

CCBHC: Certified Community Behavioral Health Clinics



Are you ready?

Why is the Excellence in Mental Health Act a Game-Changer—and What Does It Mean for My Organization?

The creation of Certified Community Behavioral Health Clinics (CCBHCs) is the first step toward parity in the safety net. For decades, Federally Qualified Health Centers (FQHCs) have been successfully serving those with low income, on Medicaid, and individuals with complex health needs. They've been federally supported through Prospective Payment and other benefits and supports which recognize their unique role as essential safety-net providers.

Until now, behavioral health providers have not had the same federal support. Meanwhile, behavioral health providers have seen steadily decreasing resources while at the same time experiencing a growing need for services within their communities.

For the first time in more than a generation, our country has a common definition for a certified comprehensive behavioral health center and reimbursement based on the true anticipated costs of care. This will fundamentally transform the way organizations deliver care.

What Does the Excellence Act Offer States, Patients, and Communities?

States and the Federal Government: This definition of CCBHCs means you now know what you are getting for your tax dollars. You know what services all CCBHCs provide to any patient who walks through the door, the number of patients they serve, the outcomes achieved, and the cost of doing business. With uniform definitions of services, metrics, and outcomes you can also measure quality more easily.

Patients: When you walk through the door of any CCBHC you will have access to a full array of services to address your mental health and substance use treatment needs, basic primary care assessments, and important support services. All will emphasize recovery, wellness, trauma sensitivity, and cultural and linguistic competence. All will be available in one familiar place.

What Are the Intended Outcomes for CCBHC Patients?

- Seamless transitions for patients across the full spectrum of health services
- Patient and family satisfaction with program participation
- Reduced mortality
- Reduced suicide rates
- Reduced substance abuse
- Reduced hospitalization
- Reduced rates of incarceration
- Reduced rates of homelessness

Communities: The Excellence Act commits an estimated \$1.1 billion to the nation's behavioral health system, the most generous investment in mental health and addiction services in more than a generation. This will support:

- Improved coordination and integration of care for all
- Special focus on care for those with Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and chronic Substance Use Disorders (SUD)
- Expansion of person-centered, family-centered, trauma-informed, and recovery oriented care that integrates physical and behavioral health care to serve the "whole person"
- Expanded and improved data collection
- Long-lasting and beneficial effects beyond the realm of Medicaid enrollees

How Do the Key Changes and Game Changing Elements Translate to Opportunities for Providers?

Prospective Payment is a game-changer. For the first time ever you will be able to calculate and be reimbursed for your unique, actual cost of delivering all allowable mental health, addiction, and basic primary care screening services and supports, *and* include the allowable infrastructure costs necessary to support this new comprehensive array. You will be able to provide the required array of services whether or

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not they're included in your state's Medicaid plan; your allowable costs can include outreach and care coordination not typically reimbursed. Prospective Payment Systems also allow providers to think strategically about job descriptions and classifications to support competitive salaries.

With careful attention paid to allowable and non-allowable costs, both Prospective Payment Systems encourage states to think outside the box.

- CCBHCs can strengthen community partnerships and offer outpatient services:
 - To children in foster care (in the foster care setting, in schools, etc.)
 - To jailed inmates
 - To patients in hospitals
 - To students in schools
 - To veterans outside of clinical settings
 - To the homeless
 - To immigrant communities
- CCBHCs can think about how best to deliver services guided by allowable costs rather than externally imposed rates:
 - Reimagine a true recovery, wellness, trauma-sensitive, multi-culturally prepared, individualized system of services
 - Expand staffing to meet CCBHC service array requirements
 - Re-strategize job descriptions and classification to support competitive salaries
 - Raise salaries to competitive levels
 - Redefine access, engagement, and supporting work flows
 - Distinguish between allowable and non-allowable costs and formulate what is truly necessary to deliver quality care
 - Customize access and services to best meet the unique needs of your community
 - Reconsider what services to provide yourself and what to provide through designated collaborating organizations and other partnerships
 - Develop and deliver valuable CCBHC services not available in your state Medicaid plan or otherwise not reimbursed
 - Expand the role for peer and family support and community health workers
 - Inventory and account for certain business costs unfunded by most health and Medicaid plans yet now CCBHC allowable costs (such as IT, training, quality management, health records, etc.)

What are the Other Intended Benefits for Providers?

- Recognizes behavioral health as an equally valuable member of the community safety net
- Defines a consistent service array; this definition makes CCBHCs a known quantity, removes funding barriers, and allows quantification of services, costs, and outcomes
- Funds substance use services
- Funds peer, family, and other supports whether or not they are included in a state's Medicaid plan
- Requires collaboration; invites fully integrated service delivery
- Defines allowable and non-allowable costs
- Provides reimbursement based on real anticipated costs
- Allows providers to expand service arrays in innovative ways to provide comprehensive care where patients live, work, and go to school
- Integrates primary care assessments so whole health needs can be met in one place
- Recognizes the value of peer and family support as an essential part of recovery
- Requires and funds intensive community behavioral health services for veterans and members of the armed services

For more information, please visit the National Council's [CCBHC Resource Hub](#) or contact Rebecca Farley at the National Council (RebeccaF@thenationalcouncil.org).