data collection, strategic use of data, and continuous quality improvement efforts, many of which can be tied to your NOMs data.
Will there be established regional meetings and a discussion board for online collaboration and learning?	We are currently not planning regular regional meetings in the near future as we continue to assess the COVID-19 pandemic. We are hopeful we will be able to establish these offerings in subsequent years of the award. We do not currently have a discussion board established but will be considering the option.
Will TTA cover budget requirements and help interpret SAMHSA language to understand what is required and when?	The NTTAC's primary role is in providing education, training and support related to the CCBHC model implementation. Questions related to grant budgeting and finance should be directed to your GMS and GPO. We do regularly engage with SAMHSA to elevate frequently asked questions or confusions we are hearing from grantees to their attention to address.
CCBHC FINANCE	
Where is the best place to find guidance information on fiscal, budget and financial reporting and budget for the CCBHC-Expansion grant?	You can always reach out to the GMS assigned to your grant (see your Notice of Award for name and contact information). • https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements • https://www.samhsa.gov/sites/default/files/grants/samhsa-fy20-award-standard-terms-conditions.pdf (see sections 1 and 35 for information on drawdown) • https://www.samhsa.gov/grants/grants-management/reporting-requirements#:~:text=Beginning%20in%20FY%202021%2C%20grant,period%20of%20performance%20in%20PMS.(FFR) • https://www.samhsa.gov/sites/default/files/guide-complete-sf-425.pdf (SD 425)

How will my state pay for our Medicaid services if we are awarded a CCBHC grant?	A CCBHC must continue to bill Medicaid for any services they are eligible to bill for under their state's Medicaid plan. The CCBHC grant funds are separate from Medicaid and should not supplant existing funding. As stated in the notice of funding opportunity, grantees "must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan." Grantees do not receive Medicaid prospective payment system (PPS) unless a grantee is also a participant in the original Medicaid CCBHC demonstration. Demonstration participants will continue to receive PPS payments per usual so long as the demonstration continues.
How is a PPS determined?	While Prospective Payment Systems are outside the purview of the SAMHSA CCBHC-E program, 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.
If you are currently a CCBHC through the Medicaid demonstration, can you use grant funds to supplement or expand to another clinic?	Required, allowable and expected uses of funds are listed in the NOFO. The NOFO also articulates unallowable uses of funds. Please consult the SAMHSA project officer with any questions.
For individuals whose health insurance plan does not pay for behavioral health services, can their services be billed through the CCBHC model?	Although the CCBHC model and Prospective Payment System (PPS) are designed to work within the scope of state Medicaid Plans and to apply specifically to individuals who are Medicaid enrollees, the statute also requires the CCBHCs not to refuse service to any individual based on either ability to pay. As a result, organizations are encouraged to apply the sliding fee scale to individuals who are unable to pay for the service. Organizations are also encouraged to engage in conversations with their state Medicaid entities for guidance and advice.
Can CCBHC services be billed to MCOs?	States have two options for incorporating the CCBHC rate into the managed care payment methodology: (1) fully incorporate the PPS payment into the managed care capitation rate, or (2) use a reconciliation process to make a wraparound supplemental payment to ensure that the total payment is equivalent to CCBHC PPS. Option 1 gives states greater budget predictability for CCBHC expenditures. As a result, states have adequate oversight in Managed Care Organization (MCO) contracts with CCBHCs and develop processes to ensure that managed care enrollees have access to services provided by CCBHCs including specific network adequacy requirements. Agencies are encouraged to review their states MCO agreements to learn about CCBHC billable services.
What are some strategies to make program enhancements sustainable after the end of a CCBHC-E grant?	Consider what funding you will need to sustain services beyond the end of the grant and where alternate sources of financial support may exist, such as setting up data collection in a way that supports advocating for APMs/VBPs. SAMHSA articulates requirements around developing and implementing a sustainability plan to support the delivery of services once federal grant funding ends.

APPENDIX C:

CCBHC Attestation Sample Status Tracker

Note: This is not a SAMHSA-endorsed template for attestation but can be used by grantees to organize their attestation information. Certified Community Behavioral Health Clinic (CCBHC) Criteria Compliance Checklist

Criteria	*Description of Item Meeting Requirement*	*Documentation of Evidence*	*Status of Completion*
GENERAL STAFFING REQUIREMENT			
1.A.1 - Needs Assessment and Staffing Plan			
1.A.2 - Staff			
1.A.3 - Management Staffing			
1.A.4 - Liability/Malpractice Insurance			
1.B.1 - Appropriate Licensure and Scope of Practice			
1.B.2 - Required Staffing			
1.C.1 - Training Plans			
1.C.2 - 1.C.4 - Skills and Competence			
1.D.1 - 1.D.4 - Meaningful Access			
1.D.5 - Meaningful Access and Privacy			
AVAILABILITY AND ACCESSIBILITY OF SERVICES			
2.A.1 - 2.A.8 - Access and Availability			
2.B.1 - Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers			
2.B.2 - Updating Comprehensive Person-centered and Family-centered Diagnostic and Treatment Evaluation			
2.B.3 - Timing of Services for Established Consumers			
2.C - Access to Crisis Management Services			
2.D - No Refusal of Services Due to Inability to Pay			
2.E - Provision of Services Regardless of Residence			

Criteria	*Description of Item Meeting Requirement*	*Documentation of Evidence*	*Status of Completion*
CARE COORDINATION			
3.A - General Requirements of Care Coordination			
3.B - Care Coordination and Other Health Technology Systems			
3.C - Care Coordination Agreements			
3.D - Treatment Team, Treatment Planning, and Care Coordination Activities			
GENERAL SERVICE PROVISIONS			
4.A - General Service Provisions			
4.B - Person-Centered and Family-Centered Care			
4.C - Crisis Behavioral Health Services			
4.D - Behavioral Health Screening, Assessment, and Diganosis			
4.E - Person-Centered and Family-Centered Treatment Planning			
4.F - Outpatient Mental Health and Substance Use Services			
4.G - Outpatient Clinic Primary Care Screening and Monitoring			
4.H - Targeted Case Management Services			
4.I - Psychiatric Rehabilitation Services			
4.J - Peer Supports, Peer Counseling, and Family/ Caregiver Supports			
4.K - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans			
QUALITY AND OTHER REPORTING			
5.A - Data Collection, Reporting, and Tracking			
5.B - Continous Quality Improvement (CQI) Plan			
ORGANIZATIONAL AUTHORITY, GOVERNANCE AND ACCREDITATION			
6.A - General Requirements of Organizational Authority and Finances			
6.B - Governance			
6.C - Accreditation			