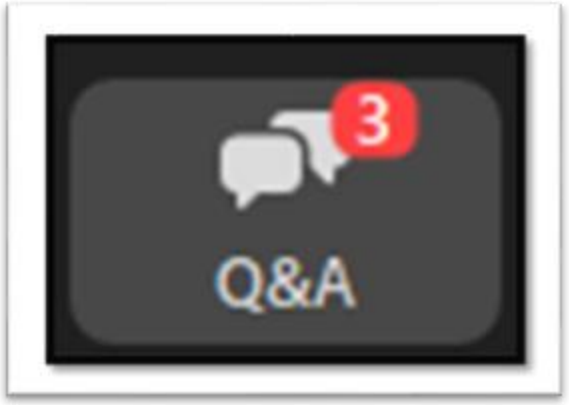
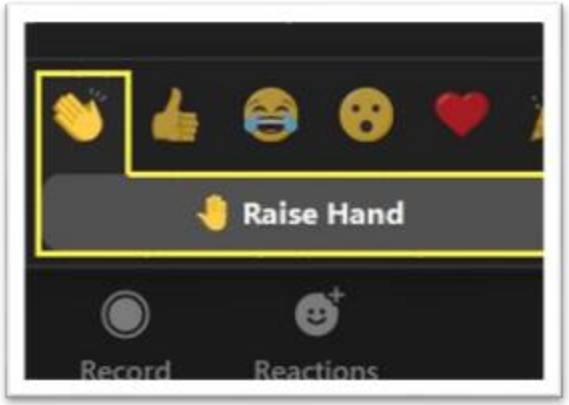
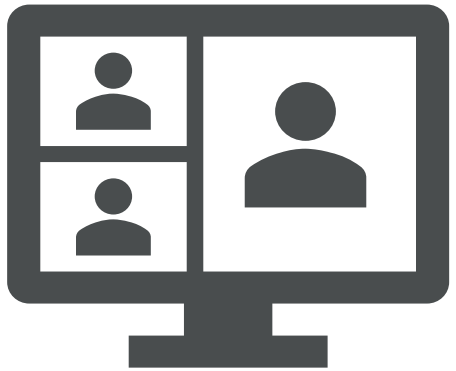
State Webinar: Advancing Care Delivery Programs

October 30, 2025

Housekeeping







Ask Now

Enter your questions in the Q&A function in Zoom

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.

Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

Agenda

STRENGTHENING CARE DELIVERY PROGRAMS THROUGH FEDERAL OPPORTUNITIES

ADVANCING PRIMARY CARE: WHAT IS IT AND WHERE IS IT GOING

CERTIFIED COMMUNITY BEHAVIORAL HEALTH ACCREDITATION

NCQA

Integrating Evidence-Based Standards into Primary Care

Utilizing Rural Health Transformation Dollars

Programs supported by nationally standardized and vetted HEDIS measures.

publicpolicy@ncqa.org

RHT Funding Priorities	NCQA Policy Supports
Prevention and Chronic Disease Management	• Advanced Primary Care (APC) • Virtual Care Accreditation • Diabetes Recognition Program (DRP) • Patient Centered Medical Home (PCMH) **State Lever:** Provider incentives for participation. State staff focus on QI vs. QA.
Behavioral Health	• Certified Community Behavioral Health Clinic (CCBHC) Accreditation • Behavioral Health Accreditation (BHA) **State Lever:** PPS rates include accred. costs (CCBHC). State staff focus on sustainability TA.
Innovative Care	• Virtual Care Accreditation

Polling Question #1

Would you like to talk to NCQA about ways we might support your state's Rural Health Transformation Fund project?

A. Yes.

B. Unsure.

C. No.

PCMH and HRSA: Behavioral Health

Bill Tulloch, Director, Federal Services

HRSA Support

Past, Present and Future

Historical

Health Resources and Services Administration (HRSA) has provided PCMH support since 2010

- Survey fees & costs for PCMH Recognition
- Technical Assistance
- Training

BH Distinction was not part of original contract

Health centers' #1 request was support for BH Distinction

New 5-year IDIQ contract

- Includes PCMH, BH Distinction, Diabetes Recognition & Virtual Care

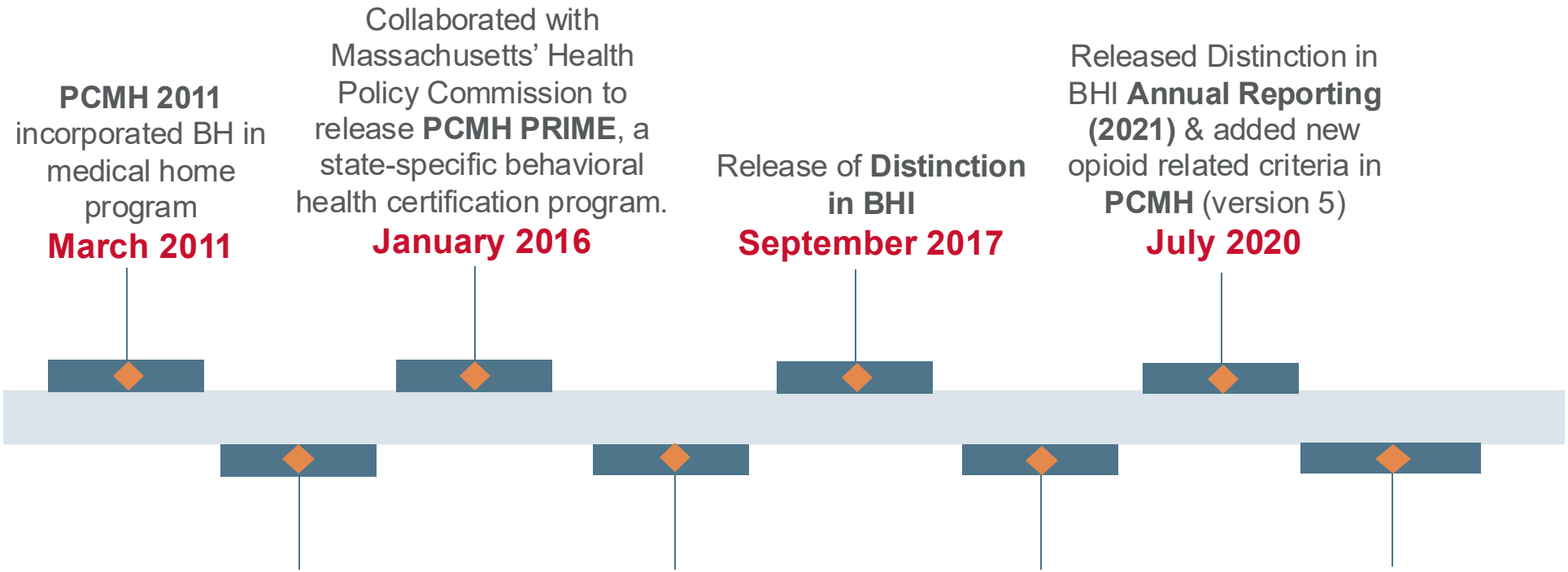
First Task Order

- Includes PCMH and BH Distinction only
- 330 Annual Reporting slots
- 50 new Distinction slots

NCQA outreaching to existing customers

- Working with HRSA to outreach to new customers

Behavioral Health Integration (BHI) Activity Timeline



Behavioral Health

Distinction Data

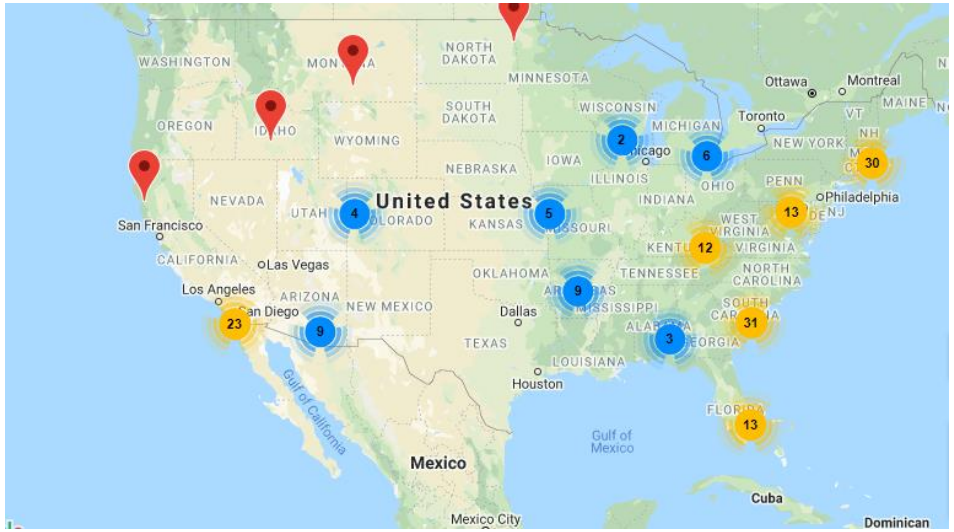
348

Distinguished Sites

90

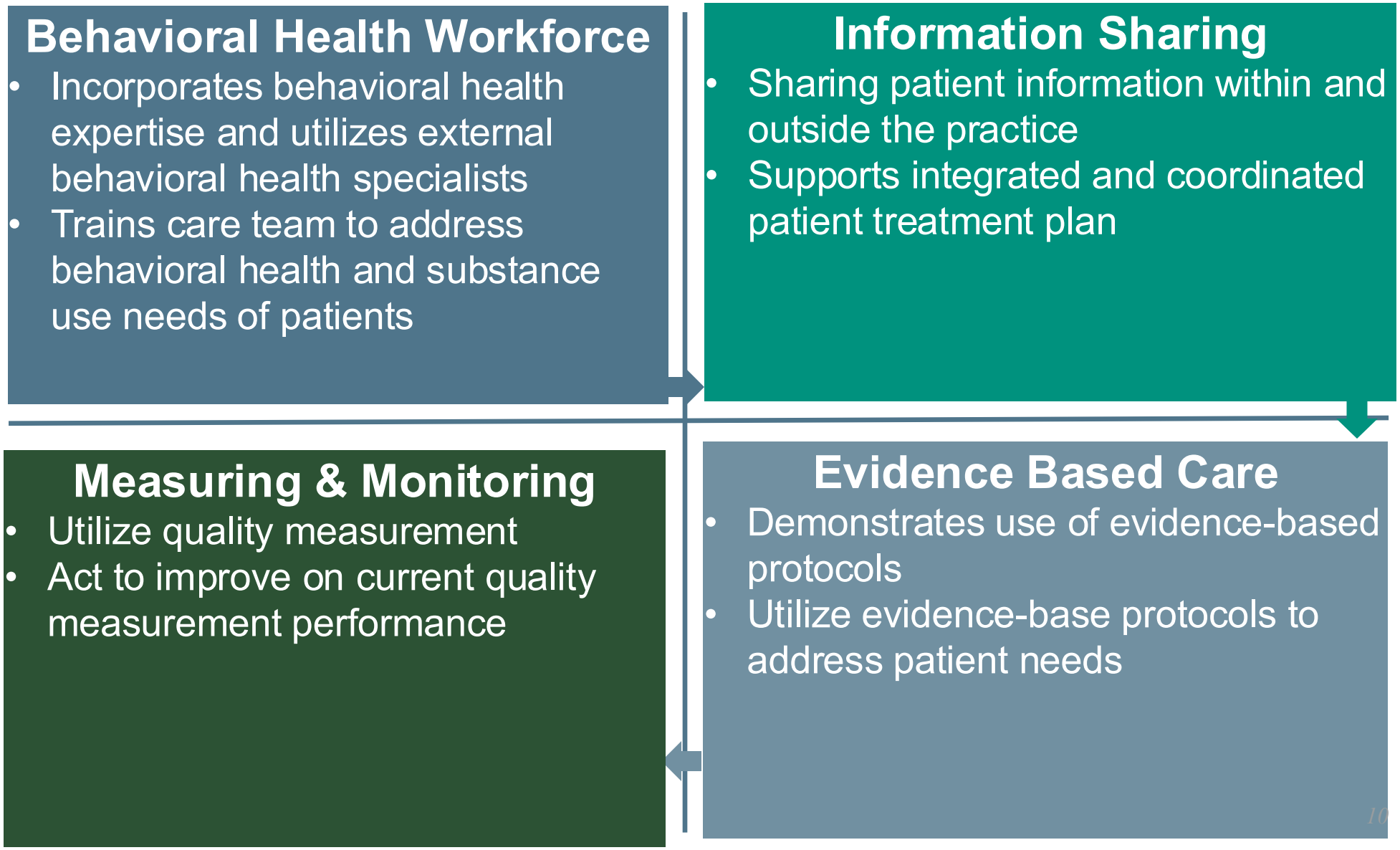
Grantees

- # of Clinicians at a practice ranges from 1 to 85
- Includes single sites & multi-site groups
- Largest group has 17 sites



Distinction in Behavioral Health Integration

Model & Competencies



Overlap BHI & PCMH

Aligned criteria

Aligned Criteria	Behavioral Health Distinction	PCMH
Behavioral Health Care Manager	**Behavioral Health Workforce (Required)**	PCMH
Behavioral Health Referral Expectations	Information Sharing	PCMH
Controlled Substance Database Review	**Evidence Based Care (Required)**	PCMH
Depression Screening	**Evidence Based Care (Required)**	**PCMH (Required)**
Behavioral Health Screenings	**Evidence Based Care (Required)**	PCMH
Evidence Based Decision Support—Mental Health Condition	**Evidence Based Care (Required)**	**PCMH (Required)**
Evidence Based Decision Support—Substance Use Disorder	**Evidence Based Care (Required)**	**PCMH (Required)**

Health Center PCMH Behavioral Health Electives

BH Electives more commonly selected by Health Centers

- CC 10 – Behavioral Health Integration (28% vs. 7%)
- TC 08 – Behavioral Health Care Managers (76% vs 28%)
- ***KM 18 – Controlled Substance Database Review (64% vs. 38%)***
- ***KM 25 – School/Intervention Agency Engagement (17% vs. 4%)***
  (Retired for 2026 PCMH Program)

Additional Behavioral Health Distinction Criteria

Criteria that does not overlap with PCMH

Behavioral Health Workforce

- Care Team with Access to Behavioral Health Resources and Training
- **Clinician who can directly provide brief interventions (Required)**
- Clinician Practicing Medication-Assisted Treatment
- **Behavioral Health Referral Relationship (Required)**

Information Sharing

- **Behavioral Health Referrals Tracking and Monitoring (Required)**
- Integrated Health Record
- Integrated Care Plan

Measure & Monitoring

- **Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder (Required)**
- **Monitors Performance—Behavioral Health Measures (Required)**
- Goals and Actions to Improve Behavioral Health Clinical Quality Measures

Evidenced Based Care

- All required core criteria which overlaps with PCMH criteria

Polling Question #2

Would you like to learn more about including Behavioral Health Distinction to your PCMH programs?

A. Yes.

B. Unsure.

C. No.

Advanced Primary Care

Jeff Sitko, AVP, Product Management

Why APC? Why Now?

Transforming Primary Care for a Modern Era

PCMH goes only so far.

- APC offers an outcomes-driven next step.

Purchasers demand better alignment.

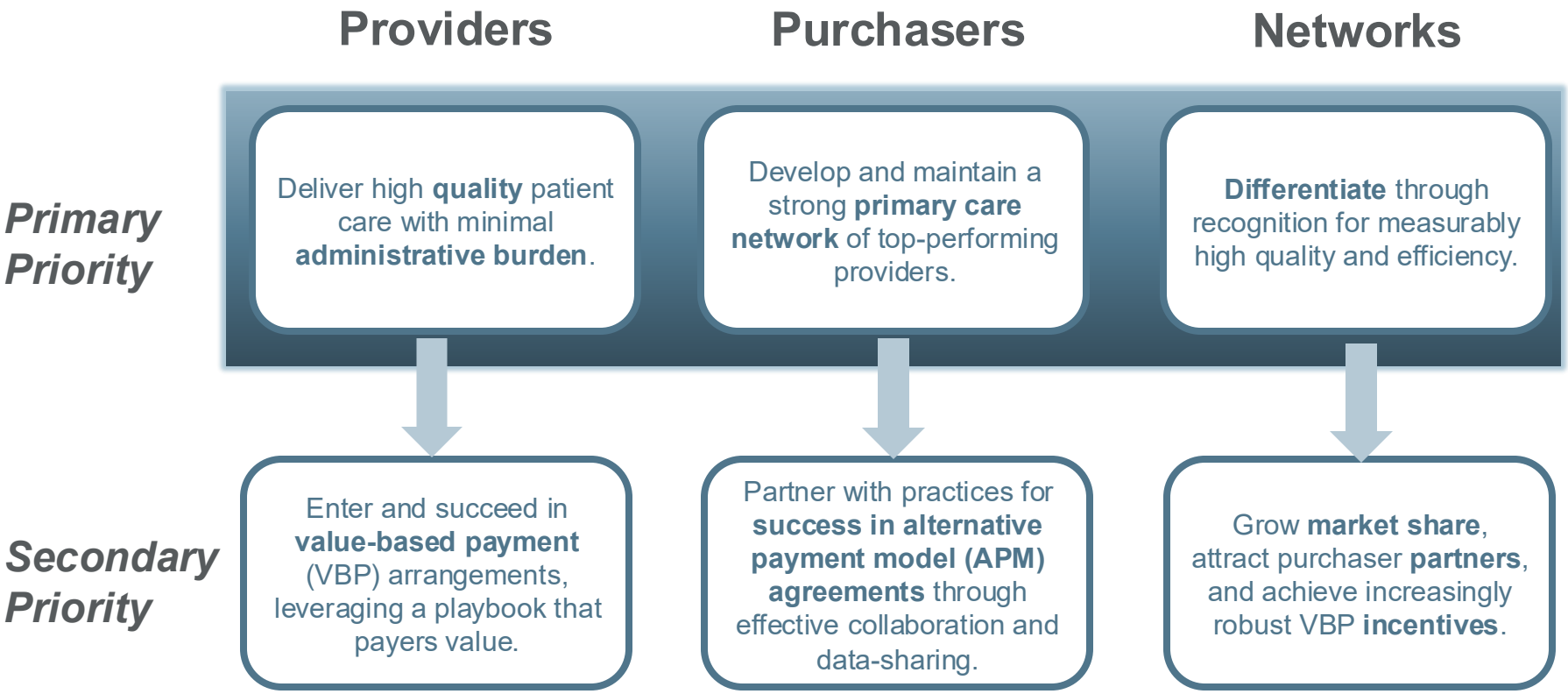
- APC is designed for explicit attachment points to (a) their priorities and (b) network accountability.

>75% of physicians are affiliated or salaried.

- Networks are an essential component of today's care delivery ecosystem.

Mapping Market Needs

Providers, Purchasers, and Networks



Value Proposition

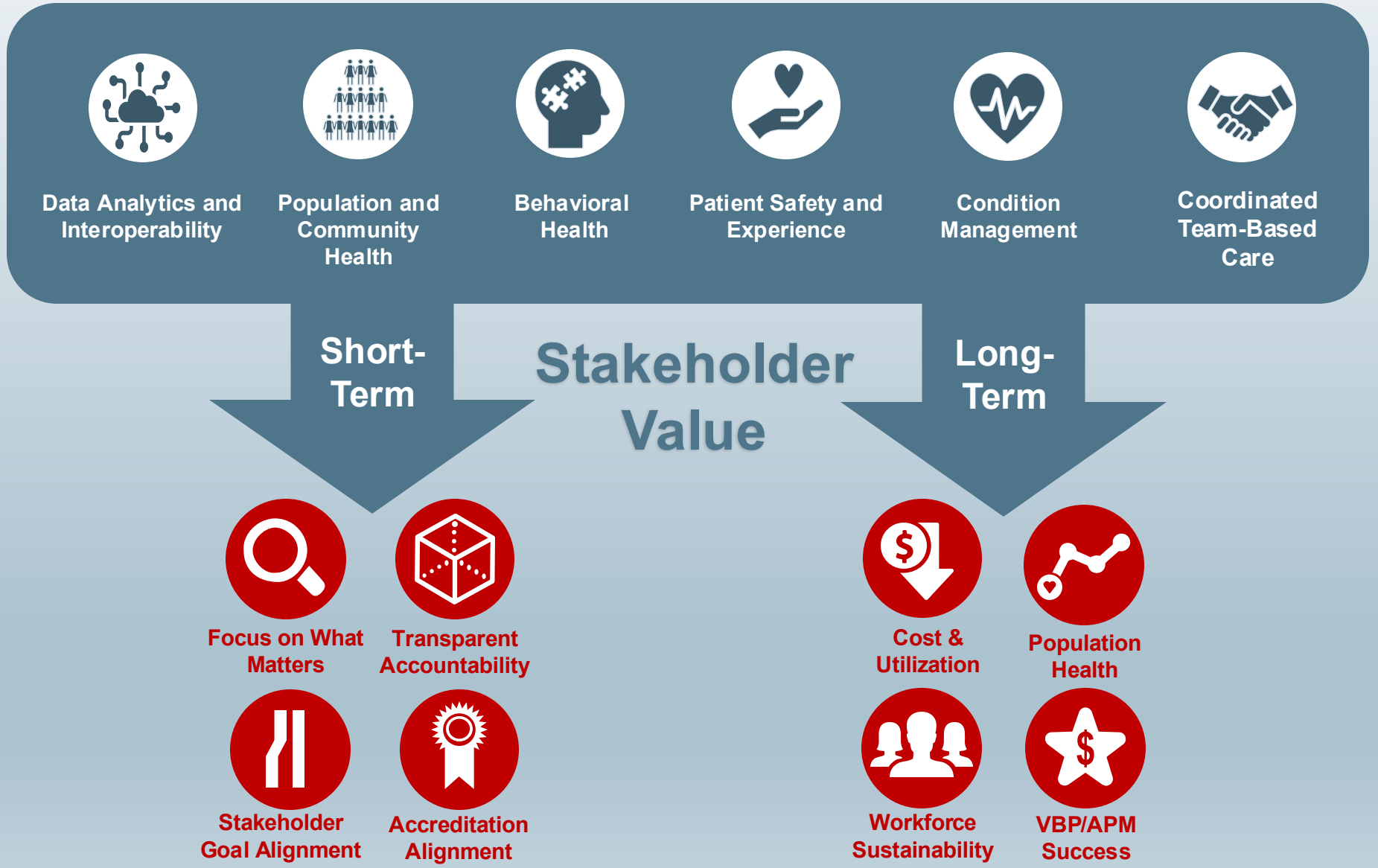
From Anatomy to Physiology

Program Focus

- Recognizes and supports data-driven transformation across core domains to improve quality and care coordination.
- Promotes efficiency and interoperability, enabling better data exchange and reducing care fragmentation.
- Requires meaningful improvement in patient experience, not just compliance with standards.
- Offers educational resources, tools, and insights to help practices understand accreditation expectations, track progress, and align with broader health plan and regulatory goals.

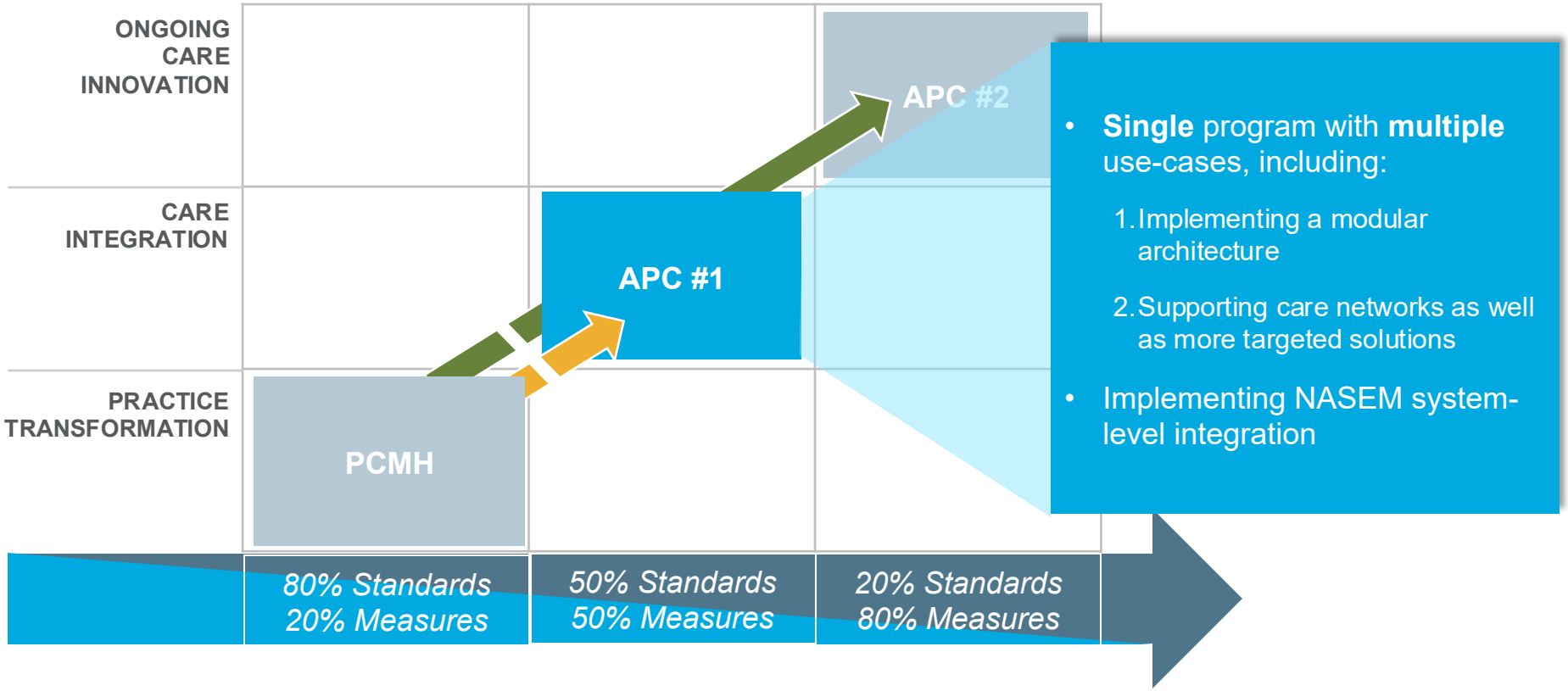
VALUE: Purchasers are able to identify high-performing practices and networks that support and align with their own organizational priorities for quality and efficiency.

Advanced Primary Care Concept Areas



Advancing Primary Care Maturity Model

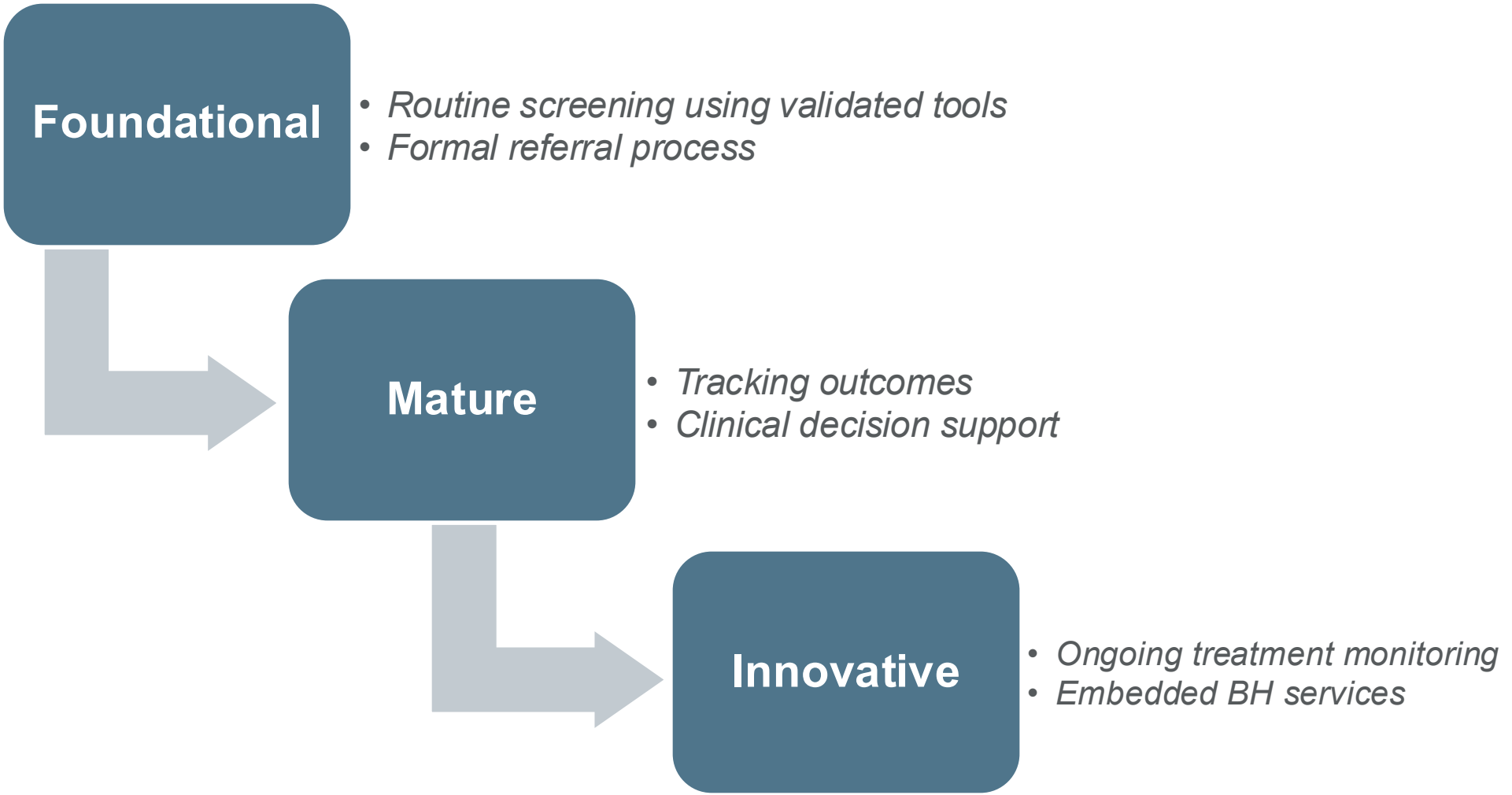
A Guided Approach to Capability-Building



NCQA

Behavioral Health Integration

As a Standard in Advanced Primary Care



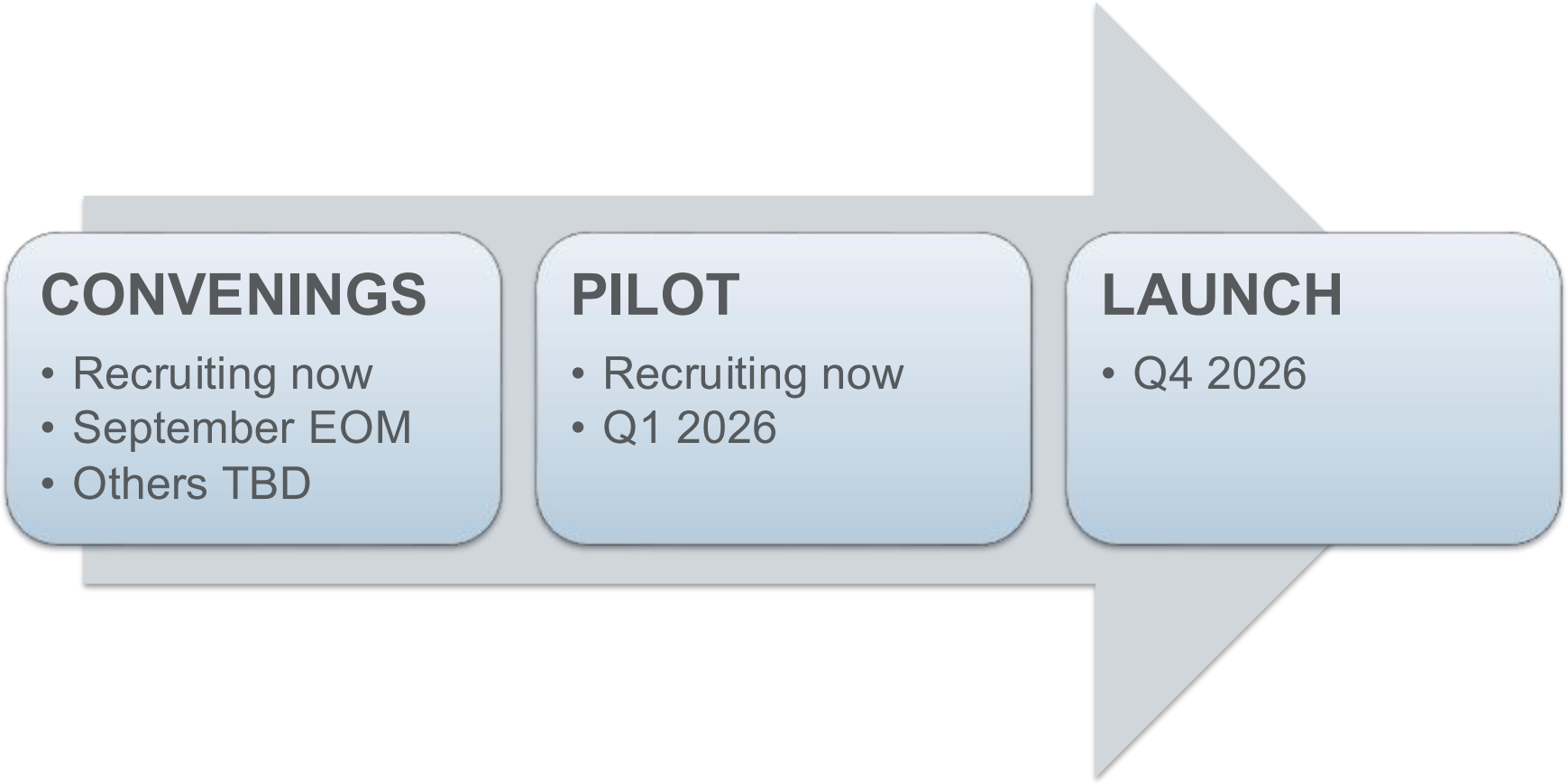
Polling Question #3

Which of these elements of the APC maturity model align with your state's vision for primary care? (Select all that apply.)

A. Measuring patient experience
B. Care management for high-risk populations
C. Reducing administrative burden
D. Data sharing capabilities
E. Population and community health management
F. Behavioral health integration

Near-Term Timeline

Moving Forward



Questions

Polling Question #4

Would you like to learn more about Advanced Primary Care?

A. Yes

B. No

C. Unsure

Opportunity to Support States & CCBHCs Through Accreditation

NCQA's CCBHC Accreditation

113 Criteria → **44 Standards Policies & Procedures**

Program Areas (Same as SAMHSA Criteria)	
Staffing	Community needs assessment Staffing (model, training, licensure)
Availability and Accessibility of Services	Timely, attainable, safe access
Care Coordination	Partner with agencies/facilities, health IT systems
Scope of Services	CCBHC and DCO partner-provided services Individual treatment plans and evaluations
Quality and Other Reporting	QI and measure tracking
Organizational Authority, Governance and Accreditation	Operational requirements

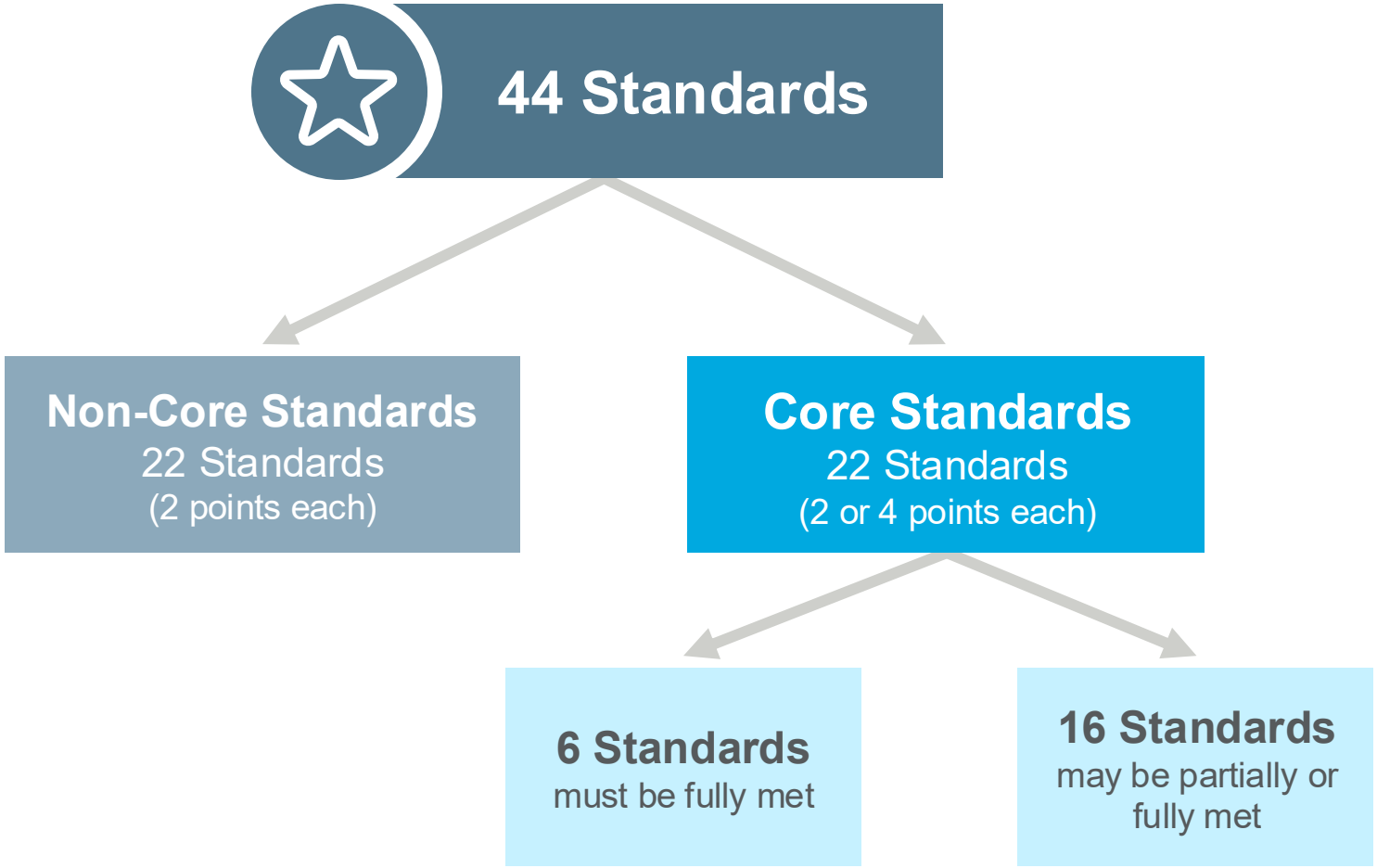
Up to 25 quality measures (15 HEDIS measures)

Crosswalk of SAMHSA Requirements

Example

SAMHSA Requirements: Availability and Accessibility of Services	NCQA CCBHC Criteria: Availability and Accessibility of Services
2.a.1: Safe comfortable environment	AAS 01: Safe Access to Care
2.a.2: After-hours appointments	
2.a.3: Locations that are accessible to patients	
2.a.4: Provides transportation or vouchers	
2.a.5: Alternative appointments	
2.a.6: Outreach for benefits	
2.a.7: State standards	
2.a.8: Disaster plan in place	
2.b.1: Timely access	AAS 02: Timely Access
2.b.2: Updated treatment plan	AAS 03: Person-Centered Treatment Plan
2.b.3: Timely access	AAS 02: Timely Access
2.c.1: Crisis management 24/7	AAS 04: Crisis Management
2.c.2: Policy and procedures on services	
2.c.3: How to access services	
2.c.4: Relationships with local EDs	
2.c.5: Protocol for during and after a psychiatric crisis	
2.c.6: Plan for avoiding future crises	

Overview of Standards & Scoring



Overview of Status

Accredited

- Must score 70% and meet all core* standards
- Organizations receive seal, status, scorecard
- 3-year status

Provisional

- Must score 50%-69% and meet all core* standards
- Organizations resurveyed with in 18 months
- Organizations receive seal, status, scorecard

No Status Issued

- Total score is <50% and/or core standards are not met
- Organizations receive scorecard to share with state
- NCQA does not publicly report denied Accreditation

Standards are scored one of three ways:

1. **Met:** The CCBHC earns full points on the requirement.
2. **Partially Met:** The CCBHC earns half the points on the requirement.
3. **Not Met:** The CCBHC earns no points on the requirement.

*16 of 22 core standards are eligible to be partially met; 6 of 22 must be fully met.

CCBHC results for #2 Policy Updates [[Test]] Site D

Notes | Staff Assignments | Questionnaires | Results | Criteria

✖ Certified Community Behavioral Health Clinic 2026

⊞ Expand all / ⊟ Collapse all / ☐ Show comments	Met	Partially Met	Not Met	Points
⊟ Transforming criteria for Certified Community Behavioral Health Clinic 2026	2		4	70 / 100
⊞ ST: Staffing	6		0	14 / 14
⊞ AAS: Availability and Accessibility of Services	6		0	12 / 12
⊞ CC: Care Coordination	8		0	21 / 24
⚠ At least 11 requirement(s) must be met and/or checked in. Only 8 requirement(s) are met and/or checked in.				
⊞ SCS: Scope of Services	2		2	20 / 40
⚠ At least 17 requirement(s) must be met and/or checked in. Only 2 requirement(s) are met and/or checked in.				
⊞ QI: Quality and Other Reporting	0		0	3 / 6
⚠ At least 2 requirement(s) must be met and/or checked in. Only 0 requirement(s) are met and/or checked in.				
⊞ OGA: Organizational Authority, Governance and Accreditation	0		2	0 / 4
⚠ At least 2 requirement(s) must be met and/or checked in. Only 0 requirement(s) are met and/or checked in.				

Close

NCQA

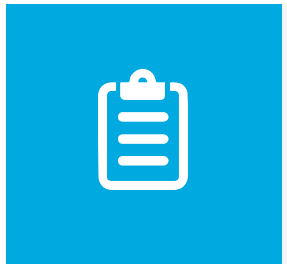
CCBHC Accreditation Product Includes…

For 3-year renewal cycle

- Standards, Guidelines, P&Ps
- Survey & Annual Reporting
- Scoring Table
- Readiness Assessment
- Community Needs Assessment
- Access to NCQA staff
- Education Modules
- SAMHSA/NCQA Crosswalk

Program Benefits

Support from NCQA's team of experts



Templates for key elements of CCBHC standards

Increase confidence in quality of care and services

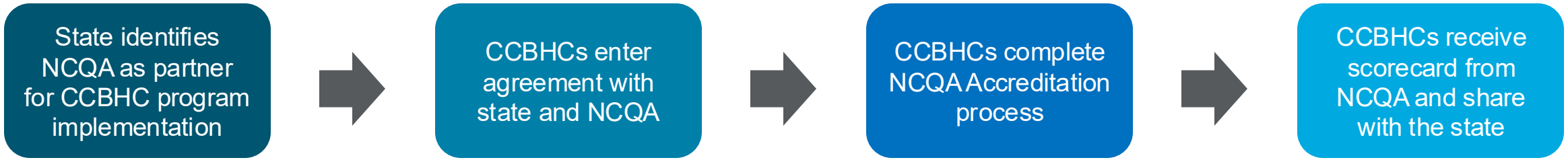
Streamlined evidence process for demonstrating compliance

Clear, objective, ongoing **standard review**

Scorecard to demonstrate successes & opportunities for improvement

Opportunities for Partnership

Based on work to date



Under Consideration: New Features to Support Programs

For CCBHCs & Look-Alike Programs

Performance Measurement and Reporting Requirements

New ways to support **collection and analysis of performance measure data for CCBHCs and Look-Alike providers,** including offering assistance with:

- Aggregating performance measure data to meet measure reporting requirements
- Analysis of data showing trends over time in performance on measures
- Identification of providers eligible for quality bonuses or other value-based payment arrangements
- Comparisons between CCBHCs or Look-Alike providers and other behavioral health providers in the state

Partnerships with Managed Care Plans

Support **state interest in partnering with managed care organizations (MCOs) to implement CCBHC or Look-Alike programs,** including delegation activities to MCOs such as:

- Ensuring CCBHCs or Look-Alike providers meet certification criteria
- Collecting and analyzing performance measure data from the CCBHCs or Look-Alike providers
- Determining eligibility for quality bonus/value-based payments

Supporting State Implementation and Oversight

Offer tailored services to **support implementation of CCBHC or Look-Alike Provider programs** in the following ways –

- Assistance developing a provider certification manual
- Guidelines for evaluating provider applications
- Development of provider application processes
- Review and evaluation of applications
- Regular reports on status of providers regarding program requirements

Polling Question #5

Which of the following would you be interested having assistance for in your CCBHC programs? (Select all that apply.)

A. Collection and analysis for performance measure data.

B. Support oversight for CCBHC or Look-Alike programs in meeting certification requirements.

C. Assistance in developing and evaluating provider programs.

D. Other – Please indicate in the chat.

Questions

Feel free to reach out for additional information! soucie@ncqa.org

NCQA Upcoming Webinars- Register Now!

December 8, 1:00-2:00pm ET

State Webinar: Leveraging Person-Centered Outcome Measures

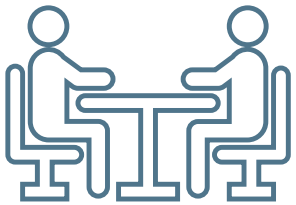
Join NCQA as we review our Person-Centered Outcome (PCO) measures and how states can incorporate measures that matter into their state quality goals.

Register here!

Will you be at these Conferences? Connect with us!

NAMD

NOVEMBER 19 - 21, 2025



Stop by our booths- or schedule a time with us to connect at publicpolicy@ncqa.org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Thank you