

Thank you for your interest in our October 6 webinar, “Developing a Strategy for the CCBHC State Demonstration RFP.”

In addition to the webinar replay and PowerPoint slides, we wanted to share written responses to a few of the questions asked on the webinar that we were not able to cover during our session.

We hope you will join us for our future discussions on a variety of topics, including many related to behavioral health! [Click here](#) to learn more about our upcoming webinars offered by HMA, and [click here](#) to see the upcoming events offered by the National Council’s CCBHC Training and Technical Assistance Center.

1 Our state is unclear on whether or not we are required to review CCBHC expansion grant providers for certification if we have a state-run certification process?

A. We will have to wait to see the CCBHC Planning Grant Notice of Funding Opportunity (NOFO) for the specific requirements. However, in the past, states have had significant discretion in making these types of decisions, with the one requirement that State’s ensure that both rural and urban areas are represented. Even if not required, it may be beneficial to consider the capacity of CCBHC-Expansion Grant providers, who have, by nature of their participation in the grant funded program, built capacity to implement CCBHCs.

2 Do you know if SAMHSA will be releasing any more CCBHC NOFOs in the future?

A. We do not yet know if there will be additional state planning grant NOFOs after this year. For the SAMHSA CCBHC grants that flow directly to the clinics, we are anticipating another NOFO in the spring, but timing and number of awards will be contingent upon congressional approval of federal appropriations for FY23.

3 Will there only be one opportunity to apply for a planning grant?

A. We will have to wait and see if more information is released around the NOFO for the CCBHC Planning Grant.

4 How can current demo states become part of this expansion?

A. Current demonstration states are not eligible for the new planning grants, but SAMHSA and CMS have indicated they will be able to add new CCBHCs to their existing demonstrations. We are awaiting guidance from SAMHSA/CMS on the process for doing that.

5 How do sites distinguish between CCBHC clients and non-CCBHC clients? Are all clients served by the CCBHC receiving the CCBHC model of care regardless of their payor source?

A. Based on the current CCBHC criteria, [found here](#), CCBHCs are required to serve anyone who walks through their doors, regardless of ability to pay and place of residence. Based

on this requirement, anyone who is provided one or more CCBHC services, regardless of their payor source, is considered a CCBHC client.

6 What went into your state's determination of the frequency of re-basing of the PPS per Clinic?

- A. In addition to what was shared during the webinar discussion by our state panelists, [this report](#) on the Interim Cost and Quality Findings from the National Evaluation of the CCBHC Demonstration might be a useful reference in considering some of the important considerations around re-basing.

7 Is there an opportunity for private behavioral health operators to contract with CCBHC programs?

- A. Based on the current CCBHC criteria, [found here](#), lead CCBHC agencies must be either a nonprofit organization, part of a local government behavioral health authority, or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization. However, Designated Collaborative Organizations (DCOs) can be other types of entities, including for-profit entities, provided they operate in alignment with the CCBHC criteria.

8 Can the CCBHC model align with 988? Looking for how to help cover 988 costs and connect people to community-based care when necessary.

- A. Absolutely, the CCBHC model can be designed to align with 988 implementation - we think this is one of the most exciting opportunities for states to leverage both programs to improve access to crisis care. The current CCBHC criteria, [found here](#), outline what crisis activities are required (and can therefore be covered by the PPS). In addition, the National Council for Mental Wellbeing has developed a white paper on 988 and Mobile Crisis Response with the CCBHC Model [found here](#).

If you have additional questions or need more information about the topics covered in the webinar, please do not hesitate to reach out to our speakers. We appreciate your interest and look forward to future conversations!