

Updated January 20, 2021

CCBHC Expansion Grants Frequently Asked Questions

IMPORTANT NOTE: The information included here should not be considered a substitute for guidance from SAMHSA. Prospective applicants are encouraged to reach out to SAMHSA staff with all questions. SAMHSA agency contacts are listed on page 23 of the [FOA](#).

Eligibility and Grant Requirements	
When does 4-month time frame begin? From date of award of 8/30/21?	The 4-month time frame will begin from date of the award. The anticipated start date is listed in the FOA as 8/30/2021.
If my organization is not in one of the priority states, should we bother applying?	Yes! All organizations who meet criteria are encouraged to apply. Your application can still be competitive, and greater numbers of applicants demonstrate the need to expand CCBHCs nationally.
How do you know if your state is one of the priority states?	The 24 priority states include the ten demonstration states (KY, MI, MN, MO, NV, NJ, NY, OK, OR, and PA) plus AK, CA, CO, CT, IA, IL, IN, MA, MD, NC, NM, RI, TX and VA.
Can more than one organization per community or per state win a grant award?	Yes, multiple grant awards can be made in every state or in the same community. SAMHSA indicates on p. 21 of the FOA that decisions to fund a grant may be based on many factors, including, “equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.”
Are there any material changes between the 2020 FOA and this FOA?	Very minimal. We did see they reduced the requirement for FTE for project director and evaluator from 1 to .5
How do we prepare to be certified by the fourth month?	We recommend going through the checklist in Appendix M, identifying gaps, and prioritizing the highest-needs areas to focus on for certification. The National Council can provide training and technical assistance on many areas of CCBHC implementation. You can visit our CCBHC Success Center website to review our offerings or contact us .
Can we still apply if we do not provide all of the required CCBHC services?	Yes, but you must be able to meet all CCBHC requirements by the fourth month after receiving an award. The National Council provides training and support for many aspects of CCBHC implementation. You can visit our CCBHC Success Center website to review our offerings or contact us .
Does my state have to certify my organization as a CCBHC?	Clinics have to describe their current ability to meet CCBHC criteria based on the checklist in Appendix M or describe how they will be ready within 4 months to meet all certification criteria, but formal certification by the state is not required.

Does my state have to sign off on the grant proposal?	No; however, applicants must send the PHSIS (public health impact statement) to appropriate state and local health agencies by the administrative deadline. Should the Single State Agency choose to comment to SAMHSA on the application, comments are due no later than 60 days after the application deadline. SAMHSA also notes on p. 7 of the FOA that collaboration with the state behavioral health authority and state Medicaid Office is expected. The National Council encourages applicants to build these relationships, as support from both will help with sustainability.
Our state does not have a state point of contact for federal grants. Who do we need to contact so that the right paperwork gets sent to SAMHSA?	From FOA, page 57, "For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse and the SSAs for mental health can be found on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources ."
Do you have an example of a Disparity Impact Statement?	SAMHSA has examples of Disparity Impact Statements available HERE .
Are all current expansion grantees eligible to apply?	CCBHC Expansion grant recipients that received funding under CCBHCs Expansion FOA (SM-20-012, with funding announcements made in 2020) are not eligible to apply for funding under this FOA due to overlap in award periods. Grantees from prior grant periods are eligible to apply.
For demonstration sites, will expansion grant requirements apply?	Expansion grant requirements apply to all organizations receiving grants, regardless of whether they are in the demonstration or not. At the same time, demonstration sites must continue to meet all requirements of their state's CCBHC initiative. If you are a demonstration participant with questions about the grant requirements, please reach out to the SAMHSA project officer.
Are FQHCs able to apply for the grant?	Yes. FQHCs are eligible to apply for the grant.
Partnerships	
Can we partner with other organizations to provide some of the required services?	Yes, in certain cases; this is the role of the DCOs. DCOs must meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements listed on p. 14. However, keep in mind that some services must be provided directly by the CCBHC (consult the Required Activities section beginning on page 7 for details on which services must be provided directly).
As a grantee, does my organization pay our partner organizations for services they provide?	Not necessarily. For grantees, your partner organizations would continue billing Medicaid or other payers as they normally do for any covered services. If there is a need to establish a payment relationship for services or activities that are not covered by Medicaid or other payers, you would want to work out those details with your DCOs prior to submitting your application and budget.
Do most applicants add positions for Project Director and Evaluator, or do they use individuals already on staff?	We have seen grantees do both.

Am I required to establish an MOU with an FQHC?	If you are partnering with an FQHC as a DCO, SAMHSA requires letters of commitment from all DCOs to be submitted along with the application. Additionally, SAMHSA notes on p. 95 of the FOA that CCBHCs are expected to work towards formal agreements with their partner organizations (such as MOUs or contracts). At a minimum CCBHCs should have informal agreements (such as a letter of support or commitment) in place at the time of certification. Contact the SAMHSA project officer with any questions about specific types of partnerships and what level of agreement is expected.
Can the VA be a DCO?	The FOA describes requirements for DCOs on p. 14. Please consult the SAMHSA project officer with any questions about proposed partnerships.
What does the cooperative relationship with judicial official/court systems look?	The FOA indicates that CCBHCs should “establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered.” Please consult the SAMHSA project officer with any questions about their expectations regarding these relationships.
Can we subcontract with a DCO for crisis services?	Yes, if there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. In that situation, you can contract with such a network as a DCO. See p. 8 of the FOA . For questions about whether a particular crisis provider would be considered to meet the requirement, please contact the SAMHSA project officer.
Service Delivery	
What evidence-based practices do we need to provide?	The selection of evidence-based practices should be based on the needs assessment conducted by the CCBHC. Services should align with your population and the needs of your community. Those who are operating in demonstration states might consider aligning the evidence-based practices they choose with those chosen by their states. SAMHSA’s Evidence-Based Resource Center is a good place to start and is available HERE . For additional questions about evidence-based practices, please contact the SAMHSA project officer.
Do child and youth services need to be provided directly, or can they be provided by a DCO?	CCBHCs must be able to serve individuals across the lifespan and must provide the core services directly. They may rely on DCOs for the provision of non-core services provided to any or all of their patient population. Please consult the SAMHSA project officer with questions about whether your organization’s service array can be considered to meet these criteria.
Do we have to children, youth, and adults or can we choose to serve a particular age range?	CCBHCs are required to serve individuals across the lifespan and can also contract out for some services with Designated Collaborating Organizations. Please contact the SAMHSA project officer with any questions about whether your particular service array meets the requirements.

If your center has multiple service locations, do all the CCBHC services have to be available in all sites?	In the FOA , SAMHSA has indicated its desire to see CCBHCs as a single location for all needed services. Past grantees have provided services across one or more sites with a mix of delivery models. Remember that the focus of CCBHC is to make sure that all services are accessible to the people being served. Please consult the SAMHSA project officer with questions about whether your particular service model would meet the requirements.
Is ACT a required service for the CCBHC expansion grant?	Yes, ACT is a required service for grantees. ACT may be provided by a DCO. See p. 8-9 of the FOA.
Does the CCBHC have to directly provide substance use disorder services (e.g., medication assisted treatment), or can this be done with a DCO partner?	The FOA indicates on p. 8 that CCBHCs must be able to directly provide substance use services, including medication for substance use disorders. Some past grantees have contracted with outside organizations to supplement the SUD care available onsite. Please contact the SAMHSA project officer with questions about whether your scope of services complies with the CCBHC requirements.
Is there a draft DCO agreement that meets the minimum requirements?	Although not endorsed by SAMHSA to meet the minimum requirements, we have a partnership toolkit on our CCBHC Success Center website for grantees.
Do mobile crisis services need to be done face to face or is on-call and telephone okay?	Additional information about crisis services requirements is available in the full CCBHC criteria in sections 2, 3.C.5, and 4.C. There are many models of providing mobile crisis services; please consult the SAMHSA project officer with questions about whether they have expectations about the delivery of services face-to-face or using technology.
Are we required to serve veterans?	Yes. Required under Program Requirement 4: Scope of Services; Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, page 103 of the FOA .
What primary care services must the CCBHC expansion grantees provide?	CCBHC does not include the provision of primary care services; however, primary care screenings and clinical monitoring of medication side effects as described on page 8. A full explanation of all CCBHC services can be found HERE . The section specific to primary care screening and monitoring is on p. 45 of the criteria.
Can the CCBHC expansion grant help us expand our workforce?	Yes! A key goal of the CCBHC initiative is to expand clinics' capacity to serve more people via expanded workforce. CCBHCs nationally are expanding their workforce to include psychiatric nurse practitioners, SUD specialists, nurse practitioners, peer specialists, social workers, and other clinical staff to address workforce shortages.
Training and Support	
Where can I find technical assistance and support?	You can visit our CCBHC Success Center website to review our offerings or contact us .
What can the 25k for technical assistance be used for?	Some examples (among many other allowable uses) include: clinical training for providers, training on implementation of evidence-based practices, training on data collection, and training and support on meeting the start-up requirements by month four. Be sure to budget for technical assistance in your application. After award, you will need to work with the project officer on approval for the TA in advance.

How do I reach SAMHSA for questions?	Agency contacts are listed on page 23 of the FOA . For program related and eligibility related questions, contact Mary Blake, (240)276-1747 or email Mary.Blake@samhsa.hhs.gov .
Where can I find out more about lessons learned from existing CCBHCs?	The National Council has a library of CCBHC resources available HERE including early results from the demonstration, data highlights, and the impact of the CCBHC model.
Finance, Reporting and Sustainability	
How will my state pay for our Medicaid services if we are awarded a CCBHC Expansion Grant?	A CCBHC must continue to bill Medicaid for any services they are eligible to bill for under their state’s Medicaid plan. CCBHC expansion grant funds are separate from Medicaid and should not supplant existing funding. Grantees do not receive Medicaid prospective payment (PPS), unless a grantee is also a participant in the original Medicaid CCBHC demonstration. Demonstration participants will continue to receive PPS payments per usual so long as the demonstration continues.
As a potential grantee, what can I do to prepare for sustainability?	Consider what funding you will need to sustain services beyond the end of the grant and where alternate sources of financial support may exist. SAMHSA articulates requirements around the sustainability component of your grant application on p. 9 (note that sustainability is also a required element of grantees’ annual report). Beyond the SAMHSA requirements for sustainability planning, the National Council encourages you to have conversations with your state Medicaid office about establishing a CCBHC Medicaid initiative via SPA or waiver. Contact us with questions or to learn more.
How do grantee organizations report on quality measures requiring access to Medicaid claims data?	SAMHSA has not given instructions as to how this information should be collected or reported on, beyond what is in the FOA. Grantees will be provided with more information after the awards are announced.
Can funds be used to purchase IT to implement services and care coordination?	Although funds must primarily be used to support direct services, certain expenditures on equipment and contracts may be allowable. If the IT product or service pertains to data collection, performance measurement, or performance assessment, bear in mind that there is a 15% limitation on the total amount of funds used for this purpose. Please consult the SAMHSA project officer with questions about your planned IT purchases.
How is prospective payment system (PPS) determined?	Although grantees do not receive Medicaid PPS , this payment methodology represents an important opportunity for sustainability, and states have the authority to implement PPS for CCBHCs via a waiver or state plan amendment. Under a PPS, providers establish an average daily or monthly encounter rate that is inclusive of current and anticipated costs of care as a CCBHC. We encourage you to learn more about PPS and to let us know if you have questions about how to initiate conversations with your state on this topic.
If you are currently a CCBHC through the Medicaid demonstration, can you use grant funds to supplement or expand to another clinic?	CCBHCs in the Medicaid demonstration are eligible to apply for the grants. Required, allowable and expected uses of funds are listed on p. 7-10 of the FOA . The FOA also articulates unallowable uses of funds on p. 54-55. Please consult the SAMHSA project officer with any questions.

<p>What are examples of activities that the CCBHC expansion grant has supported?</p>	<p>There are a multitude of activities that current grantees have implemented. A short list of examples includes: implementation of an MAT program; hiring recovery coaches and recovery case managers; building workforce development opportunities on evidence based practices such as Motivational Interviewing training and training on MATRIX; and, the implementation of a Community Health Worker program. For questions about what services the grant can support, please reach out to the SAMHSA project officer.</p>
<p>Can we use funds for capital expenditures such as building renovations?</p>	<p>Yes, but there are limitations. In Appendix I on page 54 of the FOA it states, "SAMHSA grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)"</p>

Please contact the National Council at CCBHC@thenationalcouncil.org with any additional questions.