

Report on Certified Community Behavioral Health Clinics (CCBHC)

Implementation of Certified Community Behavioral Health Clinics

Quarter Ending December 31, 2025



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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EXECUTIVE SUMMARY

Certified Community Behavioral Health Clinics (CCBHCs) are a new model of care designed to expand access to a comprehensive range of mental health and substance use services. Established by the Excellence in Mental Health and Addiction Act, enacted on April 1, 2014, as part of the Protecting Access to Medicare Act of 2014, CCBHCs are required to provide a defined set of services, including crisis mental health services, targeted case management (TCM), and peer support. CCBHCs serve individuals regardless of diagnosis or insurance status and are supported through an enhanced Medicaid prospective payment system to ensure financial stability.

The Montana Department of Public Health and Human Services (DPHHS) secured a Substance Abuse and Mental Health Services Administration (SAMHSA) planning grant for calendar year 2025 to support the development and implementation of a CCBHC program in Montana. The purpose of the planning grant is to prepare an application for the CCBHC demonstration grant, scheduled for submission by April 1, 2026. Through the planning grant, DPHHS engaged multiple Technical Assistance (TA) providers, including the Montana Public Health Institute (MTPHI), JG Research, and Health Management Associates (HMA), to support planning and implementation activities.

MTPHI and JG Research are responsible for reviewing existing needs assessment data and data infrastructure, identifying infrastructure gaps, and developing a comprehensive plan to meet grant reporting and evaluation requirements. Their scope of work also includes auditing current community-level evidence-based practices, assisting in the development of dynamic quality improvement plans, and helping communities identify and collaborate with Designated Collaborating Organizations (DCOs). Additionally, they support the implementation of crisis response services that meet the requirements set by the Centers for Medicare and Medicaid Services (CMS).

HMA's primary role is to develop the Prospective Payment System (PPS) rate and the necessary Administrative Rules for certification, payment, and policy.

LEGISLATIVE FOUNDATION

The foundation for Montana's CCBHC initiative is rooted in two key legislative actions:

HB 574:

This policy bill, enacted in 2025, authorizes implementation of the CCBHC model in Montana. It requires DPHHS to establish a CCBHC program by October 1, 2026, and

sets criteria for program implementation. The bill further requires DPHHS to monitor and evaluate CCBHC services, outcomes, and impacts, and to provide quarterly updates to legislative committees. Additionally, HB 574 directs DPHHS to develop an incentive program for clinics that demonstrate exceptional outcomes.

BEHAVIORAL HEALTH SYSTEM FOR FUTURE GENERATIONS

This state special revenue fund was created by HB 872, providing a \$300 million generational investment to reform Montana's behavioral health and developmental disabilities service systems. The fund is managed by a commission that held 14 public meetings across the state to gather feedback and make recommendations. One of the 22 long-term recommendations from the commission is to "Expand and Sustain Certified Community Behavioral Health Clinics," demonstrating that the CCBHC program is a core component of this broader state initiative.

IMPLEMENTATION TIMELINE

- SAMHSA CCBHC Planning Grant Period: January 1, 2025, through December 31, 2025 (Grant Amount: \$1 million)
- Provisional Certification of CCBHC Facilities: March 1, 2026
- CCBHC Demonstration Grant Submission Date: April 1, 2026
- Projected CCBHC Demonstration Grant Award Announcement Date: July 1, 2026
- Projected CCBHC Launch Date: October 1, 2026

PROCESS ON PLANNING GRANT TASKS

HHS continues to make significant progress in several areas of the planning grant.

SERVICE REQUIREMENTS

The nine core CCBHC service requirements are reviewed on an ongoing basis to ensure integration into service delivery and cost reporting frameworks. The core CCBHC services include crisis services, outpatient mental health and substance use services, person- and family-centered treatment planning, outpatient primary care screening and monitoring, TCM, psychiatric rehabilitation, peer and family support, and community-based mental health care for veterans.

CRISIS SYSTEM DEVELOPMENT

DPHHS and its TA providers have continued collaborative efforts with all the prospective CCBHC providers to design the structure for mobile crisis response and crisis receiving services. The focus is on creating a system that covers all 56 counties and integrates existing crisis providers with planned CCBHC catchment areas. These collaborative efforts have included existing Mobile Crisis Response (MCR) teams and other stakeholders in the state's crisis service system. Current discussions are centered on the differences between centralized and decentralized crisis system structures.

PROVIDER MANAGEMENT

DPHHS has continued to facilitate bi-weekly meetings with all the prospective CCBHC providers and contracted TA providers. These meetings support prospective providers in real-time throughout the planning grant process, ensuring that all aspects of service provision and reporting requirements are addressed. Discussion topics to date have included, but are not limited to, data tracking and submission requirements, themes and findings from CCBHC-focused interviews with peer states, PPS rate development, MCR services, TCM services, person and family-centered treatment planning, and peer and family support services.

PROVIDER MANUAL

DPHHS has been working with the contracted provider (HMA) to develop a CCBHC Provider Manual. The Provider Manual is designed to serve as the operational guide for CCBHCs in Montana, providing a clear understanding of and guidance on implementing all required service components. The Manual will include requirements specific to the nine core CCBHC services, as well as those related to needed infrastructure/capacity, such as staffing, staff training, and health information technology. The Provider Manual will be aligned with HB 574 and the SAMHSA CCBHC criteria.

PPS RATE DEVELOPMENT

As part of the Montana DPHHS application to participate in the Section 223 CCBHC Demonstration Program, the PPS-1 methodology has been selected for implementation. This methodology establishes a fixed, daily cost-based rate intended to reflect total allowable CCBHC service costs per allowable daily visit for each CCBHC. DPHHS has elected to use the CMS CCBHC cost report as the template for determining each PPS-1 rate and has separately included a sample completed version demonstrating one of the draft rates for DY1 within the application.

PLANNED ACTIVITIES AND NEXT STEPS

- Crisis system structure finalized
- MMIS system updated to provide payment for CCBHCs
- Provider Site Visits
- Ongoing technical assistance to providers to reach certification compliance standards.