

PUBLIC SUBMISSION

As of: 5/1/26, 7:11 AM**Received:** April 30, 2026**Status:** Draft**Category:** Health Care Professional/Association - Other Health Care Professional**Tracking No.** mom-brl7-yoch**Comments Due:** April 30, 2026**Submission Type:** Web**Docket:** CMS-2026-1519

(CMS-10398 #99) Medicaid CCBHC Services SPA Template

Comment On: CMS-2026-1519-0001

(CMS-10398 #99) Medicaid CCBHC Services SPA Template

Document: CMS-2026-1519-DRAFT-0009

Comment on CMS-2026-1519-0001

Submitter Information

Email: tcrawford@mobhc.org**Organization:** Missouri Behavioral Health Council

General Comment

Re: CMS 10398 #99 (OMB Control No. 0938 1148) — Medicaid Certified Community Behavioral Health Clinic (CCBHC) Services State Plan Amendment Coverage Template

Docket ID: CMS 2026 1519

The opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed information collection for the Medicaid CCBHC Services State Plan Amendment (SPA) Coverage Template is appreciated. This comment is submitted by a behavioral health association that represents Certified Community Behavioral Health Clinics (CCBHCs).

This association supports CMS's efforts to streamline the SPA submission process and to ensure consistent implementation of the new optional Medicaid CCBHC benefit under section 1905(a)(31) of the Social Security Act. We offer the following comments to promote clarity, reduce unnecessary administrative burden, and support stable implementation of the CCBHC model.

1. Certification Criteria Versioning and Transition Considerations

The SPA 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.

This state's CCBHCs operate under prospective payment systems (PPS) that are sensitive to changes in scope, staffing, and service requirements. In the absence of clear transition policies, revisions to the Certification Criteria could create uncertainty about compliance timelines, rate adequacy, and the potential for retroactive application of new requirements. Such uncertainty poses operational and financial risks for clinics that are already certified and actively delivering services under approved payment methodologies.

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 federal expectations regarding transition policies will promote program stability and continuity of care while preserving accountability and fidelity to the CCBHC model.

2. Clarification of Ongoing Data Reporting Expectations

The Federal Register notice references the ongoing submission of data on service encounters and clinical outcomes but does not specify minimum requirements or explain how these expectations align with existing CCBHC reporting obligations. This state's CCBHCs already report extensively across Medicaid, SAMHSA, and state data systems as part of both statutory and programmatic requirements. Without additional clarification, the ongoing data reporting requirement could be interpreted inconsistently across states or result in duplicative or misaligned data collection efforts that increase administrative burden without providing meaningful additional value for oversight or program improvement.

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 through this SPA template. Clear alignment with existing reporting systems will improve efficiency and reduce administrative burden. Furthermore, CMS should clarify that states may determine which collection, reporting, and tracking will be included to meet the ongoing data requirement. Additionally, CMS should further clarify that states determine what data on the provision of services should be submitted. Clear alignment with existing reporting systems and explicit state discretion will improve efficiency and reduce administrative burden.

3. State Flexibility for SPA Assurances and Evidence

The template includes required assurances but does not specify what documentation or evidence CMS will consider acceptable.

Recommendation: CMS should clarify that states determine what evidence is sufficient to support SPA assurances, provided it reasonably demonstrates compliance. Furthermore, CMS should clarify that states determine service provider qualifications of service components.

4. Use of the SPA Template

The notice suggests states submitting coverage under section 1905(a)(31) must use this template, even if they have existing SPA authorities addressing similar requirements.

Recommendation: CMS should clarify that states may continue to rely on existing SPA authorities that meet statutory requirements.

Respectfully submitted