The CCBHC Model
A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community to ensure health equity and high-quality care for underserved populations.

- Standard definition
- Evidence-based care
- Quality reporting
- Prospective payment system

- Raises the bar for service delivery
- Guarantees the most effective clinical care for consumers and families
- Ensures accountability
- Covers anticipated CCBHC costs

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Incredible Growth with the CCBHC Demonstration and with Grantees

<table>
<thead>
<tr>
<th>Year</th>
<th>States</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>8</td>
<td>66</td>
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<tr>
<td>2019</td>
<td>21</td>
<td>113</td>
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<tr>
<td>2020</td>
<td>33</td>
<td>229</td>
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<tr>
<td>2021</td>
<td>42</td>
<td>430</td>
</tr>
<tr>
<td>2022</td>
<td>49</td>
<td>500+</td>
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CCBHCs Across the Country

Also: District of Columbia, Guam and Puerto Rico
CCBHC Criteria

1. Staffing
2. Availability & Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality & Other Reporting
6. Organizational Authority, Governance and Accreditation

- CCBHCs are required to serve everyone regardless of insurance status or diagnosis
- CCBHCs must meet timeliness of access standards, including immediate response for crisis needs and access within 10 days or less for routine needs
- CCBHCs must directly provide or ensure access to an array of crisis response services and supports, including 24/7 mobile crisis response and crisis stabilization
- CCBHCs must partner and coordinate with other entities involved in crisis response (e.g., law enforcement, emergency departments)

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf
Scope of Services

CCBHCs are not intended to supplant their communities’ existing crisis response networks. Crisis response may be delivered directly by the CCBHC or by a DCO partnering with the CCBHC.
Care Coordination

Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014
• The CCBHC statutory requirements outline specifically which partnerships, through formal contracts or otherwise, are required, including but not limited to “schools, child welfare agencies, and juvenile and criminal justice agencies and facilities.”

PPS Structure and Options

• **Daily rate (PPS-1):** One payment per client for any day in which the client receives at least one service

• **Monthly rate (PPS-2):** One payment per client for any month in which the client receives at least 1 service
  - Rate may be stratified by population complexity, with higher rates for higher-complexity clients and lower rates for the general population

• **Quality Bonus Payments** are optional in PPS-1 and required in PPS-2.

• CCBHCs are required to develop annual cost reports.

• The cost of DCO services is included in the CCBHC prospective payment rate, and DCO encounters are treated as CCBHC encounters for purposes of the prospective payment.
CCBHC State Outcome Data
CCBHCs Provide a Financial Foundation to...

**Participate in value-based payment**

- Data infrastructure
- Electronic health records/Health information exchanges
- Assertive care coordination
- Population health management
- Sophisticated management of clinic finances

**Alleviate the crisis in access**

- Workforce expansion
- Access supported by technology
- Increased service capacity
- Increased access to substance use services
- Evidence-based, non-billable activities
CCBHCs’ State Impact Over Time

**New York**
- All-cause readmission dropped **55%** after year 1
- BH inpatient and overall inpatient services show a **27% and 20% decrease in monthly costs** respectively
- BH ED and overall ED services showed **26% and 30% decrease in monthly cost** respectively
- **24% increase** in BH services for children and youth

**Oklahoma**
- Nearly 1,000 new jobs to healthcare with an economic impact of **$35 million dollars** and an overall reduction in unemployment.
- Inpatient hospitalizations among adult clients at any Oklahoma psychiatric hospital **reduced by 93.1%**.
- From 2016-2021, the decreases in inpatient hospitalizations produced a **$62 million dollars cost savings**.

**Missouri**
- Hospitalizations **dropped 20%** after 3 years, ED visits **dropped 36%**
- Access to BH services **increased 35% in 5 years**, with a 156% increase in MAT
- In 1 year, **20% decrease** in cholesterol; **1.48-point Hgb A1c decrease**
- **41% increase** in deflection and diversion programs with law enforcement
- **14% decrease in spend** equated to $484 saved/person served ($15.4M)

Availability of Crisis Call Lines

With their array of crisis response services and partnerships, CCBHCs are ideal partners in states’ efforts to strengthen their 988 and crisis response systems.

- We operate a 24/7 crisis line that is available to anyone
- We operate a 24/7 crisis line that is available only to clients enrolled in our services
- We operate a crisis line that is open limited hours, not 24/7
- We refer individuals to a 24/7 crisis call line operated by another provider in our community

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Caseload Expansions

77% CCBHCs & GRANTEES say their caseload has increased since becoming a CCBHC

Nearly 180,000 total new clients served by these clinics

This represents a 23% increase since becoming a CCBHC

State-certified clinics had larger average caseload increases (30% average increase for state-certified sites vs. 18% for grantee-only sites).

*Difference is statistically significant

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Employees and Vacancies

- These workforce expansions represent a 13% increase compared to prior to becoming a CCBHC.
- Grantee-only sites had a 10% increase in staff, and state-certified sites had a 16% increase in staff.*

*Difference is statistically significant

6,220 STAFF HIRED
Across the 249 responding CCBHCs and grantees as a result of becoming a CCBHC

11,240 STAFF HIRED
Estimated across all 450 active CCBHCs as of August 2022

27 NEW POSITIONS PER CLINIC
On average since becoming a CCBHC
(82% of organizations have created at least 10 new staff positions)

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Recruitment, Retention and Vacancy Rates

State-certified sites were more likely than grantee-only sites to report that since becoming a CCBHC they have had a better experience with recruitment, retention and vacancy rates.

![Improvement in Workforce Issues Since Becoming a CCBHC](chart)
CCBHC Federal and State Actions
CCBHC in Federal Legislation

Current Demonstration States
- Extends the demo with enhanced match for the original 8 states to Sept. 30, 2025
- Gives the newer 2 demo states (KY & MI) 6 years of enhanced match
  - Moves MI to Oct. 2027 and KY to Jan. 2028
- Clarifies that if a state implements a CCBHC SPA or waiver after its demo is over, FFP continues to be available for CCBHC services or continuing PPS

Demonstration Expanded
- Beginning July 1, 2024, and every 2 years thereafter, <10 additional states may participate in the demo
- New states get 4 years of enhanced match
- Makes planning grants available for new states to develop proposals to participate
  - Participation in the demo appears to be open to states that either received a planning grant in 2016 or those that receive new planning grants under this law
  - States wishing to participate must submit a new application
- Appropriates $40M in FY23 for planning grants and technical assistance to states applying for the grants, “to remain available until expended”
  - The statute doesn’t specify whether the new planning grant funding is available all at once or if it will be parceled out to a new group of states every 2 years

Reporting
- Requires annual reports to Congress through the year in which the last demonstration ends
- Postpones the report, including recommendations on whether the demo should be continued, to Sept. 30, 2025, and specifies that the recommendations should include “data collected after 2019, where feasible”
- Adds a final evaluation of the program, due 24 months after all demo programs have ended
### Medicaid Waiver (e.g., 1115)
- Enables states to experiment with delivery system reforms
- Requires budget neutrality
- Must be renewed every 5 years
- State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)
- With CMS approval, offers opportunity to continue or establish PPS

### State Plan Amendment
- Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc.
- Does not require budget neutrality
- With CMS approval, can continue PPS
- Cannot waive “state-wideness,” may have to certify additional CCBHCs (future CCBHCs may be phased in)

### CCBHC Demonstration
- Enables states to experiment with delivery system reforms
- Does not require budget neutrality and provides an enhanced FMAP for states
- For only 10 states every 2 years in 2024
- State may limit the number of clinics selected to receive the PPS rate
- State must be sure to follow all CCBHC criteria with ability to build onto them

### CCBHC Grants (SAMHSA funds)
- $4 million available for a 4-year period; Previously for a 2-year term
- Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.
- Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.
- Grant funds supplement but do not supplant other coverage sources

### 1115 waivers: Texas
### SPAs: Missouri, Nevada, Oklahoma, and Minnesota – and Kansas!
### Demonstration states include: SPA states and Kentucky, Michigan, New Jersey, New York, & Oregon

### Note:
85% Medicaid match available for qualifying mobile crisis services and activities for mental health AND substance use crisis needs
State Agency Collaboration Example for CCBHC Implementation

**MEDICAID**
- Drafts SPA or waiver
- Pays CCBHC rate for Medicaid clients

**BEHAVIORAL HEALTH**
- Ensure alignment across programs
- Establish CCBHC criteria
- Collect quality & other data
- Funds services, activities or clients outside of Medicaid scope
- Certifies CCBHCs
Questions?