Monthly Tribal Meeting Co-design CCBHC

August 13, 2025

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Health Care Authority

Overview

- Review of the CCBHC model program, training and technical assistance,
- Overview of the CCBHC Prospective Payment System 1 (PPS-1) and the Indian Health Service (IHS) All-Inclusive Rate (AIR),
- Care Coordination, Data Sovereignty and Potential Pathways,
- Community Health Aide Program (CHAP) workforce alignment, crisis services integration including the Native and Strong Lifeline, documentation of traditional healing within Medicaid rules, veteran-specific needs, and readiness timelines.

What is a CCBHC?

▶ CCBHCs are community-based clinics that provide a comprehensive range of mental health and substance use disorder services

Provider Standards

Non-profit community-based providers or government clinics with consumer-centered governance structure, accessibility standards, and staffing requirements

Scope of Services

Comprehensive array of outpatient services that can be provided by the CCBHC or a Designated Collaborating Organization (DCO). Focus on integration, prevention, and crisis stabilization.

Care Coordination

Person- and family-centered planning and ongoing coordination with care team to integrate care delivery for mental health, SUD, physical health, and social needs

Quality Improvement

Incentives for improving quality of care and requirements for reporting on encounters and clinical outcomes
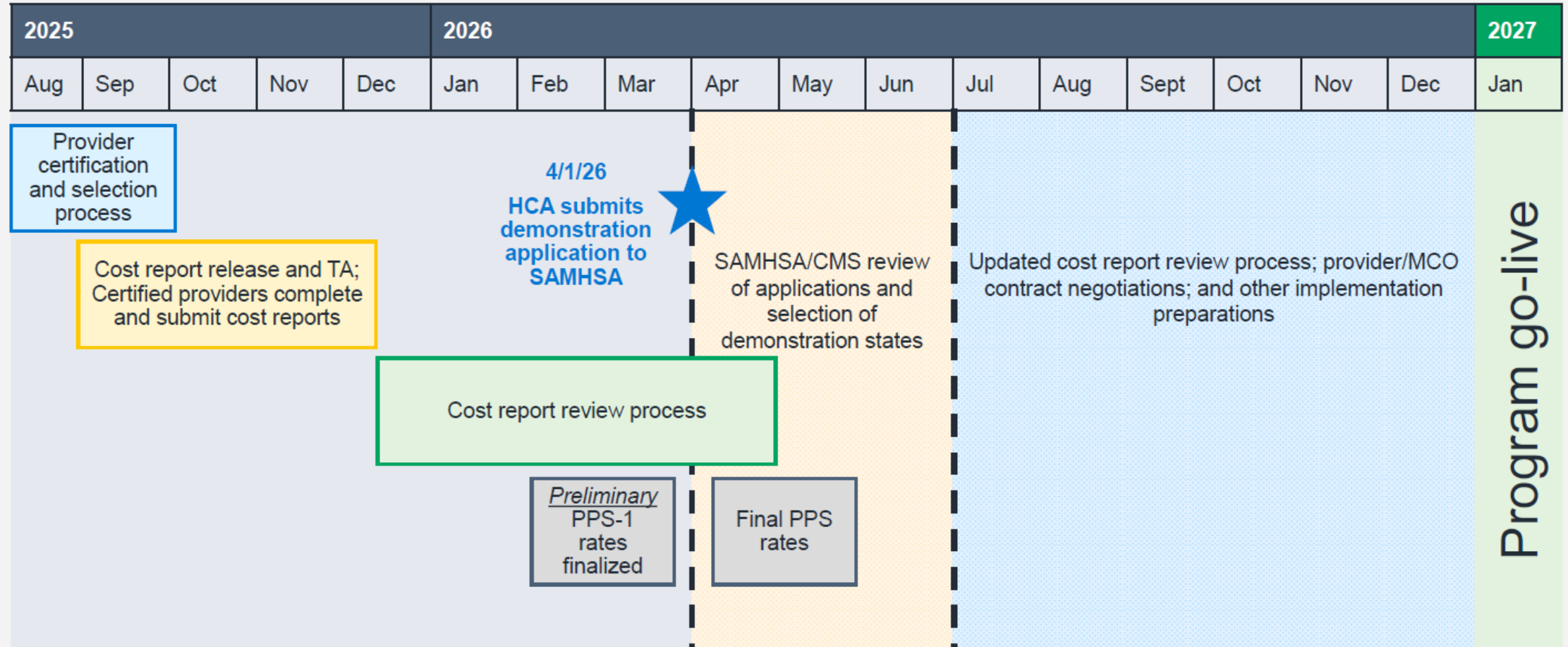
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Nine Core CCBHC Service Domains

- 24/7 Crisis Mental Health Services & Mobile Teams
- Screening, Assessment, & Diagnosis (incl. risk assessment)
- Person-Centered & Family –Centered Treatment Planning
- Outpatient Mental Health & Substance Use Treatment
- Primary Care Screening & Monitoring (key health indicators)
- Targeted Case Management
- Psychiatric Rehabilitation Services
- Peer, Family, & Recovery Support Services
- Community-Based Mental Health Care for Veterans & Armed Forces Members.

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Anticipated Timeline

Though the exact dates are subject to change, the following outlines the general timeline leading up to potential implementation under the demonstration.

2025					2026												2027
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan

Provider certification and selection process

Cost report release and TA; Certified providers complete and submit cost reports

4/1/26
HCA submits demonstration application to SAMHSA ★

SAMHSA/CMS review of applications and selection of demonstration states

Updated cost report review process; provider/MCO contract negotiations; and other implementation preparations

Cost report review process

Preliminary PPS-1 rates finalized

Final PPS rates

Program go-live

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Timeline

- **Jul - Sep 2025**: finalize certification standards (public comment)
- First week of August
  - ▶ August 11, 2025: Provider Meeting
  - ▶ August 13, 2025: Monthly Tribal Meeting
- **Aug 2025**: release Certification Questionnaire for up to 10 demonstration clinics in first cohort
- **Sept 11, 2025**: Tribal Listening Session
- **Oct - Dec 2025**: initial cost-reporting & model PPS-1 rates
- **Jan - Sep 2026**: certification & readiness reviews, iterative cost-reporting process
- **April 2026**: submit demonstration application
- **Jan 1, 2027**: PPS-1 payment go-live*

* Dependent upon state and federal funding

Tribal CCBHC Development

- CCBHC Prospective Payment System 1 (**PPS-1**) and the Indian Health Service (IHS) All-Inclusive Rate (AIR), Tribes currently receive AIR for services to Medicaid clients.

CCBHC PPS Rate Methodologies

Element	PPS-1	PPS-2	PPS-3	PPS-4
Frequency of Payment	Daily	Monthly	Daily	Monthly
Separate PPS Rate for Special Crisis Services	No	No	Required, At least one of three SCS	Required, At least one of three SCS separate rates
Separate PPS Rate(s) for Special Populations	No	Optional	No	Optional
Outlier Payments	No	Required	No	Required
Quality Bonus Payments	Optional, Requires SDP/Preprint if implemented through managed care	Required	Optional, Requires SDP/Preprint if implemented through managed care	Required
Annual PPS Rate Update by MEI or Rebasing	Rebasing required at least every 3 years			

Care Coordination, Data Sovereignty and Potential Pathways
Health Care Management and Coordination System (HCMACS)

HCA is committed to finding ways to **improve care coordination** while recognizing the inherent importance of data sovereignty. We are aware of the concerns and work that we all need to collectively address regarding Tribal Data Sovereignty and protection with respect for the need for care coordination and that we will coordinate with other projects for this topic.

- There are numerous commercially available health care systems that can assist with care coordination.

- HCA is also currently in the process of developing a state-run instance of Epic with a planned launch window of Q4 2026. If you are interested in potentially participating in that process **reach out to Lena Nachand**.

- Care Coordination is a key aspect of CCBHC and having a robust electronic health record (EHR) can greatly improve efficacy in this area.

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Tribal Initiatives That Align with CCBHC

- CHAP/BHA rollout - satisfies staff competencies
- Community Health Representative (CHR) Program - counts toward case management
- Native & Strong Lifeline (988) - crisis services integration
- BH2I & Circles of Care grants - dovetail with needs assessment & cultural EBPs
- Indian Health Improvement Plan (RCW 43.71B) - funds workforce & data infrastructure
- Veteran peer programs - meet CCBHC veteran mandates

Next Step

▶ The Agency has reserved the following time for a listening session on CCBHC.

▶ Listening Session: September 11, 2025, from 11am – 12:30pm by Zoom at https://us02web.zoom.us/j/83684885220 .

Useful Information

- CCBHC Website
- CCBHC Locator
- **Contact: hcaccbhc@hca.wa.gov**