Guidance for State Reporting of Changes to Demonstration Programs

States participating in the Section 223 Protecting Access to Medicare Act of 2014 Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program must inform the Substance Abuse and Mental Health Services Administration (SAMHSA) when specified changes that deviate from the originally submitted demonstration application are made to the state's CCBHC Demonstration Program. This document outlines the types of changes that require communication with SAMHSA. In addition, this document identifies a minimum set of information regarding the CCBHC demonstration which should be confirmed on an annual basis.

The following changes to the state's CCBHC Demonstration application require **approval** from SAMHSA. **No later than 30 days prior to the proposed effective date**, states should submit requests for approval, including the changes that are being proposed and the reasons for these changes:

- Addition of new CCBHCs to the CCBHC Demonstration - follow the addition of CCBHC guidance (https://www.samhsa.gov/sites/default/files/guidance-addition-of-ccbhcs-existing-state-demonstration-programs.pdf).
- Changes to quality measurement.
- Changes in scope of services that may result in changes to the PPS or necessitate recertification.
- Organizational mergers necessitating recertification.

The following changes to the state's CCBHC Demonstration Program requires **notification** to SAMHSA at **least 30 days prior to the proposed effective date of the change**:

- Organizational mergers or name changes that do not require changes to the PPS, quality measurement, or necessitate recertification.
- Decertification of any CCBHCs.
- Termination of the state CCBHC Demonstration Program.

On an annual basis, 30 days after the end of each calendar year, confirm the following details about your program:

- State Points of Contact (Please include a list of state officials who should be included in correspondence from SAMHSA and CMS about the state CCBHC Demonstration program and their contact information).
- A list of CCBHCs participating in your demonstration program including the UEI for that CCBHC. For each CCBHC, please include the following:
    - A list of CCBHC-operated service delivery locations. This should include name and address of the location as it appears in the SAMHSA Treatment Locator; as well as the facility National Provider Indicator (NPI) if applicable. Please note if any locations are not included in the SAMHSA treatment locator and whether there have been any changes in service location in the past year.

    - CCBHC Service Areas - Please define the service area for each CCBHC using recognized geographic boundaries, such as municipal or county borders, zip codes, or census tracts. While CCBHCs may serve multicounty areas, CCBHC service areas must be compact enough for the CCBHC to meaningfully assess and respond to the needs of the communities and populations living within the CCBHC service area and fulfill the requirements of the CCBHC Certification Criteria. Please indicate whether there have been any changes in service areas in the past year.
    - The date of most recent state certification.
    - A list of DCOs and the CCBHC services provided by those DCOs through the DCO agreement. Please indicate whether there have been any changes in DCOs or DCO agreements, including portion of CCBHC services provided, in the past year.
- A list of evidence-based programs required by the state. Please indicate whether there have been any changes in service areas in the past year.
- The state licensure requirements that the state requires for CCBHC in the state to comply with the requirements under Criteria 6.c.1 of the CCBHC Certification Criteria.

States should send these updates to CCBHC@samhsa.hhs.gov.

If you have any other changes or requests, please email the following:

- PPS related changes or requests: CCBHC-Demonstration@cms.hhs.gov
- Quality Measures changes: CCBHCMeasuresSubmission@samhsa.hhs.gov
- Programmatic changes and all other changes: CCBHC@samhsa.hhs.gov