

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

State Certification Resource Guide

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About this Resource Guide

Purpose: This resource guide is designed to assist community behavioral health providers understand their options and prepare for certification as a Certified Community Behavioral Health Clinic (CCBHC). It includes reference materials on available state programs and practical guidance for clinics to understand and prepare for certification.

The intended audiences for this resource include:

- CCBHC grantees who are not already certified by their state.
- CCBHC grantees located in states who are actively looking to implement the CCBHC model statewide.
- Community behavioral health providers located in states with CCBHC programs or currently exploring CCBHC programs that are interested in implementing the model.

CONTEXTUAL RELEVANCE OF THIS GUIDE

At the time of publication, the CCBHC program is undergoing a nationwide expansion that will provide more clinics with the opportunity to become state-certified CCBHCs. This expansion includes opportunities for states to join the Section 223 CCBHC Demonstration Program, beginning with the SAMHSA-funded planning grant and for states currently in the Section 223 CCBHC Demonstration to add new CCBHC sites. Some states are also using other mechanisms (such as Medicaid waiver programs) to take the CCBHC model to scale.

CCBHC certification requires clinics to demonstrate their ability to meet all criteria and can be an intensive process. Preparation and planning is important for a successful certification application. CCBHC grantees that are not already certified by their states as CCBHCs should leverage their experiences through grant funding, particularly the SAMHSA attestation process, to meet criteria and prepare documentation and processes that can support their state certification efforts, should they become available.

Note: It is important to understand that CCBHC state certification is not currently an option for all providers in all states and that receiving a SAMHSA CCBHC grant is not the same as being certified as a CCBHC. State certification as a CCBHC requires an established state certification program clinics can apply through to receive CCBHC payments through Medicaid. This guide provides detailed context on the various CCBHC funding and certification options to help clinics understand their current opportunities are within their respective states.

SAMHSA and the U.S. Congress are often updating this program. All information is current as of August 2023.

Overview of the Current CCBHC Landscape and Certification Options

Understanding your options for CCBHC certification requires a foundational knowledge of the various CCBHC funding pathways and how they differ.

There are currently three funding pathways for CCBHC:

- 1. Section 223 CCBHC Demonstration Program:** This includes states awarded the opportunity to participate in the Section 223 CCBHC Demonstration Program established in 2017. These states establish a process for state certification for eligible clinics utilizing the federal CCBHC criteria.
- 2. Independent State Medicaid-funded CCBHC Programs:** This includes states that have enacted CCBHC through a Medicaid State Plan Amendment or Waiver. These states establish a process for state certification for eligible clinics with eligibility criteria established by each state.
- 3. SAMHSA-administered CCBHC Grant Program:** SAMHSA awards grant funding directly to clinics to support adoption and implementation of the CCBHC model. Receiving grant funding is not the same as certification. Grant recipients that have not received state certification, either because the state does not certify CCBHCs or because the organization is not an entity that has received state certification, must submit an attestation to SAMHSA describing how they are meeting the federal CCBHC criteria requirements. Although the attestation process is not the same as certification, it is recommended that grantees use their grant funding period to: 1) understand and come into compliance with the CCBHC Criteria, 2) identify and track their state's trajectory for CCBHC implementation and 3) leverage the implementation and attestation process as an opportunity to prepare for a time when they may be able to be certified by their state.

SECTION 223 CCBHC DEMONSTRATION PROGRAM

In 2014, the Protecting Access to Medicare Act (PAMA) was passed and authorized a federal demonstration program for CCBHC. 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. In 2020, the CARES Act authorized the addition of two more states from the original demonstration applications (Kentucky and Michigan).

Through the demonstration program, states certified clinics and implemented the prospective payment system (PPS) rate methodology to use Medicaid funds to pay clinics as CCBHCs. 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. This will create many more sustainable funding opportunities through each state's Medicaid program.

The Section 223 CCBHC Demonstration Program initially prohibited states from adding additional CCBHCs to their demonstration programs; however, in February 2023, SAMHSA issued [guidance to states on adding additional CCBHCs to their demonstration](#). In addition, states who have approved State Plan Amendments or Waivers, can certify additional clinics under the Medicaid State Plan Amendments (SPA) or waiver program.

STATE MEDICAID-FUNDED CCBHCS

Independent State CCBHC Initiatives Under Medicaid

In addition to the demonstration, states may establish or expand their CCBHC programs through other mechanisms, including SPAs or Waivers.

Beginning in 2019, four demonstration states (**Nevada, Missouri, Oklahoma and Minnesota**) secured permanent Medicaid funding through approval of a Medicaid State Plan Amendment by the Centers for Medicare and Medicaid Services (CMS). The SPA allows those states to certify new CCBHCs.

In 2022, Kansas became the first non-demonstration state to get a Medicaid State Plan Amendment approved by CMS so they could certify CCBHCs and utilize the same PPS rate methodology to pay for services through Medicaid. Kansas currently has certified 9 CCBHCs and intends to convert all 26 of its Community Mental Health Centers into CCBHCs by 2024.

While Texas was not selected as a national demonstration state, Texas Health and Human Services decided to use the CCBHC framework as a model to transform service delivery by establishing the Texas CCBHC Initiative through a Waiver. The state currently has an application and certification process for CCBHC but does not use the clinic-specific PPS payment system. They instead pay a statewide rate to all certified clinics.

State Medicaid Payment Methodology

Clinics certified by their state either through the Section 223 CCBHC Demonstration, their Medicaid state plans or waivers can receive Medicaid payment through a daily or monthly [PPS](#) rate. The PPS rate is clinic-specific and calculated by the prospective CCBHC using a CCBHC cost report developed by CMS to include annual actual costs from the previous year combined with anticipated costs of any additional CCBHC services the clinic must implement. The clinic-created cost report is submitted to the state which performs a desk audit to determine that all costs are allowable according to CMS requirements. The state then finalizes the rate with the clinic.

SAMHSA GRANT FUNDING

Existing and prospective CCBHCs can pursue a CCBHC grant directly from SAMHSA. In 2018, SAMHSA established the CCBHC expansion grant program, providing funds to clinics to establish or expand the CCBHC model and improve the quality of community mental health and substance use disorder treatment and support. In 2022, SAMHSA refined this program to include two tracks:

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

The current Notice of Funding Opportunity (NOFO) provides \$1 million per year for four years to implement the CCBHC model. As detailed in the next section, SAMHSA does not certify CCBHCs. Grant recipients that are not state-certified

CCBHCs must complete and submit an attestation that describes how the clinic meets the requirement of the CCBHC certification criteria to SAMHSA for review and acceptance.

Table 1. Comparing Elements and Provisions of CCBHC Funding Options

Note: This table only compares the SAMHSA grant program and CCBHC Demonstration Program because details on these elements for the independent state Medicaid-funded CCBHC programs can vary by state and are not always publicly available.

	SAMHSA-funded CCBHC Expansion Grant Program	Section 223 CCBHC Demonstration Program
Eligibility	Open to community-based behavioral health non-profit 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 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 community-based health non-profit organizations, or organizations that are either.	Open to only to states participating in the demonstration program. Each of these states determines how, and which clinics can participate. ¹
Administration Authority	Administered by SAMHSA.	Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS.
Certification	Grantees must submit an attestation demonstrating that they meet the CCBHC certification criteria requirements through their state certification or via the federal CCBHC certification criteria.	States determine certification criteria using baseline guidance set by SAMHSA.
Certification Authority	Grantees may 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 two years. CCBHC-PDI and CCBHC-IA grantees (starting in 2022) receive up to \$1M/year for up to four years.	CCBHCs receive clinic-specific Medicaid payments through the PPS methodology .

¹ In 2019, Pennsylvania made a decision to convert the CCBHC to a Pennsylvania-specific brand called Integrated Care and Wellness Clinics (ICWC) during a period where extension of the CCBHC Demonstration was not guaranteed. The seven original CCBHCs worked to convert to the ICWC program, which also changed to a monthly prospective payment rate. In addition, there were some modifications to the reporting requirements.

	<i>SAMHSA-funded CCBHC Expansion Grant Program</i>	<i>Section 223 CCBHC Demonstration Program</i>
Required Services	Similar to the Section 223 CCBHC Demonstration Program, grantees are required to deliver the scope of services provided for in the CCBHC Criteria under Program Area 4. Services should be provided directly or through established designated collaborating organization (DCO) partnerships, along with any additional requirements as indicated in the SAMHSA CCBHC Grant NOFO. Services must comport with the broader requirements of the certification criteria.	CCBHCs are required to provide a comprehensive range of services per the CCBHC criteria directly or through an established DCO partnership (see CCBHC Criteria Scope of Services 4.A – 4.K). Services must align with the broader requirements of the certification criteria.
Reporting Expectations	Grantees are required to submit Infrastructure Development, Prevention and Mental Health Promotion (IPP) measures and National Outcome Measures (NOMS) via SAMHSA's Performance Accountability and Reporting System (SPARS). IPP measures are required quarterly. NOMS are required at baseline, at 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 beginning in 2025.	In 2023, SAMHSA updated the CCBHC Quality Measures. The revised measures are located in Appendix B of the CCBHC Criteria . The quality measures include both clinic and state-required measures and additional optional measures that states can determine if they want to require. Clinics are required to report on the clinic-collected measures to their states, while states aggregate the clinic data and report on the state-collected measures to SAMHSA. Required reporting to SAMHSA is annual and data must be reported for all CCBHC consumers, or where data constraints exist, for all Medicaid enrollees in the CCBHCs.



Understanding CCBHC Certification

The only way to become officially certified as a CCBHC is through an available state certification program. This section outlines the difference between state certification and attestation and provides information on specific state certification processes.

SAMHSA GRANTS - ATTESTATION

As previously stated, SAMHSA does not certify CCBHCs. Clinics participating in a SAMHSA-funded CCBHC-E grant must either a) be certified by their state and submit documentation regarding certification status or b) submit an attestation describing how the CCBHC meets the federal [CCBHC criteria](#) requirements. These documents must be submitted as directed in the grant NOFO and the Notice of Award.

Although SAMHSA does not have a required, standard template for attestation, it does provide a suggested format for attestation. SAMHSA also provides a compliance checklist in the appendix of each CCBHC NOFO that can be used as a guideline for the provisions to attest to. In addition to the suggested attestation format, SAMHSA GPOs supply grantees with sample attestation statements to give them an idea of what they are looking for. GPOs review the attestations and provide acceptance for attestations that adequately describe compliance.

Although attestation is not the same as certification, there are parallels in the processes of reviewing criteria and compiling documentation to evidence how your organization meets the CCBHC criteria elements. Grantees that are interested in pursuing CCBHC certification in the future (should that become available in their state), should consider the attestation process as practice and preparation for applying for future state certification. Grantees operating in states with a current certification process, even if it is not currently open, should take this time to understand their state's certification process and criteria and build capacity for certification, should it become available.

Note that not all states publicly provide their certification criteria and process. If your clinic is in one of the demonstration states, contact the state CCBHC team for more information. All demonstration states, Texas and Kansas have general CCBHC email addresses to request information.

STATE CCBHC CERTIFICATION

A CCBHC can bill Medicaid and receive a PPS payment for CCBHC services provided to a Medicaid recipient only by attaining state certification. There are currently 12 states with CCBHC certification processes, however, at the time of this publication **only Minnesota, Missouri, Kansas, Nevada and Oklahoma currently provide the opportunity for additional clinics to apply for state certification and receive a Medicaid PPS rate payment.**






Although the [CCBHC criteria](#) is central to certification, each state has added their own state-specific certification requirements and process for certification, as clarified in the criteria as “State Discretionary Items.”








Regardless of variation by state, there are some common elements of the certification process that can be expected. This includes:

- **Needs Assessment:** All states complete a state-wide needs assessment to establish the gaps, evidence-based practices and priorities for the state. Each prospective CCBHC must complete a needs assessment of their own for their defined service area.
- **Certification Application:** Each state requires a written application for CCBHC certification.
- **Certification Checklist:** States often use a version of the certification checklist SAMHSA provided as part of the demonstration and/or as an attachment to the CCBHC-E grant NOFO.
- **Certification Documentation:** States often require submission of required plans, policies and procedures.
- **Site Visit:** Many states include a site visit in their certification process with specific checklist items to be reviewed onsite.
- **Cost Report:** All states require a prospective CCBHC to complete a CMS-developed CCBHC cost report that includes actual and “anticipated” costs for all people to be served, regardless of insurance status.
- **PPS Rate Setting:** Based on the approval of the CCBHC cost report, a rate is established with the clinic.
- **Review of Certification:** Most states require a review of the CCBHC a year or more into implementation of the model to ensure fidelity is maintained.

Table: Status of CCBHC Program by State

Information in this table is recent as of June 2023.

CCBHC State	CCBHC Status	Certification Status	CCBHC Webpage	Certification Information
Kansas 	State Plan Amendment (SPA)	Open to new clinics	KS CCBHC (ks.gov)	For Providers (ks.gov)
Kentucky 	Demonstration state	Demo closed to new clinics at this time	Not available	KY CCBHC Provider Summary
Michigan 	Demonstration state	Demo closed to new clinics at this time	CCBHC Demonstration (michigan.gov)	CCBHC Demonstration Handbook (michigan.gov)
Minnesota 	Demonstration state + SPA	Open to new clinics	MN CCBHC (mn.gov)	CCBHC Certification Timeline (mn.gov)
Missouri 	Demonstration state + SPA	Open to new clinics	MO CCBHC (mo.gov)	Not available

CCBHC State	CCBHC Status	Certification Status	CCBHC Webpage	Certification Information
Nevada 	Demonstration state + SPA	Open to new clinics	NV CCBHC (nv.gov)	Not available
New Jersey 	Demonstration state	Demo closed to new clinics at this time	NJ CCBHC (nj.gov)	Not available
New York 	Demonstration state	Demo closed to new clinics at this time	NY CCBHC (ny.gov)	CCBHC Scope of Services Manual (ny.gov)
Oregon 	Demonstration state	Demo closed to new clinics at this time	OHA CCBHC (oregon.gov)	Oregon Secretary of State Administrative Rules Fact Sheet (oregon.gov)
Oklahoma 	Demonstration state + SPA	Open to new clinics	OK CCBHC (oklahoma.gov)	Provider Certification (oklahoma.gov)
Pennsylvania 	Aligned with criteria but has established a separate program, “Integrated Care and Wellness Clinics” and pays statewide rate for ICWC through demonstration waiver	Open to new clinics	CCBHC (pa.gov)	Pennsylvania made a decision to convert the CCBHC to a Pennsylvania-specific brand called Integrated Care and Wellness Clinics (ICWC). ICWC Manual
Texas 	Aligned with criteria but pays statewide rate using a Medicaid waiver	As of November 2022, the Health and Human Services Commission (HHSC) temporarily paused initial applications for Texas Certified Community Health Clinic (T-CCBHC) certification.	TX CCBHC (tx.gov)	Texas has approval to certify clinics but does not utilize the PPS payment system. CCBHC Certification Process Texas Health and Human Services

Preparing for CCBHC Certification

These tips will help prepare your organization for CCBHC certification. Note that some clinics start with a SAMHSA grant and others pursue certification first.

If you are a SAMHSA CCBHC grantee...

- **Leverage the attestation process as practice and preparation for certification.** Although your state certification process will be different from attestation, the basic practices of organizing and documenting your fidelity to model criteria remains the same and can save you time and effort should you transition from grant funding to certification. Use this exercise as a learning experience for how to effectively document and demonstrate your work as well as leverage SAMHSA's feedback on your attestation to enhance documentation.
- **Maintain attestation materials.** It is likely that your processes, procedures and practices will change over the life of your grant funding. Make a practice of maintaining your attestation documentation, keeping things updated periodically can alleviate time-consuming efforts of updating information in mass should you have an opportunity to apply for state certification.
- **Complete a comparison of the grant attestation requirements and your state's certification requirements to formulate a work plan.** This will help you understand what additional clinical, operational or administrative changes are needed or documentation required if you apply for state certification.
- **Update your Needs Assessment.** The CCBHC criteria require that clinics complete a needs assessment that is updated at least every three years, and that the findings from the needs assessment be integrated into the CCBHC staffing and training plans, and service delivery and service array determinations. The first step in preparing for certification is to update your needs assessment. It should be updated with all that was learned during the grant period and according to any requirements your state has defined for the certification process.

If you do not currently have any CCBHC funding support...

- **Assess your current operations and services against the [CCBHC criteria](#).** Review the criteria in detail and work collaboratively with a team within your organization to assess your capacity to transform your service delivery in alignment with the model and how it aligns with your organization's strategic or future plans.
- **Consider pursuing a SAMHSA CCBHC grant to support preparation.** SAMHSA CCBHC grants provide an opportunity for capacity building and investment to launch your CCBHC implementation. Review previous CCBHC-E grant NOFO to determine if your clinic is eligible to apply and has the necessary components in place or has the capacity to implement the model within the grant period timelines.
- **Conduct a needs assessment.** Needs assessments are required for CCBHC implementation. Data collection for the needs assessment should include outreach and engagement of community stakeholders, including people with lived experience of mental health and substance use challenges, family members and caregivers of both children and adults, existing clients and other community organizations or stakeholders to best assess felt need within the community, particularly thinking about those who are not currently being reached or experience health inequity or disparities. This information, alongside quantitative and other existing resources and data on your community will help you map what services and activities are needed in your community, what your organization already has and what will need to be built to meet that need.

Understand your options and guidelines

- **Identify your states' current CCBHC status.** Start with knowing what your options are in your state. If your state is not included in the list in this guide, then they do not currently have a state CCBHC certification program, but that doesn't mean this won't be an option in the future! See our recommendations on connecting with your state association and other grantees.
- **Research your state's CCBHC certification process.** If your state currently has a CCBHC certification program, research the process. The information linked to in this guide is a great place to start – but not every state makes all certification materials publicly available. If you are unable to find the certification materials online, identify a key point of contact in your state to see what information can be shared. Some key questions to consider during your research:
 - » What is the certification process?
 - » What are the state-specific requirements for certification and do you meet them (e.g., state-specific eligibility requirements, required evidence-based practices)?
 - » Are there specific licensures, credentials, certifications or enrollments required for certification?
 - » How long will it take to become certified?
 - » For how long does the initial certification last?
 - » What is the PPS model (daily PPS-1 or monthly PPS-2) adopted by the state?
- **Connect with your state behavioral health association and other grantees.** Connecting with your local behavioral health association is a great way to learn more about any CCBHC efforts within the state and how you can get involved. This pertains to those who are operating in states without a certification program and for those operating in states with a certification program that may not be open to new clinics at this time.

Organize and prepare

- **Build strong knowledge of the CCBHC criteria requirements.** Understanding what you are committing to as an organization is a critical first step in successful adoption. Education on the model should happen at all levels of the organization. Resources to utilize for education include:
 - » **CCBHC Criteria:** The CCBHC criteria defines in detail the required elements of the CCBHC model.
 - » **CCBHC Criteria On-demand Lessons:** This suite of 30–45 minute recorded lessons provides an overview of the CCBHC model and take a deeper dive into each section of the CCBHC program requirements.
- **Develop a process for compiling and maintaining potential certification documentation.** Certification requires significant documentation on policies, procedures, operations and administration. Start by assessing and aggregating the documentation you already have in place and if it sufficiently meets CCBHC criteria, identify what documentation you will need to develop and establish a plan to develop and maintain documentation in alignment with the criteria to establish a strong foundation when it is time to apply for certification.
- **Develop a process to engage community members and people with lived experience.** Outreach is not only a requirement of this model and increasing access to services, it is integral to the model to have people with lived experience and their families involved in the governing structure of the organization.
- **Identify and prepare for any state certification or licensing requirements.** Some states require underlying licenses or certifications as a starting point for CCBHC certification eligibility, such as outpatient substance use disorder treatment licensing or Community Mental Health Center certification. Research your state requirements and start the process for any additional licenses or certifications you may need as early as possible.

- **Establish your data collection and quality reporting capacity.** Currently, all the states with certification processes utilize the [CCBHC quality measures](#) instituted for the demonstration. Review the measures in detail, especially any current updates to those measures, as well as any available state-specific information on quality reporting, such as which measures are connected to a state quality bonus program. Consider any updates needed to your IT and electronic health record (EHR) systems to collect the data and establish your capacity to collect and report this data. Consider hiring data entry and analysis staff positions to meet these requirements.

 - » **Note:** *At the time of this publication, SAMHSA is in the process of updating the CCBHC quality measures and releasing new technical specifications.*
- **Prepare for the CCBHC PPS.** Every state with a certification process has implemented a clinic-specific, cost-based PPS rate methodology (except Texas). Educate your organization on the PPS (the [SAMHSA Reference Guide](#) is a good starting point). Research which PPS methodology your state is using.

 - » SAMHSA CCBHC grantees should use implementation of the model during the grant period to better understand and capture actual cost of CCBHC implementation. Consider the changes your organization will undergo.
 - » Rate setting is based on the CCBHC cost report. Practice completing the cost report and building capacity within your finance department and health information technology (HIT) infrastructure to complete the final cost report for certification.
 - » Consider engaging external experts and consultants to support your cost reporting efforts.
- **Ensure your organization is ready to undertake the certification process.** CCBHC implementation is a radical culture shift for any organization, and you should feel strong in your ability to implement and adapt as an organization when you decide to pursue certification. Consider the following for your preparedness:

 - » Complete a needs assessment according to the CCBHC criteria that includes community stakeholders and people with lived experience and their families. Research if your state has a specific format for the needs assessment to follow when completing.
 - » Understand the specific certification requirements of your state and ensure you are in alignment and able to implement them. This includes having required licensing, certification or enrollments in place; service array established and plans in place for any staffing; clinical or operational changes you will need to fully implement the model; and plans to integrate people with lived experience and their families into your governance structure.
 - » Adopt change management principles and ensure you have a clear communication and implementation plan that engages staff at all levels.
 - » Consider new types of positions and staff expertise as well as the certification requirements. Use your needs assessment to build a new staffing plan that meets the needs of the clinic's community.
 - » Care coordination is the linchpin of the model, so ensure your care coordination model is well-defined, while adaptable as you learn and conduct continuous quality improvement. Build your partnerships for these efforts early and invest in strong relationships. Consider your staffing models and how to optimize staff. Most states do not define who can provide care coordination, so consider how to structure teams to work at the top of their licenses, consider unlicensed and entry level staff or peers to coordinate care or complete much of the intake process.

Summary

The CCBHC certification process can be a big undertaking for an organization. Taking time to research, understand and prepare well in advance is critical for success and to reduce unnecessary burden on staff. This reference guide serves as a starting point for where to find relevant information and what preparations to consider in advance – but does not replace the value of conversations with your state, state association and staff that can further inform preparation. We encourage you to build and leverage those relationships as you begin this journey!





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