

FY2025 Cooperative Agreements for Community Behavioral Health Clinic Planning Grants (Short Title: CCBHC Planning Grants) SM-25-001

Pre-Application Webinar

August 29, 2024

3:00 PM Eastern Standard Time

Please Stand By – This webinar will begin shortly.

<https://www.samhsa.gov/grants/grant-announcements/sm-25-001>



SAMHSA
Substance Abuse and Mental Health
Services Administration

Agenda/Overview

CCBHC Planning Grant NOFO

- NOFO Application Overview – Basic Information & Eligibility – **Abdallah Ibrahim**
- Required & Allowable, Data and Performance Measures – **Mike Watterson**
- Cooperative Agreements – SAMHSA & Recipient Roles – **David de Voursney**
- Required Application Components & Evaluation – **Mary Blake**



Basic Information

Funding Mechanism: Cooperative Agreement

Estimated Total Available Funding: \$15,000,000

Estimated Number of Awards: Up to 15

Estimated Award Amount: \$1,000,000

Length of Project Period: One (1) Year

Application Due Date: Thursday, September 12, 2024

Anticipated Project Start Date: December 31, 2024

Demonstration Application Due Date*: No later than April 1, 2026

Earliest Potential Demonstration Start Date: July 1, 2026

**** All states that have received previous planning grant may apply not just states that have received planning grants in this cycle AND the demonstration application is due in after the grant period (grantees may request a no cost extension)***

Guidance

Please note that all applicants should refer to the exact language in the Notice of Funding Opportunity when completing the application.

Eligibility (NOFO Section III.1)

The Statutory authority limits eligibility to states, including the District of Columbia, that were not previously selected to participate in the CCBHC Demonstration Program. This includes states that were previous recipients of CCBHC Planning Grants but not selected for the CCBHC Demonstration. Eligible applicants are either the State Mental Health Authorities (SMHAs), Single State Agencies (SSAs), or State Medicaid Agencies (SMAs).

- If the SMHA and the SSA or the SMHA, SSA, and the SMA are one entity, applicants must include a statement to that effect in **Attachment 1**.
- Applicant must include a signed Memorandum of Agreement (MOA) between the applicant agency and the two partnering agencies describing roles and responsibilities and committing to collaborate for this planning grant and CCBHC Demonstration program in **Attachment 1**.
- Only one application per state can be submitted.

Appendix B – States and Districts Eligible to Apply

Alaska	Florida	Montana	Tennessee
Arizona	Georgia	Nebraska	Texas
Arkansas	Hawaii	North Carolina	Utah
California	Idaho	North Dakota	Virginia
Colorado	Louisiana	Ohio	Washington
Connecticut	Maryland	South Carolina	West Virginia
Delaware	Massachusetts	South Dakota	Wisconsin
District of Columbia	Mississippi		Wyoming

Program Purpose and Intent

To further expand opportunities for states to improve access to and delivery of coordinated and comprehensive behavioral health care through CCBHCs.

The CCBHC Planning Grant supports the meaningful involvement of those with lived experience, including youth, adults, family members, and communities in the development, implementation, and ongoing monitoring of the State's CCBHC planning efforts.

CCBHCs provide person-and family-centered, recovery-oriented, and trauma-informed coordinated care

Solicit **key stakeholder input** (including people with lived experience and families) to develop state CCBHC Demonstration Program

Develop and implement **certification systems for CCBHCs**

Establish **Prospective Payment Systems (PPS)** for Medicaid reimbursable services

Prepare an application to participate in a **four-year CCBHC Demonstration program**

Key Personnel (NOFO Section 1.2)

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.



The Key Personnel for this program:

Project Director, minimum level of effort of 0.5 FTE



These positions require prior approval by SAMHSA after a review of staff credentials and the job descriptions.

Key Personnel (NOFO Section 1.2)

The Project Director will:

- Provide project oversight.
- Coordinate with and have access to state decision-makers responsible for making the necessary decisions and commitments to implement a CCBHC demonstration program.
- Have experience and familiarity with state Medicaid and behavioral health systems and policies.
- **If you receive an award, you will be notified if the individual designated for this position has been approved.**
- If you need to replace the Project Director during the project period, SAMHSA will review the credentials and job description before approving the replacement.

CCBHC Certification Criteria and PPS Guidance

These planning grants are the first phase of a two-phase process. At the end of the planning grant period, participating states may submit their applications to join the CCBHC Demonstration for a four-year period starting **on or after July 1, 2026**.

- The CCBHC Certification Criteria and Prospective Payment System (PPS) Guidance were updated in 2023 and 2024 respectively.
- Applicants should reference the [2023 updated CCBHC Certification Criteria](#) and the [2024 updated PPS Guidance](#) as they develop their planning grant applications.
- SAMHSA encourages applicant to address the diverse behavioral health needs of underserved communities as defined by **Executive Order 13985**.

Activities, Data Collection Performance Measurement & Assessment

Michael Watterson, PsyD
Public Health Advisor



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Required Activities (NOFO, Section I.3)

Planning grant funds must be used primarily to support infrastructure development, including the following activities:

1. Solicit input for the development of a state CCBHC Demonstration program from consumers with SMI, SED (including youth and individuals in recovery from SUD), family members, providers, tribes, and other key stakeholders.
2. Ensure the initial set of clinics identified by the state for participation in the demonstration is certified using the Certification Criteria and establish procedures and necessary infrastructure to ensure clinic compliance with Certification Criteria throughout the CCBHC Demonstration period.
3. Establish a PPS for behavioral health services furnished by a CCBHC in accordance with the PPS Methodology Guidelines developed by CMS.
4. Establish the capacity to provide behavioral health services that meet the Certification Criteria.

Required Activities, cont'd

5. Develop or enhance data collection and reporting capacity and provide information necessary for HHS to evaluate proposals submitted by states to participate in the CCBHC Demonstration program.
6. Prepare to submit a proposal no later than April 1, 2026, to participate in the four-year CCBHC Demonstration program that documents and verifies the completion of the required activities. Or provide information about the reasons the state is not submitting an application to join the demonstration after the planning grant.
7. If selected, agree to pay for services at the rate established under the PPS system during the CCBHC Demonstration program, agree no payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 1, 2014. See requirements outlined in Section IV.2 under Attachment 4.

Allowable Activities (NOFO Section I.4)

Allowable activities are not required. You may propose to use the planning grant funds for the following allowable activities:

- Training and technical assistance in planning to participate in the CCBHC Demonstration program, including collaboration with states currently participating in the CCBHC Demonstration program, as well as in the development of potential CCBHC providers.
- Create a plan for workforce development and retention based upon identification of provider shortages across the state to support successful CCBHC implementation.

Data Collection/Performance Measurement (NOFO Section I.5)

Recipients are required to collect and report quarterly performance on the following measures:

Infrastructure, Prevention, and Promotion (IPP) Indicators:

The number and percentage of work group/advisory group/council members who are consumers/family members

The number of organizations collaborating/coordinating/sharing resources with other organizations because of the award

The number of organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant

The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant

SPARS access, guidance, and technical assistance on data collection and reporting will be provided upon award.

Project Performance Assessment (NOFO Section I.5)

- Recipients must periodically review the performance measures they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project.
- Recipients are also required to report on their progress addressing the goals and objectives identified in your Project Narrative.
- See the Application Guide, **Section D-** Developing Goals and Measurable Objectives and **Section E -** Developing the Plan for Data Collection and Performance Measurement for more information.

Cooperative Agreement Roles

David de Voursney, MPP
Director, Division of Community
Behavioral Health



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Cooperative Agreement Roles (NOFO Section II.2)

These awards are being made as cooperative agreements since they require substantial post-award federal programmatic participation in the project oversight.

Role of Recipient

The recipient must:

- Comply with terms and conditions of the cooperative agreement award.
- Submit performance measure data via SAMHSA's SPARS.
- Collaborate with SAMHSA staff in project implementation and monitoring.

In addition, the recipient must:

- Seek SAMHSA approval for key positions to be filled. Key positions include the Project Director;
- Consult and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve the goals of the cooperative agreement;

Cooperative Agreement Roles

Role of Recipient (con't)

- Maintain ongoing communication with SAMHSA, including a minimum of one call per month, keeping federal program staff informed of emerging issues, developments, and problems as appropriate;
- Identify barriers to implementing the Certification Criteria and/or the PPS that impede the recipients' ability to develop their CCBHC program;
- Work with the evaluation planning team to ensure data collection and reporting capability is sufficient for participating in the national evaluation of the CCBHC Demonstration program and identify a comparison group; and
- Participate in selected technical assistance and state engagement activities identified by their Government Project Officer (GPO).

Cooperative Agreement Roles

Role of SAMHSA Staff

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS), and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPO will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

- Serve as a point of contact to ensure that state questions are addressed, to the extent possible, by SAMHSA, CMS, and ASPE;
- Provide information and updates related to the CCBHC Certification Criteria, PPS, and Quality Measures;

Cooperative Agreement Roles

Role of SAMHSA Staff (con't)

- Facilitate available technical assistance;
- Review, provide feedback, and approve quarterly reports submitted by the recipient.
- Assist in the development and implementation of the required SAMHSA disparity impact strategy;
- Collect feedback to inform the development and operation of the CCBHC planning grants and demonstration; and
- Review and approve all key personnel.

Support and Technical Assistance

Role/Responsibilities of Federal Partners

- **SAMHSA:** Administration of the 1-year CCBHC planning grants for the purpose of developing proposals to participate in a time-limited Demonstration program, development and oversight of the CCBHC program criteria including clinic certification requirements, and CCBHC quality measure development and reporting. Also administers the CCBHC-Expansion Grants
- **CMS:** Development and oversight of the CCBHC Prospective Payment System (PPS) requirements, development and oversight of the CCBHC cost-report to support PPS rate development, and Federal Medical Assistance Percentage (FMAP) claimed expenditures under the Demonstration
- **ASPE:** Conducting an independent national evaluation of the CCBHC Demonstration. Evaluation activities are used to generate annual CCBHC Reports to Congress and Evaluation reports as required by Statute

Technical Assistance

- **State TA:** SAMHSA's national CCBHC State Technical Assistance Center (CCBHC S-TAC) is dedicated to supporting states as they implement and advance the CCBHC model.
- **Federal Webinars:** SAMHSA and the federal partners will provide webinars throughout the planning grant to support planning for state implementation of the CCBHC model.
- **PPS TA:** CMS will also provide technical assistance to assist in the development of the PPS.

Required Application Components & Evaluation Criteria

Mary Blake
Public Health Advisor



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Required Application Components

Refer to Section A –2.2 of the Application Guide

1. SF-424 (Application for Federal Assistance) Form
2. SF-424 A (Budget Information – Non-Construction Programs) Form
3. Project Narrative Attachment - No more than 20 pages
4. Budget Justification and Narrative Attachments
5. Additional Documents in the NOFO (Refer to NOFO, pp. 24-25):
 - Attachment 1: A signed MOA between the Director of the State Mental Health Authority, the Director of the Single State Agency, and the Director of the State Medicaid Agency
 - Attachment 2: Data Collection Instruments/Interview Protocols
 - Attachment 3: Biographical Sketches and Position Descriptions
 - Attachment 4: Statement of Intent

Funding Limitations/Restrictions

According to NOFO, Section IV.5. Funding Limitations/Restrictions:

- The funding restrictions for this project are as follows. Identify these expenses in your proposed budget:
 - *Food is not an allowable expense.*

Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in [Section H](#) of the Application Guide.

Application Evaluation Criteria (NOFO Section V.1)

Section A: Population of Focus/Statement of Need (15 points – approximately 3 pages)

Section B: Proposed Approach (35 points – approximately 7 pages)

Section C: Staff and Organizational Experience (30 points – approximately 6 pages)

Section D: Data Collection and Performance Measurement (20 points – approximately 4 pages)

Section A: Population of Focus and Statement of Need

1. Identify and describe the population that will be served through CCBHCs in your demonstration program.
 - a. Provide a demographic profile of this population in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
 - b. Include sub-populations such as adults with SMI and children with SED, individuals with SUD, and populations experiencing behavioral health disparities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; persons otherwise adversely affected by persistent poverty or inequality; and people exposed to community violence, including gun violence.

Section A: Population of Focus and Statement of Need

2. Describe the extent of the problem, including service gaps, and document the need (i.e., current prevalence rates of adults and children with mental illness and/or substance use disorders in the state and particularly in the areas of the state being considered for CCBHCs or incidence data) for the population(s) of focus based on data.
3. Describe how behavioral health services are organized, funded, and provided in the state.
4. Describe the capacity of the current Medicaid State Plan and Section 1115 Demonstration authority to provide the services listed in the 2023 updated Certification Criteria (Note: the nine required CCBHC services are identified in statute and are in the Certification Criteria).
5. Describe the state's current Medicaid payment and service delivery system for behavioral health services. Identify components of this system that will enhance or inhibit the provision of services listed in the Certification Criteria.

Section B: Proposed Approach

1. Describe how the capacity, access, and availability of services to the population(s) of focus will be expanded. Include activities such as outreach and engagement, staff training, workforce diversity, and activities that address social determinants of health and development of services that are responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the population(s) of focus.
2. Describe how CCBHCs will be selected to participate, whether the state has already certified any of them as a CCBHC, and how the state will work with clinics not already certified to meet or prepare to meet the requirements in Certification Criteria.
3. Describe how the state will include community behavioral health clinics in both urban and rural areas unless the state has no rural areas, such as in the District of Columbia.

Section B: Proposed Implementation Approach, cont'd

4. Describe the process for adding clinics to the CCBHC Demonstration program throughout the CCBHC Demonstration period and the desired geographic spread of the program (if the state is electing to add sites over the course of the CCBHC Demonstration).
5. Describe how the state will finalize planning activities and assist with the transition to implementation of the CCBHC Demonstration program, if selected to participate in the CCBHC Demonstration program.
6. Describe and justify the selection of the PPS rate-setting methodology. Describe how CCBHCs will base cost with supporting data, as specified in the prospective payment guidance and collect this data.

Section B: Proposed Implementation Approach, cont'd

7. Describe how the state will establish a PPS for behavioral health services provided by CCBHCs in accordance with CMS guidance in the prospective payment guidance.
- 8.* Describe how the state will work with CCBHCs to develop a process of board governance or other appropriate opportunities for meaningful input by consumers, persons in recovery, and family members.
9. Describe how input on the development of the CCBHC Demonstration program will be solicited from consumers, family members, providers, and other stakeholders including American Indian/Native Alaskans and how they will be kept informed of the activities, changes, and processes related to the project.

**This was updated because of duplicative language in the first version of the NOFO that we released.*

Section C: Staff and Organizational Experience

1. Discuss any steps the state has already taken to develop a CCBHC program in their state (e.g., Medicaid state plan amendments, support through Medicaid managed care, implementation of policies or statutes that are supportive of CCBHCs, support of CCBHCs through state revenues or block grant funds or planning for development of CCBHCs programs).
2. Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include Letters of Commitment from these organizations in Attachment 1 of the application.
3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

Section D: Data Collection and Performance Measurement

1. Document the ability to collect and report on the required performance measures as specified in Section I-5 of this NOFO. Describe the plan for data collection, management, analysis, and reporting of data for the program. Specify and justify any additional measures the state plans to use for the project.
2. Describe how the state will support CCBHCs as they build the performance measurement infrastructure and implement continuous quality improvement processes.
3. Describe the plan for conducting the performance assessment as specified in Section I-5 of this NOFO and document the ability to conduct the assessment.
4. Discuss the challenges that may be encountered in collecting the data required for the national evaluation and how the state will address these challenges.
5. Describe the capacity to collect data to inform the national evaluation of the CCBHC Demonstration program including claims, encounter data, patient records, chart-based/registry data, and patient experience data.

Reporting Requirements (NOFO Section VI.3)

You will be required to submit quarterly progress report on project performance within 15 days of the end of each quarter. The reports must address:

1. Key personnel and staffing updates
2. Changes in project budget, scope, and/or implementation
3. Required project activity accomplishments and challenges and plan/action for overcoming these challenges. The PPR can include other accomplishments or concerns and success stories.
4. Submit a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award.
5. Disparity Impact Statement progress towards goals, barriers encountered and efforts to overcome them, monitoring activities, and plan adjustments
6. If a no-cost extension is requested (and approved), quarterly reporting is expected to continue through the no-cost extension period.

Reporting Requirements, Cont.

- In addition to the data reporting requirements listed in Section I-2.3, recipients must comply with the reporting requirements listed on the SAMHSA website (<http://www.samhsa.gov/grants/grants-management/reporting-requirements>).
- Successful applicants will receive additional information regarding reporting requirements in their Notices of Award (NOA).
- If a no-cost extension is requested, quarterly reporting is expected to continue through the no-cost extension period.
- A final performance report is a standard requirement for SAMHSA grants. The final performance report must be cumulative and report on all activities during the entire project period.

Application Submission (NOFO Section IV.4)

1. Applications are due by 11:59 PM (Eastern Time) on September 12, 2024.

If you have permission to submit a paper copy, the application must be received by the above date. See Section A of the Application Guide for information on how to apply.

- All applicants **MUST** be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (SAM.gov) in order to submit this application. The process could take up to six weeks. (See Section A of the Application Guide for all registration requirements).
- If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process **MUST** be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

**SEE SECTION A OF THE APPLICATION
GUIDE FOR DETAILED INSTRUCTIONS**

GOT QUESTIONS? (NOFO Section VII)

Program/eligibility questions?

Center for Mental Health Services, Community Support Program Branch, SAMHSA

Mike Watterson

(240) 276-1747

CCBHC@samhsa.hhs.gov

Fiscal/budget related questions?

Office of Financial Resources, Division of Grants Management, SAMHSA

(240) 276-1400

Email: FOACMHS@samhsa.hhs.gov

Review process/application status questions?

Office of Financial Resources, Division of Grant Review, SAMHSA

Sara Fleming

(240) 276-1675

Email: Sara.Fleming@samhsa.hhs.gov

Problems submitting your application on Grants.gov?

Contact the Grants.gov Helpdesk:

Email: support@grants.gov

Phone: 1-800-518-4726 (1-800-518-GRANTS)

eRA Commons Technical Questions?

Contact the eRA Service Desk

[Web Support](#)

[Submit a Web Ticket](#) (preferred method of contact)

Toll-Free: 1-866-504-9552

Phone: 301-402-7469 (Press 6 for SAMHSA Grantees)

Hours: Mon-Fri, 7 a.m. to 8 p.m. EST
(closed on federal holidays)