

Report on Certified Community Behavioral Health Clinics (CCBHC)

Implementation of Certified Community
Behavioral Health Clinics

September 1, 2025



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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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, which was signed into law on April 1, 2014, as part of the Protecting Access to Medicare Act of 2014, these clinics are required to provide a specific set of services, including crisis mental health services, targeted case management, and peer support. They are designed to serve anyone who walks through the door, regardless of their diagnosis or insurance status, and are supported by an enhanced Medicaid prospective payment system to ensure their financial stability.

The Montana Department of Public Health and Human Services (DPHHS) has 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 goal is to prepare an application for the CCBHC demonstration grant, which is scheduled for submission by April 1, 2026. Through this planning grant, DPHHS has engaged several Technical Assistance (TA) providers, including the Montana Public Health Institute (MTPHI), JG Research, and Health Management Associates (HMA), to provide technical and implementation support.

MTPHI and JG Research are responsible for reviewing existing needs assessment data and data infrastructure, identifying gaps in infrastructure, 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 supporting communities in identifying and collaborating with Designated Collaborating Organizations (DCOs). Furthermore, they are assisting in the implementation of crisis response services that meet Centers for Medicare and Medicaid Services (CMS) requirements. HMA's primary role is to develop the Prospective Payment System (PPS) rate and the necessary Administrative Rules for certification, payment, and policy.

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

HB 574

This policy bill, enacted in 2025, authorizes the implementation of the CCBHC model in Montana. It mandates that DPHHS establish a CCBHC program by October 1, 2026, and sets the criteria for reimbursement rates under the Healthy Montana Kids and Medical Assistance programs. The bill also requires DPHHS to monitor and evaluate CCBHC services, outcomes, and impacts and provide quarterly updates to legislative committees. Additionally, it 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.

- SAMHSA CCBHC Planning Grant Period: January 1, 2025, through December 31, 2025 (Grant Amount: \$1 million)
- Administrative Rules for Certification Filing: December 31, 2025
- Administrative Rules for Policy Filing: On or before July 1, 2026
- Office of Inspector General (OIG) 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

DPHHS has made significant progress in several areas of the planning grant.

Data Infrastructure

DPHHS and its TA providers have completed a review of existing data infrastructure and needs assessment data. This work is crucial for ensuring the state can meet the rigorous reporting and evaluation requirements of the CCBHC model.

Service Requirements

The nine core CCBHC service requirements are being reviewed to ensure they are integrated 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, targeted case management, psychiatric rehabilitation, peer and family support, and community-based mental health care for veterans.

Crisis System Development

The DPHHS is designing 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.

Provider Engagement

DPHHS has been facilitating bi-weekly meetings with all the prospective CCBHC providers and contracted TA providers since May 2025. These meetings serve to support prospective providers in real time throughout the planning grant process and to ensure all aspects of service provision and reporting requirements are being 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, mobile crisis response services, and targeted case management services.

Administrative Rules

Progress on the development of Certification Rules and Program Rules is ongoing and involves a close collaborative effort between the contracted provider (HMA), BHDD leadership, and the Licensure Bureau Chief from the OIG.

PPS Rate Development

CCBHCs receive a single payment each day (or month) a client receives services, set at a level calculated to cover the clinic's anticipated costs of delivering care throughout the year. Each CCBHC has a unique payment rate based on its own care delivery and population served. The encounter-based rate structure allows flexibility in care delivery and supports innovative approaches aligned with clients' needs. Rates are applicable to Medicaid-enrolled individuals. Four models of PPS rates are available to states, and it is within the state's authority to choose which PPS rate model to implement.

PPS-1 [Daily]	PPS-2 [Monthly]
<ul style="list-style-type: none"> > One required rate per clinic > Quality Bonus Payments (QBPs) Optional > State-Specific Decision: QBP election and details 	<ul style="list-style-type: none"> > Four Components: (1) Base Rate, (2) Optional Special Population (SP) Rate(s), (3) Required Outlier Payments, (4) Required QBPs > State-Specific Decisions: number of SP rates, criteria for SP rates, outlier threshold, QBP details
PPS-3 [Daily]	PPS-4 [Monthly]
<ul style="list-style-type: none"> > Two Components: (1) Base Rate, (2) Required Special Crisis Services (SCS) Rate(s) > At Least One of Three SCS Rate Options: <ul style="list-style-type: none"> > (1) Community-Based Mobile Crisis, (2) Other Mobile Crisis, (3) On-Site Crisis > QBPs Optional > State-Specific Decisions: SCS rate count and type(s), QBP election and details 	<ul style="list-style-type: none"> > Five Components: (1) Base Rate, (2) Optional SP Rate(s), (3) Required SCS Rate(s), (4) Required Outlier Payments, (5) Required QBPs > State-Specific Decisions: number of SP rates, criteria for SP rates, SCS rate count and type(s), outlier threshold, QBP details

The Department has decided to eliminate the monthly PPS methodology (PPS-2 and PPS-4) options from consideration and will pursue either a PPS-1 or PPS-3 model. The Department is actively working with HMA, with additional support from the National Council and CMS, to determine a PPS rate that will facilitate the state's progression toward an optimal funding model for Montana's CCBHC providers and the communities they serve.

- TCM Structure and Integration design completed
- PPS rate methodology chosen

- Provider draft cost reports submitted and reviewed
- Outcome measures system design and submission completed
- MMIS system updated to provide payment for CCBHCs
- Administrative rules for certification under OIG drafted
- Administrative rules for the CCBHC program requirements and payment drafted