

GenIC #99, 0938-1148, Certified Community Behavioral Health Clinic (CCBHC) Services SPA Template for Medicaid

CMS received 8 comments in total; 1 comment from a health care provider, 4 comments from 1 member of the public, 2 comments from State Department(s) of Mental Health (duplicate comment sets), and 1 comment from a State Medicaid Agency.

The comments are listed below in the language and order in which they were received.

Commenters generally provided support for coverage of the Medicaid state plan Certified Community Behavioral Health Clinic (CCBHC) Services benefit under section 1905(a)(31) of the Social Security Act (the Act), as defined in section 1905(jj) of the Act, asked questions about additional information for the state plan amendment (SPA) submission and criteria for this benefit that will be described in soon to be released guidance, and offered some suggestions for states who are administering the benefit such as data collection and exchanges for state oversight. Some comments reference provider requirements set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA).

CMS appreciates the commenters' suggestions, feedback, and support for this benefit. Commenters did not suggest specific changes to the template that will be used for establishing coverage of the state plan Medicaid CCBHC benefit under section 1905(a)(31), as further defined in section 1905(jj) of the Act. However, updates were made to the template as a result of the questions and comments provided. CMS made minor updates to the template: 1) to allow states to provide information about additional optional CCBHC services in alignment with CCBHC criteria; 2) to list limitations on amount, duration, and scope of benefit coverage, and 3) to clarify the assurance that the state has a "reasonable" process when changes are made to the CCBHC Certification Criteria to allow CCBHCs time to comply with those revisions. There was no increase in the burden estimate as CMS believes states considering adding the benefit to their state plan will have this information readily available as part of the decision making conducted prior to the submission of the template in adding this benefit to their state plan.

Comment 1:

Will the State have to include further detailed benefit descriptions of each of the mandatory services and practitioner eligibility requirements with the submittal or will checking the coverage assurance be sufficient?

What is the difference in "Intensive Case Management" and Targeted Case Management as defined in the SAMHSA criteria?

Can you confirm that with approval under this state plan authority for the array of covered services, reimbursement may (or shall) be provided in accordance with one of the four CCBHC Prospective Payment System (PPS) methodologies as published in the CCBHC PPS Demonstration guidance or an alternative payment method which results in payment to the clinic of an amount which is not less than the amount otherwise required to be paid to the clinic under the PPS?

- CMS Response:
The state will not need to include further detailed descriptions of each of the mandatory services and practitioners on the state plan coverage pages. Like other facility benefits such as inpatient hospital services at 1905(a)(1) of the Act or clinic services at 1905(a)(9) of the Act, service level detail beyond what is already included in the template is not required to be listed in the state plan. This comment also raises questions regarding intensive case management and payment for CCBHC state plan benefit services that fall outside the scope of this information collection and will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 2: CCBHCs need FHIR APIs and FHIR terminology services to exchange and transmit real time information to the states and delegated entities, which will assist with care coordination, quality measure reporting, risk adjustment reporting, and alignment with TEFCA exchange.

CCBHCs, BH-ASOs, LMHAs, and CMHCs will need to transition away from CSVs, spreadsheets, electronic PDFs towards standards based API exchange. CCBHCs need to do FHIR exchange with BH-ASOs, LMHAs, CMHCs for behavioral health reporting.

- CMS Response: CMS appreciates the suggestion. This comment is related to the administration of the benefit, and the requirements states might consider for state and provider data exchanges, not the state plan template. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 3: CCBHCs, BH-ASOs, LMHAs, CMHCs will need to use FHIR APIs for further integration with SUD treatment organizations, opioid treatment organizations, allied health providers, psychiatric facilities, crisis team organizations, child welfare agencies, school based behavioral health organizations, criminal justice systems, rehab services, and other affiliated behavioral health organizations and stakeholders for interoperability across the ecosystem.

- CMS Response: CMS appreciates the suggestion. This comment is related to the administration of the benefit, and the requirements states might consider for state and provider data exchanges, not the state plan template. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 4: CMS, the ONC, SAMHSA and the NLM should accelerate behavioral health information from ongoing reporting to real time reporting, such as FHIR APIs and FHIR terminology services, of the provision of services. CCBHCs will need to upgrade their interoperability infrastructure to align with the states and delegated entities. The remaining states and territories which have not upgraded its interoperability infrastructure (such as FHIR APIs and FHIR terminology services) will have issues with the operationalization of behavioral health reporting for CCBHCs.

- CMS Response: CMS appreciates the suggestion. This comment is related to the administration of the benefit, general interoperability requirements, and the requirements states might consider for state and provider data exchanges, not the state plan template. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 5: SPA-related payment and coverage policies need to become standards based, machine readable, and computable for interoperability implementation.

- CMS Response: Federal coverage and payment policy is based on new statute or changes to statute enacted by Congress, new regulations or regulatory updates, and additional requirements set forth in subregulatory policy. Within those requirements, states are able to further design their benefit and implementation. CMS appreciates this commentor highlighting opportunities for increased standards-based and technology-cognizant policy inclusive of interoperability generally, however this comment is related to general policy approaches and not related to this state plan template. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 6: This comment includes 8 parts. CMS addresses each of those parts separately below.

1. Is it CMS' intention to require all states to move CCBHC services out of the Rehabilitation Option to the CCBHC Services SPA Coverage Template?

- CMS Response: This comment raises a question that is beyond the scope of this information collection. More information about potential authorities for covering CCBHC services will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

2. This template includes CCBHC Assurances (required) and an Additional Benefit Description (optional). Where would states include the following information:
 - a. Service Package to include the service and components of each service, along with a description of each service and component.
 - b. Practitioner and provider entity that furnishes each service.
 - c. Practitioner and provider entity to include a brief summary of qualifications for each practitioner or provider entity. This would include any licensure, certification, registration, education, experience, training, and supervisory arrangements.
 - CMS Response: The state will not need to include further detailed descriptions of each of the mandatory services and practitioners on the state plan coverage pages. Like other facility benefits such as inpatient hospital services at 1905(a)(1) of the Act or clinic services at 1905(a)(9) of the Act, service level detail beyond what is already included in the template is not required to be listed in the state plan. The template includes an additional information box for states wishing to share coverage of additional CCBHC services at the state's option in alignment with the CCBHC Certification Criteria.
 - Action(s) Taken: CMS updated the template to collect information regarding coverage of additional CCBHC services at the state's option in alignment with the CCBHC Certification Criteria.
3. What evidence will be accepted to meet “assurances” for the CCBHC Assurances (required)?
 - CMS Response: States that elect the CCBHC benefit at section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act, are providing formal attestation to CMS that all relevant federal requirements have been met. However, as in many other stateplan benefits for which there are federal statutory, regulatory, or sub-regulatory general requirements, CMS does not specify how the state chooses to operationalize provider level requirements or service requirements, or how the state will conduct oversight (e.g. in provider agreements, through provider enrollment processes, or other state established state-specific policies, processes and oversight protocols).
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
4. Questioning if the template should call out certification criteria for “capacity to collect, report, and track” as in sections 5.a.1?
 - CMS Response: The template includes an assurance that CCBHC organizations have been certified by the state as meeting the definition at 1905(jj)(2), including the CCBHC Certification Criteria. This is inclusive of the CCBHC Certification Criteria referenced in the comment.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

5. Requesting clarification on Federal Register CMS-2026-1519-0001 (Document Identifier: CMS–10398 #99)) under “Generic Information Collections” where it states, “must submit ongoing data on the provision of services, such as data on service encounters and clinical outcomes, to the State or Secretary”. Does this only speak to required Clinic-Led measure reporting on an annual basis?
- CMS Response: This comment raises a question that is beyond the scope of this information collection. The questions regarding reporting measures will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
6. When will further information be regarding the PPS Guidance (such as the CCBHC PPS Technical Guidance) and Measure Guidance (such as the Quality Measures for Behavioral Health Clinics (BHC) Technical Specifications and Resource Manual)?
- CMS Response: The questions raised concerning payment for services and reporting of measures under the CCBHC state plan benefit are outside of the scope of this information collection. The questions will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
7. The template requires states to assure that CCBHCs meet “the most recent version” of the CCBHC Certification Criteria and to update certification processes as criteria change. However, the template and supporting guidance do not address transition periods or the operational and financial impacts of revised criteria on existing certified clinics. Missouri CCBHCs operate under prospective payment systems (PPS) that are sensitive to changes in scope, staffing, and service requirements. Absent clear transition policies, revisions to the Certification Criteria could create uncertainty regarding compliance timelines, rate adequacy, and potential retroactive impacts.
- Recommendation: CMS should clarify that states may establish reasonable transition periods when updated Certification Criteria are issued and that payment and compliance expectations tied to new criteria apply prospectively. Clear expectations will promote stability while preserving accountability.

- CMS Response: CMS believes the template accounts for this by requiring states to establish a process to ensure that CCBHC organizations will meet the most recent version of the CCBHC Certification Criteria and make any updates necessary when changes are made to the criteria to comply with those revisions, including updates to coverage of mandatory services. However, CMS agrees that additional clarification could be added.
- Action(s) Taken: CMS added “reasonable” to the SPA template to further clarify that states are required to establish a reasonable process to ensure that CCBHC organizations will meet the most recent version of the CCBHC Certification Criteria.

8. The Federal Register notice references ongoing submission of data on service encounters and clinical outcomes but does not specify minimum requirements or how these expectations align with existing CCBHC reporting obligations. Missouri CCBHCs already report extensively across Medicaid, SAMHSA, and state systems.

Recommendation: CMS should clarify that states are expected to leverage existing CCBHC reporting frameworks to the greatest extent possible and avoid imposing duplicative or misaligned data collection requirements.

- CMS Response: This comment raises a question that is beyond the scope of this information collection. The questions regarding reporting measures will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.

Comment 7: Exact duplicate of Comment 6. See responses above.

Comment 8: This comment includes 6 parts. CMS addresses each of those parts separately below.

1. The SPA template includes a coverage page but no corresponding payment page. Is the expectation that each service has a different payment page elsewhere for each CCBHC service? There may be situations where services are not covered elsewhere.
 - CMS Response: The question raised regarding payment for services under the CCBHCs benefit is outside the scope of this information collection. More information about payment for services under the CCBHC benefit will be addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
2. Where should a state describe their rate development and payment methodology for CCBHC services?

- CMS Response: The question raised regarding payment for services provided under the CCBHC benefit is outside the scope of this information collection. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act. More information about the payment methodologies that can be used to pay for services under the CCBHC benefit will be addressed in forthcoming subregulatory guidance on the CCBHC state plan benefit.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
3. Are there any requirements regarding the use of a prospective payment system (PPS) methodology? Michigan recommends that states are allowed to choose to continue their payment model established under the demonstration.
- CMS Response: The question raised regarding the use of a PPS methodology is outside of the scope of this information collection. This template establishes state plan coverage of the Medicaid CCBHC benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act. More information about the payment methodologies that can be used to pay for services under the CCBHC benefit will be addressed in forthcoming subregulatory guidance on the CCBHC state plan benefit.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
4. Is a corresponding Alternative Benefit Plan (ABP) SPA update required in addition to this template if a state selects this option?
- CMS Response: This comment raises a question that is beyond the scope of this information collection. CMS will provide technical assistance to states on necessary changes to ABPs to reflect coverage of the CCBHC state plan benefit under section 1905(a)(31) of the Act, as further defined in section 1905(jj) of the Act.
 - Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
5. The CCBHC assurances section requires states to confirm that the state provides coverage for the nine mandatory CCBHC services, and also all services specified in the SAMHSA CCBHC certification criteria. The initial list specifies “intensive case management services” and the Certification Criteria specifies “targeted case management.” Please clarify the expectations around intensive case management services, and if both intensive case management and targeted case management are required.
- CMS Response: This comment raises a question that is beyond the scope of this information collection. Information regarding intensive case management services will be

addressed in forthcoming subregulatory guidance regarding the CCBHC state plan benefit.

- Action(s) Taken: CMS did not take any actions to change the proposed state plan template or revise any burden estimates as a result of the comment. No changes were made.
6. When SAMHSA last updated the CCBHC Certification criteria, some of Michigan's CCBHCs needed a full year to meet the new requirements. We recommend adapting language to state the CCBHCs may be actively working toward meeting the certification requirement changes, with oversight from the state.
- CMS Response: As noted in the template, states are required to have a process to ensure that CCBHC organizations will meet the most recent version of the CCBHC Certification Criteria. CMS agrees that additional clarification could be added.
 - Action(s) Taken: CMS added "reasonable" to the SPA template to further clarify that states are required to establish a reasonable process to ensure that CCBHC organizations will meet the most recent version of the CCBHC Certification Criteria.