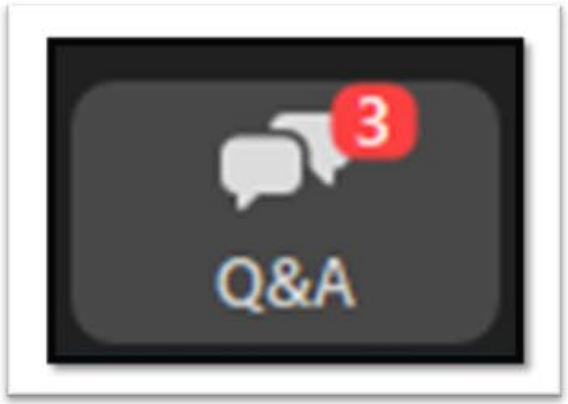
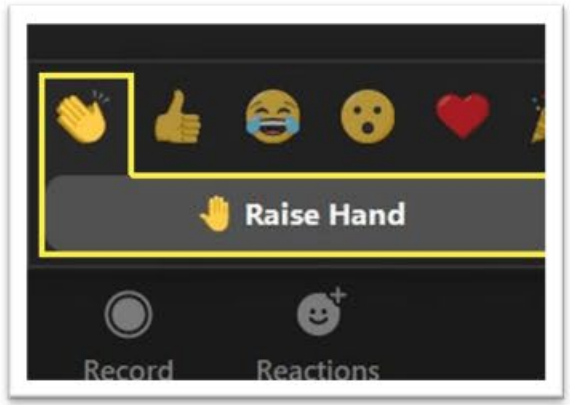


State Webinar: The Evolving Role of CCBHC's

October 27, 2026

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



FEDERAL UPDATES TO CCBHC PROGRAM

OVERVIEW OF NCQA'S CCBHC ACCREDITATION PROGRAM

BEYOND ACCREDITATION: CUSTOMIZED STATE SOLUTIONS

Confidential. Do Not Share.

Federal Updates to the CCBHC Program

Tom Curtis, Director, State Affairs

SAMHSA's CCBHC Accreditation RFI: What the Questions Signal

How SAMHSA's policy questions point to the design of a federal accreditation system, and where NCQA stands (comments submitted July 27, 2026)

THE RFI

Published June 26, 2026, after Congress directed SAMHSA in the FY 2026 appropriations report to approve accreditation products for CCBHCs in lieu of self-attestation.

OVERALL DIRECTION

- Self-attestation is being phased out
- SAMHSA will approve multiple accrediting bodies
- A federal oversight layer will sit alongside state certification

Policy area	What SAMHSA's questions signal	Where NCQA stands
Accreditor standards & scope	Federal approval criteria for accreditors covering process, fees, timelines, and surveyor expertise; review may extend to DCOs.	Clear, objective, surveyable standards covering all SAMHSA criteria that test implementation, not just policies. DCO review scaled to required vs. supplemental services.
Oversight & data	A federal monitoring role over accreditors, possibly with centralized data infrastructure.	Standardized protocols and annual reporting to SAMHSA and states; focused outcome measures aligned with existing reporting; centralized data modeled on CCIIO's QHP oversight.
State coordination	SAMHSA expects accreditation and state certification decisions to sometimes conflict.	States remain the ultimate certifier. Accreditation is an evidence-based recommendation; federal standards are a floor, with a federal mechanism to resolve conflicts.
Noncompliance & funding	Accreditation status could be tied to CCBHC-E grant funding.	Prioritize remediation over denial, with a time-limited provisional status so clinics can improve without disrupting services.
Timing & transition	SAMHSA is weighing provisional attestation and phased implementation.	Approve accreditors quickly (~500 grantees self-attest today); milestone-based rollout with a 12–18 month minimum window and provisional attestation.

NCQA's bottom line: Accreditation should drive accountability and improvement while preserving state authority, through a multi-accreditor model that builds on federal precedent in HRSA's health center program, Medicaid, Medicare Advantage, and Marketplace QHPs.

NCQA

What SAMHSA Heard: Stakeholder Input on CCBHC Accreditation

Summary of SAMHSA's October 14, 2026 webinar on RFI feedback. SAMHSA shared themes only; no policy decisions or endorsements were announced.

34
RFI responses

17 CCBHCs & grantees

12 States & advocacy groups

4 Accrediting organizations

1 IT systems stakeholder

+ Focus group with 5 CCBHC government project officers

What SAMHSA heard

Broad support for independent accreditation

Stakeholders favored moving beyond self-attestation to strengthen accountability, consistency, and model fidelity.

Measure care, not paperwork

Reviews should show how a clinic actually delivers access, care coordination, and the model as intended.

Reduce duplication

Recognize equivalent or deemed accreditation; avoid submitting the same documents across multiple reviews.

Keep states central

Clarify roles across accreditation, certification, and Medicaid, and define which standard prevails in a conflict.

Implementation asks

- Phased rollout, with provisional attestation until survey
- Clarity on fees, timelines, and reusable evidence
- Flexibility for state system variation; states may recognize, not be required to accept
- Tribal consultation and timing for newer CCBHCs

Still open: less consensus

- State authority vs. federal pathway
- Funding consequences vs. remediation
- Uniform national tools vs. approved accreditors
- Depth of review for DCOs

What this means for states: Stakeholders broadly support accreditation, but implementation design is still open. States have a key opportunity to shape how accreditation aligns with certification and Medicaid oversight, reduces provider burden, and reflects local systems.

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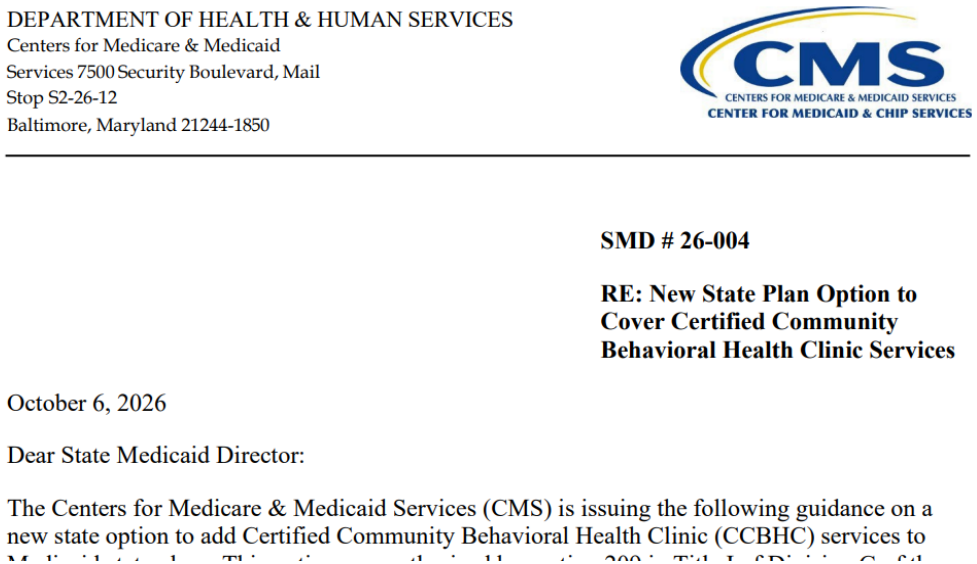
Medicaid Director Letter

Published October 6, 2026

Adding CCBHC to state plans authorized in Consolidated Appropriations Act of 2024 (March 9)

Covered CCBHCs must be certified by the state; which requires a Community Health Needs Assessment

"States may rely on recognized accrediting organizations that have specific accreditation programs for CCBHCs as part of their certification process."



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SMD # 26-004

RE: New State Plan Option to Cover Certified Community Behavioral Health Clinic Services

October 6, 2026

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance on a new state option to add Certified Community Behavioral Health Clinic (CCBHC) services to

https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd26004.pdf

Overview of NCQA's CCBHC Accreditation Program

Jeni Soucie, Senior Manager, Product Management

Polling Question #1



Are you using provider level accreditation in your Medicaid program?

A. NCQA PCMH with BH Distinction

B. NCQA CCBHC Accreditation

C. The Joint Commission Behavioral Health Care & Human Services Accreditation

D. The Joint Commission CCBHC Accreditation

E. CARF Behavioral Health and/or CCBHC Accreditation

F. COA/Social Current CCBHC Accreditation

CCBHC Accreditation Launch: July 2024

AT A GLANCE

113
Criteria

44
Standards
Policies & Procedures

Up to 25
quality measures (15 HEDIS measures)

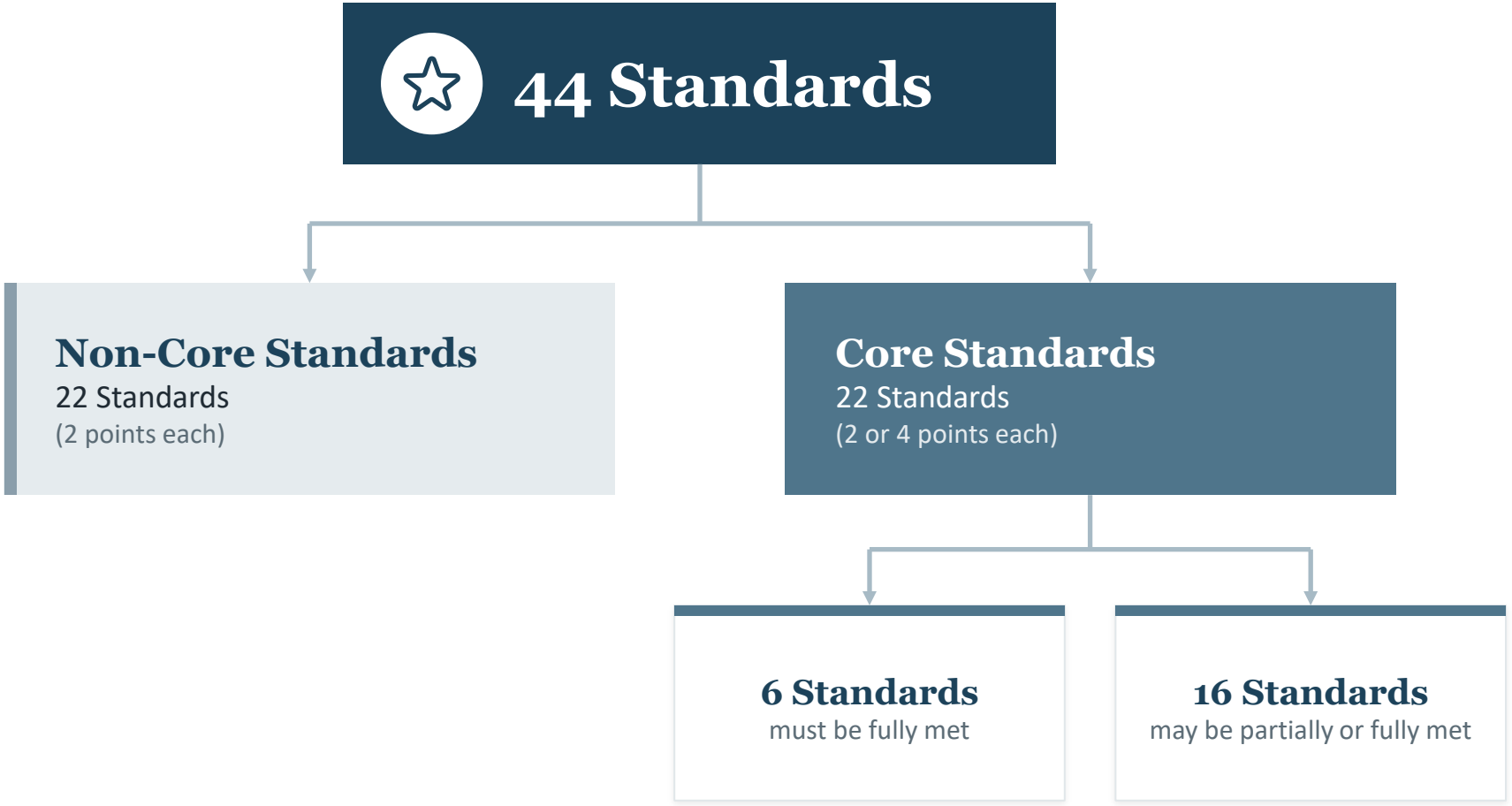
Program Areas (Same as SAMHSA Criteria)	
Staffing	• Community needs assessment • Staffing (model, training, licensure)
Availability and Accessibility of Services	Timely, attainable, safe access
Care Coordination	Partner with agencies/facilities, health IT systems
Scope of Services	• CCBHC and DCO partner-provided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

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 within 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.				
QI 01: Data Reporting, Collection and Tracking		⊖		2 / 4
⚠ Data Reporting, Collection and Tracking—Documented Process is required but is not met or checked in.				
⚠ At least 2 components(s) must be met or checked in. Only 1 components(s) are met or checked in.				
⚠ QI 01: Data Reporting, Collection and Tracking is required but is not met or checked in.				

Program Benefits

Support from NCQA's team of experts

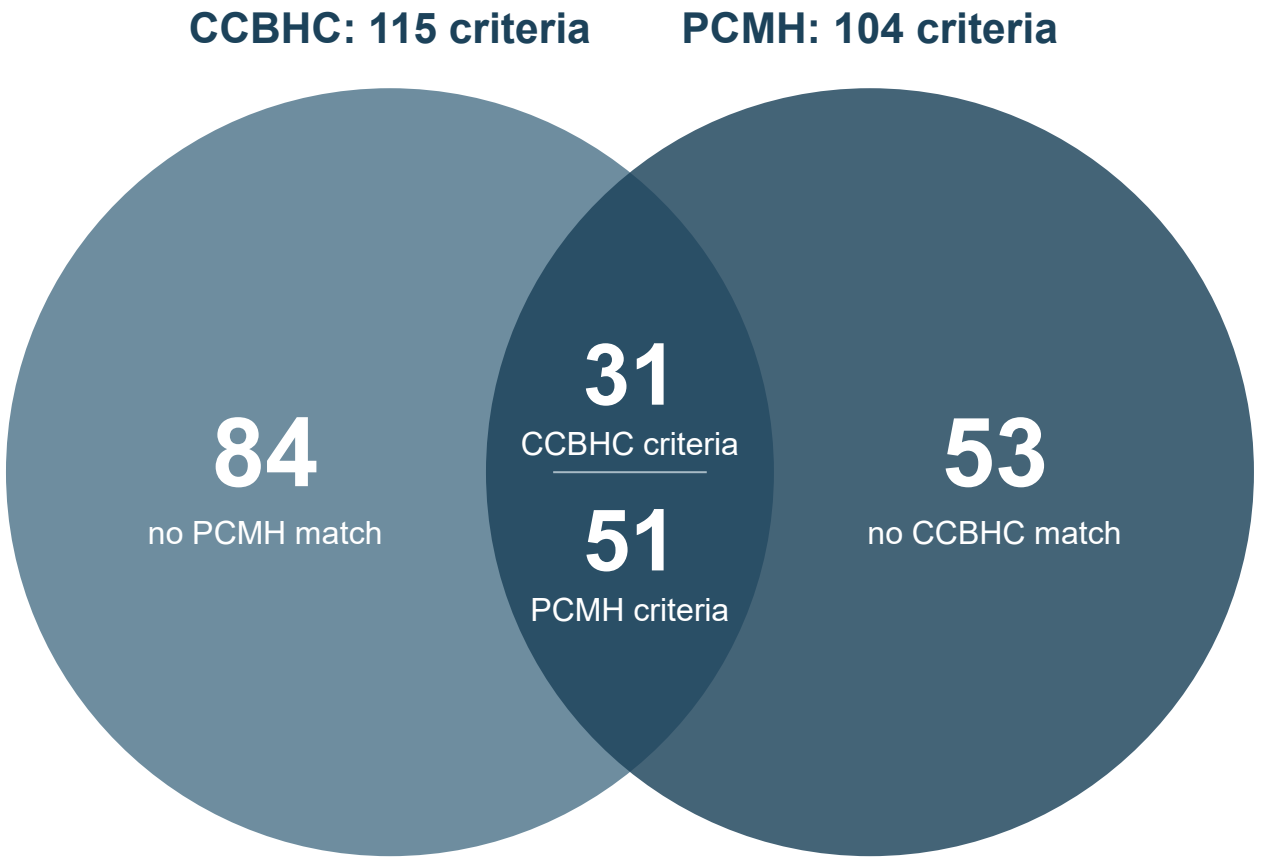
Templates for key elements of CCBHC standards

Increase confidence in quality of care and services

Streamlined evidence process for demonstrating compliance

Clear, objective, ongoing **standard review**

Overlap Between PCMH and CCBHC



Overlap = criteria mapped to each other in the SAMHSA CCBHC–PCMH crosswalk

Polling Question #2



Do you see value in leveraging programs like CCBHC and PCMH to reduce oversight/burden and ensure quality in your state?

A. Yes.

B. Unsure, we would like to explore this option further.

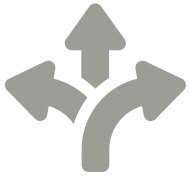
Beyond Accreditation: Customized State Solutions

Raesah Ettawil, Director, Quality Solutions Group

State-Level Support That Extends Beyond Accreditation

CCBHC Implementation Support Services

Statewide Strategy



Support states in planning and advancing CCBHC implementation across their community-based clinics.

Quality Oversight



Strengthen approaches to monitoring quality, consistency and program performance.

Measurement & Data



Provide guidance and best practices for data readiness to support CCBHC quality measurement and reporting.

Technical Assistance



Build shared knowledge and capabilities through technical assistance, training, and peer learning.

Support states in monitoring progress, strengthening reporting, and promoting shared learning across participating clinics.

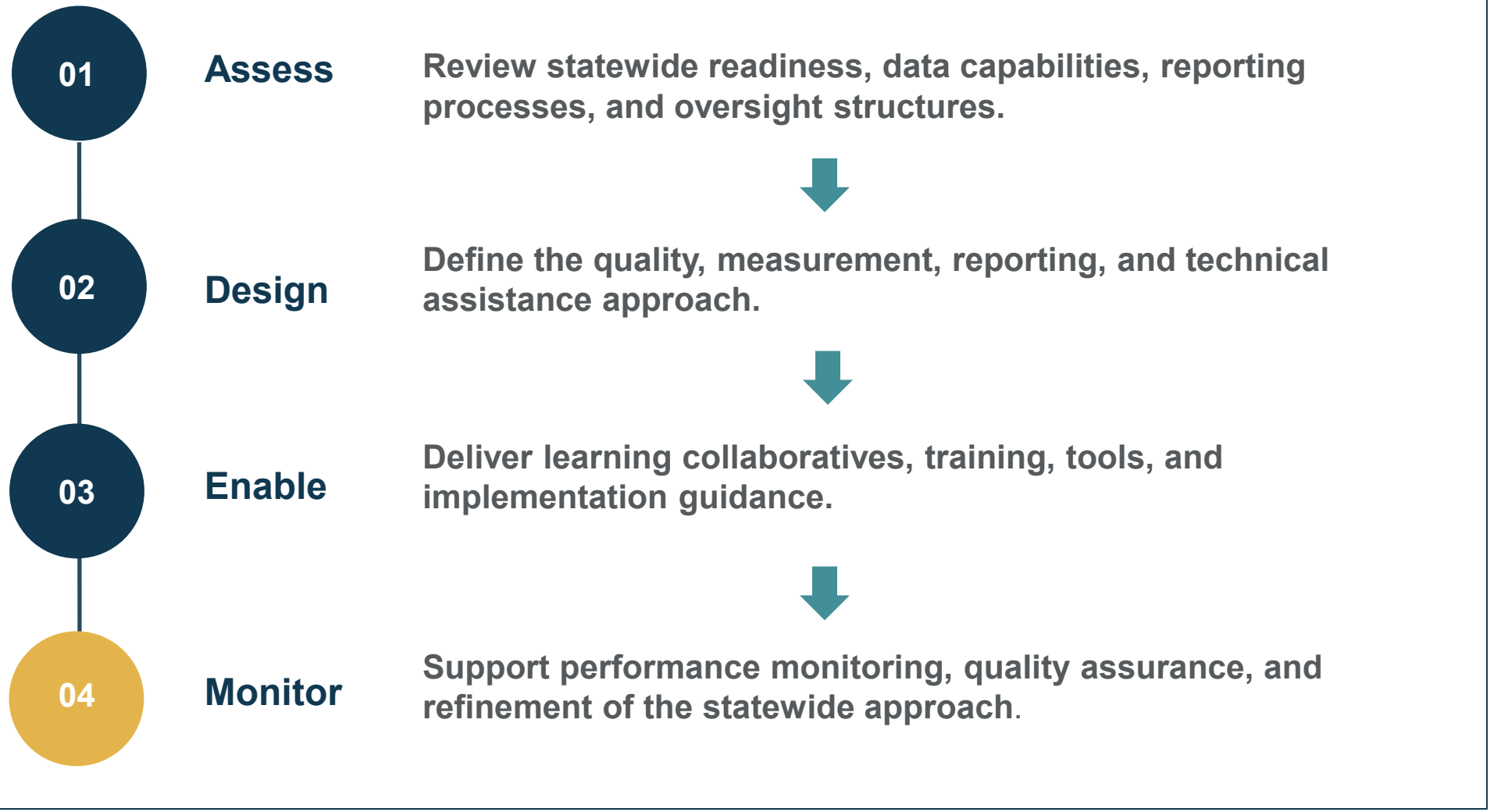
A State-Focused Portfolio of Implementation Services

CCBHC Implementation Support Services

1	**Program strategy & readiness**	Statewide readiness and capacity assessments; implementation roadmaps; alignment with state and federal requirements.
2	**Oversight & accountability**	Quality assurance frameworks; review of monitoring approaches; gap analysis for consistent oversight.
3	**Measurement, data & reporting**	Reporting strategy; data readiness and interoperability guidance.
4	**Capacity building & enablement**	Learning collaboratives; training, webinars, office hours; standardized toolkits, templates, and guidance.

A Scalable State Engagement Model

CCBHC Implementation Support Services





Questions

Polling Question #3



Would you like to speak to a member of the State Affairs team about CCBHCs?

A. Yes.

B. Unsure.

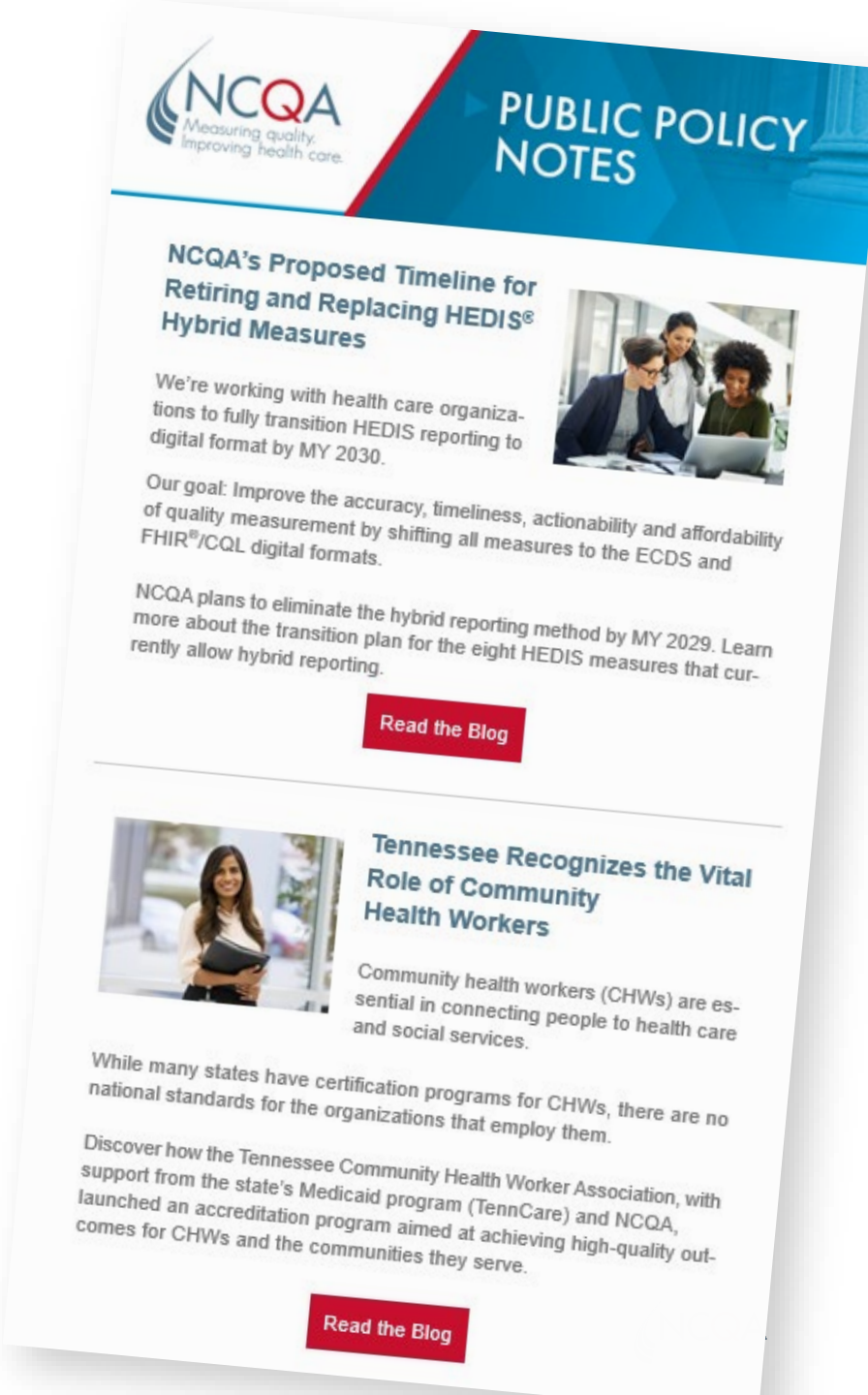
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Upcoming Events!

NOV 5

State Spotlight: Data Quality & Interoperability in Action – Lessons from Rhode Island

1:00 – 2:00 pm | State Spotlight

Register here →

More NCQA events: events.ncqa.org


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Thank you