

**Certified Community Behavioral Health Clinic (CCBHC)  
 Expansion Grant Deep Dive  
 Responses to FAQ**

**IMPORTANT NOTE: The information included here should not be considered a substitute for guidance from SAMHSA. Prospective applicants are encouraged to reach out to SAMHSA staff with all questions. SAMHSA agency contacts are listed on page 23 of the [FOA](#).**

Eligibility and Grant Requirements	
When does 4-month time frame begin? From date of award of 8/30/20?	The 4-month time frame will begin from date of the award. The anticipated start date is listed in the FOA as 8/30/2020.
If my organization is not in one of the priority states, should we bother applying?	Yes! All organizations who meet criteria are encouraged to apply. Your application can still be competitive, and greater numbers of applicants demonstrate the need to expand CCBHCs nationally.
How do you know if your state is one of the priority states?	The 24 priority states include the eight demonstration states (MN, MO, NV, NJ, NY, OK, OR, and PA) plus AK, CA, CO, CT, IN, IL, IA, KY, MD, MA, MD, MI, NC, RI, TX and VA. Visit <a href="#">this page</a> to learn more about the history of CCBHCs.
Can more than one organization per state win a grant award?	Yes, multiple grant awards can be made. SAMHSA indicates on p. 21 of the FOA that decisions to fund a grant may be based on many factors, including equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.
How do we prepare to be certified by the fourth month?	We recommend going through the checklist, identifying gaps, and prioritizing the highest-needs areas to focus on for certification. The National Council can provide training and technical assistance on many areas of CCBHC implementation.
Can we still apply if we are not able to provide all of the required CCBHC services within 4 months?	You should be prepared to meet all of the required CCBHC services by the fourth month after receiving an award. The National Council provides training and support for many aspects of CCBHC implementation. <a href="#">Contact us</a> to learn more.
Does my state have to certify my organization as a CCBHC?	Clinics have to demonstrate through completion of the checklist in Appendix M that they are ready or will be ready within 4 months to meet all certification criteria, but formal certification by the state is not required.
Does my state have to sign off on the grant proposal?	No; however collaboration with the state behavioral health authority and state Medicaid Office is expected. Support from both will help with sustainability.
Do you have an example of a Disparity Impact Statement?	SAMHSA has examples of Disparity Impact Statements available <a href="#">HERE</a> .
Expansion grants awarded in 2019 and ending in 2020 will have an overlap if awarded. Is this an issue?	SAMHSA has indicated that grantees who received their award in September 2018 (i.e. federal fiscal year 2018) are eligible to re-apply for funds. Those whose awards were made <i>after</i> Sept 2018 (i.e. in federal fiscal year 2019) are not eligible to re-apply.

Does the county and state have to meet the CCBHC criteria for this opportunity?	For the CCBHC Expansion grant, the organization or clinic applying must meet the CCBHC criteria. There are no obligations on the part of the county or state.
For demonstration states, will expansion grant requirements apply?	Expansion grant requirements apply to all organizations receiving grants, regardless of whether they are in the demonstration or not. If you are a demonstration participant with questions about the grant requirements, please reach out to the SAMHSA project officer.
<b>Partnerships</b>	
Can we partner with other organizations to provide some of the required services?	Yes, in certain cases; this is the role of the DCOs. DCOs must meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements listed on p. 14. However, keep in mind that some services must be provided directly by the CCBHC (consult the Required Activities section for details on which services must be provided directly).
As a grantee, does my organization pay our partner organizations for services they provide?	Not necessarily. For grantees, your partner organizations would continue billing Medicaid or other payers as they normally do for any covered services. If there is a need to establish a payment relationship for services or activities that are not covered by Medicaid or other payers, you would want to work out those details with your DCOs prior to submitting your application and budget.
Am I required to establish an MOU with an FQHC?	If you are partnering with an FQHC as a DCO, SAMHSA requires letters of commitment from all DCOs to be submitted along with the application. Additionally, SAMHSA notes on p. 93 of the FOA that CCBHCs are expected to work towards formal agreements with their partner organizations (such as MOUs or contracts). At a minimum CCBHCs should have informal agreements (such as a letter of support or commitment) in place at the time of certification. Contact the SAMHSA project officer with any questions about specific types of partnerships and what level of agreement is expected.
Can the VA be a DCO?	The FOA describes requirements for DCOs on p. 14. Please consult the SAMHSA project officer with any questions about proposed partnerships.
What does the cooperative relationship with judicial official/court systems look?	The FOA indicates that CCBHCs should “establish cooperative relationships with judicial officials/court systems and provide Assisted Outpatient Treatment when ordered.” Please consult the SAMHSA project officer with any questions about their expectations regarding these relationships.
Can we subcontract with a DCO for crisis services?	Yes, if there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. In that situation, you can contract with such a network as a DCO. See p. 8 of the FOA. For questions about whether a particular crisis provider would be considered to meet the requirement, please contact the SAMHSA project officer.

<b>Service Delivery</b>	
What evidence-based practices do we need to provide?	The selection of evidence-based practices should be based on the needs assessment conducted by the CCBHC. Services should align with your population and the needs of your community. SAMHSA's Evidence-Based Resource Center is a good place to start and is available <a href="#">HERE</a> . For additional questions about evidence-based practices, please contact the SAMHSA project officer.
Do child and youth services need to be provided directly, or can they be provided by a DCO?	CCBHCs must be able to serve individuals across the lifespan and must provide the core services directly. They may rely on DCOs for the provision of non-core services provided to any or all of their patient population. Please consult the SAMHSA project officer with questions about whether your organization's service array can be considered to meet these criteria.
If your center has satellite clinics in multiple counties do the services have to be available in all sites?	In the FOA, SAMHSA has indicated its desire to see CCBHCs as a single location for all needed services. Please consult the SAMHSA project officer with questions about whether your particular service model would meet the requirements.
Is ACT a required service for the CCBHC expansion grant?	Yes, ACT is a required service for grantees. ACT may be provided by a DCO. See p. 8-9 of the FOA.
Do mobile crisis services need to be done face to face or is on-call and telephone okay?	Additional information about crisis services requirements is available in the <a href="#">full CCBHC criteria</a> in sections 2, 3.C.5, and 4.C. There are many models of providing mobile crisis services; please consult the SAMHSA project officer with questions about whether they have expectations about the delivery of services face-to-face or using technology.
Are we required to serve veterans?	Yes. Required under Program Requirement 4: Scope of Services; Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, page 100 of the <a href="#">FOA</a> .
What primary care services must the CCBHC expansion grantees provide?	A full explanation of all CCBHC services can be found <a href="#">HERE</a> . The section specific to primary care services is on p. 45.
Can the CCBHC expansion grant help us expand our workforce?	Yes! A key goal of the CCBHC initiative is to expand clinic's capacity to serve more people via expanded workforce. CCBHCs nationally are expanding their workforce to include psychiatric nurse practitioners, SUD specialists, nurse practitioners, peer specialists, social workers, and other clinical staff to address workforce shortages. Learn more by visiting this National Council's <a href="#">fact sheet</a> and by visiting this <a href="#">Report to Congress</a> .
<b>Training and Support</b>	
Where can I find technical assistance and support?	<a href="#">Contact us</a> to learn more about our technical assistance and support.
What can the 25k for technical assistance be used for?	You will need to work with the project officer on approval for the TA in advance. Examples include clinical training for providers, training on implementation of evidence-based practices, training on data collection, and training and support on meeting the start-up requirements by month four.

How do I reach SAMHSA for questions?	Agency contacts are listed on page 23 of the <a href="#">FOA</a> . For program related and eligibility related questions, contact Nancy Kelly, (240)276-1839 or email <a href="mailto:Nancy.Kelly@samhsa.hhs.gov">Nancy.Kelly@samhsa.hhs.gov</a> .
Where can I find out more about lessons learned from existing CCBHCs?	The National Council has a library of CCBHC resources available <a href="#">HERE</a> including early results from the demonstration, data highlights, and on the impact of the CCBHC model.
<b>Finance, Reporting and Sustainability</b>	
How will my state pay for our Medicaid services if we are awarded a CCBHC Expansion Grant?	CCBHC expansion grant funds are separate from Medicaid and should not supplant existing funding. Grantees do not receive Medicaid PPS, unless a grantee is also a participant in the original Medicaid CCBHC demonstration in which case it will continue to receive PPS payments per usual so long as the demonstration continues.
As a potential grantee, what can I do to prepare for sustainability?	Consider what funding you will need to sustain services beyond the end of the grant and where alternate sources of financial support may exist. SAMHSA articulates requirements around the sustainability component of your grant application on p. 9 (note that sustainability is also a required element of grantees' annual report). Beyond the SAMHSA requirements for sustainability planning, the National Council encourages you to have conversations with your state Medicaid office about establishing a CCBHC Medicaid initiative via SPA or waiver. Contact us with questions or to learn more.
How do grantee organizations report on quality measures requiring access to Medicaid claims data?	SAMHSA has not given instructions as to how this information should be collected or reported on, beyond what is in the FOA. Grantees will be provided with more information after the awards are announced.
How is prospective payment system (PPS) determined?	Although grantees do not receive Medicaid PPS, this payment methodology represents an important opportunity for sustainability, and states have the authority to implement PPS for CCBHCs via a waiver or state plan amendment. Under a PPS, providers establish an average daily or monthly encounter rate that is inclusive of current and anticipated costs of care as a CCBHC. We encourage you to <a href="#">learn more about PPS</a> and to let us know if you have questions about how to initiate conversations with your state on this topic.
Can a CCBHC receive multiple PPS payments on the same day?	PPS is either a daily or a monthly payment rate that is inclusive of all services provided during that day or month, tied to qualifying patient encounters. A CCBHC would not receive more than one PPS payment per patient per day except in very narrow circumstances involving CCBHCs that are also FQHCs. Remember that grantees do not receive PPS, and <a href="#">contact us</a> with any questions about how PPS could work for your organization if the demonstration were to be expanded.
If you are currently a CCBHC through the Medicaid demonstration, can you use grant funds to supplement or expand to another clinic?	Yes, CCBHCs in the Medicaid demonstration are eligible to apply for the grants. Required, allowable and expected uses of funds are listed on p. 7-10 of the FOA. The FOA also articulates unallowable uses of funds on p. 54-55. Please consult the SAMHSA project officer with any questions.

What are examples of activities that the CCBHC expansion grant has supported?

There are a multitude of activities that current grantees have implemented. A short list of examples includes: implementation of an MAT program; hiring recovery coaches and recovery case managers; building workforce development opportunities on evidence based practices such as Motivational Interviewing training and training on MATRIX; and, the implementation of a Community Health Worker program. For questions about what services the grant can support, please reach out to the SAMHSA project officer.

Please contact the National Council at [SarahN@thenationalcouncil.org](mailto:SarahN@thenationalcouncil.org) with any additional questions.