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CCBHC Deep Dive

Presented April 2026

Presenting Today



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Principal

Bowling Business Strategies

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Learning Objectives

- Understand how CCBHCs differ from other types of community-based care/treatment models
- Describe key elements of the CCBHC model
- Explain the core features of the 9 core CCBHC services



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A New Care Delivery Model

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What is a CCBHC?

What is a Certified Community Behavioral Health Center?

CCBHCs provide:

- Comprehensive, coordinated mental health and substance use services appropriate for individuals across the life span
- Increased access to high-quality community mental health and substance use care, including crisis care
- Integrated person- and family-centered services, driven by the needs and preferences of people receiving services and their families
- A range of evidence-based practices, services, and supports to meet the needs of their communities

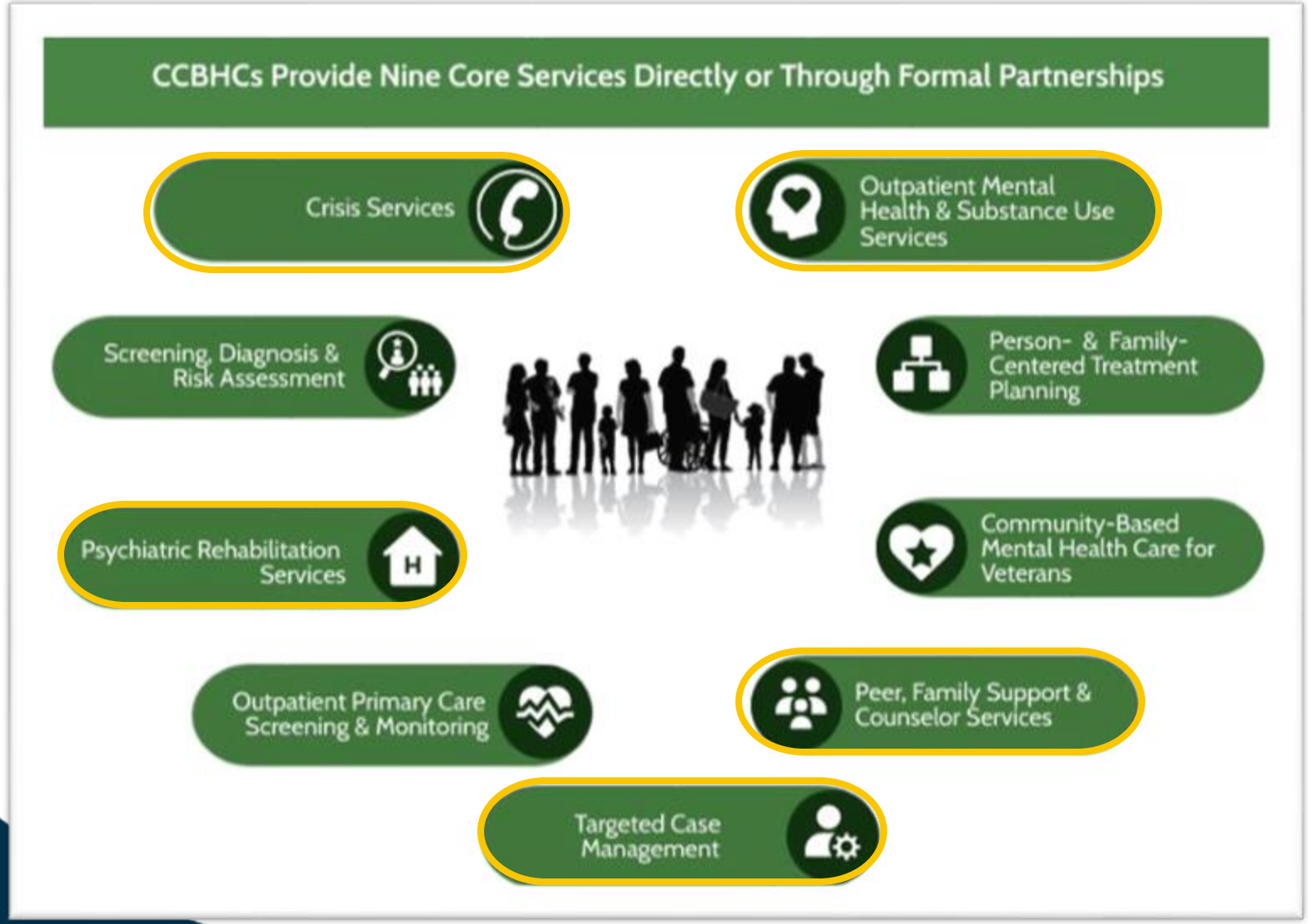


- Services to anyone seeking help for a mental health or substance use condition, regardless of their diagnosis, place of residence, or ability to pay.

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CCBHC Core Services



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CCBHC Basics

Core Features:

- Lifespan
- All Diagnoses
- Integrated Care
- Regardless of ability to pay

Core Programs:

- Outpatient including psychiatry
- Psych Rehab Services
- Peer Support Service
- Targeted Case Management
- Crisis*

Core Activities:

- Care Coordination
- **Support of Veterans**
- **Primary Care Screening & Monitoring**
- **Treatment Planning**
- **Screening, Assessment, & Diagnosis**
- Continuous Quality Improvement

The Core Activities in **bold** are listed as part of the nine core services by SAMHSA

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CCBHC Funding Options

1 Prospective Payment System (PPS)

- Demonstration Program States *must* use a PPS.
- States can also establish a PPS through a State Plan Amendment.

2 SAMHSA funding + traditional reimbursement

- CCBHC expansion grantees receive time limited funding through SAMHSA.
- Payments will be made through traditional State Plan or Managed Care payment models.

3 SAMHSA funding + PPS

- CCBHC expansion grantees receive time limited funding through SAMHSA.
- If the state has already set up a PPS, payments will be made through PPS.

Prospective Payment System (PPS) Reference Guide | SAMHSA

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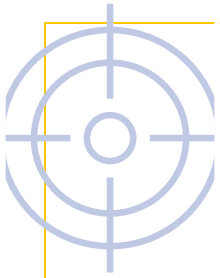
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Prospective Payment System (PPS)

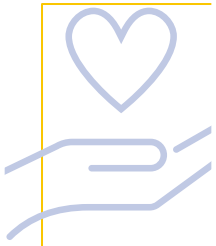
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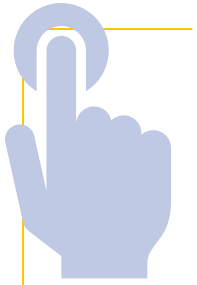
Prospective Payment System



A Prospective Payment System (PPS) is a method of reimbursement in which the payment is made based on a predetermined, fixed amount.



Providers are paid for a specific service or treatment, rather than being paid for each item or procedure.



Payment is based on trigger encounters, and the amount does not change based on the actual intensity or cost of the service provided.

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PPS-1 Methodology

The following formula is used for calculating the standard base PPS rate for PPS-1:

$$\frac{\text{Total annual allowable CCBHC costs}^{*}}{\text{Total number of CCBHC daily visits per year}}$$

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PPS-1 Example

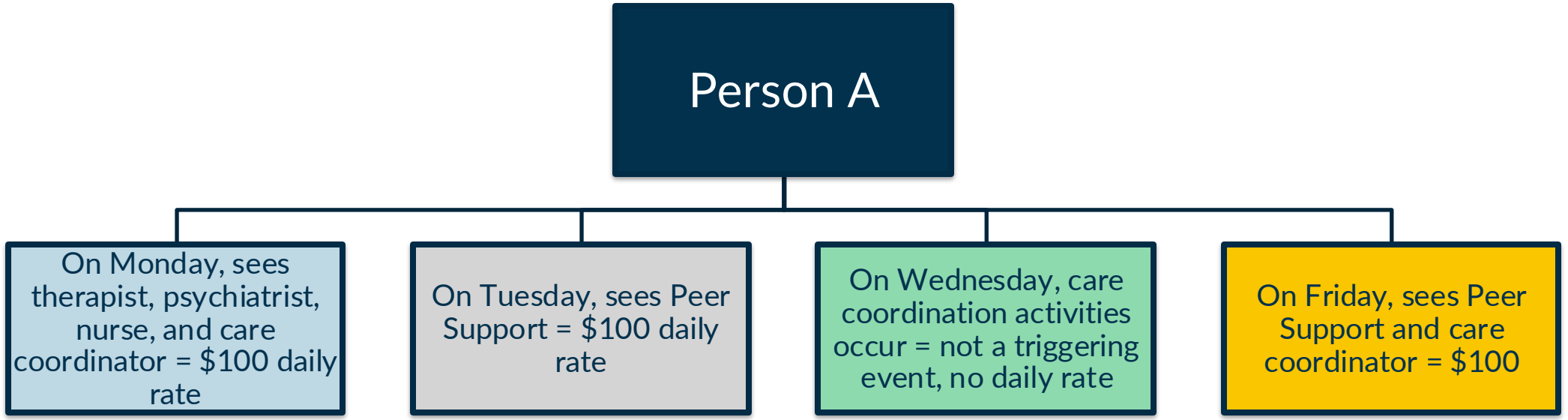
- The example in Table 2 illustrates the Certified Clinic (CC) PPS-1 rate mechanics, in which the total allowable annual costs of $10,000 are divided by 100 total annual daily visits.
- This calculation results in a payment rate of $100 per visit.
- The state would pay this per allowable visit standard base PPS rate, regardless of the participant type, CCBHC services provided, or overall costs associated with the visit.

Person	Number of Daily Visits in a Year	Trended Annual Costs[i], $	CC PPS-1 Payment Per Daily Visit[ii], $	CC PPS-1 Payment[iii], $
A	25	2,250	100	2,500
B	15	450	100	1,500
C	10	600	100	1,000
D	5	750	100	500
E	35	2,350	100	3,500
F	8	3,000	100	800
G	2	600	100	200
Total	**100**	**10,000**		**10,000**

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PPS-1 Example cont.



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Activities the PPS Supports

Transportation

Hospital engagement





Care Coordination

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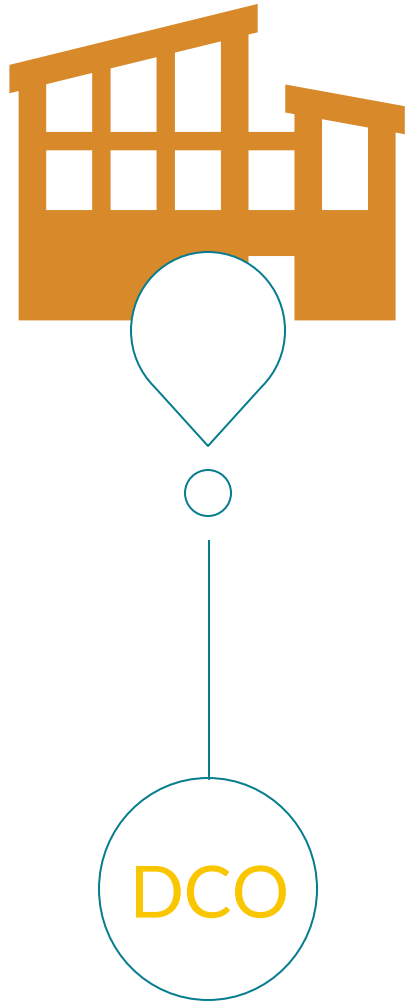
Designated Collaborating Organizations (DCOs)

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Designated Collaborating Organizations (DCOs)

An entity that is not under the direct supervision of the CCBHC but is engaged in a **formal relationship** with the CCBHC and delivers services under the same requirements as the CCBHC (i.e., in alignment with the CCBHC certification criteria).



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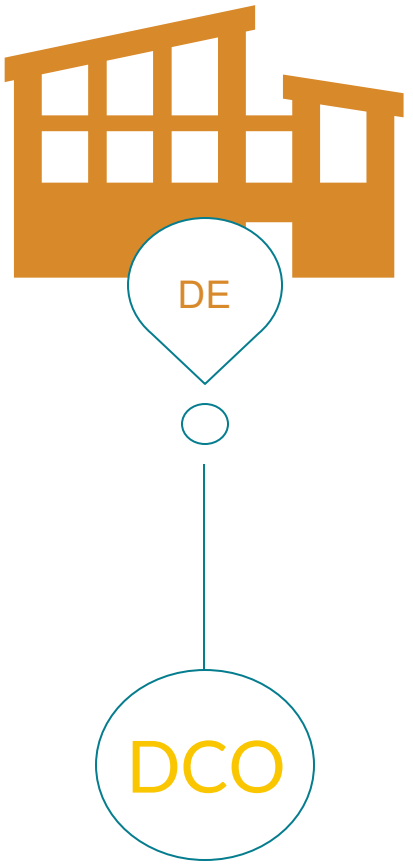
DCO in Delaware

DCO relationships are required for any of the nine required services **the CCBHC is not going to provide directly.**

This includes required services provided **to a portion of the population served**, such as required CCBHC services for children.

Within the CCBHC/DCO relationship, the DCO is expected to **meet the CCBHC requirements** for the population they are serving and for the service(s) they are providing, report data to the CCBHC, and be paid for those services by the CCBHC.

During certification, CCBHCs must submit a listing of DCOs to the state and **provide a copy of a legally binding contractual agreement** that adheres to DE CCBHC Certification criteria and all requirements.



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DCO Parameters

- CCBHCs must service the lifespan and cannot DCO all services for an age group.
- CCBHCs must provide at least 51% of the services, measured by encounters
  - When considering a DCO, CCBHCs should consider how many encounters they are likely to have.



For example, peer support is a high-touch services and peers may have several encounters throughout the week.



By comparison, mental health therapy for children under 5 years old, may be an infrequent and low encounter service for a DCO.

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CCBHC Responsibilities for DCO

The CCBHC maintains programmatic, clinical, and regulatory responsibility for the services provided by the DCO to CCBHC clients.



The DCO must have the necessary approvals, certifications, licenses, and/or enrollments to provide the specified Medicaid covered services.

Payment for DCO services is included within the scope of the CCBHC PPS.

DCO encounters will be treated as CCBHC encounters for purposes of the PPS.

Performance of the CCBHC and its DCOs will be considered during re-certification.

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DCO Details

DCO must seamlessly integrate the core service(s) they provide under the umbrella of the CCBHC which must go beyond care coordination participation

Person receiving services, and their family members, should experience services through a DCO as a part of a coordinated package with other CCBHC services.

CCBHC and DCO should work to reduce administrative burden on people receiving services and their family members, such as coordinated intake processes and treatment planning, information sharing and direct communication between the CCBHC and DCO.

CCBHC

Services must conform to the relevant CCBHC criteria including accessibility timeframes, care coordination participation, quality, and data reporting

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DCO Payment

DCOs are paid by the CCBHC for services rendered to CCBHC clients that are covered under their DCO agreement.

DCOs may not bill Medicaid directly for CCBHC services covered under their DCO agreement.

$

CCBHCs should include the costs related to paying and administering a DCO in their cost report to determine the appropriate PPS.

Costs associated with DCO services covered by the DCO agreement are built into the CCBHC PPS rate, including:

- Payment to DCO for services rendered
- Staff costs associated with developing and maintaining the relationship
- Technology needs associated with meeting DCO requirements



DCO services that meet the definition of an encounter are included as encounters in the cost report.

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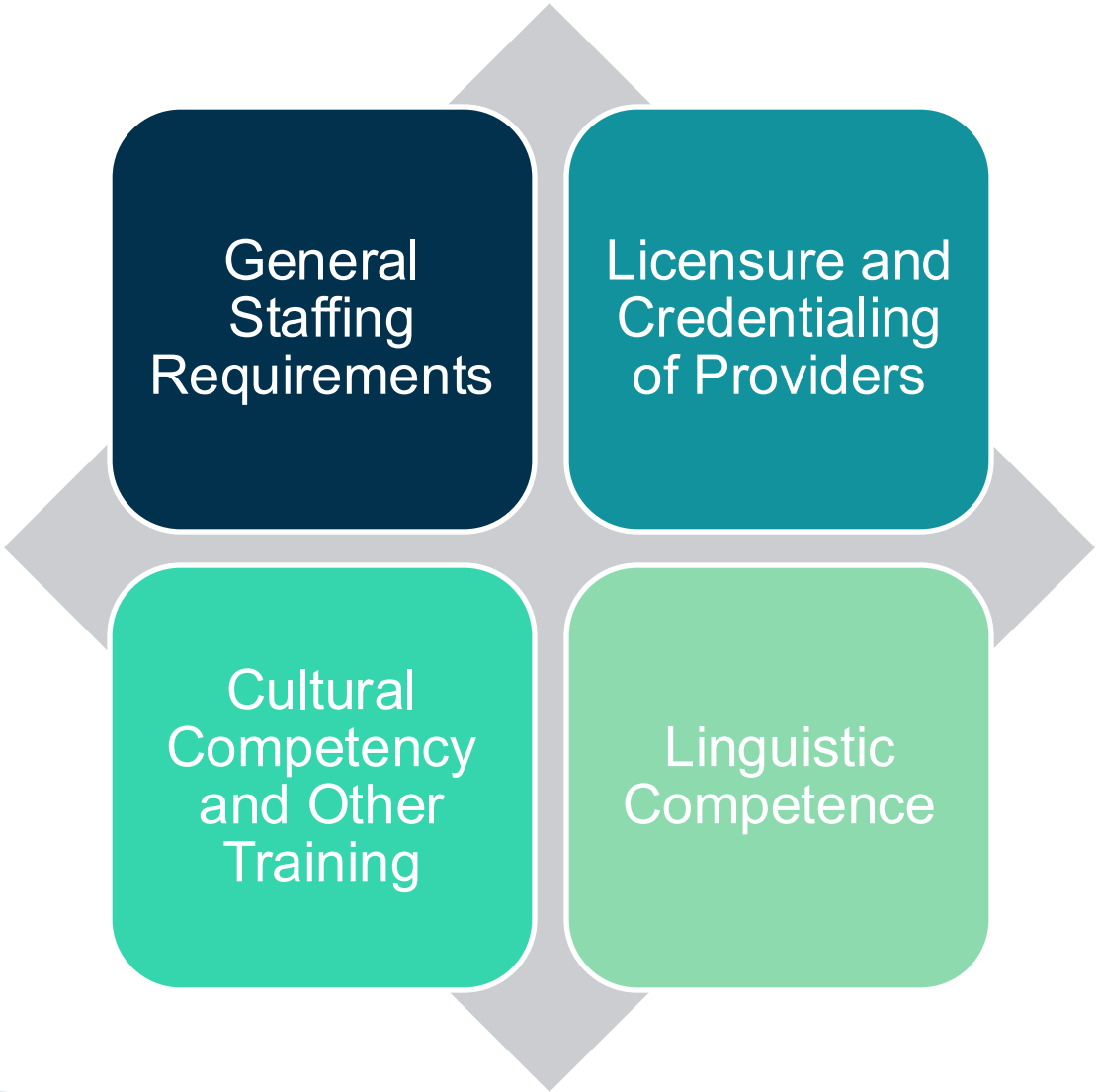
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Program Requirements

Federal CCBHC Criteria

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Requirement 1: STAFFING



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Requirement 2: Availability and Accessibility of Services



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Requirement 2: Availability and Accessibility of Services

Timeframes	Service
1-2 hours	Crisis Management
1 business day	Urgent Initial Evaluation
10 business days	Routine Initial Evaluation
60 calendar days*	Comprehensive Evaluation

*45 days in Delaware

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Requirement 3: Care Coordination



- General Requirements of Care Coordination
- Care Coordination and Other Health Information Systems
- **Care Coordination Agreements**
- Treatment Team
- Treatment Planning and Care Coordination Activities

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Requirement 4: Scope of Services

- General Service Provisions
- Requirement of Person-Centered and Family-Centered Care
- Crisis Behavioral Health Services
- Screening, Assessment, and Diagnosis
- Person-Centered and Family-Centered Treatment Planning
- Outpatient Mental Health and Substance Use Services
- Outpatient Clinic Primary Care Screening and Monitoring
- Targeted Case Management Services
- Psychiatric Rehabilitation Services
- Peer Supports, Peer Counseling and Family/Caregiver Supports
- Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

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Requirement 5: Quality and Other Reporting



Data Collection, Reporting, and Tracking data



Continuous Quality Improvement (CQI) Plan

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Requirement 6: Organizational Authority

- General Requirements of Organizational Authority and Finances
- Governance
- Meaningful input from people with lived experience
- Accreditation

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Services

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Required CCBHC Services

Core Activities:

- Screening, Assessment, Diagnosis
- Patient & Family-Centered Treatment Planning
- Primary Health Screening & Monitoring
- Services for Armed Forces, Veterans, and their Families

9 REQUIRED SERVICES

Core Programs:

- Peer Support, Peer Counseling, & Family Supports
- Psychiatric Rehabilitation Services
- Targeted Case Management
- Outpatient Services for Mental Health & Substance Use Disorder
- Crisis Services

Services must be provided for the full life span.

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Screening, Assessment, Diagnosis

Triage

Including Risk Assessment



Initial Evaluation

Including preliminary diagnosis



Comprehensive Assessment

Including exploration of needs, history, and supports



Screeners

Including BH, SDOH, and PH Screeners



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Timeframe Requirements

Triage

At the time of first contact



Initial Evaluation

Urgent:
1 business day
Routine:
10 business days



Comprehensive Assessment

Within 45 calendar days of first request for service



Screeners

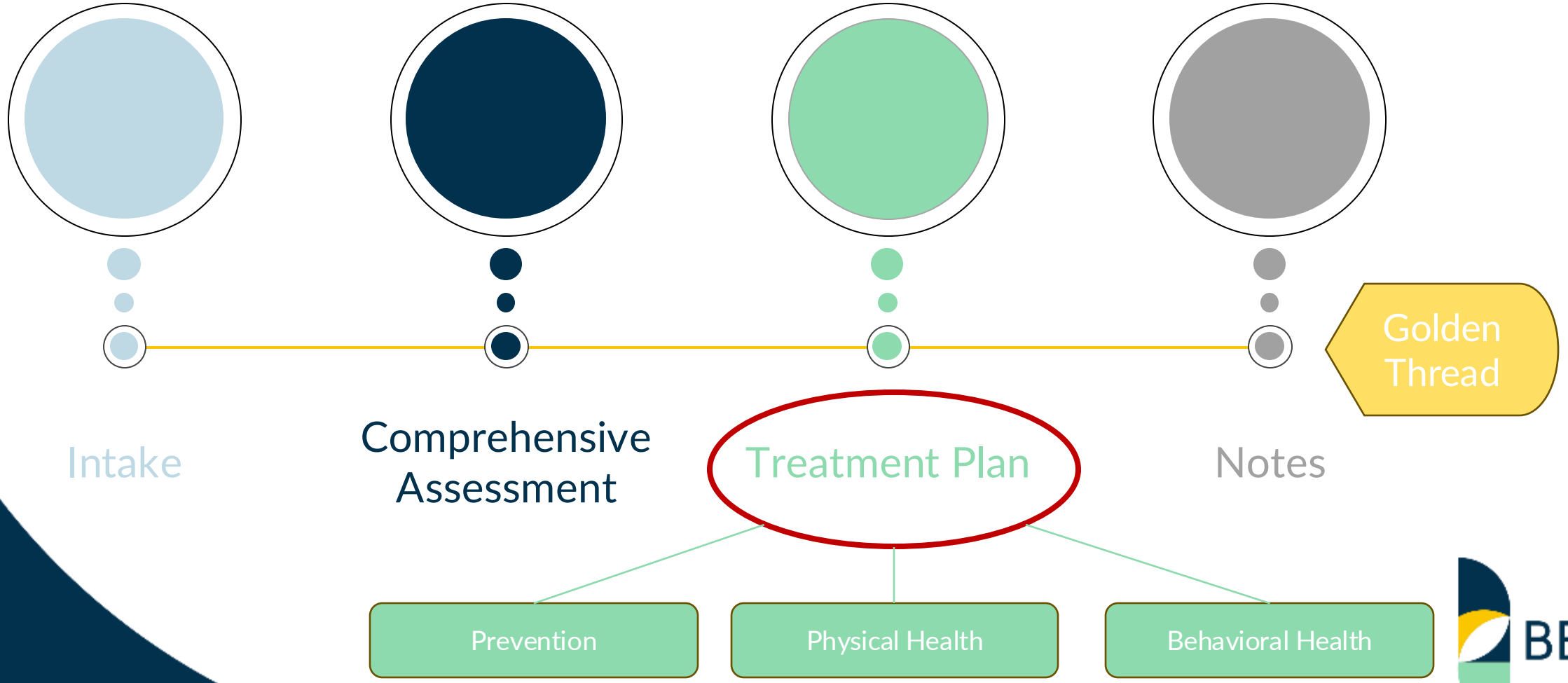
Within 45 calendar days of first request for service



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Person & Family-Centered Treatment Planning



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Outpatient Clinic Primary Care Screening & Monitoring

ensuring individuals have access to primary care services

coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments



ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions

promoting a healthy behavior lifestyle

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DE Required Primary Care Screenings

- HIV and viral hepatitis
- Blood pressure monitoring
- Hemoglobin A1C for people with diabetes
- Weight and height (to calculate BMI)
- Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director and based on environmental factors, social determinants of health, and common physical health conditions experienced by the CCBHC person receiving services population.

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Additional DE Primary Care Requirements

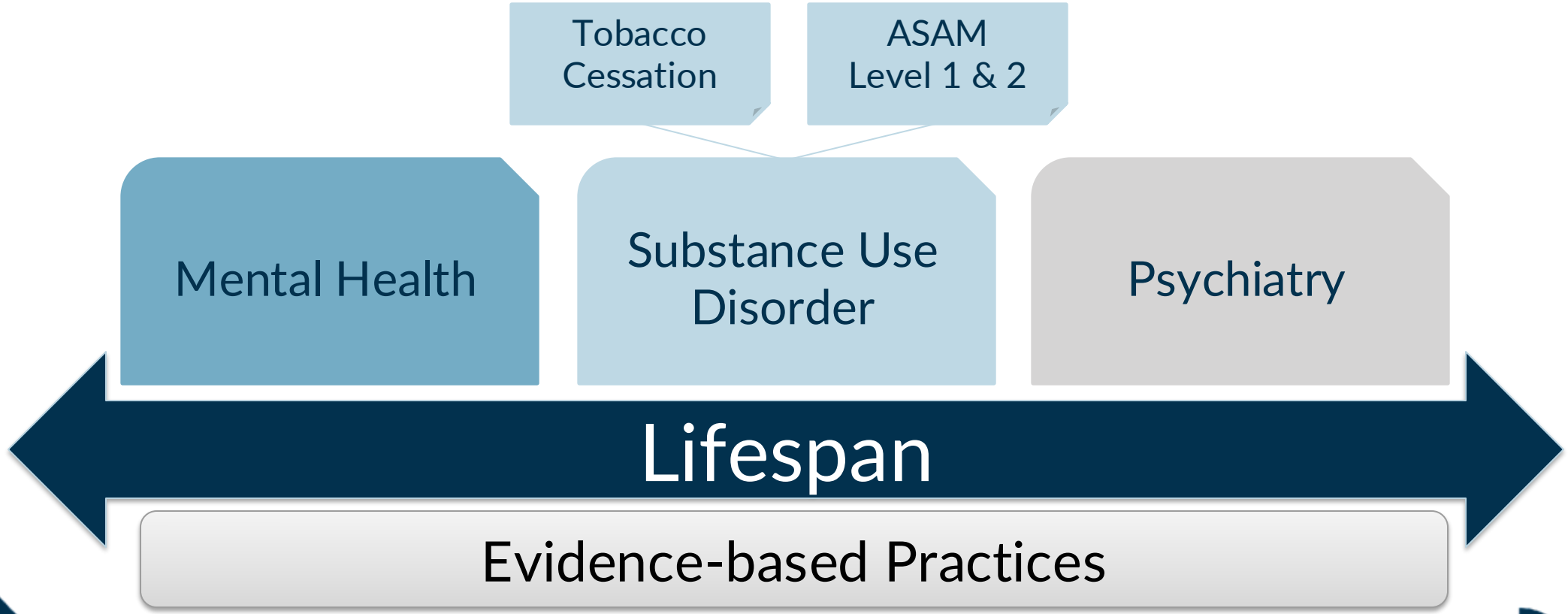
Primary care coordination includes communication with the individual's primary care providers regarding:

- Prenatal and postnatal care, when applicable
- Routine dental care
- Nutrition and eating habits
- Vaccinations, including flu, COVID, RSV, and Shingles
- Cancer screens, including PAP smears, mammograms, colonoscopies, prostate exams, and lung CT (for individuals with a smoking history)
- Vision and hearing, when indicated

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Outpatient Services for MH & SUD



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DE Evidence-based Requirements

CHILDREN	ADOLESCENTS	ADULTS
		
Trauma-specific EBP Family-centered EBP	Trauma-specific EBP Family-centered EBP MOUD YSBIRT SUD Treatment EBP	Trauma-specific EBP MOUD SBIRT

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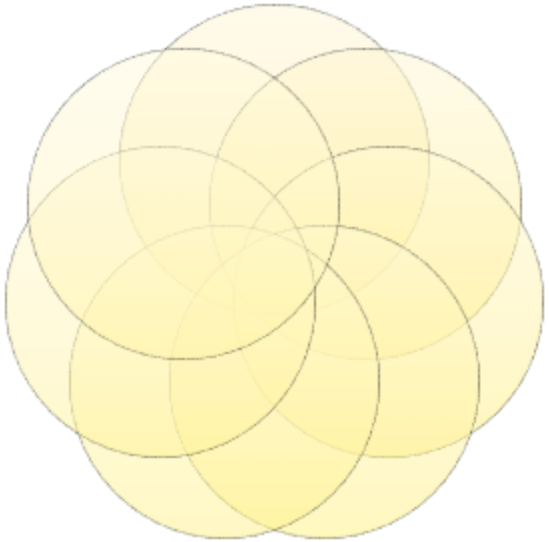
Peer Support, Peer Counseling & Family Supports

- Peer Specialist & Recovery Coaches
- Peer Counseling
- Family/Caregiver Supports

peer-run wellness and recovery centers

mutual support and self-help groups

youth/young adult peer support



peer navigators to support transitions

recovery coaching; peer-run crisis respites

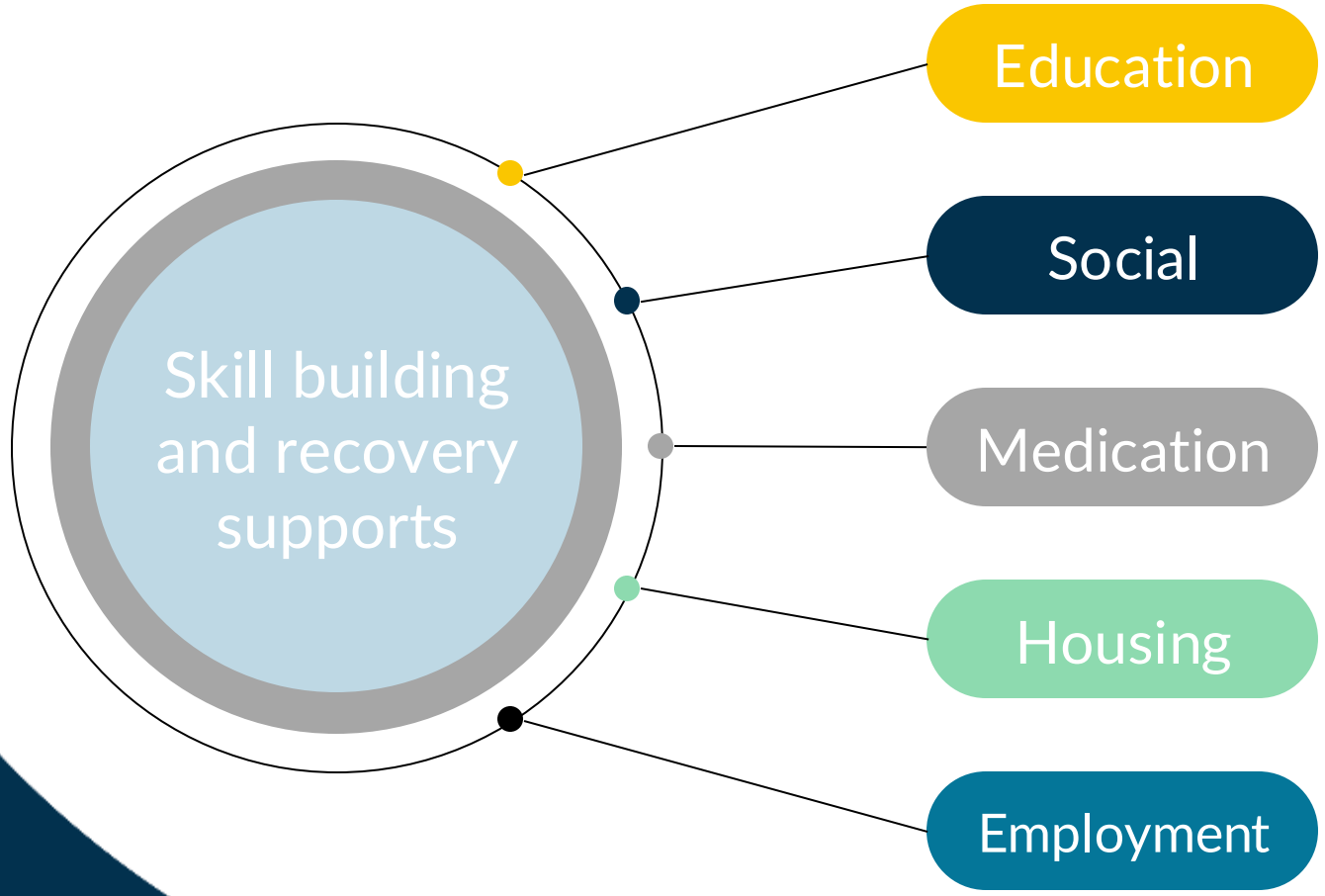
peer-led crisis planning

peer recovery services

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Psychiatric Rehabilitation Services



supported education and other educational services

social inclusion and community connectedness

medication education, self-management, individual and family/caregiver psycho-education

safe and stable housing

supported employment

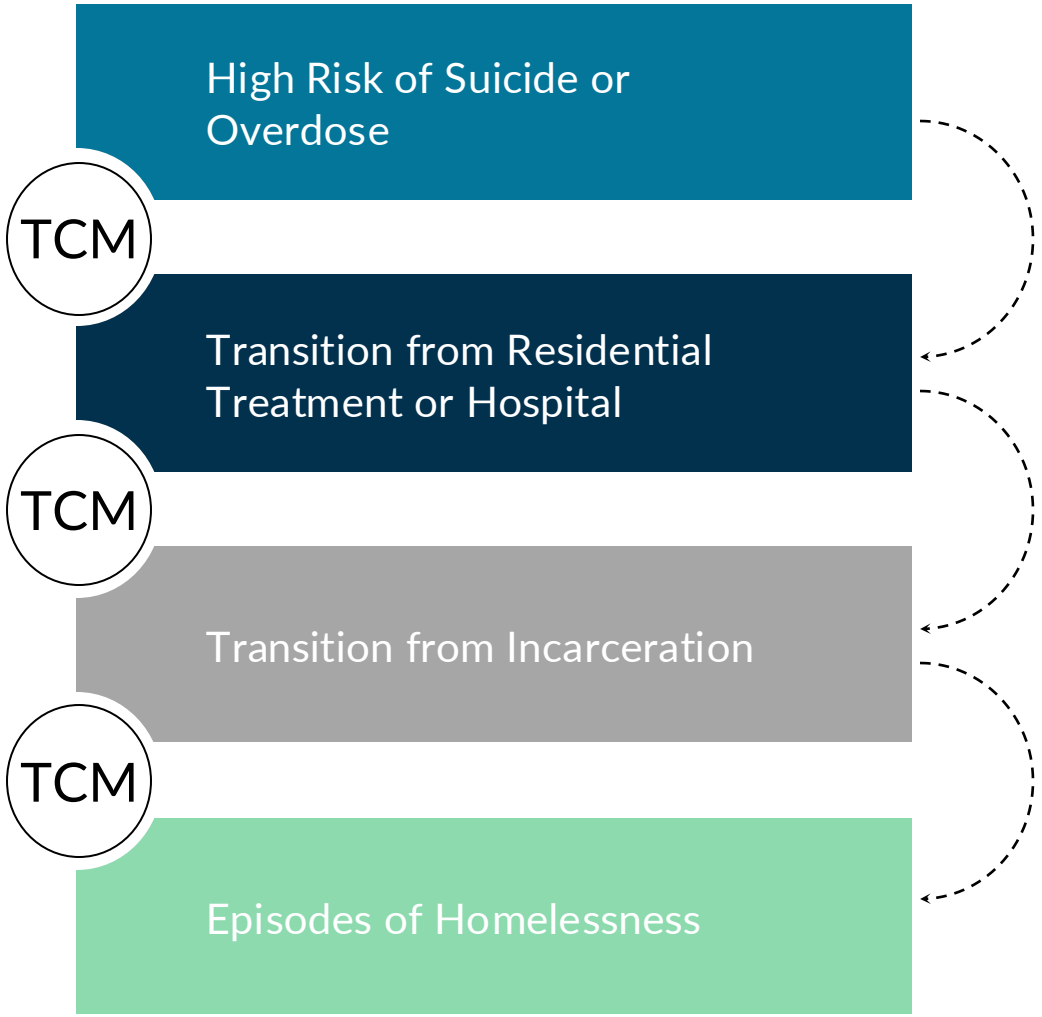
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Targeted Case Management

Assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports.

CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC.



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DE Specific TCM Criteria

- people deemed at high risk of suicide or overdose, particularly during times of transitions
- people with complex or serious mental health and/or substance use conditions;
- people who have a short-term need for support in a critical period, including transitioning from higher levels of care such as the PROMISE Program;
- people in other critical periods, such as episodes of homelessness and transitions to the community from correctional settings;
- transition-age youth, ages 18-24;
- children, youth, and families served by, or with prior involvement with, child welfare or juvenile justice systems.
- special population group as identified through the CCBHC's CNA

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Crisis Services

988 Emergency Crisis Intervention Services

24-hour Mobile Crisis Teams

Crisis Receiving/ Stabilization

Crisis Management Services

Someone to Call

Someone to Respond

Somewhere to Go

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DE Specific Crisis

CCBHC provides Crisis Receiving/Stabilization Services



CCBHC has MOUs with

- 988 Call Centers
- DE State Adult Mobile Crisis System
- DE State Child Mobile Crisis System

Crisis Receiving/Stabilization

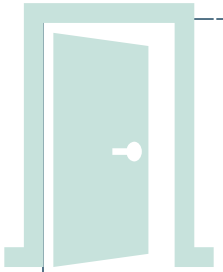


Voluntary

- Self-presented
- Brought in by supports
- Brought in by first responders (EMS, police)

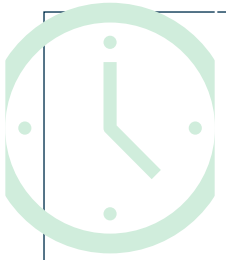


Mental Health & Substance Use Disorders



Urgent care/walk-in services

- identify the individual's immediate needs
- de-escalate the crisis
- connect individuals to a safe and least-restrictive setting for ongoing care



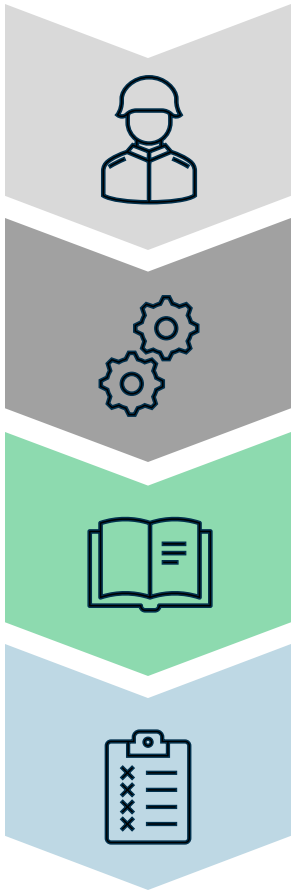
Ideally be available 24 hours per day, 7 days a week

- Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted.

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Services for Armed Forces, Veterans, and their Families



Culturally Competent Care

Coordinated with Veterans Administration (VA)

Consistent with Veterans Health Administration (VHA) Standards

All Services Available through the CCBHC

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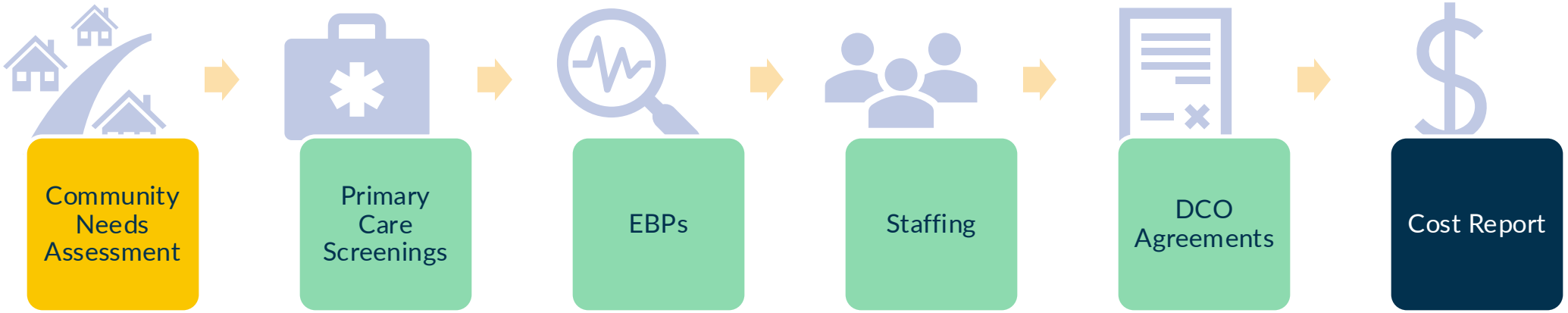
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Implementation

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First This, Then That



EXAMPLE:
CCBHC conducts the needs assessment but decides to submit the cost report before they determine their EBPs.

- After the CCBHC submits their cost report they decide to offer Parent-Child Interaction Therapy (PCIT).
- To provide PCIT with fidelity, they outfit two of their offices with a two-way mirror in between and audio technology.
- These costs are not included in the cost report because it has already been submitted.

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Community Needs Assessment

As defined by SAMHSA



A systematic approach to identifying community needs and determining program capacity to address the needs of the population being served.



The CNA must be thorough and reflect the treatment and recovery needs of those who reside in the service area across the lifespan including children, youth, and families.

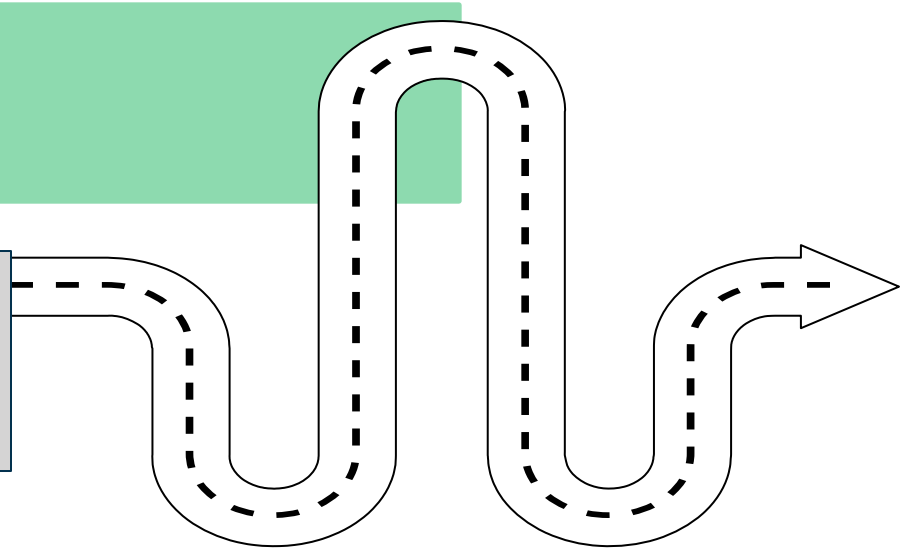
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Certified Community Behavioral Health Clinic (CCBHC)
CERTIFICATION CRITERIA
Updated March 2023

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Road Map

The community needs assessment will serve as a road map to expand your service array and partnerships to meet the needs of a broader group of people than you currently serve.



Specific CCBHC criteria are tied to the community needs assessment, including:

- Staffing
- Language and culture
- Services
- Locations
- Service hours
- Evidence-based practices

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CCBHC Transformation

Assess the team's capacity

Launching a CCBHC is a time-intensive transformation, not a layered-on initiative

Consider what other initiatives are underway

Consider if they will they support the CCBHC transformation or distract from it?

Being strategic in streamlining your use of resources including, but not limited to:

Data collection, reports, use of staff time for committees, resolving potentially conflicting expectations.

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Examples of Workforce Adequacy



Prioritize staff health and wellbeing



Increase the number and diversity of mental health and substance use disorder providers



Cross-train providers so there is a co-occurring approach when needed



Work with universities and colleges to provide internships

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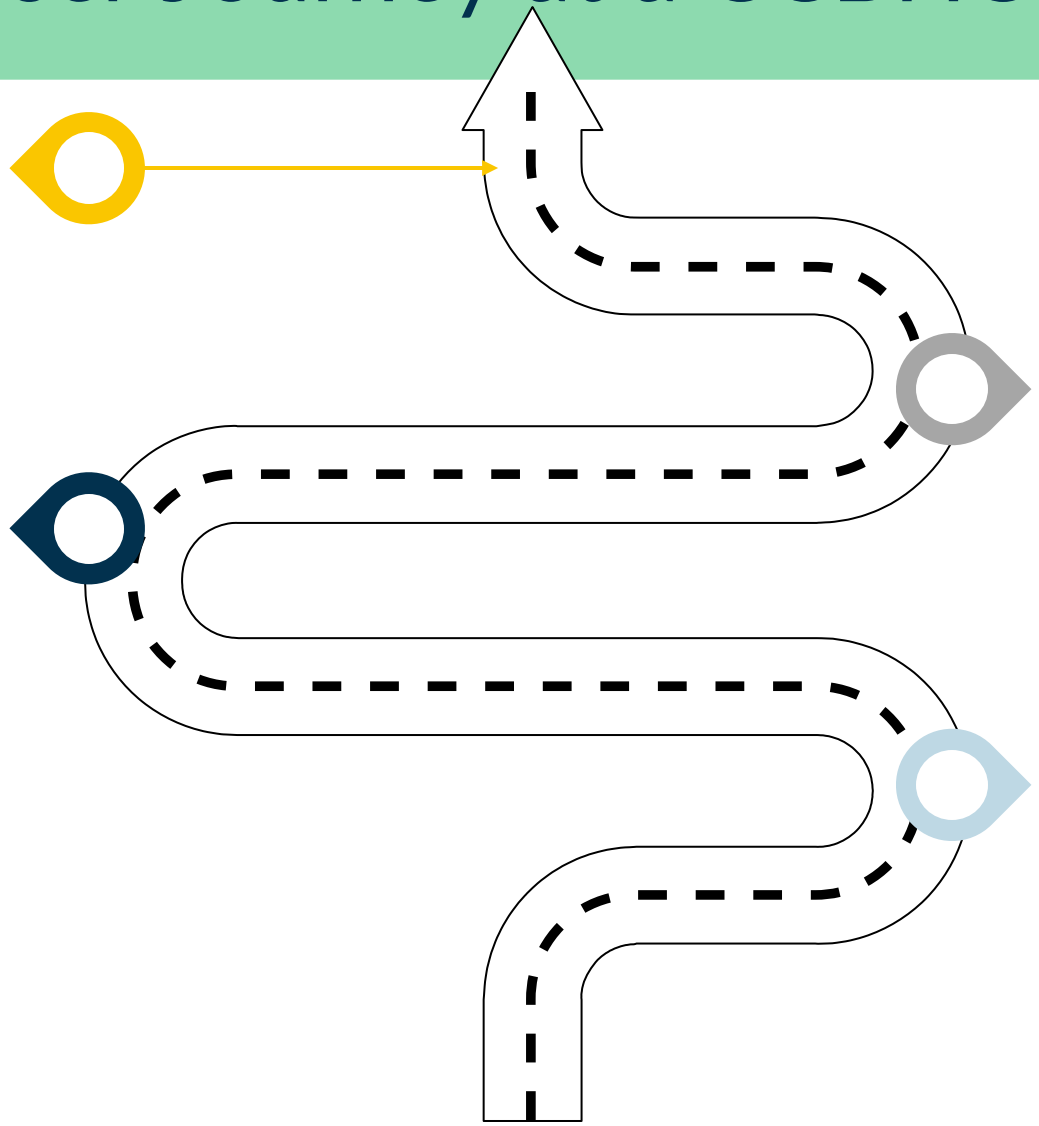
Beginning the User Journey at a CCBHC

Treatment Plan

The plan addresses the person's prevention, medical, and behavioral health needs.

Initial Evaluation

The initial evaluation includes information gathered as part of the preliminary triage and risk assessment.



Comprehensive Evaluation

This evaluation builds on the initial evaluation and includes a deeper dive into history, and symptoms, as well as validated screenings.

Triage

Needs are identified as crisis, urgent, or routine and care is scheduled accordingly.

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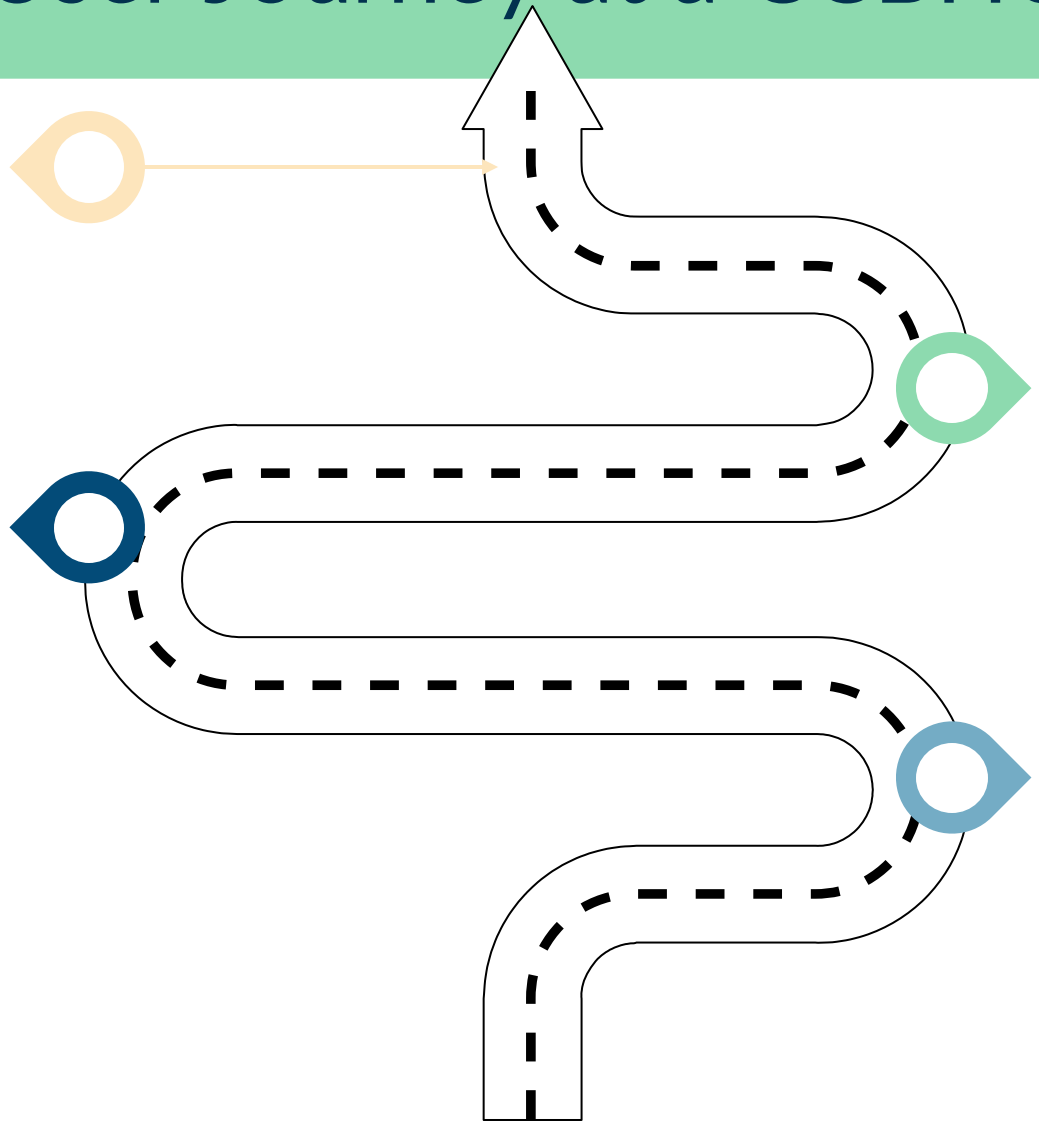
Continuing the User Journey at a CCBHC

Treatment Plan

The plan is updated as the individual's needs change.

Care Pathways

Enhance quality by improving individual outcomes, promoting safety, increasing satisfaction, and optimizing the use of resources.



Primary Care Monitoring

This includes coordinating care with physical health providers.

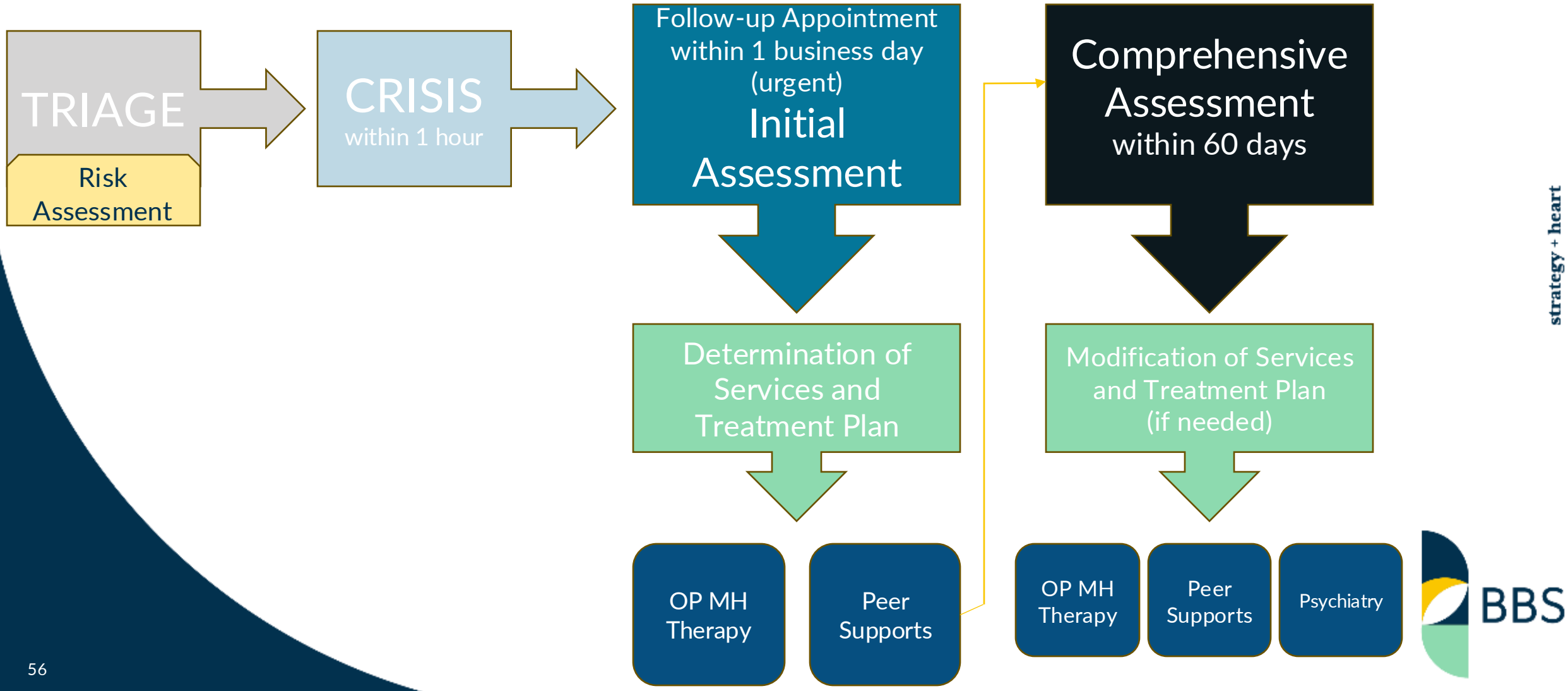
Care Coordination

Organized *set of activities*, *systems*, and *tools* incorporated into service delivery.

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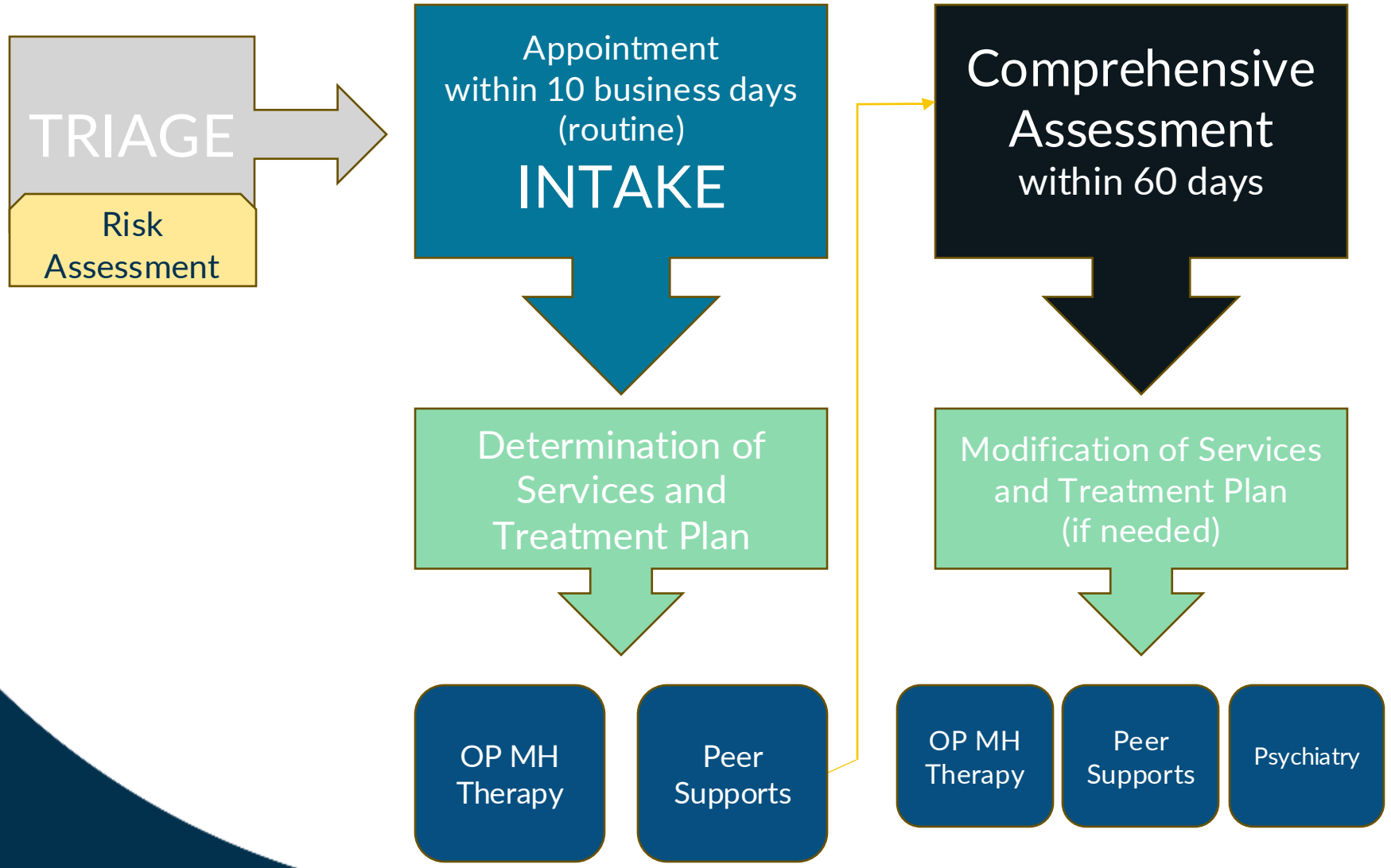
Example Flow- Crisis



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Example Flow- Routine



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