

New Hampshire CCBHC - Certified Community Behavioral Health Clinics

Overview and Updates for 2025

12/9/2025



Department of
**HEALTH &
HUMAN SERVICES**

Division for
Behavioral
Health



Welcome, let's get to know each other...



Turn to a neighbor

Introduce yourself

Share what interested you in joining this session today



Agenda

- A review of the present Behavioral Health Care System
- Defining the Certified Community Behavioral Health Clinic (CCBHC) model
- Gaining an understanding of the CCBHC Medicaid Demonstration
- Looking ahead at how CCBHC is evolving in New Hampshire



The NH Behavioral Health Care System

A Review of Existing Models

12/9/2025



History of NH Community Mental Health Centers

A national mental health program to inaugurate “a wholly new emphasis and approach to care for the mentally ill” (John. F Kennedy 1963)

New philosophy: “a patient should remain with his family and his community to the maximum extent possible in order to avoid alienation and debilitation...”

750 CMHCs established across the country – expansion and then contraction

“Trans-institutionalization” with incarceration and homelessness

- 15% men, 31% women in jails & prisons have a severe, chronic mental illness



The Community Mental Health System in NH

10 CMHCs that cover all regions of the state

- Over 20,000 adults and children served each year
- Focus on disabling mental health conditions (Serious Mental Illness (SMI))

Comprehensive array of community-based services

case management, counseling,
peer support services, medication management,
crisis services, early intervention services, and
any number of evidence-based practices such as: Assertive
Community Treatment, Supported Employment, and Supported
Housing

As the population has increased, access has decreased



History of NH's Substance Use Treatment and Prevention

The treatment system in NH supports a continuum of Care Model including:

- Prevention and Early Intervention
- Treatment
- Recovery Support Services

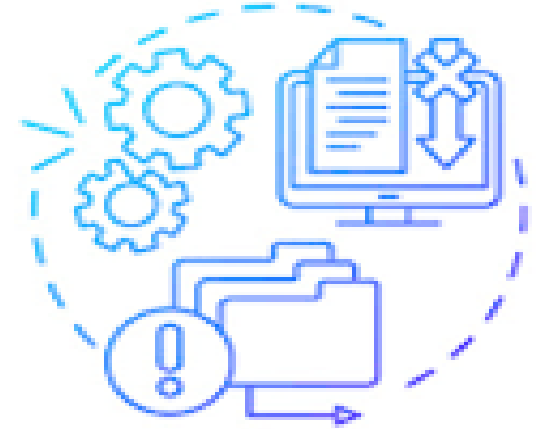


<https://www.dhhs.nh.gov/programs-services/health-care/recovery-support-services>



Current Challenges:

- **Lack of integration between mental health, substance use and physical health services**
- Historically, separate federal funding streams
- Funding did not keep up with inflation and population expansion
- Staff vacancies and turnover have escalated
- Regional challenges in access to care and long wait times for mental health and substance use services



LACK OF INTEGRATION



What is your lens?



How does this sit with you...

What do you think the individual experience is like?

Take the next 2 minutes to talk to another neighbor about how you see the current system functioning for the individuals seeking help.



Potential Solution: The Certified Community Behavioral Health Clinic (CCBHC) Model

What is CCBHC?

12/9/2025

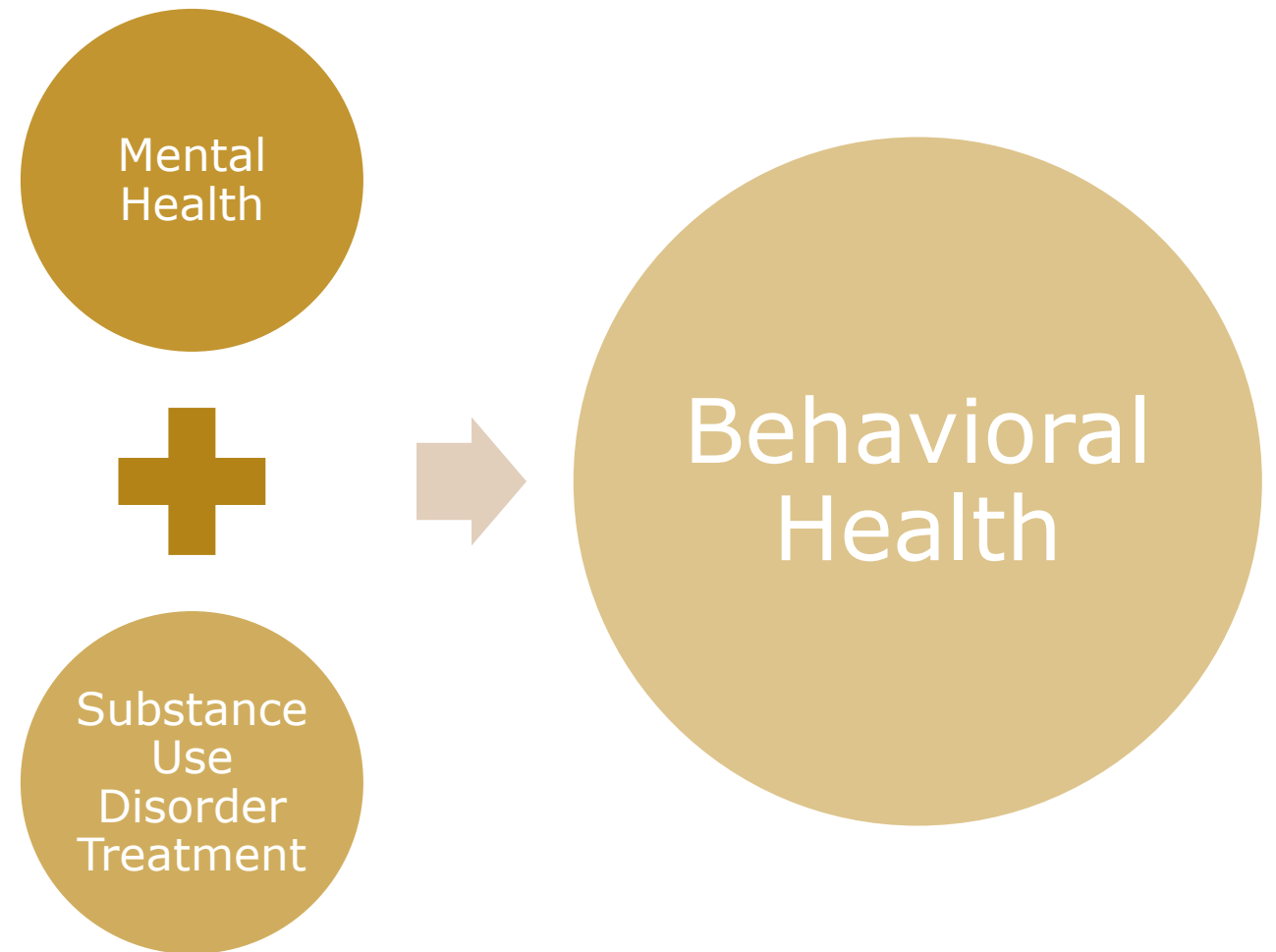


What is a CCBHC?

CCBHC is a model defined by the Centers for Medicare and Medicaid Services (CMS), for providing behavioral healthcare services.

The model identifies **Behavioral Health** as both mental health and substance use disorder treatment.

Program directed by federal CMS, implemented by states for their **Medicaid beneficiaries.**



Comparing Community Mental Health Centers (CMHCs) to Certified Community Behavioral Health Centers (CCBHCs)

How NH CMHCs Operate

- Focus on services for people with disabling mental health condition
- Rapid access not currently required/enforced
- Provide Key Evidence-based Practices (EBPs)
- Quality tracking not required
- Crisis and mobile crisis have been implemented

CCBHC Requirements

- Service for all Mental Health and Substance Use conditions
- Rapid, appropriate access based on urgency of need
- Provide key EBPs
- Standardized quality metrics (QM)
- Crisis services, including mobile crisis response

Comparing Community Mental Health Centers (CMHCs) to Certified Community Behavioral Health Centers (CCBHCs)

Continued

How NH CMHCs Operate

- Targeted case management in CMHCs provides some referral and linkage but infrastructure not uniformly present
- Some provide co-located, integrated physical health care
- Substance use disorder (SUD) treatment provided to varying degrees, not uniformly present
- Current payment methodology may not sustain a robust workforce

CCBHC Requirements

- Expanded care coordination
Can save 39K/year by reducing ED/inpatient care
- Health care screening, coordination and integration via formal partnerships and co-location
- SUD treatment and medication assisted treatment for opioid use disorder (OUD)
- Cost-associated payment methodology enables competitive salaries to overcome workforce shortage

The CCBHC Model

The model is comprised of 6 categories of Program Requirements.



Staffing

- Community Needs Assessment
- Stakeholder partnerships
- Workforce to meet the needs

Availability & Accessibility of Services

- Timely access
- No refusal based on inability to pay or residence

Care Coordination

- Partner with other providers
- Support transitions
- Person-centered planning

Scope of Services

- 9 required “core services”

Quality and Reporting

- Specific data metrics
- Continuous quality improvement planning

Authority, Governance, Accreditation

- Provider status
- Include individuals with lived experience



Program Requirement 1

Staffing

Regional community behavioral health needs assessment is conducted every 3 years to guide CCBHC activities

- Understanding regional needs
- Developing a staffing plan to meet the needs
- Implementing workforce strategies
- Building staff competencies including cultural and linguistic



Program Requirement 2

Availability and Accessibility of Services



- Geographically-accessible
- Time-accessible
- Rapid Access: Timely Appointments
- 24/7 Crisis services
- Non-Refusal of services



Program Requirement 3

Care Coordination

Improve care transitions between organizations or levels of care to support people

- Coordination between physical and behavioral health, social services, etc.
 - Interdisciplinary treatment teams and planning
- Electronic Health Records
 - Population health management
 - Quality Improvement
 - Reduce disparities
- Track ED and inpatient admission/discharges
 - Transition protocols support people during transitions

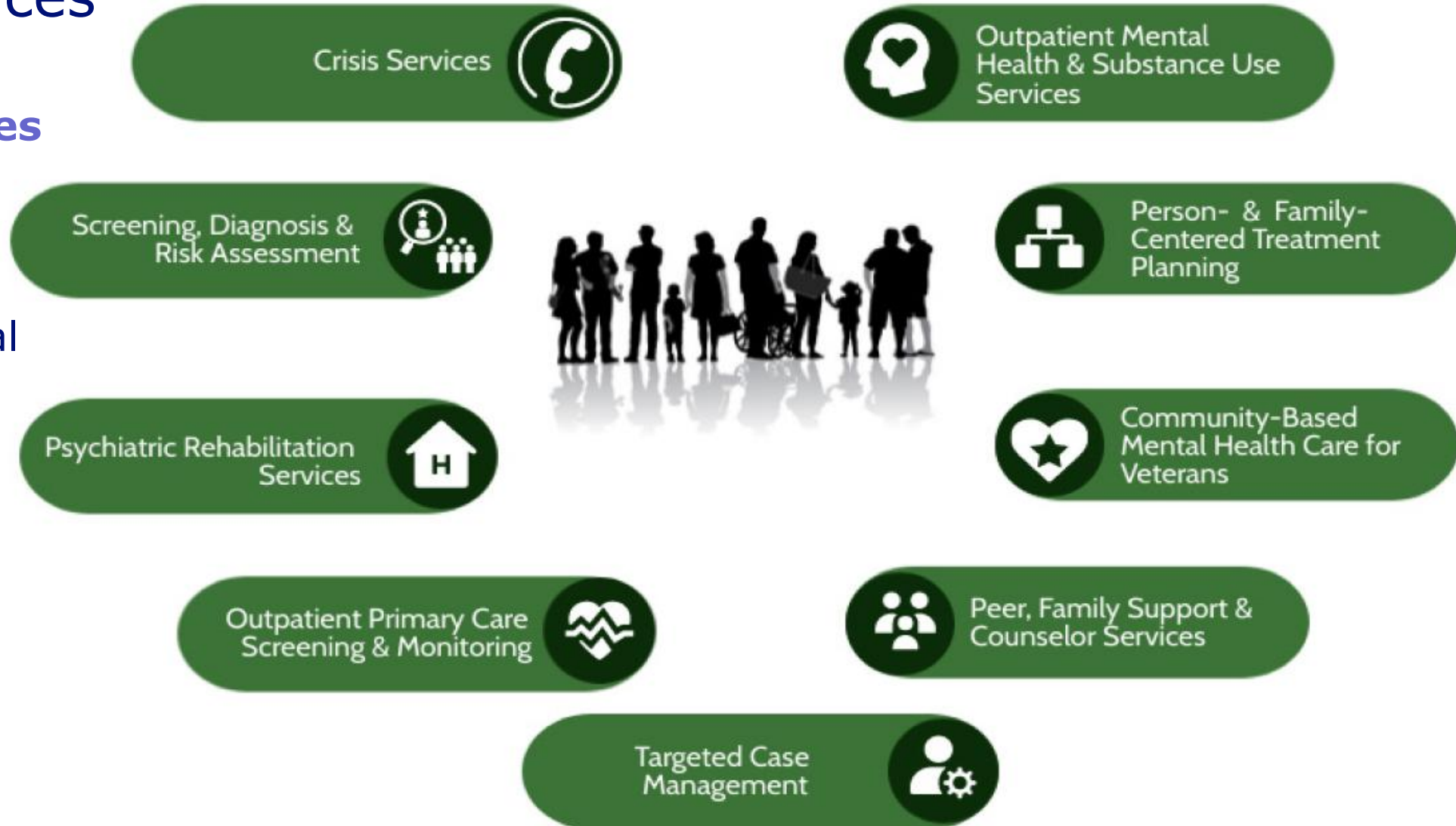


Program Requirement 4

Scope of Services

The 9 Core Services

- Provide directly or through a formal partnership



Program Requirement 4: Scope of Services

EBPs are Required for all Individuals Accessing NH CCBHCs

General EBPs

(for people with SMI, SED, Substance Use Disorder [SUD], and Any Mental Illness [AMI])

Motivational Interviewing (MI) counseling

Exploring ambivalence, enhancing commitment, and supporting autonomy to change behavior to feel better.

Cognitive Behavioral Therapy (CBT) for mental illnesses and SUD

Identifying and changing specific thought processes and behavioral patterns to improve behavioral health.

Trauma-Focused CBT for individuals impacted by trauma (TF-CBT)

Counseling tailored for individuals with emotional problems related to traumatic life events.



Program Requirement 4: Scope of Services

EBPs are Required for all Individuals Accessing NH CCBHCs –
Continued

General EBPs

(for people with SMI, SED, Substance Use Disorder [SUD], and Any Mental Illness [AMI])

**Evidence-based
pharmacotherapy,
evaluation, and
management**

Prescription and monitoring of medications while assessing for improvement as well as medication-related problems.

**Peer and Family
Support Service**

Sharing and therapeutic support by a person in recovery with lived experience of mental illness or substance use.



Program Requirement 4: Scope of Services

Adult Specific EBPs Required for NH CCBHCs

EBPs for Adults with SMI

Assertive Community Treatment (ACT)

A multidisciplinary team delivers comprehensive, intensive, and proactive rehabilitation services at home & community settings.

Individual Placement & Support Supported Employment (IPS-SE)

Vocational supports integrated with BH services, including rapid job search based on individual preference.

Illness Management and Recovery (IMR), including EIMR

A structured, individualized, educational approach to increase knowledge about mental illness and substance use, coping skills, social support, and relapse prevention.

Critical Time Intervention (CTI) for AMI and SMI

A time-limited service to support individuals transitioning to community living with coaching and support during critical periods.



Program Requirement 4: Scope of Services

Child Specific EBPs Required for NH CCBHCs

EBPs for Children/Youth

Modular Approach to Therapy for Children (MATCH) for SED

Flexible, modular treatments based on CBT principles for children with anxiety, depression, trauma, ADHD and/or conduct problems.

7 Challenges for youth with AMI, SED, and SUD

A counseling model aimed at decreasing substance use and improving mental health, relationships, and self-awareness.

Child-Parent Psychotherapy for SED

An intensive therapy model helping parents create a safe, consistent relationship with their children by increasing their understanding of children's experiences and needs.



Program Requirement 5

Quality and Reporting

Data collection, reporting, and tracking

- 5 Clinic-reported measures
- 13 State-reported measures

Continuous Quality Improvement

- Address quality of care and patient safety
- Document efforts and effectiveness
- Specific plans to track/address deaths by suicide and 30-day psych readmissions



Program Requirement 6

Organization Authority, Governance, and Accreditation

Organization meets status and accreditation requirements.



CCBHC Board is representative of the Service Area

- 51+ % consumers/people in recovery/family members and
- <50% employed in health care

OR

CCBHC develops another advisory structure to provide meaningful input from people with lived experience



Cost-Based Payment System

- Organization receives a clinic-specific, per-person, **day rate payment** for providing any CCBHC service.
- Payment is calculated on each **CCBHCs estimated and actual cost of delivering care.**
- The **day rate is an average** of what the cost would be over the year for all CCBHC activities.



What to Expect?

What do you know, or theorize, are impacts of implementing CCBHC?

Raise your hand to share an expectation of CCBHC implementation



Impacts of CCBHCs

States that conducted early CCBHC demonstrations reported the below findings.

OK

18-47%
reduction in
ED utilization

20-69%
reduction in
inpatient
utilization

NY

46% reduction
in ED
utilization

54% reduction
in inpatient
utilization →
27% reduction
in cost

MO

Reduced
readmission
among 76% of
clients

MI

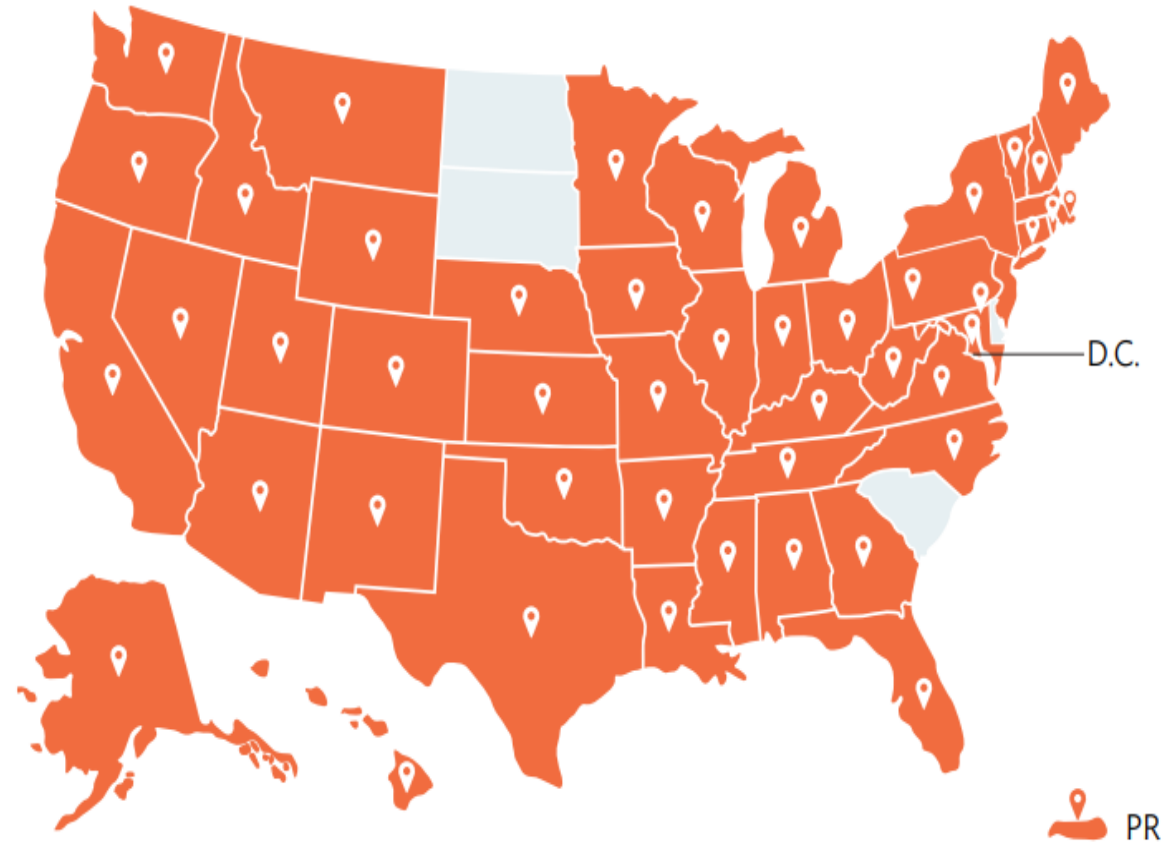
Improved rate of
follow up after
hospitalization
for mental
illness



Impacts of CCBHCs

The 2024 National Council for Mental Wellbeing - CCBHC Impact Report

- 495 CCBHCs in 46 States (plus Washington DC and Puerto Rico)
- Operate over 600 CCBHC programs



See the full 2024 CCBHC Impact Report at <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



Impacts as reported in the 2024 CCBHC Impact Report



Expanding Timely Access to Needed Behavioral Health Care

- Today, CCBHCs serve an estimated **3 million people**, representing continued yearly growth since the inception of the model.
- Access gains were particularly pronounced among state-supported CCBHCs, which expanded their number of people served by an average of **33%**.
- The most commonly reported access expansions were among children/youth, uninsured people and those without a prior source of outpatient care.

See the full 2024 CCBHC Impact Report at <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



Impacts as reported in the 2024 CCBHC Impact Report



Expanding Access to Substance Use Care

CCBHCs are addressing the nation's opioid crisis and surging demand for substance use care by expanding access to a wide range of services, such as medication-assisted treatment (MAT).

- **87%** of CCBHCs offer one or more forms of MAT for opioid use disorder, compared to **64%** of substance use treatment facilities nationwide.
- **68%** of CCBHCs reported that their number of clients engaged in MAT for opioid use disorder has increased since becoming a CCBHC.

See the full 2024 CCBHC Impact Report at <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



Impacts as reported in the 2024 CCBHC Impact Report



Investing in the Workforce

The CCBHC model is alleviating the impact of the behavioral health workforce shortage by enabling clinics to increase hiring.

- CCBHCs hired **11,292** new staff positions, or a median of **15** new positions per clinic.
- Hiring was greatest among state-supported CCBHCs, which reported a median of **22** new positions per clinic.
- Licensed clinicians, peer support specialists, care coordinators and nurses were among the most commonly hired staff.

See the full 2024 CCBHC Impact Report at <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



Impacts as reported in the 2024 CCBHC Impact Report



Coordination and Integration with Primary Care

CCBHCs work closely with primary care partners, using multiple strategies to coordinate and integrate care — with the result that access to primary care is increasing among individuals served.

- Half of CCBHCs exceed minimum requirements by making comprehensive primary care available on-site.
- **76%** of CCBHCs reported that referrals to primary care have increased since becoming a CCBHC.

See the full 2024 CCBHC Impact Report at <https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



National CCBHC Medicaid Demonstration

What Does a Demonstration Do?

12/9/2025

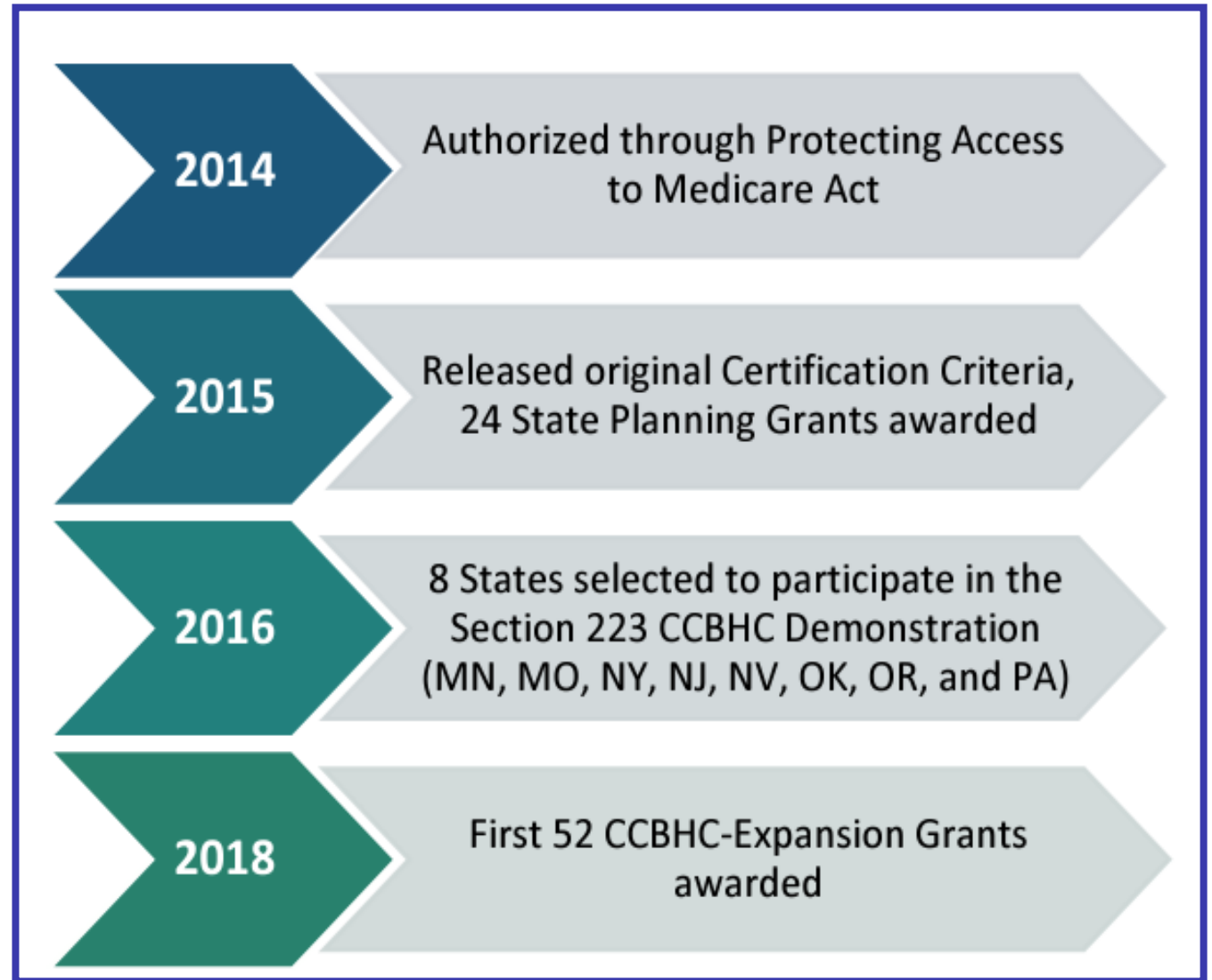


What is the National CCBHC Demonstration?

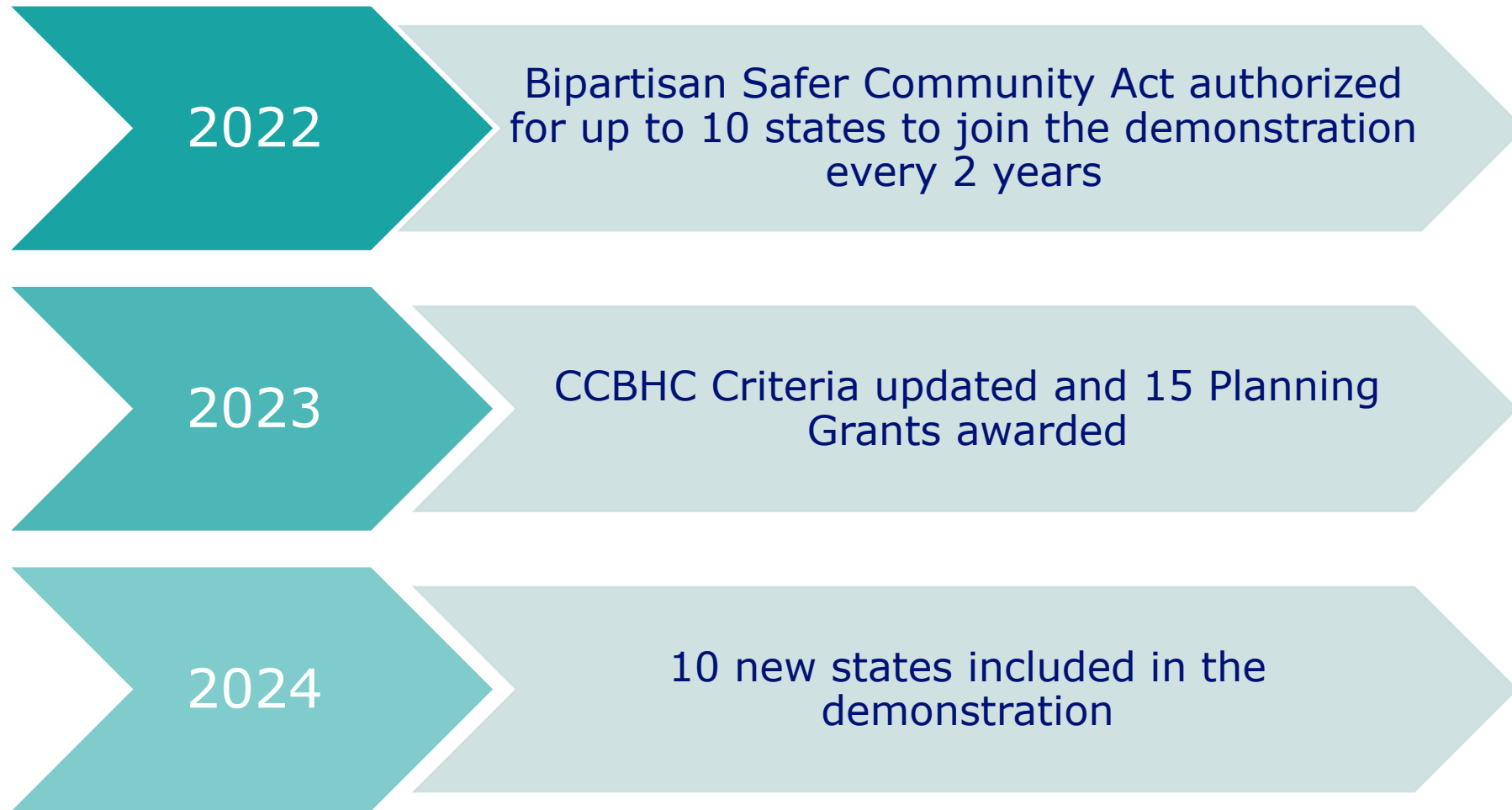
Partnership between states and:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Medicaid and Medicare Services (CMS)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)

With the goal of improving the behavioral health of Americans



What is the National CCBHC Demonstration?



Reports available at:

<https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/evaluations-reports>



What is the National CCBHC Demonstration?

Implementation and Evaluation

- Collection of data fuels quality and informs the national evaluation

The HHS Secretary submits an annual report to congress with assessments of:


- Access to community-based mental health services
- Quality and scope of services provided by CCBHCs
- Impact of the demonstration programs on the federal and state costs of a full range of mental health services

Reports available at:

<https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/evaluations-reports>



New Hampshire CCBHC Program: Current and Future

- 
- 2022 - Began exploring the CCBHC model
 - 2023-25 - Planning Grant to develop CCBHC capacity, culminated in application to join the National Demonstration
 - May 2024 - 2 clinics became fully certified NH CCBHCs
 - January 2025 – 2 CCBHCs went live
 - July 2025 - third CCBHC fully certified and went live
 - Ongoing - NH is exploring interest and capacity for additional NH CCBHCs to be added during the Demonstration



NH's Entry into the National CCBHC Demonstration

- One of 10 states, including VT, Maine and others
- June 2024 through December 2028
 - Use a Prospective Payment System for CCBHC services
 - Cost-based payment model, single payment per day of service
 - Enhanced federal dollars for CCBHC service payments
 - Monitor and report on access and service quality

“Certified Community Behavioral Health Clinics have significantly improved behavioral health treatment in our country, and *<are expected to>* expand and improve access to equitable, quality care for Americans....”
- *HHS Sec. Xavier Becerra on announcement of the Demonstration awards*



What the Demonstration Means for NH

Test your knowledge!

Which items below are applicable to the CCBHC Demonstration?



- Requires more coordination of care
- Requires tracking CCBHC quality measures
- Provides grant funding for state level staffing
- Requires use of cost-based payment system (PPS)
- Draws down enhanced Medicaid Federal Match
- Provides grant funding for CCBHCs



What the Demonstration Does and Doesn't Mean for NH

Does...

- More coordination and access
- Use the Medicaid cost-based payment system (PPS)
- Enhanced Medicaid service payment Federal Match in some areas
- Require CCBHC quality measures from clinics and state

Does Not...

- No grant funding for CCBHCs
- No grant funding for state level staffing



Meeting National Demonstration Expectations

Data and Evaluation

NH's Department of Health and Human Services will help CMS evaluate the CCBHC program

- Implement plan described in Section E of state's application to collect, document, track, and analyze data
- Provide information to the **national evaluation team** regarding implementation and progress
- Make payment claims, encounter and other data available
- Submit yearly cost reports from CCBHCs



DHHS Data Reporting Under the Demonstration

List of quality measures

- The State will:
 - Report measures to national evaluators each year
 - Provide Medicaid claims and encounter data and outcome measures each year
 - Submit data via the national system to support claiming for enhanced federal match funds

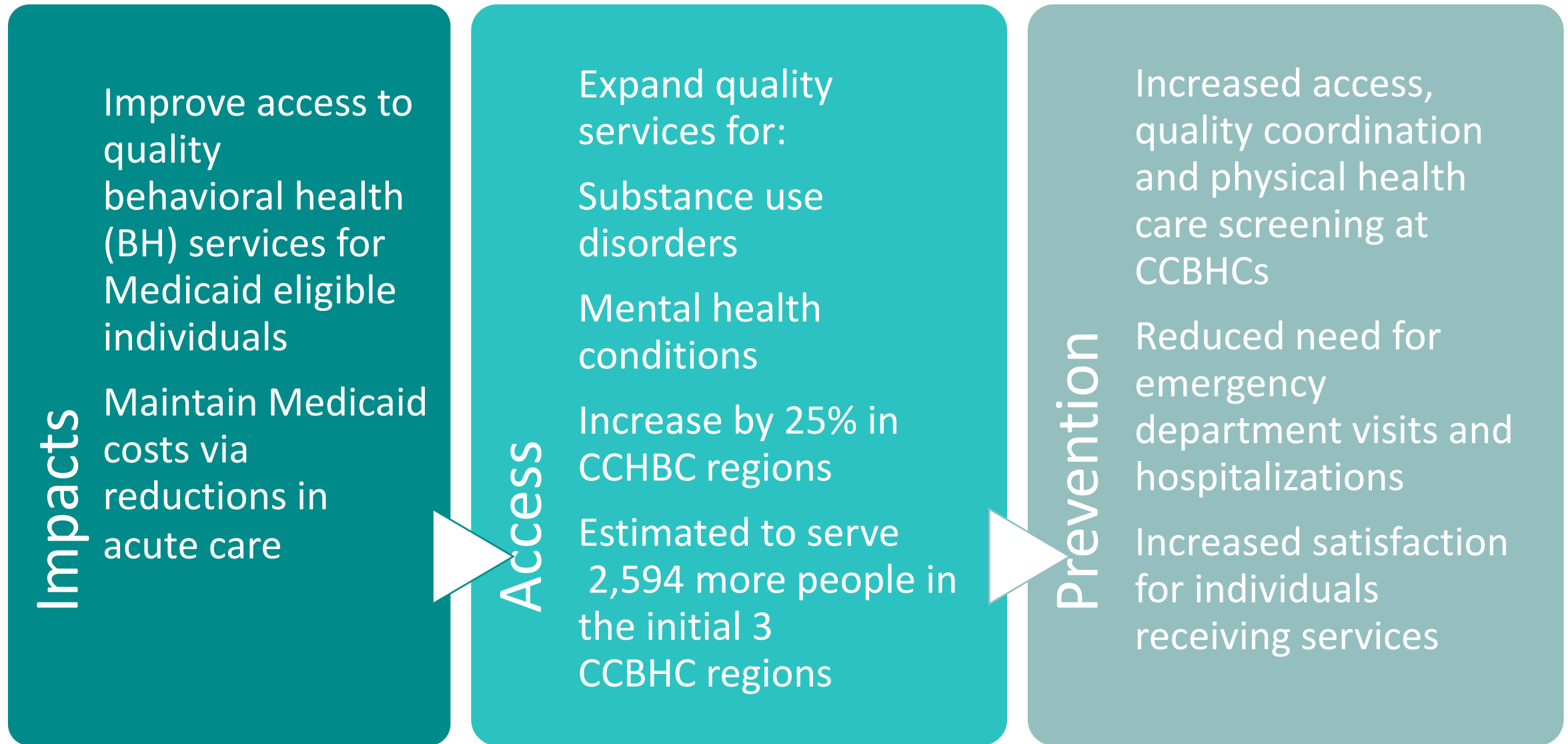
Table 7: State-Reported CCBHC Measures in NH

| Measure and Abbreviation | Source* | Methodology |
|---|--|--|
| Patient Experience of Care Survey (PEC) | JSI SAMHSA survey will be updated to align with CCBHC Tech Specs | Oversampling (300 at each CCBHC and 300 at comparison clinics) will occur annually. See Section C.2.5 for the survey method. |
| Youth/Family Experience of Care Survey (YFEC) | JSI SAMHSA survey will be updated to align with CCBHC Tech Specs | Oversampling (300 at each CCBHC and 300 at comparison clinics) will occur annually. See Section C.2.5 for the survey method. |
| Antidepressant Medication Management (AMM-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via National Provider Identifier (NPI). |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAA-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Plan All-Cause Readmissions Rate (PCR-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) | Oversampling of member-level clinical data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Follow-Up After Hospitalization for Mental Illness (FUH-CH, FUH-AD) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD, FUM-CH) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by N via NPI. |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-AD, FUA-CH) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | Member-level claims data | Reported by MMCOs per HEDIS specs annually. Attribution to CCBHC performed by NH via NPI. |

* Note: PEC, YFEC, and HBD-AD utilize sampling; other measures utilize applicable population per the Technical Specifications.



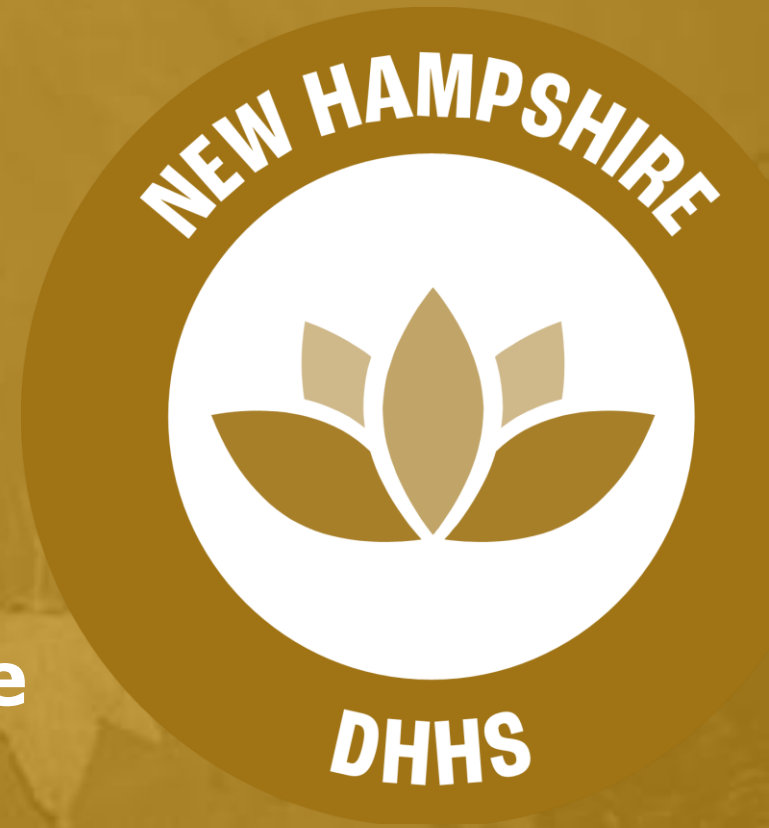
Projected Impacts



CCBHC in New Hampshire

How is CCBHC being implemented in the Granite State?

12/9/2025



What is DHHS' Role in Certifying a CCBHC?



The Bureau of Mental Health Services (BMHS) has developed a certification process for CCBHC Model.



BMHS collects applications for a facilitated review of infrastructure and operations.



BMHS utilizes a review tool based on SAMHSA's CCBHC criteria checklist.



NH Certification Requires Review of Each CCBHC Criteria

Within the 6 CCBHC Program Requirements, there are nearly 300 discrete criteria

- Program Requirement 1: Staffing - 59
- Program Requirement 2: Access and Accessibility - 36
- Program Requirement 3: Care Coordination- 50
- Program Requirement 4: CCBHC Scope of Services - 110
- Program Requirement 5: Quality and Other Data Reporting - 28
- Program Requirement 6: Organizational Authority, Governance and Accreditation- 11

Certified Community Behavioral
Health Clinic (CCBHC)
CERTIFICATION CRITERIA
Updated March 2023



What NH-Specific CCBHC Criteria has DHHS Implemented?

The model allows state customization in several of the criteria. NH specified the following requirements in addition to the baseline requirements of the national model:

| Program Requirement | NH-Specific Additional Requirements |
|----------------------|--|
| 1: Staffing | Engagement and support services via peer providers |
| 4: Scope of Services | Provide all NH-required Evidence-Based Practices (EBPs) Provide targeted case management for people with disabling mental health conditions |



What NH-Specific CCBHC Criteria has DHHS Implemented?

Continued

The model allows state customization in several of the criteria. NH specified the following requirements in addition to the baseline requirements of the national model:

| Program Requirement | NH-Specific Additional Requirements |
|--|---|
| 5: Quality and Other Reporting | Report on 5 CCBHC quality measures |
| 6: Organizational Authority, Governance, and Accreditation | Adhere to NH Community Mental Health Program accreditation, certification, and licensing requirements |



How Can CCBHC Compliance be Measured?

Pass the basket and take a bag

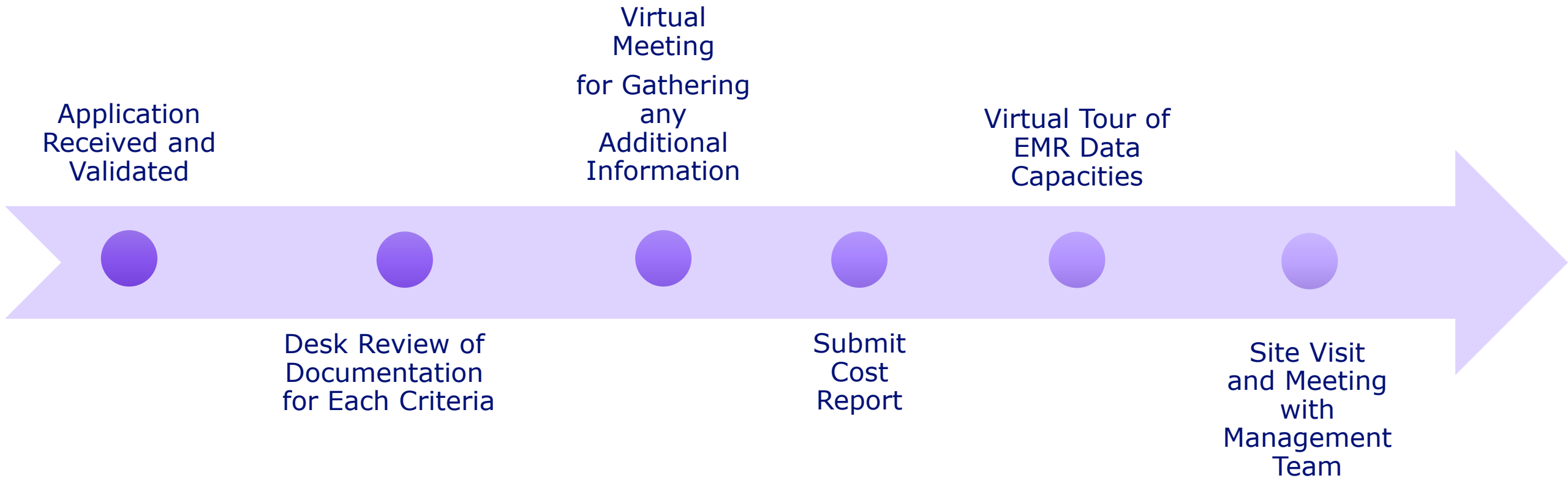
Consider the criteria– What marks compliance?

(Chocolate to help spark cognition!)



Certification Process of Information Gathering

30—45 Day



New Hampshire Certified Community Behavioral Health Clinic (CCBHC) Application

- Each criteria requires evidence of compliance
- CCBHC application form identifies what evidence needs to be submitted and provides an example
- Notes when state uses existing evidence

Example of Certification item

| Line | Criterion | Suggested Evidence | Submitted Document Title(s) (Note by the file name/document title consistent with Suggested Evidence in so far as possible) | Explanation (Identify supporting text is in subsection X/ paragraph X/line X etc., or a narrative description) |
|---|--|---|--|---|
| 1.a.1 Needs Assessment and Staffing Plan | | | | |
| 1 1.a.1 | The CCBHC has completed a community needs assessment. The community needs assessment includes the following components (in section 2 below): | 1- CCBHC CNA (including multiple separate “segments” i.e. regional CNAs and other sources of inputs as described below) with 80% of the following criterion lines under the 1.a.1 heading receiving a full score (minus those that are not applicable) is necessary to receive a full score OR Approval from SAMHSA on CNA. | | |



The NH CCBHC Certification Process

- Example of summary scores from certification tool
- Each program requirement area is weighted equally

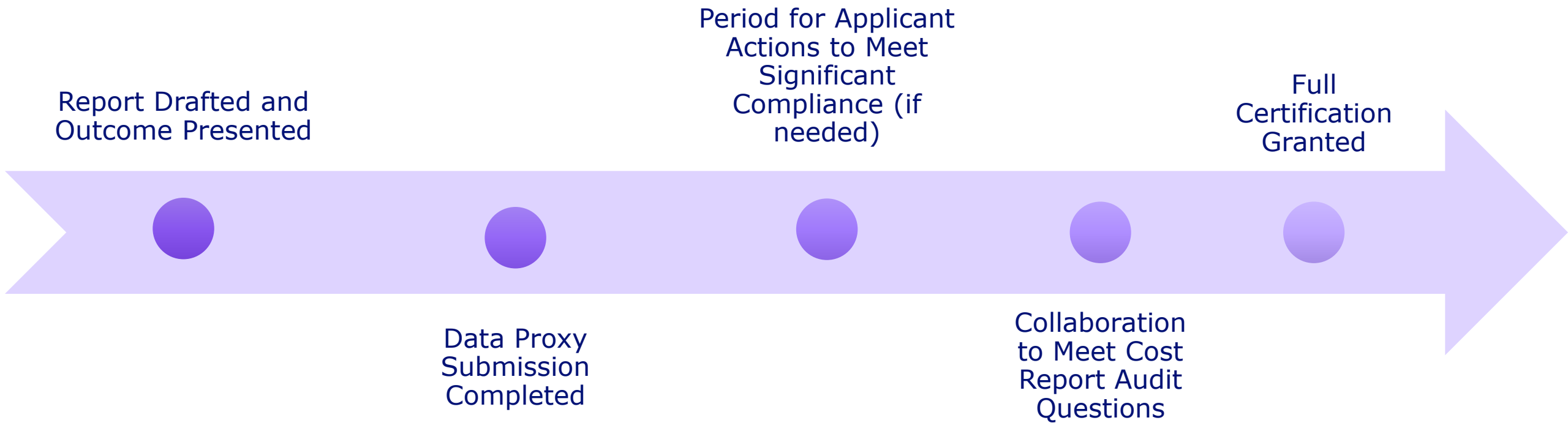
| TOTAL SCORE FOR CCBHC APPLICATION | | | |
|--|------------------------|----------------------|---------------------|
| PROGRAM REQUIREMENT | Total Points Available | Total Points Awarded | % of points awarded |
| #1: STAFFING | 16.7 | 14.2 | 85% |
| #2: AVAILABILITY AND ACCESIBILITY OF SERVICES | 16.7 | 13.2 | 79% |
| # 3: CARE COORDINATION | 16.7 | 14.3 | 86% |
| # 4: SCOPE OF SERVICES | 16.7 | 13.1 | 79% |
| # 5: QUALITY AND OTHER REPORTING | 16.7 | 15.1 | 90% |
| # 6: ORGANIZATIONAL AUTHORITY, GOVERNANCE, AND ACCREDITATION | 16.7 | 16.7 | 100% |
| TOTAL: | 100.0 | 86.6 | 87% |

Please find additional information in the New Hampshire Certified Community Behavioral Health Clinic Certification Guide available at the following link:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/nh-ccbhc-ertification-guide.pdf>



Certification Determination Completion and Finalization



Meeting CCBHC Data Reporting Requirements



After the certification review is completed, CMHCs will submit a proxy data report using the CMS- SAMHSA data reporting template.

The template is available at <https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/guidance-and-webinars/data-reporting-templates-disclaimers>



BMHS and the Bureau of Program Quality will work with the CMHC to ensure data processes and validity are ready for implementation.



Data reporting validation will cover CCBHC **Clinic-collected** measures. CCBHCs will also ensure appropriate data/claims are created to support state-collected measures.



Clinic-Collected Quality Measures

- The CCBHC measures are defined in the Technical Specifications and Resource Manual
- CCBHC reported measures:
 1. Time to Services
 2. Depression Remission at 12 months
 3. Unhealthy Alcohol Use: Screening and Brief Counseling
 4. Screening for Clinical Depression and Follow-Up Plan (adult and child)
 5. Screening for social drivers of health
 6. Controlling high blood pressure (Optional and required by NH)
- CCBHCs will use measures to improve quality



CCBHC Payment Model

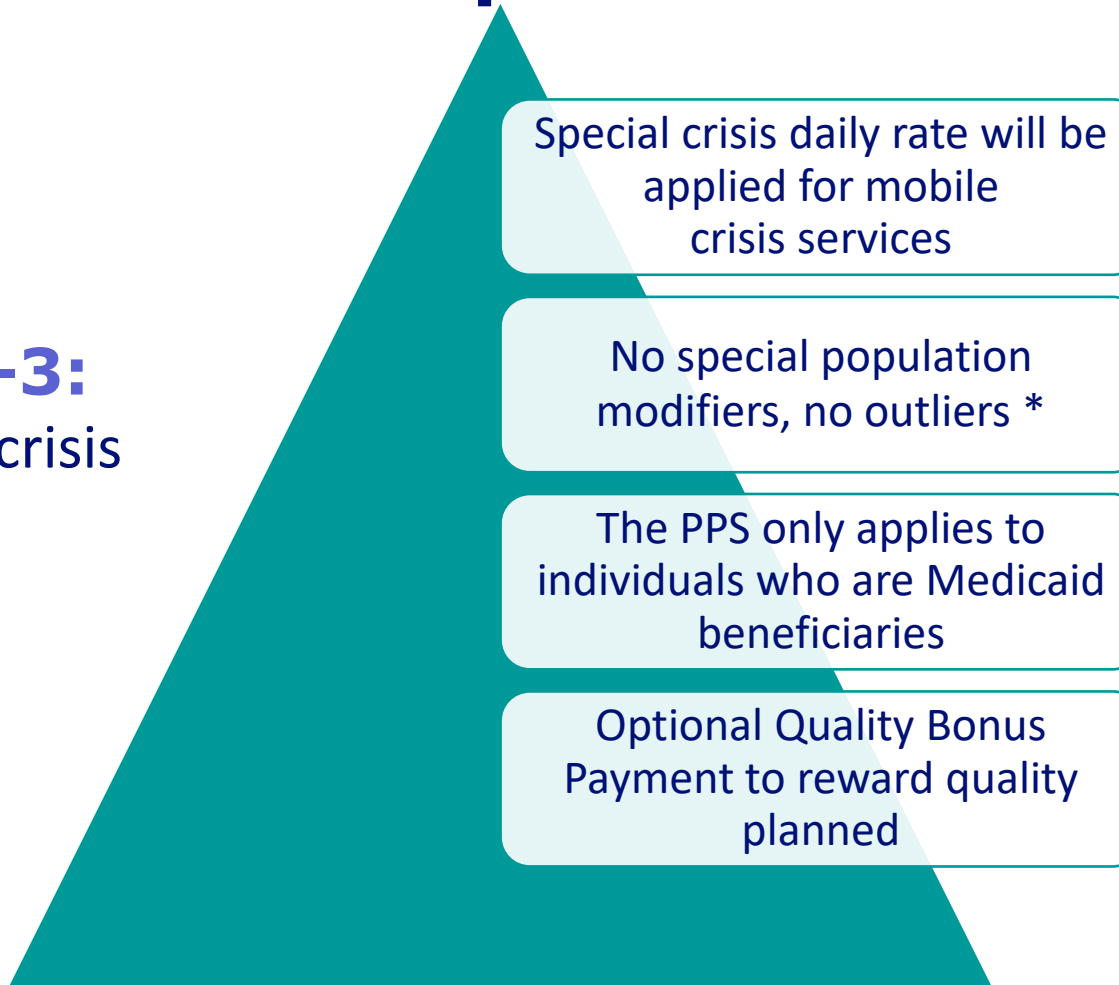
Clinic-Specific Prospective Payment System (PPS)

December 9, 2025



Clinic-Specific PPS Rate Development

NH is utilizing the PPS-3:
"daily rate" + separate "special crisis daily rate"



* All individuals who seek services at a CCBHC who are Medicaid beneficiaries will receive the same rate regardless of diagnosis or CMHC eligibility



Prospective Payment System Infrastructure

Clinic-Specific PPS Rate Development

A clinic-specific PPS rate is set using the CMS cost report template:

- **Organization creates CCBHC Implementation Plan**, including a Staffing Plan is developed to meet identified community needs and CCBHC requirements.
- **Anticipated Costs** are determined – all staff costs and all indirect costs.
- All yearly **visits and costs** are determined (Direct, Indirect costs).
- The Medicaid CCBHC **Cost Report Template** is completed and audited.
- Template creates each **clinic-specific PPS-3 rate** (costs divided by visits).
- **“Rebasing”** (updating the rate) is completed after the first or second year and at least every 3 years thereafter to better match true costs of care delivery.

See additional information in the CCBHC Cost Report Instructions posted at:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ccbhc-cost-rpt-instr.pdf>



PPS Payments Implementation and Subsequent Cost Reports

See the Cost Report posted at: <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/nh-ccbhc-cost-rpt.xlsx>



First implementation Calendar year PPS will be based on initial cost report-based rate.



CCBHCs will provide a cost report to DHHS at the end of each calendar year, as required by CMS (Due by March 1st).



The second implementation year, PPS will be the same as first with an increase based on MEI (Medicare Economic Index).



The third implementation year, the PPS will be rebased to the cost report from year 2.



General CCBHC Billing Ground Rules

- **Daily Medicaid CCBHC rate** At least one CCBHC billable service must be provided on a date of service before a claim can be submitted to Medicaid or the Managed Care Company.
- **Care Coordination** (not TCM) costs are included in cost report and built into PPS payment. No daily visits are attributed to coordination in the Cost Report.
- **Co-Insurance** (with Medicare or other) Primary payers must be billed first. The Medicaid claim covering remainder of PPS must display the payments received.
- **Coordination of benefits** is required.
 - **Exceptions:** Targeted case management, functional support services, and for Medicaid-Medicare Duals services statutorily excluded from Medicare coverage.

Providers must maintain their pattern of service delivery used in formulating their PPS Rate.



Summary and Questions/Discussion

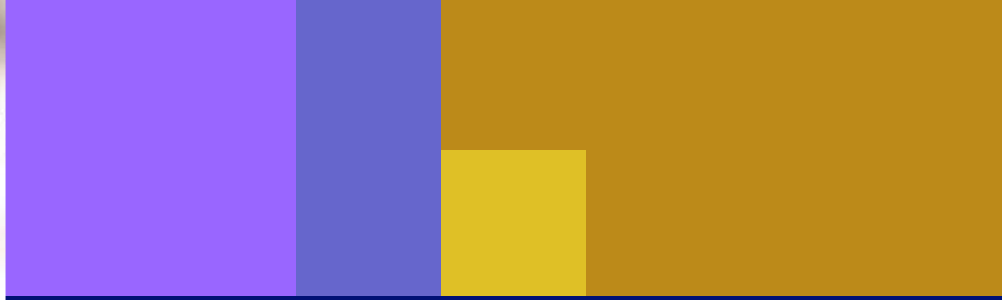
- ✓ CCBHC is a comprehensive model of care
- ✓ Defined by congress and implemented in partnership between the federal government, states and organizations
- ✓ CCBHCs are expected to expand access to services and to improve quality
- ✓ CCBHCs are certified by states based on published criteria
- ✓ CCBHCs receive payments based on cost of delivering care
- ✓ CCBHCs monitor and improve quality



In need of mental
health support?

Call or text

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Thank you!

Questions and Discussion.

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Department of
**HEALTH &
HUMAN SERVICES**

Division for
Behavioral
Health

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Discussion – your comments and questions

- Reactions to today's presentation?
- What can help granite staters with their mental health and substance use-related needs?
- What is the greatest service need in your region and why?

