



GOVERNOR'S OFFICE OF  
BUDGET AND PROGRAM PLANNING

## Fiscal Note 2027 Biennium

Bill#/Title: **HB0574.01: Authorizing implementation of the certified community behavioral health clinic model**

Primary Sponsor: Jane Gillette Status: As Introduced

☐ Included in the Executive Budget ☒ Needs to be included in HB 2 ☐ Significant Local Gov Impact  
☐ Significant Long-Term Impacts ☒ Technical Concerns ☐ Dedicated Revenue Form Attached

### FISCAL SUMMARY

	<u>FY 2026 Difference</u>	<u>FY 2027 Difference</u>	<u>FY 2028 Difference</u>	<u>FY 2029 Difference</u>
<b>Expenditures</b>				
State Special Revenue (02)	\$0	\$8,436,984	\$11,110,377	\$11,110,377
Federal Special Revenue (03)	\$0	\$31,924,371	\$42,426,893	\$42,426,893
<b>Revenues</b>				
State Special Revenue (02)	\$0	\$0	\$0	\$0
Federal Special Revenue (03)	\$0	\$31,924,371	\$42,426,893	\$42,426,893
<b>Net Impact</b>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>General Fund Balance</b>				

### Description of fiscal impact

- HB 574 seeks to have the Department of Public Health and Human Services (department) implement certified community behavioral health clinics (CCBHCs) to build a more integrated mental health and substance use treatment system with sustainable funding. The department would enhance the capacity and infrastructure of Montana's community-based behavioral health system to adopt and sustain the CCBHC model statewide. Four providers received CCBHC planning grants, and the department was awarded a CCBHC planning grant in December 2024. There will be costs associated with planning, implementation, and the ongoing CCBHC services that will be established in FY 2027.

### FISCAL ANALYSIS

#### Assumptions

#### Department of Public Health and Human Services (department)

- The department plans to submit its application to the Substance Abuse and Mental Health Services Administration (SAMHSA) in FY 2026 to become a CCBHC Medicaid demonstration state in FY 2027.
- The department assumes the implementation of Medicaid coverage of CCBHC services will take place on October 1, 2026. The department estimates that four providers will be certified by July 1, 2026.
- The department estimates the need for 2.00 FTE for program specialist 2 positions to administer the CCBHC program. These FTE's will be responsible for program management, oversight, reporting, and ensuring compliance with federal rules. The estimated salary and benefits for the new FTEs within Behavioral Health and Developmental Disabilities Division (BHDD), are estimated to be \$179,000 per year starting in FY 2027. These costs are eligible for Medicaid administrative Federal Medical Assistance

- Percentage (FMAP) of 50% split between Behavioral Health System for Future Generations (BHSFG) state special revenue and federal funds.
4. The department will contract with a grant writer and evaluator vendor to assist with the development of the CCBHC state demonstration grant proposal and associated evaluation activities. The department estimates the annual cost of these services will be \$250,000 starting in FY 2027. These costs are eligible for Medicaid administrative FMAP of 50% split between state special revenue and federal funds.
  5. The department will contract with a technology vendor to support technology upgrades, training, and technical assistance. The department anticipates annual costs of \$404,609 starting in FY 2027. These costs are eligible for Medicaid administrative FMAP of 50% split between BHSFG state special revenue and federal funds.
  6. The department anticipates CCBHC services will begin in October 2026, with partial implementation at 75% (aligned with the state fiscal year starting on July 1).
  7. CCBHC uses methodology in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines to pay clinics either a daily or monthly rate for provision of CCBHC services. Prospective Payment System (PPS) rates are based on a provider's cost report, using federal cost reporting rules. These include costs the CCBHC incurs to meet extensive service, quality, and reporting requirements as defined by SAMHSA in compliance with Section 223 of the Protecting Access to Medicare Act. Based on cost data analyzed for the anticipated four initial CCBHC providers, the department estimates the average PPS rate across providers will be \$279.96.
  8. DPHHS analyzed claims data of a selection of providers assumed to be CCBHC certified by October 2026. This analysis included the number of members who received services billed under the CCBHC PPS rate and the number of visits billed under the CCBHC PPS rate. The department estimates approximately 7,155 individuals will receive CCBHC services, with an estimated number of annual visits of 238,933. As CCBHC services will begin in FY 2027, annual visits were prorated to 75% in FY 2027.
  9. DPHHS assumes there will be an offset in benefit expenditures for any service included in the CCBHC PPS rate for providers that become CCBHCs. A provider enrolled as a CCBHC will no longer bill Medicaid fee for service (FFS) for services included in the CCBHC bundle. These services include outpatient behavioral health services such as psychotherapy, medication management, and evaluation and management, as well as intensive outpatient services such as Program for Assertive Community Treatment (PACT), Intensive Outpatient Therapy (IOP), Home Support Services (HSS), and American Society of Addiction Medicine (ASAM) substance use disorder services — Level 1 (outpatient services) to Level 2.1 (intensive outpatient services). Mobile crisis response services recently added through the HEART initiative will also be included in the CCBHC required services.
  10. Based on historical member utilization by providers most likely to receive CCBHC certification, the department assumes benefits to be paid at a blended FMAP rate, with approximately 63% of members at the enhanced demonstration waiver FMAP for standard Medicaid members and 37% of members at the enhanced FMAP for Medicaid expansion). The enhanced FMAP (e-FMAP) for the demonstration waiver is assumed to be 24.36% state special revenue and 73.66% federal funds for four years (October 2026 thru September 2030).
  11. The resulting increase in net benefits will be eligible for a blended Medicaid FMAP of 20.29% state special revenue and 79.71% federal funds in FY 2027. This will result in a state share of \$8,020,180 ( $\$39,527,746 \times 0.2029$ ) and federal share of \$31,507,566 ( $\$39,527,746 \times 0.7971$ ).
  12. The department projects full implementation of CCBHC services will occur in FY 2028. The increase in benefits will continue to qualify for Medicaid e-FMAP, with 20.29% state special revenue and 79.71% federal funds FY 2028. This will result in a state share of \$10,693,573 ( $\$52,703,661 \times 0.2029$ ) and federal share of \$42,010,088 ( $\$52,703,661 \times 0.7971$ ) in both FY 2028 and FY 2029.
  13. Projected expenditures for FY 2030 and FY 2031 assume a 1.5% inflationary factor for state special revenue and federal funds.
  14. The enhanced FMAP under the demonstration will be reduced to the standard FMAP effective October 2030. This will result in a change in the blended FMAP for FY 2031 with 26.05% state special revenue and

73.95% federal funds. This will result in a state share of \$14,146,430 (\$54,296,629\*0.2605) and federal share of \$40,150,199 (\$54,296,629\*0.7971).

## Fiscal Analysis Table

## Department of Public Health and Human Services

	<u>FY 2026</u> <u>Difference</u>	<u>FY 2027</u> <u>Difference</u>	<u>FY 2028</u> <u>Difference</u>	<u>FY 2029</u> <u>Difference</u>
<b><u>Fiscal Impact</u></b>				
FTE	0.00	2.00	2.00	2.00
<b>TOTAL Fiscal Impact</b>	<b>0.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>
<b><u>Expenditures</u></b>				
Personal Services	\$0	\$179,000	\$179,000	\$179,000
Operating Expenses	\$0	\$654,609	\$654,609	\$654,609
Benefits	\$0	\$39,527,746	\$52,703,661	\$52,703,661
<b>TOTAL Expenditures</b>	<b>\$0</b>	<b>\$40,361,355</b>	<b>\$53,537,270</b>	<b>\$53,537,270</b>
<b><u>Funding of Expenditures</u></b>				
State Special Revenue (02)	\$0	\$8,436,984	\$11,110,377	\$11,110,377
Federal Special Revenue (03)	\$0	\$31,924,371	\$42,426,893	\$42,426,893
<b>TOTAL Funding of Expenditures</b>	<b>\$0</b>	<b>\$40,361,355</b>	<b>\$53,537,270</b>	<b>\$53,537,270</b>
<b><u>Revenues</u></b>				
Federal Special Revenue (03)	\$0	\$31,924,371	\$42,426,893	\$42,426,893
<b>TOTAL Revenues</b>	<b>\$0</b>	<b>\$31,924,371</b>	<b>\$42,426,893</b>	<b>\$42,426,893</b>
<b><u>Net Impact to Fund Balance (Revenue minus Funding of Expenditures)</u></b>				
State Special Revenue (02)	\$0	(\$8,436,984)	(\$11,110,377)	(\$11,110,377)
Federal Special Revenue (03)	\$0	\$0	\$0	\$0

## Technical Concerns

1. The department assumes that all state funds required for implementation and recurring costs will be allocated from the BHSFG state special revenue fund.
2. Any delay in procurement for contractors may push projected costs into future fiscal years.
3. Any delay or denial by SAMHSA of Montana as CCBHC Medicaid Demonstration State will delay increase in benefit expenditures.
4. The department will implement CCBHCs as required in Section 1 and intends to develop an incentive program in the following biennium.
5. Funding for this fiscal note is included in the department's HB 2 decision package 10722.
6. Requirements of an outreach team outlined in Section 2 subsection 5 go beyond the minimal requirements of a CCBHC therefore associated costs are not included in the department's assumed PPS rate. It is unknown what these additional costs will be and may result in a higher PPS rate.

  
Sponsor's Initials

2/25/25  
Date

  
Budget Director's Initials

2/25/2025  
Date