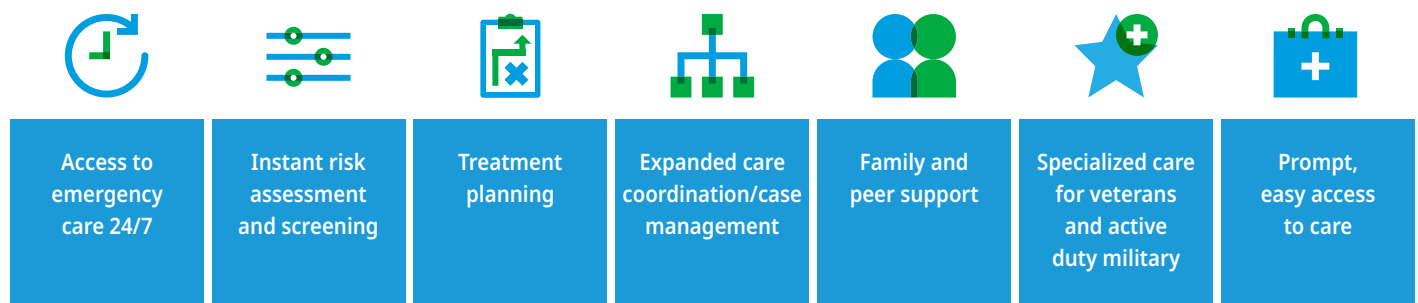
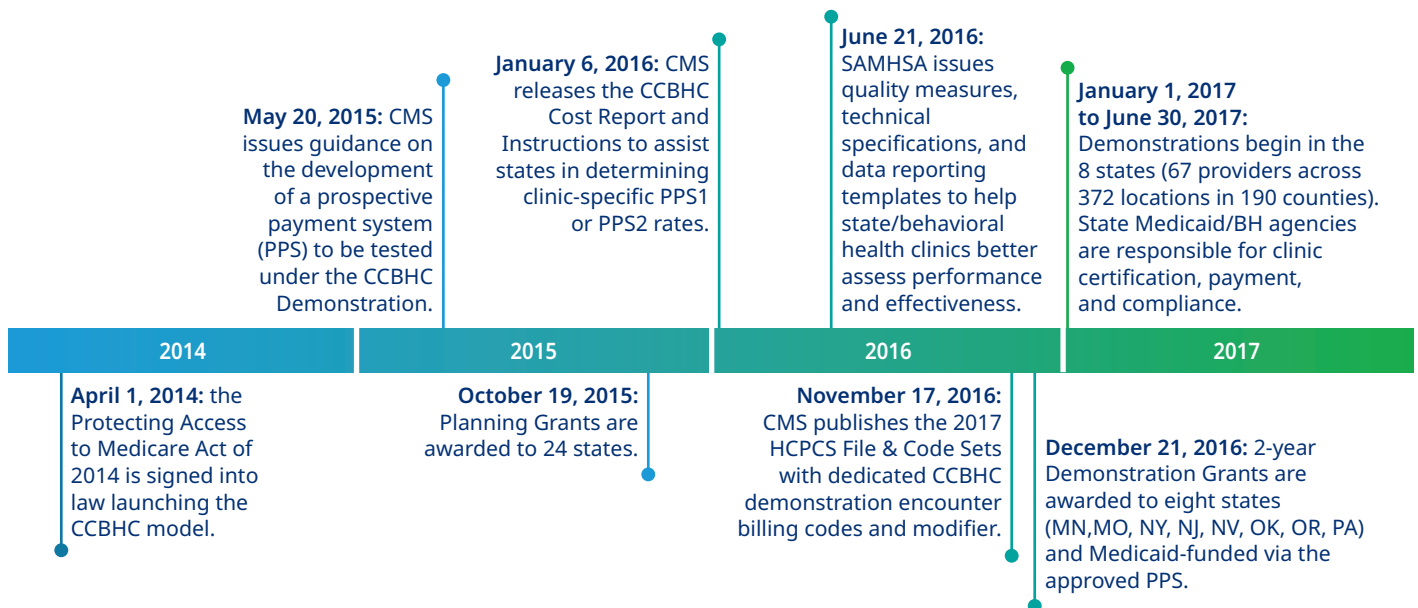


Certified Community Behavioral Health Clinic (CCBHC) consulting

CCBHCs provide valuable, timely, comprehensive outpatient behavioral health care to any individual who needs the services, regardless of income and can give payers and providers a more predictable financing strategy through an alternative payment model. The services CCBHCs must provide include¹:



As of 2021, there are approximately 340 CCBHCs operating in 40 states, Washington, D.C. and Guam.² The timeline below illustrates how this growth has occurred and been funded to date. Today, an increasing number of states are taking steps to implement this alternative payment model via state plan amendments or Medicaid waivers.



Since this time, Congress has extended funding for the demonstration sites and, on August 5, 2020, via the CARES Act, two additional states were added for a 2-year demonstration period (Kentucky and Michigan).

¹ For a comprehensive list of services CCBHCs must provide, see Section 223(a)(2)(D) of the Protecting Access to Medicare Act of 2014 at: <https://www.congress.gov/bill/113th-congress/house-bill/4302/text>

² <https://www.thenationalcouncil.org/ccbhc-success-center/ccbhcta-overview/>

Additionally, since 2018, Congress has enacted a grant fund (administered by SAMHSA) to award CCBHC Expansion Grants directly to clinics (up to \$2m per year for 2 years). These clinics can be from any state and must attest to SAMHSA that they meet CCBHC criteria or will meet criteria within four months of award date.

During 2014-2016, [Mercer's Government's Consulting Team](#) helped CMS and SAMHSA develop the CCBHC demonstration cost reporting materials. Additionally, we supported several states with planning, readiness, certification, rate development and pricing, quality measurement and other implementation activities. Today, we continue to provide technical assistance and support in the following areas:

State support for program development and implementation



- Project management and facilitation of stakeholder engagement
- State Plan Amendment (SPA) and Medicaid waiver support
- Guidance on impacts of selecting PPS1 vs PPS2 methodology or alternative bundled rate payment models (APM)
- Assistance selecting and documenting services covered under PPS or other APM
- Financial impact analysis of moving to the CCBHC model
- Cost report development, training and technical assistance
- Development of Quality Bonus process such as identification of key metrics, benchmarking, and payout implementation
- Integration with managed care

Post-implementation support for states



- Stakeholder work group participation and facilitation
- Payment support including calculation of wraparound payments for both fee-for-service and managed care
- Continued training on cost reporting
- Cost report audits and desk reviews
- SPA or waiver development for post-demonstration program continuation

Clinic support



- Training, including direct technical assistance on data collection, work flows, cost accounting and certification requirements
- Facilitated onsite visits and reviews for readiness and ongoing certification compliance.

To request technical assistance support with implementation and/or monitoring, please contact laura.k.nelson@mercer.com