CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

NATIONAL COUNCIL *for* Mental Wellbeing

State Certification Resource Guide for Clinics

JULY 2026

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).

THIRD HORIZON

About this Resource Guide

Purpose: This resource guide is designed to help 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 that are not already certified by their state
- CCBHC grantees located in states that are actively looking to implement the CCBHC model at the state level
- Community behavioral health providers located in states with CCBHC programs or currently exploring CCBHC programs that are interested in implementing the model and becoming certified as a CCBHC
- State government officials supporting prospective CCBHCs as they prepare for the certification process

This resource guide was developed in partnership between the National Council for Mental Wellbeing's CCBHC-E National Training and Technical Assistance Center (N-TTAC) and Third Horizon, a strategic advisory firm.

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 Substance Abuse and Mental Health Services Administration (SAMHSA)-funded planning grant. Additionally, states currently in the Section 223 CCBHC Demonstration can add new CCBHC sites to their CCBHC Demonstration program. Some states are also using other mechanisms, such as Medicaid State Plan Amendments, to take the CCBHC model to scale. SAMHSA's website offers a full background and history of the CCBHC program. Through the Bipartisan Safer Communities Act (BSCA) expansion, up to 10 additional states are being added to the Demonstration on July 1, 2026, bringing the total to 30 states selected for participation. SAMHSA's website offers a full background and history of the CCBHC program. In May 2026, SAMHSA and the Centers for Medicare & Medicaid Services (CMS) announced the addition of 10 new states to the CCBHC Medicaid Demonstration Program: Alaska, Colorado, Hawaii, Louisiana, Maryland, Mississippi, Montana, North Dakota, Washington, and West Virginia, bringing the total to 31 states at time of this publication.

CCBHC certification requires clinics to demonstrate their ability to meet all federal and state criteria and can be an intensive process. Preparation and planning are 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, including with an approved CCBHC attestation, is not equivalent to CCBHC state certification. Certification as a CCBHC requires an established state program that clinics can apply to for state certification and receive cost-based reimbursement known as a CCBHC prospective payment system through Medicaid.

This guide provides detailed context on the various CCBHC funding and certification options to help clinics understand the current opportunities available within their respective states.

SAMHSA, the Centers for Medicare and Medicaid Services, and the U.S. Congress often update the CCBHC model. All information is current as of July 2026.

Overview of the Current CCBHC Landscape and Certification Options

Understanding the options for Certified Community Behavioral Health Clinic (CCBHC) certification requires a foundational knowledge of the various CCBHC funding pathways and how they differ.

There are currently three funding pathways for CCBHCs:

1. **Section 223 CCBHC Demonstration Program:** These states establish a process for state certification for eligible clinics using the federal CCBHC criteria.
2. **Independent State Medicaid-funded CCBHC Programs:** This includes states that have enacted the CCBHC model through a Medicaid pathway, such as a state plan option or waiver, separate from the Demonstration. These states establish a process for state certification for clinics meeting the eligibility criteria established by each state with approval from the Centers for Medicare and Medicaid Services (CMS).
3. **SAMHSA-administered CCBHC Grant Program:** The Substance Abuse and Mental Health Services Administration (SAMHSA) awards grant funding directly to clinics to support the adoption and implementation of the CCBHC model. Receiving grant funding is not the same as being certified. Grant recipients that have not been certified by their state must submit an attestation to SAMHSA describing how they are meeting the federal CCBHC criteria. Although the attestation process is not the same as certification, the CCBHC-Expansion Grantee National Training and Technical Assistance Center (CCBHC-E NTTAC) recommends that grantees use their grant funding period to:
    - Understand and come into compliance with the CCBHC Certification Criteria.
    - Identify and track their state's trajectory for CCBHC implementation.
    - 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 (for example, pursuing CCBHC accreditation).
    - Explore CCBHC accreditation by one of the national accreditation bodies.

Clinics can access information on their states' status related to the CCBHC program using the interactive map on the National Council for Mental Wellbeing's website.

SECTION 223 CCBHC DEMONSTRATION PROGRAM

In 2014, Congress enacted the Protecting Access to Medicare Act, including Section 223 establishing the CCBHC Medicaid Demonstration and authorizing the U.S. Department of Health and Human

Services to create the CCBHC Certification Criteria. In 2016, 24 states received planning grants from SAMHSA to help prepare for the implementation of the CCBHC model. Of those that applied, eight were selected for the first CCBHC Demonstration cohort. In 2020, the CARES Act authorized the addition of two more states from those original Demonstration applications.

In June 2022, Congress passed the BSCA. The act included provisions to expand the CCBHC model nationwide. Beginning July 1, 2024, and every two years thereafter, up to 10 additional states may apply to participate in the Demonstration program. The act also authorized funding $1 million planning grants for states to prepare to join the Demonstration. It also enabled states to include CCBHCs as a Medicaid feature after their Demonstration period, such as through a state plan amendment (SPA). In February 2023, Section 223 CCBHC Demonstration states could also choose to add more CCBHCs to their Demonstration programs using the SAMHSA-issued guidance to states defining how clinics could be added.

Through the Demonstration program, states certify clinics and implement the CCBHC prospective payment system (PPS) rate methodology to use Medicaid funds to pay clinics as CCBHCs.

INDEPENDENT CCBHC STATE INITIATIVES UNDER MEDICAID

In addition to the Demonstration, states may establish or expand their CCBHC programs through other mechanisms, including the CCBHC state plan option or waivers. Beginning in 2019, four of the original Demonstration states (Minnesota, Missouri, Nevada and Oklahoma) secured permanent Medicaid funding for CCBHC services through CMS-approved SPAs. These SPAs allow those states to sustain the CCBHC model after the Demonstration's end and certify new CCBHCs. Nevada has since graduated from the Demonstration and moved its CCBHC model fully under SPA authority, ensuring sustainability, expanding coverage and strengthening behavioral health services across the state.

Several states have also independently pursued the CCBHC model outside of the Demonstration. In 2017, Texas Health and Human Services used the CCBHC framework as a model to transform service delivery by establishing the Texas CCBHC Initiative. The state implemented PPS-style payments for state-certified CCBHCs through a CMS-approved waiver. In 2022, Kansas became the first non-Demonstration state to secure a CMS-approved SPA allowing the state to certify CCBHCs and use the CCBHC PPS rate methodology to pay for services through Medicaid. Since then, West Virginia and Georgia have also adopted SPAs independent of the CCBHC Demonstration. Numerous states have passed legislation in support of CCBHC implementation, including time frames to establish the model independently or legislation to support the state's Demonstration application.

State Medicaid Payment Methodology

Clinics certified by their state, either through the Section 223 CCBHC Demonstration or an independent Medicaid pathway, can receive Medicaid payment for CCBHC services through a PPS or PPS-style rate. States in the Demonstration must follow the CMS PPS guidance, while states with independent Medicaid pathways will use a CMS-approved payment methodology. In 2024, CMS updated the

Demonstration CCBHC PPS guidance to expand from two to four PPS options. The additional methodologies, PPS-3 and PPS-4, allow states to build one or more Special Crisis Services rates for certain categories of mobile crisis and crisis stabilization services separate from their standard daily or monthly rate. Each CCBHC PPS methodology is further summarized in Table 1.

Table 1. CCBHC Demonstration PPS Options

PPS Methodology	*Description*
PPS 1: Standard Daily Rate	Daily rate including all costs related to meeting the CCBHC criteria and delivering the nine core required CCBHC services and activities.
PPS 2: Standard Monthly Rate	Monthly rate including all costs related to meeting the CCBHC criteria and delivering the nine core required CCBHC services and activities. States may also choose to add "special population" rates, which are separate monthly rates that reflect variations in the cost of serving certain populations with specific-behavioral health needs.
PPS 3: Daily Rate with Special Crisis Services Rate(s)	Standard daily rate and one or more daily Special Crisis Services rates including specified mobile crisis or crisis stabilization costs. Standard rate includes all CCBHC costs not incorporated into the Special Crisis Service rate(s).
PPS 4: Monthly Rate with Special Crisis Services Rate(s)	Standard monthly rate and one or more monthly Special Crisis Services rates. Standard rate includes all CCBHC costs not incorporated into the Special Crisis Services rate(s). States may also choose to add special population rates.

Demonstration states must select one PPS methodology that will apply to all CCBHCs participating in the Demonstration and develop clinic-specific rates based on that methodology. CMS requires states to develop rates using actuarially sound principles concerning the data, assumptions and calculation methodology. States may change which method their clinics use during their Demonstration period.

For the initial Demonstration year, the clinic-specific PPS rate is 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's cost report is submitted to the state, which performs a desk review or full 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-E grant directly from SAMHSA. In 2018, SAMHSA established the CCBHC Expansion Grant Program, providing clinics with funds 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 in establishing and implementing new CCBHC programs.
- CCBHC Improvement and Advancement (CCBHC–IA) grants support existing CCBHCs to enhance and improve their programs.

The most recent Notice of Funding Opportunities (NOFOs) for PDI and IA each provided up $1 million per year for up to four years. Frequency and opportunities for these awards are contingent upon Congressional funding. As detailed in the next section, SAMHSA does not certify CCBHCs. Grant recipients that are not state-certified CCBHCs must complete an attestation that describes how the clinic meets the requirements of the CCBHC Certification Criteria and submit it to SAMHSA for review and acceptance.

Table 2. 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 vary by state.*

	SAMHSA-funded CCBHC Expansion Grant Program	***Section 223 CCBHC Demonstration Program***
Eligibility	Participation is open to community-based behavioral health nonprofit organizations, or organizations that are either: a) part of a local government behavioral health authority, 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.	Participation is only open to states participating in the Demonstration program. Each of these states determines how and which clinics can participate.[1]

1 In 2019, Pennsylvania decided to convert the CCBHC model to a Pennsylvania-specific brand called Integrated Care and Wellness Clinics (ICWC) during a period when 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 PPS rate. In addition, some modifications were made to the reporting requirements.

	SAMHSA-funded CCBHC Expansion Grant Program	*Section 223 CCBHC Demonstration Program*
Administration Authority	Program is administered by SAMHSA.	Program is 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 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 the option is available.	CCBHCs are certified by their states.
Payment	SAMHSA CCBHC grantees receive grant funds for a set period 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.

	SAMHSA-funded CCBHC Expansion Grant Program	*Section 223 CCBHC Demonstration Program*
Required Services	Similar to the Section 223 CCBHC Demonstration program, grantees are required to deliver the scope of services provided for in the CCBHC Certification 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 Expansion 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, either directly or through an established DCO partnership (see CCBHC Criteria Scope of Services 4.A-4.K). States may specify additional services or activities required for state certification, and clinics may incorporate additional services based on the findings from their community needs assessment. All services must align with the broader requirements of the certification criteria.
Reporting Expectations	Grantees are required to submit National Outcome Measures (NOMs) via SAMHSA's Performance Accountability and Reporting System (SPARS), as well as the CCBHC clinic-level quality measures. NOMs are required at baseline, at six-month reassessment and at discharge. CCBHC clinic-level quality measures are required in the annual progress performance report as of 2025.	In 2023, SAMHSA updated the CCBHC Quality Measures (located in Appendix B of the CCBHC Criteria). These include both clinic- and state-required measures and additional optional measures that states can choose to require. Clinics are required to report to their states on the clinic-collected measures, 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 served by 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 attestation and state certification 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. 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. SAMHSA also provides a compliance checklist in the appendix of each CCBHC NOFO, which can be used as a guideline for the provisions for attestation. In addition to the suggested attestation format, SAMHSA Government Project Officers (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 demonstrate how your organization meets the CCBHC criteria elements. Grantees that are interested in pursuing CCBHC certification in the future (if it becomes 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, as well as Texas and Kansas, have general CCBHC email addresses where you can request information.

STATE CCBHC CERTIFICATION

A CCBHC can bill Medicaid and receive a PPS rate for CCBHC services provided to a Medicaid recipient only by attaining state certification. There are currently 31 states with CCBHC certification processes. States vary on when and how they open approach certification of new clinics. Clinics interested in state certification should contact their state's CCBHC program office for more details.

Although the CCBHC criteria are central to certification, states have some flexibility to design state-specific certification requirements and processes.

Regardless of variation by state, some common elements of the certification process can be expected:

- **Needs Assessment:** All states complete a statewide needs assessment to establish the gaps, evidence-based practices and priorities for the state. Each prospective CCBHC must complete a needs assessment of its own for its defined service area.
- **Certification Application:** Each state requires a written application for CCBHC certification.
- **Certification Checklist:** States often use a version of the SAMHSA's CCBHC Certification Criteria Compliance Checklist as part of their certification packet.
- **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 on-site.
- **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. Certification length is determined by states, but clinics must be recertified at least every three years.

Table 3. Status of CCBHC Programs by State

Information in this table is current as of May 2026.

CCBHC State	CCBHC Status	CCBHC Webpage	Certification Information
Alabama 	Demonstration state	Alabama Department of Mental Health	Alabama Information for Prospective CCBHCs
Georgia 	SPA	Georgia Department of Behavioral Health and Developmental Disabilities	Georgia DBHDD Policies for CCBHCs
Illinois 	Demonstration state	Illinois Department of Healthcare and Family Services	Not found
Indiana 	Demonstration state	Indiana Family and Social Services Administration	Indiana FSSA Provider Information
Iowa 	Demonstration state	Iowa Department of Health and Human Services	Iowa CCBHC Demonstration Provider Guide
Kansas 	SPA	Kansas Department for Aging and Disability Services	Kansas DADS CCBHC Information for Providers
Kentucky 	Demonstration state	Kentucky Cabinet for Health and Family Services	Kentucky CCBHC Documents and Information
Maine 	Demonstration state	Maine Department of Health and Human Services	Maine CCBHC Certification Guide
Michigan 	Demonstration state	Michigan Department of Health and Human Services	CCBHC Demonstration Handbook and Information for Potential Providers
Minnesota 	Demonstration state + SPA	Minnesota Department of Human Services	See "Certification" tab on Minnesota CCBHC landing page

CCBHC State	CCBHC Status	CCBHC Webpage	Certification Information
Missouri 	Demonstration state + SPA	Missouri Department of Mental Health	Missouri Information for Providers (mo.gov)
Nevada 	SPA	Nevada Medicaid	Not available
New Hampshire 	Demonstration state	New Hampshire Department of Health and Human Services	New Hampshire CCBHC Certification Guide
New Jersey 	Demonstration state	New Jersey Department of Human Services	Not available
New Mexico 	Demonstration state	New Mexico Health Care Authority	New Mexico CCBHC Certification Compliance Checklist
New York 	Demonstration state	New York State Office of Mental Health	New York CCBHC Provider Manual
Oklahoma 	Demonstration state + SPA	Oklahoma Department of Mental Health and Substance Abuse Services	Provider Certification
Oregon 	Demonstration state + SPA	Oregon Health Authority	Oregon Secretary of State Administrative Rules Billing Guidance

CCBHC State	CCBHC Status	CCBHC Webpage	Certification Information
Pennsylvania 	Aligned with the federal CCBHC criteria, Pennsylvania established Integrated Care and Wellness Clinics (ICWCs) and pays a PPS-style statewide bundled rate for ICWCs through managed care directed payments.	PA ICWC	Not found
Rhode Island 	Demonstration state	RI CCBHC (ri.gov)	Rhode Island Provider Information
Texas 	Aligned with the federal CCBHC criteria, Texas established T-CCBHC and pays a PPS-style statewide bundled rate using a Medicaid waiver and managed care state directed payments.	TX CCBHC (tx.gov)	CCBHC Process Certification | Texas Health and Human Services
West Virginia 	SPA	WV CCBHC (wv.gov)	Not found
Vermont 	Demonstration state	VT CCBHC (vermont.gov)	Not found

Preparing for CCBHC Certification

These tips will help prepare your organization for CCBHC certification. Note that some clinics start with a SAMHSA grant, while 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 remain 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, and 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 the time-consuming efforts of updating information en masse 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 what documentation is 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, as well as 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. The CCBHC Community Needs Assessment Toolkit can help you get ready.

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 determine how it aligns with your organization's strategic 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 the previous CCBHC-E grant NOFO to determine if your clinic is eligible to apply and has the necessary components in place, or if it 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. Think particularly about those who are not currently being reached or have unmet health needs. This information, alongside quantitative and other existing resources and data on your community, will help you map what services and activities are needed, what your organization already has, and what must be built to meet that need.

Understand your options and guidelines:

- **Identify your state's current CCBHC status and what your options are in your state.** If your state is not included in the list in this guide, then it does 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.
- **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 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 (i.e., PPS 1-4) adopted by the state?
- **Explore accreditation.** Per Criterion 6.c.3, SAMHSA encourages states to require accreditation of the CCBHCs by an appropriate independent accrediting body, such as the National Committee for Quality Assurance (NCQA), the Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission or the Council on Accreditation (COA). Accreditation offers CCBHCs the opportunity to elevate the quality of care, strengthen organizational credibility and enhance strategic positioning in a competitive health care environment.
- **Connect with your state behavioral health association and other grantees.** Your local behavioral health association is a great resource for information about any CCBHC efforts within the state and how you can get involved. This pertains to those operating in states without a certification program, as well as 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.** Understanding what you are committing to as an organization is a critical first step for successful adoption. Education on the model should happen at all levels of the organization. Resources to use for education include:
  - ***CCBHC Certification Criteria***: The CCBHC criteria define in detail the required elements of the CCBHC model.
  - ***CCBHC Criteria On-demand Lessons***: These recorded lessons (30-45 minutes each) provide an overview the CCBHC model and take a deeper dive into each section of the CCBHC program requirements.
- While many clinics focus on implementing the nine required services in the CCBHC scope, it is just as critical that clinics understand and meet all the other criteria, such as the staffing requirements, access and governance.
- **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. If it meets CCBHC criteria, establish a plan to develop and/or maintain documentation in alignment with the criteria, to give your organization 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 a requirement of this model and a way to increase access to services. Involving people with lived experience and their families in the organization's governing structure is integral to the model.
- **Determine if you will need to strengthen any partnerships for care coordination, or even contract with a DCO.** The CCBHC Contracting and Partnerships Toolkit is a helpful resource.
- **Identify and prepare for any state certification or licensing requirements.** Some states require underlying licenses or certifications, such as outpatient substance use disorder treatment licensing or Community Mental Health Center certification, as a starting point for CCBHC certification eligibility. 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 use the CCBHC quality measures instituted for the Demonstration. Clinics must report on five clinical quality measures: time to services, depression screening, depression remission, unhealthy alcohol use, and screening for social and environmental factors that affect health. (Five additional optional measures are also available.) Review the measures in detail, especially any current updates to the 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 systems to establish your capacity to collect and report this data. Consider hiring data entry and analysis staff positions to meet these requirements.

- **Prepare for the CCBHC PPS. Every state (except Texas) with a certification process has implemented a clinic-specific, cost-based PPS rate methodology.** Educate your organization on the PPS; the Section 223 CCBHC PPS Guidance 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 the 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 IT 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 organizational culture shift, and you should feel strong in your organization's ability to implement and adapt 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 to follow when completing the needs assessment.
  - Understand your state's specific certification requirements and ensure you are in alignment and able to implement them. This includes having required licensing, certification or enrollments in place; establishing your service array and preparing for any staffing needs; making any clinical or operational changes needed to fully implement the model; and integrating people with lived experience and their families into your governance structure.
  - Adopt change management principles, and ensure you have a clear plan for communication and implementation 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 yet 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. Determine how you can structure teams to work at the top of their licenses, and consider hiring 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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TheNationalCouncil.org

CCBHC-E National Training & Technical Assistance Center

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