

# ABSTRACT

## The prevalence and structure of certified community behavioral health clinic alternative payment models: A study beyond the CCBHC demonstration grant participants



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### Abstract

Certified Community Behavioral Health Centers (CCBHCs) are clinics that receive enhanced funding to offer a comprehensive range of mental and substance use services to patients regardless of ability to pay. Recent activities by federal and state policymakers demonstrate that expanding the CCBHC model is a policy priority. These activities include legislative and administrative initiatives to grow the number of states and clinics that receive a Medicaid alternative payment for CCBHC services through the CCBHC Demonstration, state plan amendment, or Medicaid waiver. Yet, no other research has explored other CCBHC alternative payment model (APM) activities outside of these initiatives. This study examined the prevalence and design of these arrangements through a mixed methods approach. Specifically, the Behavioral Health Workforce Research Center partnered with the National Council for Mental Wellbeing to embed questions on the structure and form of CCBHC APMs in their 2022 Impact Survey. In addition, we conducted two case studies of CCBHC APMs. We found that 86 CCBHCs, or 47% of respondents, have established APMs or are in the process of establishing one. Grantee-only CCBHCs were the least likely of all respondents to have established arrangements. Overall and regardless of CCBHC type, respondents with APMs were far more likely to have arrangements with Medicaid managed care organizations (67.0%) than commercial payers (10.0%), non-managed care Medicaid (10.0%), and other payers (12.0%). A prospective payment system (PPS) or bundled payment structure, in which a single payment rate is set for all services provided in an encounter, was the most common payment methodology at one-third of all APMs. Interviewees communicated that their existing experience with the CCBHC Demonstration, specifically the PPS and outcome reporting, prepared them to negotiate and implement this APM. We hope that this report provides insight on the types of APM structures currently negotiated or contracted between CCBHCs and Medicaid and commercial payers, as well as the facilitators and barriers to establishing APMs from the perspective of CCBHCs that previously negotiated or are currently negotiating an APM.

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