

Certified Community Behavioral Health Clinics (CCBHC)

Overview of Model & State Implementation Efforts

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May 1, 2025

What are CCBHCs?

CCBHC Model

- ▶ CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use disorder services.
- ▶ CCBHCs are required to serve anyone who walks through their doors, regardless of age, diagnosis or insurance status.
- ▶ CCBHCs receive a specialized prospective payment system (PPS) rate methodology for Medicaid payment.
- ▶ States receive an enhanced federal match for CCBHC services.

Goals of the CCBHC Initiative

Expand community-based services

Improved integration with medical care

Expand the use of evidence-based practices

Improve access to high-quality care

Improve data collection

Target persons with serious mental illness, significant substance use disorders, and children with serious emotional disturbance while serving the whole community

CCBHC Minimum Standards

► CCBHCs must meet 113 federal standards in addition to state certification criteria in the following six areas to achieve CCBHC designation.

- Staffing
- Accessibility
- Care Coordination
- Service Scope
- Quality/Reporting
- Organizational Authority

Unique Features of the CCBHC Model

- ▶ CCBHCs are required to provide both outpatient mental health and substance use services and to integrate behavioral and physical health care.
- ▶ Peer support is one of the nine required services. Iowa requires each CCBHC to employ a peer support specialist, a family peer support specialist and a peer recovery coach.
- ▶ CCBHCs are required to ensure representation and meaningful participation of the people they serve on their governing or advisory boards. This is evidenced by at least 51% of the governing board being individuals with lived experience and their families or:
 - Meaningful representation of individuals with lived experience and their families on advisory boards or committees that provide input to agency boards of directors.

Nine Required Services

Screening,
assessment, and
diagnosis

Comprehensive
outpatient behavioral
health across the
entire life cycle

Family/Patient-
centered care
planning

Case management

Peer and family
support

Psychiatric
rehabilitation

Medical screening
and monitoring

Services for the
armed forces and
veterans

Mobile crisis

Required Services (cont.)

A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters.

Iowa CCBHCs must DCO with the State Sanctioned mobile crisis provider for the counties in their catchment area if they are not the state-sanctioned crisis provider. Most DCO agreements address crisis or required EBPs such as Assertive Community Treatment.

CCBHC Efforts in Iowa 2022-2025

CCBHC Planning Grant 2022-2024

- ▶ Iowa was awarded a one-year CCBHC Planning Grant for March 2023-2024. This grant required the state to: select and certify CCBHCs, provide technical assistance to CCBHCs, develop a prospective payment system, build data collection systems, and apply to be a CCBHC Demonstration state by March 20, 2024.
- ▶ Iowa started an extensive process to collect feedback on the behavioral health system from stakeholders, including people with lived experience, their family members, advocates, local and state officials and other stakeholders.
- ▶ Iowa issued a Request for Proposal to select community behavioral health providers to engage in the state's CCBHC certification process. Successful bidders were selected in December 2023 and started certification activities with the state.

CCBHC Timeline

Iowa was awarded a place in the CCBHC Demonstration on June 4, 2024. The Demonstration is a 4-year program that provides states with sustainable funding to assist them in expanding access to mental health and substance use services.

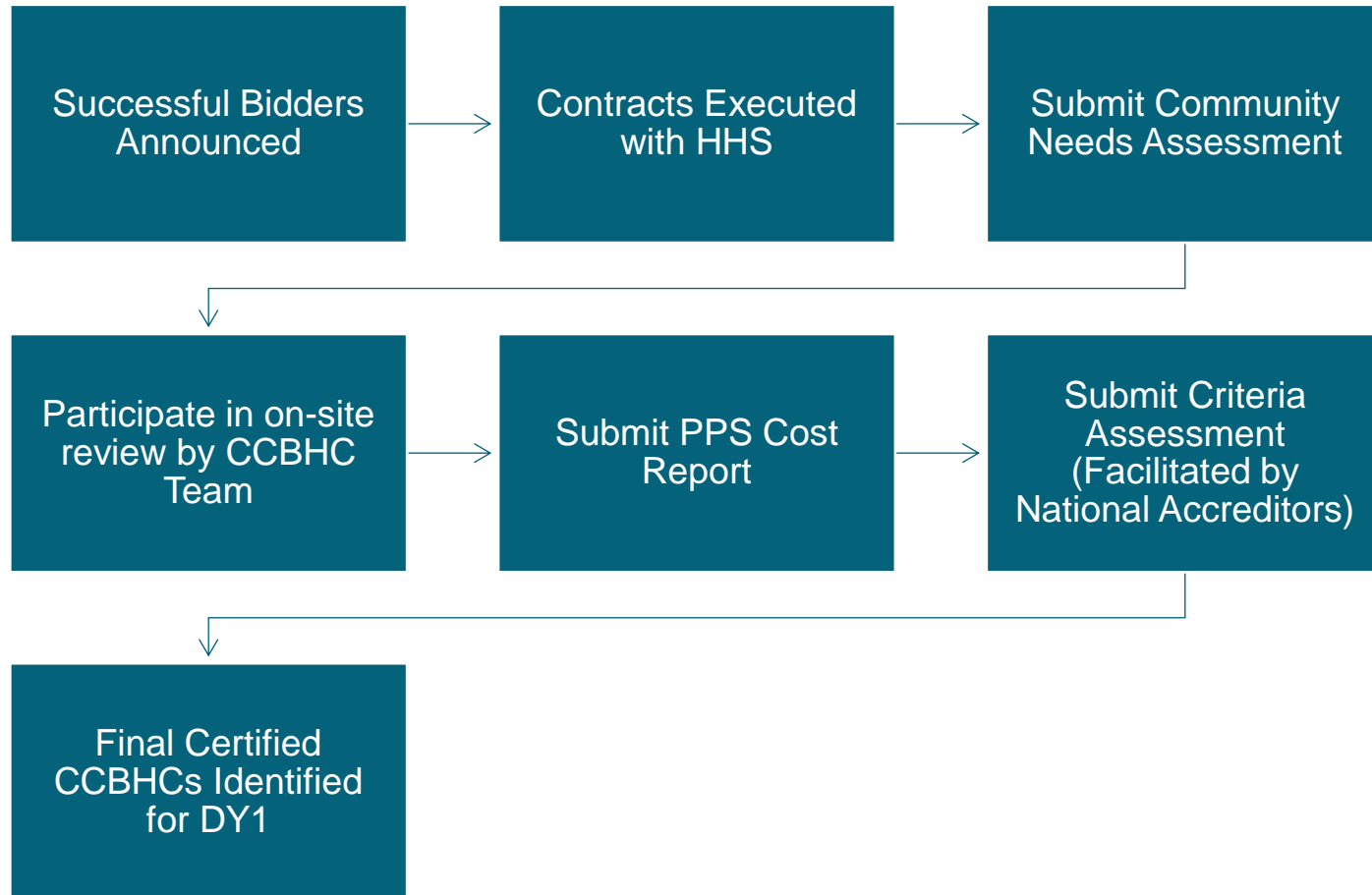
Iowa was one of 10 states selected.

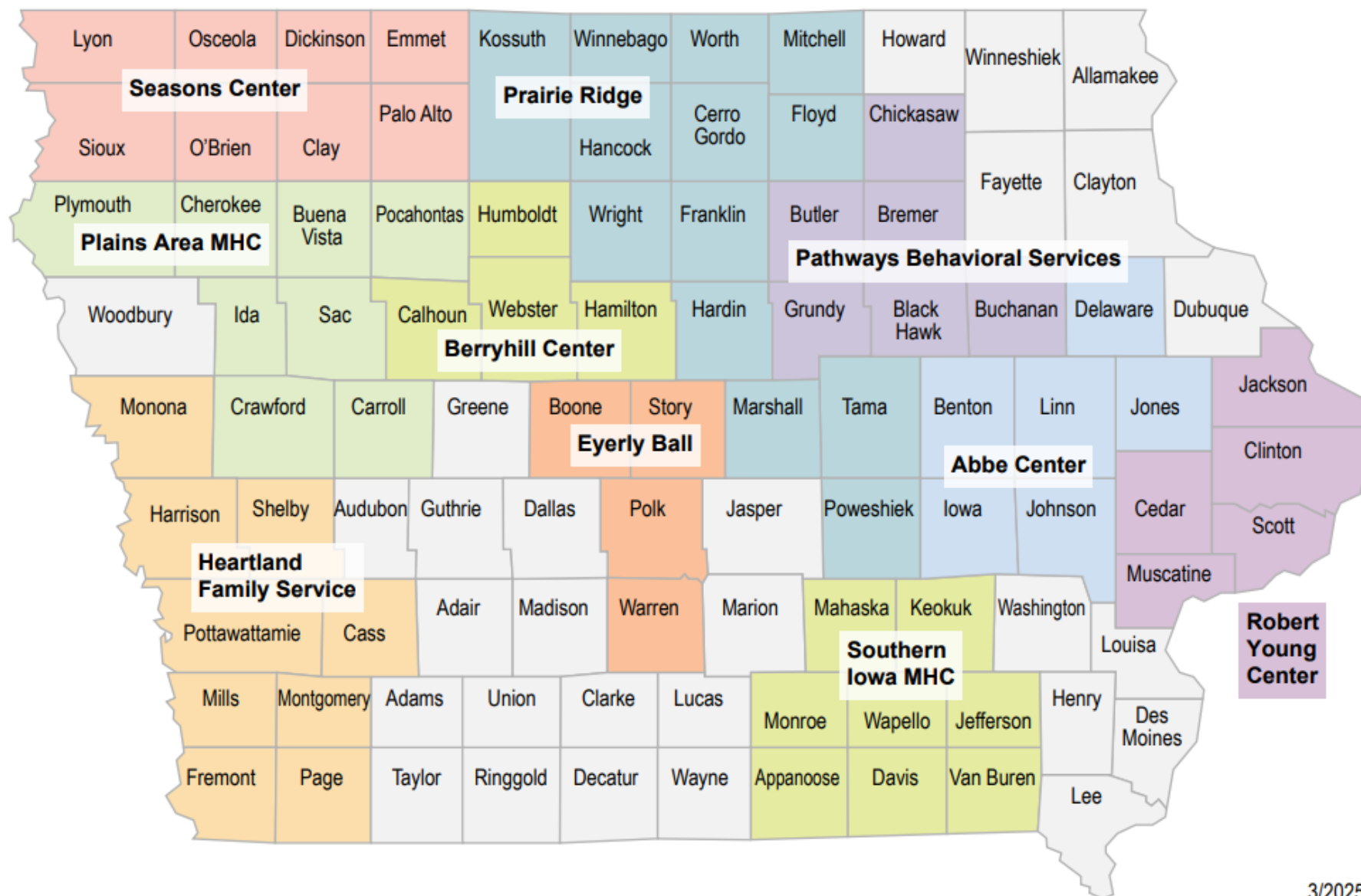
Iowa's original goal was to begin the CCBHC Demonstration on July 1, 2024

With the launch of the State's new behavioral health service system set for July 1, 2025, it was determined that aligning the launch of CCBHCs with the new system would be beneficial for both initiatives.

CCBHC Certification Update

CCBHC Certification Process





Fully Certified for DY1- July 1, 2025-June 30, 2026

Provider Name	Service Area	Population Served
Abbe Center	Delaware, Benton, Linn, Jones, Iowa, and Johnson	466,055
Berryhill	Humboldt, Calhoun, Webster, Hamilton	69,009
Eyerly Ball	Boone, Story, Polk, Warren counties	676,441
Heartland Family Service	Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, Page	185,561
Pathways	Chickasaw, Butler, Bremer, Grundy, Blackhawk, Buchanan	216,163
Plains Area	Plymouth, Cherokee, Buena Vista, Pocahontas, Ida, Sac, Crawford, Carroll	118,591
Prairie Ridge	Kossuth, Winnebago, Worth, Mitchell, Hancock, Cerro Gordo, Floyd, Wright, Franklin, Hardin, Marshall, Tama, Poweshiek	226,343
Robert Young Center	Jackson, Cedar, Clinton, Scott, and Muscatine	300,897
Seasons Center	Lyon, Osceola, Dickinson, Emmet, Sioux, O'Brien, Clay, and Palo Alto	120,768
Southern Iowa Mental Health Center	Mahaska, Keokuk, Monroe, Wapello, Jefferson, Appanoose, Davis, and Van Buren	118,408

Certification Activities

Providers received CCBHC reviews from National Accrediting Bodies (CARF & Social Current)



Executed contracts with Designated Coordinating Organizations (DCOs) for specific CCBHC services and care coordination agreements with key partners (schools, jails/police, hospitals, FQHC, etc.)



Participate in ongoing technical assistance and trainings including weekly “Office Hours”

Quality Assurance Activities

Monthly Monitoring Calls

- Started November 2024.
- Check in with providers to assist with troubleshooting issues and to provide guidance, as needed.
- Calls are meant to be collaborative in nature and driven by the needs of the CCBHC.

Quarterly Site Visits

- Started January 2025.
- Allow for a more in-depth conversation about current practices, to ensure CCBHC criteria is being met.
- Focus on quality improvement strategies, provider strengths and areas for improvement.

Next Steps and Considerations

Looking Forward

May 1 – July 1, 2025

- Targeted technical assistance and capacity development to assist providers to meet and maintain all requirements for the Demonstration, including:
 - Achieving necessary data reporting capacity to submit Demonstration metrics and meet reporting requirements.
 - Ensuring accurate billing processes to allow for timely reimbursement for services delivered.
 - Implementing Continuous Quality Improvement processes.
- Ongoing statewide implementation activities to meet July 1, 2025, go-live expectations.

Beyond July 1, 2025

- Statewide expansion opportunities for CCBHC demonstration in DY2-DY4.

Questions

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