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

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

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General Comment

Generic Supporting Statement
Medicaid Certified Community Behavioral Health Clinic (CCBHC) Services
State Plan Amendment Coverage Template
(CMS-10398 #99, OMB 0938-1148)

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?
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.
3. What evidence will be accepted to meet "assurances" for the CCBHC Assurances (required)?
4. Questioning if the template should call out certification criteria for "capacity to collect, report, and track" as in sections 5.a.1?
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?

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)?

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.

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.